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On the Cover

This issue's editorial considers binding arbitration as a potentially useful tool for dentists. The legal landscape has changed in that 40 years ago this option was frowned upon by the courts, but is now more accepted.

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Legal Matters and the Possible Use of Binding Arbitration Contracts

I was a resident in OMS at the Los Angeles County/University of Southern California/Medical Center (LAC/USC. MC) the 1970's when the first of the three major liability insurance crises of my lifetime spread across the nation. That era resulted in the 1975 passage of the Medical Injury Compensation Reform Act (MICRA), California's very effective (for both doctors and their patients) and long-standing solution to massive and out-of-control malpractice lawsuit filings.

I was in private OMS practice in Las Vegas when the second wave of liability insurance issues hit. At that time, my St. Paul OMS liability coverage costs increased ten times, to over $50,000, in one premium cycle. Within months, about 40 OMS from California, Arizona, and Nevada got together and formed an offshore (Cayman Islands) liability insurance company. Former NDA and NSBDE President Ted Twesme was a valuable leader in that effort. In addition, there were several regionally based U.S. sister liability insurance companies formed within a year or two. The Arizona, California, and Nevada OMS managers held that entity for 10 years and were so successful with doctor insurance executives in charge that the OMS insureds ended up with "free" insurance for that decade and each doctor made an additional profit when the corporation was sold back to The St. Paul.

In order to be successful in the insurance business, the doctor owners of these companies had to make a paradigm shift from being single-minded defendant doctors to also being owners of a company that needed to make a profit. Whatever was done, all the owners realized that all expenses were directly related to potential profits.

When controversies arose, the cases were evaluated. If it appeared that the plaintiff had a reasonable complaint, the matter was settled as soon as possible. Negotiations were done directly with the plaintiff and if a settlement was reached a check went directly to the plaintiff intentionally, with the patient's consent, bypassing any prior legal representation. Settlements with plaintiff patients were often accomplished within a week. If in vetting the case if it was felt that the OMS had performed within a reasonable standard of care, the company would vigorously defend for as long as it took to prevail (we never lost a case in court). In a short period of time, we were happy to see that plaintiff attorneys considered us "not worth the trouble" largely because if we did determine to defend, we did not entertain settlement offers. It did not hurt that early on after a sister company had prevailed in a frivolous case, the board determined to sue the abusive plaintiff lawyer directly for malicious prosecution. That litigation was so successful that the overzealous advocate ended up losing her home as part of the payment awarded to the company.

An additional positive effect of the plaintiff friendly environment at that time was that a dozen or two Las Vegas doctors, including dentists Leanne Truesdale and myself, were prompted to matriculate into law school. First the doctors went to California but soon also to UNLV's Boyd Law School which opened in 1998, the year I passed the California

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Bar.[1] Most of those, but not all, doctor/lawyers remain defense oriented. In my opinion, the work expended was well worth the effort, including later becoming a member of the Ninth Circuit Court of Appeals so I could write a brief for a dentist colleague in Federal Court.

I still recommend a credential in the law for anyone that may be so inclined.[2] At The UNLV SDM when students occasionally mentioned they were considering a two-year MBA, they were asked why not pursue a three-year JD? Before The UNLV SDM Anesthesiology and OMS residency program planning was stalled indefinitely, there was in place an agreement for a dual JD for interested residents, a much more valuable credential in my opinion than an MBA or MD (although we also developed a dual DO option with Touro University).

Many will remember the third round of the liability insurance crisis in 2002, when The UMC Trauma Center closed because most doctors refused to staff it out of justified liability concerns, just as had happened when at LAC/USC/MC in the 1970's. Dr. Steve Saxe and I continued OMS, and ENT, trauma coverage during the shutdown and beyond. (Figure 1, Figure 2) I remain the OMS Sub-Section Chief, responsible for the triage of all major OMS facial trauma, after inheriting that position from Dr. Richard Hamilton in the early 1980's. Within days after the Trauma Center closed in the summer of 2002, The State of Nevada Legislature held an emergency session and soon agreed to provide liability insurance coverage for all doctors while taking trauma call at UMC.

Through the years, quite a few solutions have been considered at both the state and federal levels to counter the effects of the ongoing overabundance of ultimately frivolous malpractice claims, but none has been as effective as MICRA in California. Here in Nevada we have a watered-down version of MICRA dubbed "Baby MICRA." »

