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SENATOR CARDIN MARKS ONE-YEAR ANNIVERSARY OF DEAMONTE DRIVER'S DEATH

Prince George's Boy Exemplified the Need for Children's Dental Care

Washington, DC – U.S. Senator Benjamin L. Cardin released the following statement one the one-year anniversary of the death of 12-year-old Deamonte Drive of Prince George's County. Senator Cardin renewed his call for improving the overall health of our children.

“Today we mark the one-year anniversary of Deamonte Driver's death.

“Deamonte was a 12-year-old from Prince George's County, Maryland. He died at Children's Hospital here in Washington as the result of a brain infection brought on by an untreated tooth abscess. The Driver family, like many other families across the country, lacked dental insurance.

“At one point his family had Medicaid coverage, but they lost it because they had moved into a temporary shelter, and their paperwork fell through the cracks. When advocates for the family tried to help, it took more than 20 calls just to find a dentist who would treat him.

“Deamonte began to complain about a headache on January 11. An evaluation at Children's Hospital led beyond basic dental care to emergency brain surgery. He later experienced seizures, and a second operation.

“Even though he received additional treatment and therapy, and appeared to be recovering, medical intervention had come too late. Deamonte passed away on Sunday, February 25, 2007.

“At the end, the total cost of his treatment exceeded a quarter of a million dollars – more *than three thousand times* the \$80 it would have cost for a tooth extraction.

“When his case was brought to light, I believe that it served as a wake-up call for our nation.

“Many of my colleagues also came to the Senate floor to speak about the lessons of this case. Senators Bingaman, Collins, Snowe, and Sanders, and many others, have been outspoken about

these issues for years, and I want to acknowledge their efforts. We talked about the realities of access to dental care in this country.

“Here are some basic facts:

According to the American Academy of Pediatric Dentistry, dental decay is the most common chronic childhood disease in the United States. It affects one in five children aged 2 to 4, half of those aged 6 to 8, and nearly three-fifths of fifteen year olds.

- Tooth decay is five times more common than asthma among school age children.
- Children living in poverty suffer twice as much tooth decay as middle and upper income children
- 39 percent of black children have untreated tooth decay in their permanent teeth;
- 11 percent of the nation’s rural population have never visited a dentist; and
- An estimated 25 million people live in areas that lack adequate dental care services.

“Today it happens that the Senate is moving toward completion of the *Indian Health Care Amendments Act of 2007*. According to a study released this week in the Journal of the American Academy of Pediatrics, of all groups in this country, Native American children had the worst access to dental care, and double the odds of white children of having their dental needs unmet.

“At the end of January, a new survey from the Maryland Department of Health and Mental Hygiene showed that less than one-third of Maryland kindergarten and third grade students have dental sealants. This report also shows that a third of these students also have untreated dental disease. These results correspond with the findings of a Dental Action Committee that our Health Secretary convened last year.

“As we move forward, I want to emphasize that this is not just about dental care. This is a question of whether we are truly committed to improving the overall health of our children. The former U.S. Surgeon General C. Everett Koop, once said, “There is no health without oral health.

“Medical researchers have discovered the important linkage between plaque and heart disease; that chewing stimulates brain cell growth; and that gum disease can signal diabetes, liver ailments and hormone imbalances. They have learned the vital connection between oral research and advanced treatments like gene therapy, which can help patients with chronic renal failure. They determined that a pregnant woman who has periodontal disease can be as much as seven times more likely to give birth to a premature or low-birth weight baby.

“We heard the call to action in the 110th Congress, and demonstrated strong support for efforts to improve dental care for children in our nation. One year ago, I said that I hoped we would be able to include a dental guarantee in the CHIP reauthorization bill. Congress did that in a fiscally responsible way with bipartisan support. We also added provisions to improve the availability of information about dental coverage and participating dentists. But the President chose to veto that bill. We will keep trying because we know how important these provisions are to the overall health of our nation’s children.

“We also will continue to work to increase funding for grants to states and expand training opportunities for pediatric dentists. We do not have enough professionals who are trained and

available to treat children with dental problems, and it is a federal responsibility to fix that. And we must improve public reimbursements to dental providers in offices and clinics so that no child who needs treatment will be turned away.

“February is National Children’s Dental Health Month. And while this is a sad anniversary, it is our opportunity to recommit ourselves to addressing one of the most pressing health care issues facing our children. It is also our duty to do so. We will not forget Deamonte and we will never forget our responsibility to improving dental care for America’s children.”

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