

While we all have been expecting some sort of an economic downturn or recession over the last year, few would have thought that the kick-off event would come in the form of the current Coronavirus hysteria. In the last two days I have received a couple of dozen calls from friends and clients with the anguished cry of: "What should we do?"

As usual, the ADA has been late to the party with a worthless statement that meant nothing and has perpetuated their history of ineptitude and not being proactive in helping dentists. So, once again, you will not be able to rely on advice from the ADA. Based on the slow news cycle, the media has jumped all over this, only adding to the hysteria. Facebook certainly has its opinion from the masses that are killing it on social media. While most of the suggestions are certainly earnest and honest many are, at best, off target.

I certainly can't claim to be an expert, but in 1992 at the height of the AIDS hysteria when most thought you would instantly catch AIDS by being in the room with someone infected, a competitor (another dentist) in McKinney, Texas, decided to spread a rumor that I had AIDS. Three weeks into the crisis saw my practice go from 50 patients a day to almost nothing. On Friday of that week, I placed a newspaper ad covering the entire back page of our local newspaper at great cost financially. I even included my "negative" for HIV blood test.

FAMILY & COSMETIC DENTISTRY OF NORTH TEXAS
Michael Abernathy, D.D.S.

Dear Friends,

Recently, there have been rumors in the McKinney area that I have AIDS. This letter is my response to these false and vicious rumors. I DO NOT HAVE AIDS OR THE HIV VIRUS. I have been tested for AIDS three times in the past twelve months. The first test was performed at the Cooper Aerobics Center in Dallas as a part of my annual physical examination in July 1991. The results were negative. The second test was during an exam performed as part of an application for life insurance in October 1991. The results were again negative. I was tested this past Wednesday, April 22, 1992, in the local offices of Dr. Billy Boring, Jr., in response to these false rumors. The results were once again negative. Dr. Boring has reviewed the test results. His letter, along with the lab report, are printed below.

Because of the cruel nature of these rumors, I would like to offer a \$5,000 incentive to anyone supplying information that leads to the successful prosecution of the person responsible for this slander.

In my dental practice, everyone is tested annually for AIDS and hepatitis. No one in the office, including myself, has ever tested positive for either AIDS or hepatitis. In addition to my local practice, I speak at dental seminars and conventions nationwide. Many other dentists from Texas and across the country have travelled to our office to observe and learn from the sterilization and infection control measures which we utilize. Our office is considered a leader in these areas. We are now using approximately 100,000 gloves and 4,000 masks per year, and also use protective eye wear. The instruments are sterilized in an autoclave and the chairs and counter tops are thoroughly disinfected. We do everything possible to insure the safety of every patient.

On a personal note, I've never had anything as disturbing as this happen to me. I am happily married and have been blessed with three beautiful children. I trust this letter will stop these lies that have been spread in an effort to destroy my reputation and my practice. Once again, let me assure you all, I DO NOT HAVE AIDS.

I pray that this never happens to any of you. Being accused of something that is totally false crushes your spirit and faith in mankind. I want to thank all of those patients who assured me they knew the rumors were false and hope this puts to rest all the false accusations.

Sincerely,
Michael Abernathy
1 Peter 4:15-16

BOBING & WILSON
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April 24, 1992

Dr. Michael Abernathy had a blood test performed in my office on Wednesday, April 22, 1992. The results were **NEGATIVE** for the presence of HIV (the AIDS virus) and hepatitis. Dr. Abernathy's health has been, and remains, excellent in all regards.

It saddened me to learn of the false rumors that have been spread about Mike. I hope, with him, that these rumors will now cease.

LABORATORY REPORT
HIV-1 ANTIBODY (ELISA) - **NEGATIVE**
HIV-2 ANTIBODY (ELISA) - **NEGATIVE**
HEPATITIS B SURFACE ANTIGEN (ELISA) - **NEGATIVE**
HEPATITIS B CORE ANTIBODY (ELISA) - **NEGATIVE**
HEPATITIS C ANTIBODY (ELISA) - **NEGATIVE**

By Monday morning, I had NBC, ABC, and CBS trucks in my parking lot wanting to interview the dentist who had been “falsely” accused of having this horrible disease. This resulted in the highest new patient count in one month that I ever had.