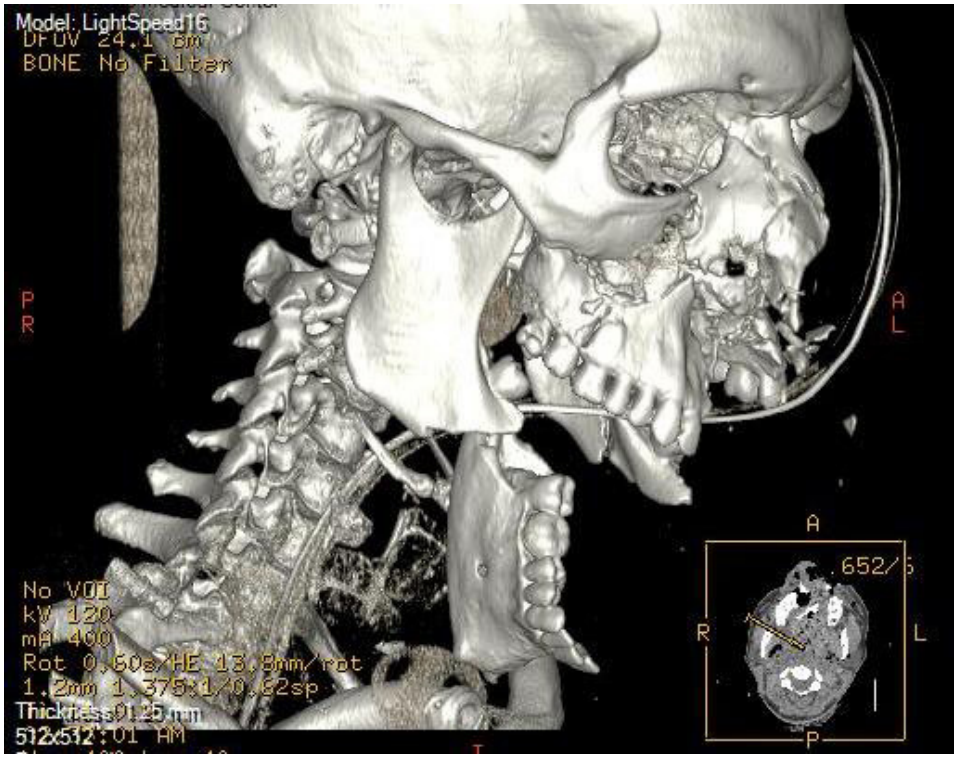

Figure 1

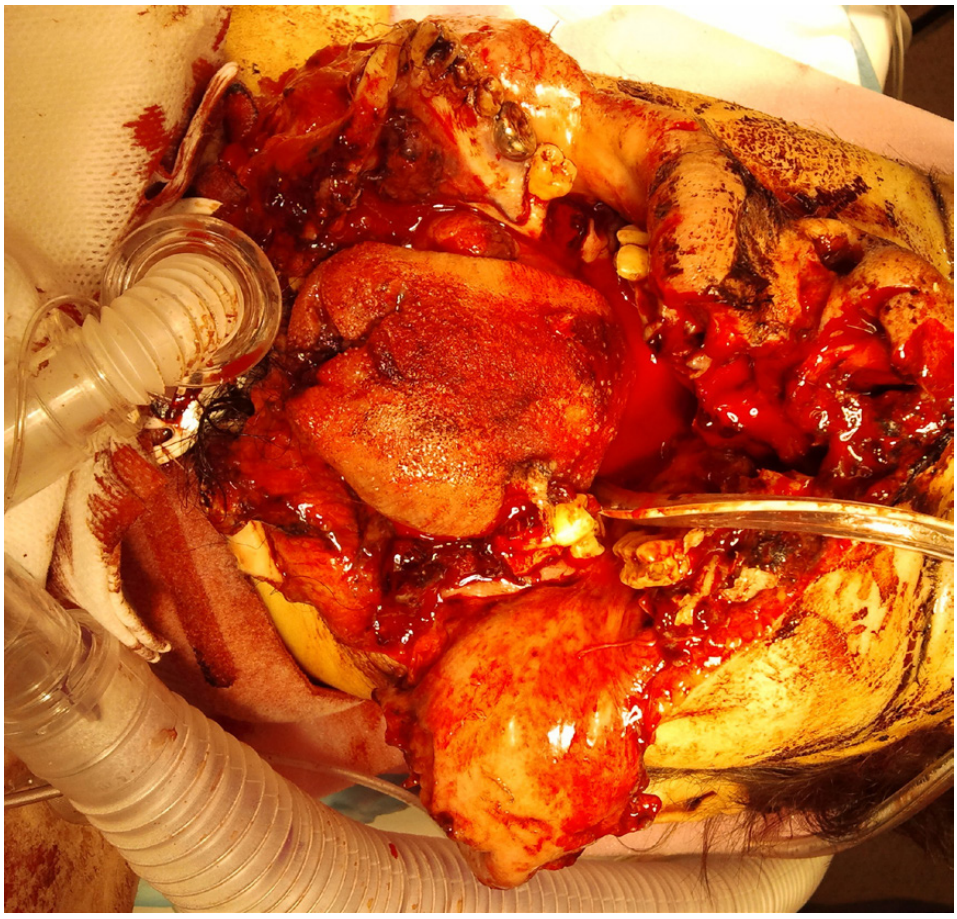
Figure 2

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Recently, however, corporate America may have solved most of the liability insurance issues for doctors. Doctors who enter into corporate practices as employees may or may not know that the contracts they sign generally include an agreement to enter into binding arbitration in the event of a disharmonious parting of ways. Corporate practice patients are also required to agree to binding arbitration if they want to be seen as a patient. Logically, many private practice doctors are now following suit and including arbitration clauses in their own new patient paperwork, similar to our informed consent forms for instance.

I have used an arbitration form since the 1980's. Early on, a considerable number of courts held that such arbitration agreements as invalid and against public policy as consumers, including patients, should not be able to sign away their right to sue. That decade, in a childbirth case, the Nevada Supreme Court found that an arbitration agreement was invalid for emergency treatment. However, in a legal about face, today the Nevada Supreme Court holds that contractually entered binding arbitration agreements are valid, agreeing with an 8–1 United States Supreme Court decision in 2018.[3,4]

Absent any issues that invalidate a contract, such as fraud in the inducement, binding arbitration agreements appear to be a realistic way to avoid the time and expense of a civil malpractice trial and the associated juries, experts, etc.

If both parties agree to valid binding arbitration during the contract's formation, only one is required to enforce that option if a controversy arises later…kind of like a marital dissolution.

Attorneys that represent both civil case plaintiffs and defendants do not necessarily like the enforcement of binding arbitration. Plaintiff attorneys lose out on potential large malpractice verdicts and defense attorneys lose many of their billable hours paid for by the liability insurers. But for the patients and doctors the binding arbitration option may be appealing.

No one has to sign a contract with binding arbitration, but one should actually read the contract to know what is in it, including binding arbitration. This of course applies equally to both patients and doctors.

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The Treatment of Viral Diseases

By Lee D. Merritt, MD

Since I started medical school in 1976, until 2020, I have heard the dogma that viral diseases are not treatable (with some exceptions such as antivirals for HIV/AIDS), certainly not with antimicrobials. My older son, a newly minted general surgeon, was educated much more recently, but with the same misunderstanding. Since viral diseases are not treatable, our only weapon is vaccination. A friend who spent his life as an academic university physician retiring in 2016 had never heard this fact either.

As the "pandemic" broke out, I constantly watched and read online publications. After reading about the Chinese, Indian, and Korean use of hydroxychloroquine (HCQ), an antimalarial agent, against coronavirus, within an hour I found more than 20 scientific papers, written in the last 40 years on the use of lysosomotropic agents—specifically chloroquine—to treat viruses. Like Rip Van Winkle, I suddenly awoke, after decades, to a completely new medical reality.

