

## NEWS RELEASE

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WASHINGTON, DC – March 13, 2007 - In the last two weeks, two children under the age of thirteen died from dentally related abscesses and subsequent shock and meningitis. Many dental organizations and media sources weighed in on the events, citing “a step backward for the nation’s health”. It is the position of the National Dental Association that there may never have been a step forward, only that the information age has publicized this issue to a greater audience, and the public is now as energized as it is informed. According to the Surgeon General, “A silent epidemic of oral diseases is affecting our most vulnerable citizens – children from families with low incomes, children from racial and ethnic minority groups and children with special health care needs.”

The National Dental Association family extends its deepest sympathy to the families of Deamonte Driver and Alex Callender. These tragic deaths signal a multiple system failure which is endemic in the underserved and underinsured populations of the country. The State and Federal Medicaid systems are inadequate in most states, under funded in all states, and are subject to even greater cuts in the near future. Currently, there are more than nine million children with no medical insurance, and as many as twenty million with no dental insurance.

Routine preventive measures, simple corrective procedures, and parent education could have prevented both these tragic losses. Regular dental visits, fluoride treatments and sealant programs are well documented as preventive measures which uphold good oral health in children and young adults, avoiding catastrophic loss and systemic disease in the future. It has long been the position of the National Dental Association that covering a \$50-75 preventive procedure saves dollars and dental discomfort, preventing a \$1500 emergency room visit to deal with the resulting dental abscess **in any age group**. Deamonte’s more than six week treatment is expected to cost in excess of a quarter of a million dollars, and it was too little, too late. Huge cuts in healthcare funding in the last year resulted in benefit reductions, trickling down to the consumer, and the providers who treat them.

### **NDA Family Organizations**

The Washington Post reported that “there can’t be a more vivid reminder of how shortsighted our system is in not fostering access to preventive health care that saves not only money, but lives.” Blaming any one person or entity for this failure won’t bring these children back. But it should mobilize all the resources at our disposal to see that it never happens again.

Preventive oral care: \$75 every six months

Loss of a tooth: \$80

Emergency room care: \$1500

Intensive care costs for empyema and meningitis: \$250,000

Loss of Deamonte Driver’s life: Priceless.

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The National Dental Association is the premiere oral health organization representing ethnic minorities in dentistry. Its members are sensitized to the treatment of underserved and under-accessed populations, and its mission, since its earliest beginnings in 1913, has always been to elevate the global oral health of underserved populations, and to recruit underrepresented minorities into the profession, because these will be the professionals most likely to serve the underrepresented population. It represents more than 12,000 minority dentists, hygienists, dental assistants and students, all of whom recognize that good oral health is a right, not a privilege, and contributes immeasurably to total systemic health.

## **FACT SHEET**

### **SOLUTIONS FOR SAVING SMILES AND LIVES**

Specific recommendations are needed now for the funding of initiatives by the federal government to address multiple system deficits

1. Funding for Education of Parents in monitoring the oral health of their children.
2. Screening in schools by mobile programs such as Colgate/NDA Bright Smiles, Bright Futures vans, with concrete referrals for definitive treatment.
3. Grant and loan programs for dentists who are willing to purchase mobile treatment clinics to follow up the school programs and access rural areas which are under accessed or underserved.
4. Adequate funding of all State and Federal programs which provide oral health coverage for children under 21, and dental insurance on par with medical insurance.
5. Oral health support for aging populations of non- insured and underinsured senior citizens.
6. Reimbursement rates for Provider Networks in each state strong enough that a child does not have to wait six weeks to see a dentist or dental specialist. Virginia and Tennessee have developed independent “robust” programs to increase Medicaid reimbursement so that the provider network became adequate to treat larger populations of covered children. It is still lacking in reaching uninsured children.
7. Legislation governing the responsibility of parents and guardians for the oral health of minor children as strong as the social neglect laws.
8. Lobby Congress to pass the reauthorization of the State Children’s Health Insurance Programs (SCHIP), to include dental benefits in the package to cover low income children who don’t qualify for Medicaid.
9. Increase public dental clinics in Community Health Clinics in all cities, modeled like the Matthew Walker Comprehensive Health Clinic in Nashville, Tennessee, supported by charitable organizations and Foundations in concert with the local governments and Federal Funding.
10. Increase funding for the care of children and adults with special health care needs, the developmentally disabled, and those patients who can’t express their needs to us until it is too late.