The common thread here is hysteria on the public’s part, and helplessness on the dentist’s side. These are twin thieves that will rob you of your profession if you let them.

Those old enough to remember saw three of the worst recessions from 2003-2008 that most have ever encountered. The result was 47% or more loss of savings and investments, doctors who had retired had to come back and work to make up for the short fall, we increased dental graduates from then to now creating difficulties in paying off the ever-rising cost of education. Yet, most have survived and some have flourished in this new dental economy.

Back to today and our next challenge. This too will pass. I assume the threat will be over by the end of April but the ripple effect of deflated expectations, lower profits, and financial institution instability will sour all of 2020. The difference years from now for those that made it unscathed will come down to your ability to adapt, do the best you can, think and act out of the box (no herd mentality), and each time you miss the target, take another shot. You only fail if you don’t get back up.

I don’t want to be a “Debbie Downer” but there may be closings of dental offices in the short term or at least curtailed work schedules. The number of patients will shrink, and there will be more cancellations and no-shows. There are decisions to make about pay and staff. There will be areas of the country that are harder hit, yet there will be those that continue to do well even in those areas. The trick is acting quickly and being proactive about the planning and staging for your come back while guarding your current income and profits. Here are a few steps to take while you are waiting for the sky to fall.

- **Be Proactive:** Just like when you are trying to get hygiene patients to reschedule for their recall in six months, you never ask them if they would like to schedule that appointment because they will just say “I don’t know what I will be doing in 6 months”. The trick is to be proactive, understand the blockage points ahead of the request and deal with it. I would always say: “Mrs. Jones, I know you have no idea what you will be doing in 6 months, but it looks like you enjoy coming in on Monday mornings. Let’s go

ahead make the appointment. We will send you a reminder a couple of weeks out and call two days before if you need to reschedule". Give them a benefit, benefit, benefit, and then make the request. In dealing with your office today, you have to understand the hysteria as well as the confrontational blockages you face: Is it safe, should I come in, what are you doing to make it safe, etc. I suggest some forethought before you confirm patients so you will have those answers and address them first before confirming the appointment.

- **Do not use digital communications as the initial contact.** Patients want to speak with a "real" human with a depth of answers a machine will not have. You are guaranteed to have poor results with recall being done digitally.
- **Temporary Signage:** You may want to consider temporary signs that indicate you are open and available for any emergency.
- **Stress what you already do:** I would design an email to send to all of your patients that details the things that we as dentists always do. You might throw in a gig to the MDs who think that butcher paper is a virus/bacterial barrier and how they never spray down and disinfect anything in their filthy offices. Seriously, tell them what you are doing that sets you apart from others and the added things you are doing for them, then let the patient make the call on coming in.
- **Go to a no reception area office:** In other words, tell your patients that they will be checked in at their cars and escorted directly to a treatment room (that has been fogged, wiped down, and sprayed just prior to their being there). Have them leave other family members at home. I might buy a few Tyvek lab coats, get a bunch of plastic dry-cleaning bags and take the lab coat out to the car, take it out of the bag, and have the patient wear it as a covering while in the office. Clean something somewhere in the office with Pine-Sol or chlorine bleach or something else that we nasally identify as just being cleaned. Go over the top letting the patient see you and the staff unwrap the instruments and put on barriers. You get the idea, it needs to be super clean, smell disinfected and the patient needs to notice the difference.
- **Take the time to plan your come back:** If you want details, give Max or me a call. We have been doing crisis control for over 35 years.
- **Face the hard choices as reality:** This may come off as being uncaring, but you may have to make choices on staff you either keep or let go. Certainly, you will have to

decide what you can afford as far as pay and hours needed to meet the diminished demand for your services. I would even consider asking the bank for an interest only period of time to recover your productivity.

I would also like to suggest that if there is an interest, I would be glad to provide a short 15 minute strategy session every few days in the format of: **One thing to do** (an action item to be done right now), **one thing to learn** (a skill or strategy that you could learn for later), and finally **one thing to plan** (goal setting to position your come back) all in a video with some materials sent to you to help you and your staff execute this in about a day. Something to build on for each of you. This is how you Summit. We Summit together.

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