For example, "numerous investigations have reported in vitro antiviral activity of AZ [azithromycin] against viral pathogens with 50 percent inhibitory concentrations ranging from ~ 1–6 μM, with the exception of H1N1 influenza," write Damle et al.[1] They state that in vitro evidence suggests that AZ has antiviral properties at concentrations that are physiologically achievable with doses used to treat bacterial infections in the lung. Intracellular sequestration of AZ may prevent viral replication. AZ is being used against COVID-19, with the generally stated rationale being its antibacterial or anti-inflammatory activity.

Antibiotics used in Lyme disease, including tetracyclines, macrolides, metronidazole, and ciprofloxacin, may have activity against a number of viruses.[2]

How could all our medical education "overlook" this basic science?

It may be difficult for non-physicians to appreciate the magnitude of this world-shaking scientific omission—and probable cover-up. It is the pharmaceutical equivalent of being told for 40 years the world is flat—only to have it conclusively exposed overnight to be round. This idea that viruses—like the current pandemic SARS-CoV-2 virus—can be killed by commonly used drugs—antibiotics, antimalarial, or antiparasitic agents—profoundly changes the practice of medicine.

Influenza

The scientific paper that first got me thinking about a potentialmotivetohidethisdataconcernstheinvitroinhibition of human influenza A virus replication by chloroquine (CQ).[3] It was published in 2006. This paper and others, including one published in 2005 about the effectiveness of CQ against SARS-CoV-1, the cause of severe acute respiratory syndrome,[4] show CQ, from which HCQ is derived, to be extremely effective against some viruses.

Given the supposed concern of health officials over deaths by influenza, why was the research into CQ not pursued? Consider that the entire $69 billion-per-year vaccine industry is based on "preventing" viral diseases that are otherwise "untreatable"—like viral influenza A, measles, etc. If a cheap and effective treatment is available for these illnesses, the entire vaccine industry crashes down like a house of cards.

Until the coronavirus pandemic, the Centers for Disease Control and Prevention (CDC) website has been a non-stop advertisement for vaccines—especially the influenza vaccine. We are constantly told in the news and commercials to "Get your flu vaccine!" because of the risk of death from the seasonal influenza virus.

According to the CDC, 80,000 people died in the U.S. last year from the flu. That itself is a lie. In truth, actual viral influenza accounts for only a fraction of those deaths. The CDC and World Health Organization (WHO) once reported real numbers of influenza cases—and most people assume they still do. But they actually report ILI or "influenza like illness," and in the past they added the caveat that only 4–7 percent of ILI was influenza—the rest were other respiratory viruses. So, when they say 80,000 people died, only about 6,000 actually had viral influenza.[5-10]

Previously, in tables of ILI deaths, a small box at the bottom would tell you the percentage of ILI that is influenza. The CDC no longer does that, and currently, looking at multiple yearly reports, I am unable to determine the percentage of ILI that is true influenza from the CDC website. This distortion by reporting big scary numbers began when the flu vaccine became profitable through the use of adjuvants and "soft mandates"—i.e. pushing hospitals and police forces and other professions to vaccinate their staff to "protect the public." Of course, the flu vaccine only works against flu—not other causes of ILI.

Treatment vs. Vaccination in Other Viral Diseases

Vaccinating the entire nation against influenza to prevent 6,000 deaths is hard to justify, but the bigger lie is even worse. Based on the currently available science, it is probable that

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treatment with HCQ in patients with severe influenza and ILI could have saved millions of Americans from dying. And people within the inner circle of pharmaceutical research must have known this. Pharmaceutical firms employ thousands of virologists and infectious disease experts. Are we to believe they failed to read and pursue the relevant viral research? And, this is not just about influenza and SARS-CoV-2, but hepatitis, viral meningitis, equine encephalitis, shingles, human immunodeficiency virus (HIV), possibly leukemia, and other deadly known viral diseases. Were deaths from such viral diseases, over decades, an acceptable price for $69 billion in yearly vaccine profits?

Vaccination began with smallpox, then polio. Then vaccination programs expanded to childhood viral illnesses, including usually benign ones such as mumps. Influenza then became the big vaccine target.

Along the way, teaching the immunology of communicable diseases to medical and nursing students got distorted. Most physicians today don't learn that the mortality of childhood diseases in well-nourished, unvaccinated, first-world children was negligible prior to the advent of vaccines.[11] Nor do they understand the big difference between vaccine immunity and disease-acquired immunity. After recovery from measles or the flu or mumps or any other common viral illness, a person walks away with full-spectrum cellular and humoral immunity. The immune system is specifically and generally strengthened against a multitude of future diseases in ways we do not fully understand. Vaccine researchers concentrate on producing an antibody response, which is a very incomplete form of immunity.[12] Even repeated doses of such vaccines do not produce the true macrophage-mediated tissue immunity that is lifelong and usually fully protective against repeat disease exposure.

Worse yet, in some cases, vaccine-based immunity can worsen disease outcomes. With SARS and other illnesses caused by RNA viruses, vaccination has increased the risk of dying from a subsequent exposure to the virus. This is the result of "immune enhancement," wherein the vaccine-produced antibodies actually hide the virus particles from the host's immune system killer cells.[13-15] Rapid viral replication ensues causing fatal overwhelming disease. Cellular immunity from natural infection, on the other hand, is the kind of immunity that can save you from serious diseases like this novel coronavirus or the 1918 influenza.

Vaccination is not a panacea. It was once the last resort to the treatment of disease. In the age of huge

vaccine profit, it has become the first choice for every disease.

COVID-19 and the War Against Hydroxychloroquine

This begins to explain the uproar about HCQ. Never have I seen such political brawling over a legal pharmaceutical. When the current pandemic was starting to kill Americans in significant numbers, President Trump identified HCQ and azithromycin as having excellent cure potential. Around the world, doctors were speaking and writing about the great cure rate of COVID when these drugs were given early.[16-24] Sick patients from all over the world recounted having nearly immediate turn-around of the symptoms once they were started on the regimen. State Rep. Karen Whitsett, a Michigan Democrat, credits President Trump for saving her life by advocating for the use of HCQ.[25]

To my knowledge, neither governors nor boards of pharmacy have ever outlawed any legal drug—not even opioids like Oxycontin that cause about 30,000 deaths a year. But when it comes to HCQ and CQ, governors, medical boards, and boards of pharmacy in most states have either outlawed or limited the use of HCQ or threatened doctors with licensing board scrutiny.[26] Medical leaders from the CDC and National Institutes of Health (NIH) said HCQ might not work and proclaimed that we needed more studies—ignoring the multiple scientific and position papers being published daily that demonstrate the benefit of HCQ.[27]

Dr. Anthony Fauci, an immunologist and head of the National Institute of Allergy and Infectious Disease (NIAID) of the NIH, has discouraged use of HCQ for COVID-19, but praised Middle East respiratory syndrome (MERS) treatment with HCQ in 2013.[28-31] In 2006, the CDC's own research showed CQ to work against coronavirus in SARS-CoV-1, yet their current guidelines recommend against "high-dose use," and does not discuss the low-dose regimens in use around the world.[32-33] Note also that on Apr 28, 2020, Dr. Fauci touted the positive findings for remdesivir, even though no randomized controlled studies have been completed. Why is he so strongly promoting the $3,600 remdesiver and almost totally ignoring the $20 HCQ regimen, other than to say the latter is of "unproven benefit"? Media acted in lockstep with corrupt politicians. They said HCQ was experimental. Not so—it has been around for decades, and approved by the Food and Drug Administration (FDA). Then, they claimed it was illegal for doctors to use HCQ off label. Wrong again. Nearly every doctor, every day, uses a drug "off label," because, once FDA

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approved, drugs are not re-studied to add every potential benefit. And now scientific literature "hit pieces" against antimalarial drugs are being published and quoted. A recent *Los Angeles Times* headline, "Malaria drugs fail to help in coronavirus studies," sensationalized a misleading study.[34] This study, done in Brazil, prescribed toxic, even lethal doses to very sick patients late in the disease when it was almost certain to be of no benefit.[35] The methodology was severely criticized by Brazilian scientists,[36] and alleged ethical violations are under investigation by Brazilian authorities.[37]

Since CQ and HCQ work by stopping viral replication, they can prevent viral damage to the heart, lungs, and other organs. However, they cannot improve organ damage that has occurred. While the Brazilian paper correctly reported that CQ did not change outcomes, this was a classic study designed to fail.

Since the 1950s, HCQ has been used for a variety of problems including a 1960 trial for angina pectoris based on the observation that HCQ reduced sludging due to agglutinated red blood cells in patients with vascular diseases.[38] While subsequent results in angina patients were reportedly negative, HCQ seems to reduce the incidence of cardiovascular diseases in rheumatic patients. In addition to its antiinflammatory properties, HCQ reduces cholesterol levels and the risk of Type 2 diabetes, and also has anti-platelet effects. In 2017, the OXI study was designed to determine whether treatment with HCQ, as compared with placebo, would reduce recurrent events among myocardial infarction patients.[39]

Millions have been treated with HCQ for malaria, and it is commonly given in long-term high-dose treatment of patients with rheumatologic disorders. Until now, the drug has been distributed with only a minor mention of the potential for cardiac arrhythmia. While other side effects are categorized as "very common," "common," or "rare" cardiac issues are infrequent enough to be noted under "unknown frequency." The Sanofi patient safety handout for Plaquenil states, "Heart problems or failure, cardiomyopathy, an enlarged or weak heart can occur if you take Plaquenil for long periods of time…" People with SARS-CoV-2 generally require only 5–14 days of treatment. So, why did the FDA only now issue a very public warning against the use of HCQ—citing cardiac rhythm issues?[40-42]

Is There a Political Cover-up?

In the investigation of any political cover up, the question "Who knew what, when?" must be asked. Reference papers discussing CQ/HCQ and viruses, from all over the world, go back at least to 1982.[43] And there was much interest dating even into the 1970s about lysomotropic agents, i.e. chemicals that are selectively taken up into the lysosomes—the cellular organelle in which HCQ inhibits viral replication.[44-46]

Speculating about the possible motives for hiding such a powerful weapon against viral illness during this pandemic, some might suggest a "deep state" take-down of America. Or one could focus on conflicts of interest, suggesting that lead spokesman Dr. Fauci is an integral part of a vaccine coalition.

Specifically, the Global Vaccine Action Plan (GVAP) is a collaboration of the Bill and Melinda Gates Foundation and Dr. Fauci's NIAID. Dr. Fauci was also named to the Leadership Council of the "Decade of Vaccines" Council.[47] Although it is difficult to pin down all the financial details, we know that large sums of money are flowing from the Gates Foundation to and around NIAID projects, such as the 2019 partnership for "gene-based therapies against AIDS and Sickle Cell Disease, to which Gates contributed $100 million.[48] Also, the Gates Foundation has contributed $2.24 billion to the "Global Fund," of which Dr. Deborah Birx, frequently at the White House panel discussing COVID-19 policy, is a board member.[49]

The recent congressional bill H.R. 6074 in the 116th Congress to develop drugs and vaccines for coronavirus is a $3.1 billion windfall for drug companies, and also includes $8.36 million to Dr. Fauci's NIAID for "training."[50] Moderna—one of the Gates-funded companies that is working on a coronavirus vaccine, is in partnership with NIAID[51] and getting special treatment. Moderna was allowed to bypass standard long-term animal drug testing, and roll out mRNA-1273 vaccine trials on humans on February 24 at the NIH, within months of the genetic decoding of the virus. Moderna's chief medical adviser, Tal Zaks, states, "I don't think proving this in an animal model is on the critical path to getting this to a clinical trial."[52] And on May 2020, after NIH fast tracked Moderna's vaccine human trials, Tal Zaks exercised stock options, selling 125,044 units of MRNA stock for $1,526,787.[53]

None of this, however, explains the 40 years of medical misinformation and suppression of the pharmaceutical truth. To have covered up the knowledge for four decades that viruses could potentially be treated by antimicrobials required extensive effort:

- **Censorship.** It is likely that some scientists were never published again after authoring one paper on the anti-viral benefits of CQ.
- **Buying silence of news media.** This is evident from the blackout across the political news spectrum concerning vaccine adverse effects. Pharmaceutical manufacturers provide the most lucrative advertising for both written and broadcast news programs.

- **Misdirection**. For years, pharmacology professors in medical schools have perpetuated lies of omission.
- **Lies by drug companies.** Merck was caught publishing its own "peer reviewed" journal to promote its drugs.[54]
- **Regulatory capture.** "Big Pharma" essentially owns the FDA by being its biggest funder and employing more than 58 percent of the FDA's upper-level regulators and administrators either before or after their tenure.[55-56]
- **Research funding.** Big Pharma is the major funder of nearly all "independent" drug research, and there is no incentive to research cheap/less profitable solutions.

Implications

The COVID-19 pandemic is calling attention to the potential for treating viral diseases with currently available drugs, and exposing long-available but ignored research. The implications of all this are very disturbing. Where have the virologists been, and the CDC "experts" who claim to care about influenza deaths? Has the burgeoning nearly trillion-dollar vaccine industry been built at the expense of patients' lives? Disregarding the sizeable database of vaccine injuries, and the controversy about the long-term danger of vaccines to the immune system, if HCQ or other drugs could have treated viral illnesses cheaply and effectively, there was never a need for vaccines to begin with. As the WHO reportedly admitted, as recorded in a currently unavailable YouTube video from 2019 Vaccine Safety Summit, the "front line is becoming wobbly"—meaning doctors are less and less convinced that vaccines are safe and desirable.

Boris Yeltsin, as he was surrounded by Soviet troops on the steps of Moscow's Dom pravitelstva Rossii Federatsii (the Russian White House),

opined, "You can sit on a throne of bayonets, but you cannot sit on it for long." It took 70 years for the truth about the murderous and corrupt Soviet regime to break through the propaganda, but when the masses of people understood, they tore down the Berlin wall. The wall of silence and coercion that has propped up a corrupt, and yes murderous, vaccine industry will hopefully now be dismantled by everyday physicians and patients who have awakened to the "biggest lie," and are beginning to say, "Yes, Virginia, antibiotics and other antimicrobials do treat viruses."

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Nevada Dental ASSOCIATION

2021 NDA ANNUAL SUMMER MEETING

June 17-19, 2021, Grand Sierra Resort Reno, Nevada

We're excited to go from meeting like this..

To meeting like this again!

The NDA is pleased to host the first NDA in-person meeting since the pandemic started!

Grand Sierra Resort Hotel Reservations and Guest Room Pricing is only **GUARANTEED THROUGH May 18th.** Make your room reservations now online or by phone.

- **Online**
  - https://book.passkey.com/go/NDA21
- **Phone**
  - 1-800-648-5080, Group code: NDA21

We're Going to the Reno Rodeo! Friday, June 18th at 7pm!

Put on your Wrangler jeans and cowboy boots as we're headed to the Reno Rodeo. Tickets are limited so don't delay.

Dinner and transportation to and from the Rodeo grounds are on your own.

For more information on NDA Events go to our website at nvda.org/events

NEVADA DENTAL ASSOCIATION | WWW.NVDA.ORG | (702) 255-4211 | INFO@NVDA.ORG

Michele M. Reeder

Executive Director's Spring Message

Spring is almost here and we have so much to be grateful for.

First and foremost, I wish to say a huge thank you to everyone who is supporting the NDA through the renewal of your annual membership. This is no small thing and your continued support is very much appreciated. We have begun to highlight those members who have renewed their membership through testimonials and a series of recorded member interviews you can find on the NDA website.

Thanks also to our component Executive Directors, Ms. Lori Benvin (NNDS) and Monica Rexius (SNDS), for their continued support of members and activities and to their dedicated Executive Committees. If you are a member and aren't familiar with them, or the benefits you have access to, you can find out more information on their websites, www.nndental.org and www.sndsonline.org, respectively. These groups need your support and participating in component leadership is an excellent way to learn and support organized dentistry.

As Nevada begins to open back up to life and routines more familiar to pre-pandemic times, we also want to acknowledge the lives lost during this pandemic and we offer our sincere condolences to those family and loved ones who carry on. While we still see the pandemic's impact through our tempered ability to meet with each other, and the sheer number Zoom calls still on our calendar, we remain optimistic for the future.

The NDA is excited that with Spring comes warmer weather and graduations for dental students who have worked so hard over the course of their dental programs. We salute you and stand ready to support your transition to practicing dentists. Be sure to activate your complementary NDA membership so you have access to all the benefits the ADA, NDA, and local component society offers you. Be sure to contact the NDA office if you have questions or need a membership application (www.nvda.org).

The NDA is excited to announce the upcoming June 2021 NDA Annual Summer meeting will be held in-person at the Grand Sierra Resort in Reno. The NDA will also be offering Reno Rodeo tickets for purchase—watch for upcoming 2021 NDA Summer Annual Meeting promotions for more details.

Legislative efforts continue with NDA's new lobby firm, Tri-Strategies, working very closely with the NDA Council on Government Affairs and NDA leadership. We have several legislative priorities this year to include, tele-dentistry, dental loss ratio, retroactive claims denial, and immunization/vaccine administration by dental practitioners. We will continue to keep you informed as information is available. We also encourage you to reach out to us if have you have any questions or comments on legislative issues.

The NDA is here to support you and we encourage feedback. Have a question or comment, give us a call, 702-255-4211 or send us an email, info@nvda.org.

I wish to say a huge thank you to everyone who is supporting the NDA through the renewal of your annual membership.

President's Spring Message

Mark Funke, DDS

Good day fellow NDA member, as I write this article… Nevada's 81st legislative session is underway. With the legislature limited to who can be inside the building, our representatives and lobby firm are meeting with Senators and Assembly men and women virtually. The NDA has submitted three bills:

1. BDR 81: The Dental Immunization bill which is sponsored by Assemblyman P.K. O'Neill. This would allow dentists and hygienists to administer vaccinations after completing an accredited continuing education course.
2. The retroactive claim denial and denial of prior pre-authorization of treatment bill is sponsored by Senator Ben Kieckhefer.
3. The third is an omnibus bill submitted by Senator Julia Ratii (the Interim Health Committee). It contains Dental Loss Ratio, Telehealth (Teledentistry) and Crisis Emergency Dentistry.

Bills Being Watched by the NDA

1. BDR 541: sponsored by Assemblyman David Orentlicher. This bill would increase Medicaid reimbursement rates to Medicare rates.
2. SB40: submitted by Senate Committee on Health and Human Services.
   This is an All Payer Claims Database. This is essentially a way to obtain claims and costs data from payers so the Patient Protection Commission can continue to regulate and ensure that insurers are providing the best benefits to consumers.
3. AB 129: This bill changes the reporting of political contributions from $1000 to $100.

Bills Being Supported by the NDA

1. SB90: sponsored by Senator Joe Hardy.

If a licensing authority investigates a complaint against a licensee and determines that there are no reasonable grounds to believe that the license has committed a violation the health care licensing authority must refer to the investigation as a review and evaluation.

The NDA and our lobby firm continue to monitor bills as they progress and are released.

Do not forget to mark your calendars and register. It is extremely exciting that the Nevada Dental Association is partnering with the Arizona Dental Association to put on the Western Regional Dental Experience (WRDE) conference. This is a special virtual event taking place April 9–10, 2021 which is offering

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up to 18 ADA CERP Continuing Education Units for members and non-members. If you did not receive this conference information and registration in your email, please contact the NDA office for detailed information and how to register.

The NDA Summer House of Delegates meeting is scheduled for June 18–19, 2021. As our nation slowly begins to reopen; we have decided to have this meeting as a hybrid meeting (those who wish to attend in person can do so while others can attend virtually). It will be good for us to get together again in person. I am a firm believer that we can accomplish more when people are face to face. The camaraderie and relationships among NDA members are extremely beneficial and valuable.

The American Dental Association Dentist & Student Lobby day in Washington DC will be held virtually this year on April 28. This meeting entails training and education for members and direct member lobbying to U.S. Senators and Congressmen/women and their staff. Thusly, our continued lobbying efforts regarding the McCarran-Ferguson Act have paid off. The Competitive Health Insurance Reform Act was passed by the House of Representatives on September 21, 2020 and passed by the Senate on Dec. 22, 2020 and signed into law by President Trump on January 13, 2021.

COVID-19 regulations continue to be an enormous part of everyone's lives and dental practices. Your 2021 NDA Membership is going to be more important than ever. We need to continue supporting one another and pressing forward with positivity and unity. Membership involvement is crucial. The Nevada Dental Association, Northern Nevada Dental Society, Northeastern Nevada Dental Society, and the Southern Nevada Dental Society are looking for increased member involvement. Please consider increasing your involvement by participating on the state and local executive committees, as delegates and on various committee groups. Your voice, your knowledge, your ideas are what this organization and particularly this profession, so remarkable. Contact the NDA or your local component society to ask how you can make a difference.

Thank you for your support and your tri-partite membership.

NDA Calendar of Events

Nevada Dental ASSOCIATION

2021			
April			
4/5	**Executive Committee**	Zoom	*6pm*
4/25	**Training: ADA Lobby Day**	Virtual	*11am*
4/28	**Hill Meetings: ADA Lobby Day**	Virtual	*All Day*
May			
5/3	**Executive Committee**	Zoom	*6pm*
5/31	**Memorial Day**	Office Closed	
June			
6/7	**Executive Committee**	Zoom	*6pm*
6/17	**Executive Committee**	Grand Sierra Resort, Reno	*5pm*
6/17–6/19	**NDA Summer Meeting**	Grand Sierra Resort, Reno	*TBD*
July			
7/6	**July 4th observed**	Office Closed	
7/13	**Executive Committee**	Zoom	*6pm*
7/29–7/31	**Western States Conference**	TBD	*TBD*
August			
8/2	**NNDS Executive Committee Meeting**	5605 Riggins Court, #101A, Reno	*6pm*
8/27–8/29	**Caucus 1**	Salt Lake City	*TBD*
September			
9/13	**Executive Committee Meeting**		*6pm*
October			
10/4	**Executive Committee Meeting**		*6pm*
November			
11/1	**Executive Committee Meeting**		*6pm*
December			
12/6	**Executive Committee Meeting**		*6pm*

Northern Nevada DENTAL SOCIETY

2021			
April			
4/6	**NNDS Executive Committee Meeting**	5605 Riggins Court, #101A, Reno	*5:30pm*
4/8	**NNDS General Membership Dinner w/ Dr. LeeAnn Brady**	Atlantis Casino Resort, Reno	*6pm*
4/9	**All Day CE course presented by Dr. LeeAnn Brady**	Atlantis Casino Resort, Reno	*8am*
4/20	**NNDHP Advisory Board Meeting**	5605 Riggins Court, #101A, Reno	*5:30pm*
May			
5/11	**NNDS Executive Committee Meeting**	5605 Riggins Court, #101A, Reno	*6pm*
5/31	**OSHA, Infection Control Continuing Education Course**	Atlantis Casino Resort, Reno	*8am*
June			
6/1	**New NNDS officers take office**		
6/5	**NNDHP/Give Kids a Smile, Event #2**	The Smile Shop, Reno	*8am*
6/8	**Delegate Pre-Mtg. & NNDS Executive Committee**	5605 Riggins Court, #101A, Reno	*5:30pm*
6/17–6/19	**NDA Annual Summer Meeting**	Grand Sierra Resort, Reno	

Monica Rexius
monica.rexius@sndsonline.org

SNDS Executive Director's Spring Message

Spring time is here; as always spring is a great time to refocus your goals for the year. This year, we have already had our first in person dinner meeting, which feels like a big step towards getting back to normalcy. A few months, ago we were unsure when the next event would be, as vaccinations continue, we get closer and closer to the life we had before the pandemic. I would like to thank those dentists that have taken the time to get certified and volunteer time out of their busy schedules to vaccinate the community; it is leaders like you that set an example for all of us. Giving your time to help others is what makes a community great, and you are a hero making a difference in the lives of many.

February was Children's Dental Oral Health Month, instead of GKAS this year, the Nevada Oral Health Program set up a campaign for kids to swap sugary beverages for water, following the ADA's theme "Water—Nature's Drink." SNDS was able to offer some support with promoting this campaign this year. We have also concluded our mentorship with UNLV on March 3, I would like to thank all the dentists that were able to volunteer to mentor student and help with panels.

We have some great member benefits that I would love to reintroduce to you for this year. The Association Health Plan, in partnership with Prominence Health Plan; you are still able to enroll yourself and your team. We are working with Jeff Lybolt as our Health Insurance Agent; he can be contacted at 702-357-8104 or jeff@insuringeverything.com to receive a quote. We also have teamed up with Westpac Wealth Partners and John Hancock to provide turnkey 401(K) retirement plans at a special discounted price, contact Patrick Collins at 702-470-2735 or patrick.collins@westpacwealth.com. New benefits that were introduced this year, Gargle and The OnHold Experience, both offer discounts to SNDS Members.

On April 22, we will be having our second in person dinner meeting, being held at Legacy Golf Club. This will be our GPR Presentations and Elections night. Please make sure to register your ticket and come support your local UNLV Students and SNDS Leaders. As always, we will be following the guidelines set by the State of NV and CDC at the time of the event. To see more on events, please visit: https://www.sndsonline.org/snds-calendar.

Thank you to everyone who has renewed their membership for 2021, we always appreciate your support for organized dentistry. If you still need to renew your membership, please contact Suzzi Fobbs the membership director at the NDA to assist you. I am always here to help you with anything you may need, shoot me an email (monica.rexius@sndsonline.org) or a text to 702-901-1495 and I will try to help with any membership concerns or questions you may have.

I would like to thank those dentists that have taken the time to get certified and volunteer time out of their busy schedules to vaccinate the community; it is leaders like you that set an example for all of us.

SNDS President's Spring Message

Gregory Hunter, DMD

As I sit down to share some thoughts, today marks one year since the official pandemic shutdown. Our lives ground to a halt, and a little less than a year ago, most of us shut our practices down for everything except emergencies. I was optimistic that we would be back to "normal" no later than the end of the summer. A little limited activity here, and multiple family game nights there, and presto! Good as new, right?

We know that didn't happen. Not even close. While there is some return to normalcy, we still don't know exactly what that will actually look like. And if I hear the term "new normal" one more time, I'm likely to vomit on whoever says it.

In the last year, I've read about viral replication and infection. I've read about airborne virus transmission. I've read different studies on comorbidities and the contribution to mortality associated with COVID-19. I've made an honest effort to make sense of the various studies and articles published and often cited by our esteemed political leaders. Dr. Faucci is in no danger of me taking his job from him, but I think I have a pretty good understanding of the virus and what we need to do to protect ourselves and others. It's been a little like the Olympics. Every four years, I become an expert in rhythmic gymnastics.

Now while I think I have learned quite a bit this last year, I realized last month I've neglected my own professional education. Fortunately, my kind staff reminded me that I need 40 CE credits for renewal by June. So the last month has been a mad rush to find and get enrolled in various courses to meet the requirement. I think I've done a pretty good job and while my wife isn't especially happy about all the weekends I've got scheduled, I will be able to keep my license.

COVID has certainly made continuing education harder, but we owe it to ourselves and our patients to maintain a knowledge of current and recommended treatments. As we have seen over the last year, scientific knowledge can change quickly. What was correct yesterday might not be the standard of care today. And if we haven't made an effort to stay current we become a risk to our patients.

If you have all your continuing education credits, I commend you. You're a better person than I have been. If you don't, there is still time to meet the requirement. Take a little time to find a course that interests you. If you haven't already registered, the AzDA has invited NDA members to participate with them in a virtual meeting April 9–10. This is a great opportunity to collaborate with our colleagues in Arizona and get a few hours. If not, maybe you could even plan a get away with your significant other. Part of the trust the public has placed in us needs to be earned, and we do that by being up to date on the best practices and therapies.

Whatever works for you, remember why you're doing it, so you can be the best practitioner you can be. Your patients will thank you for it!

While there is some return to normalcy, we still don't know exactly what that will actually look like. And if I hear the term "new normal" one more time, I'm likely to vomit on whoever says it.

Lori Benvin
nnds@nndental.org

News from the Northern Nevada Dental Society

Professional conduct and personal attitudes have certainly been tested these past 12+ months. Human behavior and reactions due to forced separation has been a crime against humanity. A 'new normal' as they call it and those who chose the narrative, while I will never call this past year normal.

Hosting meetings and communications virtually and only with electronics has created irregular attitudes and boldness. It has allowed us to still communicate, conduct similar business prior to the shutdown in a limited capacity, but it has also caused stress, depression, and bullying with artificial courage behind virtual platform settings including the ability to mute your audio or turn off your video feed as not to be seen and raise a hand with defamation as your intent. Character assassination is one such behavior that has escalated and evident on such a virtual public forum.

Character assassination refers to the slandering or vicious personal verbal attack on a person with the intention of destroying or damaging that person's reputation or confidence. It involves a deliberate attempt to destroy a person's reputation by criticizing them in an unfair and dishonest way void of the *facts*.

Measures can be taken by those impacted and sometimes those measures are addressed adequately but for some not sufficiently. It is how *you* react to the defamation that matters. It is how you rise above such slander knowing that the truth will never imprison you or impact you amongst those who know the truth, those that support you, and those who have trusted you for many years.

So, as we welcome Spring of 2021 and gather once again as a society this March after an entire year of deliberate separation, we all hope to congregate in kindness, in forgiveness, with mutual respect, with camaraderie, with a professional code of conduct, and with hope for a healthy and improved year as a community.

Please watch for and open your email communication from your local, state, and national associations for latest updates and news. You also will continue to have fantastic resources with your tripartite membership from the ADA www.ada.org, the NDA at www.nvda.org and our website at www.nndental.org for valuable information and upcoming continuing education opportunities for you and your practice team.

Some additional new benefits for our members are now available on our website at www.nndental.org/membership/dental-resource-links. If you are still looking to get a price comparison on medical insurance, it is not too late to enroll in our Association Health Plan with Prominence Health for our members. For more information, email me at nnds@nndental.org and I can send you the benefit guide posted on our website. Or contact our association health plan broker Jeff Lybolt at 1-888-550-9086 or jeff@insuringeverything.com.

Welcome Newest NNDS Members

Shanna Kim, DMD – General

Veronika Vazquez, DDS – General

NNDS President's Spring Message

Erin Anderson, DMD

A year has gone by since our offices were closed. I'm sure many of these journal entries will have similar sentiments so I won't reflect too much on how this past year has changed our lives. I know for me I have a stronger connection with my children and spouse, a better appreciation for essential services, and a deeper joy in practicing dentistry.

The NNDS provided a great member benefit of five free CE credits by attending our virtual classes. In March, we will resume in person CE and we have a great line up of speakers and topics. Make sure to check out the calendar to not miss out on these upcoming events. In June, our licenses are up for renewal so take advantage of all of the CE opportunities!

This past February, NNDS with the Northern Nevada Dental Health Program hosted our first Give Kids A Smile event. Two more events will be held this year to help children throughout our community. Co-chairs, Drs. Kellie McGinley and Whitney Garol provided a seamless event with help from Monica Vasquez and her incredible team. Due to county restrictions and safety protocols, no aerosols were created, instead we focused on emergency care, fluoride treatment, and screening children for necessary dental work. Those requiring further care are now set up with volunteer dentists throughout Northern Nevada. Thank you to our vast network of volunteer dentists, hygienists, and staff who helped with the event and continue to help throughout the year.

A continued thank you to Lori, all of our board members, delegates, and council chairs. Believe it or not this is not how I envisioned my year as president of our society would look like. However, I am so amazed by the leaders in our (dental) society. They have continued to look forward and make sure your membership is valuable and memorable. Please thank them and think about how you can get involved.

"They say that a person's personality is the sum of their experiences. But that isn't true, at least not entirely, because if our past was all that defined us, we'd never be able to put up with ourselves. We need to be allowed to convince ourselves that we're more than the mistakes we made yesterday. That we are all of our next choices, too, all of our tomorrows." – Fredrik Backman, *Anxious People*

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Letters to the Editor

Mask History

On Nov 9, 1918, San Francisco jails had standing room only as 1,000 were arrested for defying the mask mandate—apparently no social distancing required. Even Mayor Davie of Oakland was jailed. Those who couldn't pay the $5 fine were jailed for 48 hours. In 1919, the U.S. Navy surgeon general wrote, "No evidence was presented which would justify compelling persons at large to wear masks during an epidemic! In February 2020, Surgeon General Jerome Adams tweeted that people should stop buying masks, as they were not effective in preventing the public from catching coronavirus.

Twila Brase, R.N., P.H.N., cchfreedom.org

The CDC has admitted that masks may help COVID from spreading. In other words, the CDC admits that masks may not help COVID from spreading.

Whom Can We Trust?

Johnson & Johnson: J&J has paid billions in criminal settlements and has never produced a vaccine before. Its history includes a "phantom recall" of Motrin 16 tablets; marketing Topamax, Natrecor, and Risperdal for unapproved uses; supplying opioid for making OxyContin (tinyurl.com/3ej84se5).

CDC: Screenshot from cdc.gov/nCoV dated 2/5/20: DO NOT use facemasks" (emphasis in original). "Limited person-to-person spread, most associated with close contact with a patient with confirmed 2019-nCoV, has been seen outside of China."

Pfizer: In 2009, Pfizer paid $2.3 billion to settle the largest healthcare fraud case in history because of illegal marketing of Geodon, Zyvox, Lyrica, and Bextra, and submitting claims that did not qualify for payment. Bextra, promoted for uses and at dosages the FDA declined to approve owing to safety concerns, was pulled from the market in 2005 (tinyurl.com/jy8b7emt).

FDA: A whistleblower alleged that FDA "failed to address 'biohazard nightmare' at Merck vaccine plant." It is not even clear whether FDA will require full inspections of manufacturing plants because transparency has been "notably absent in Operation Warp Speed" (tinyurl.com/fmcmnpej).

Gilead Sciences: The maker of remdesivir has "21 billion reasons" to discredit hydroxychloroquine, based on its share price. "In the history of medicine, no single drug has been so singularly attacked by the media, World Health Organization, government officials and institutional health experts," writes James Todaro, M.D., who details Gilead's influence on clinical investigations and the approval process (tinyurl.com/4w8ve2v4).

NIH: Judicial Watch (JW) has sued for records pertaining to grants provided to the Wuhan Institute of Virology (tinyurl.com/rIvwscz8). Previously, JW obtained 300 pages of emails of Dr. Anthony Fauci related to WHO's support of China's response to COVID (https://tinyurl.com/xhcknd34).

Merck: After praising its now-out-of-patent drug ivermectin (IVM) since the end of the 1970s, Merck issued a Feb 4 press release claiming there is no scientific evidence for its efficacy in COVID-19 (tinyurl.com/58z696da). Based solely on this press release, Le Moniteur des Pharmacies declared that "ivermectin is out" (tinyurl.com/yf6fp4n3). The release was instantly shared by lobbyists. Approval of IVM for COVID would cost the industry about €10 billion, and could disrupt the mass vaccination, tracking, and other globalist campaigns (tinyurl.com/3j85vs). On Jan 25, Merck announced that it was dropping two vaccine candidates because they were inferior to natural immunity, but it is working on an oral antiviral (tinyurl.com/52nahcf4) and helping to manufacture the J&J vaccine.

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