

# Letters

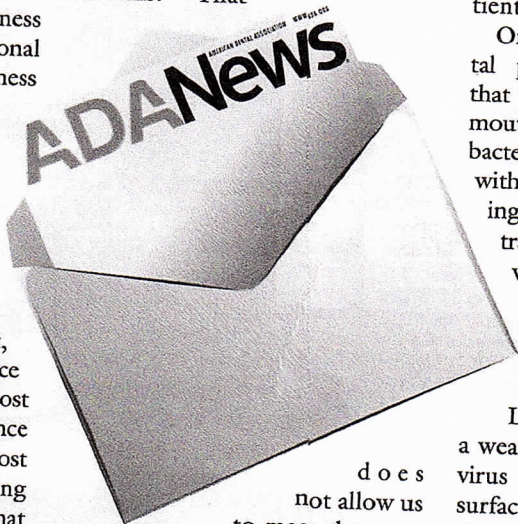
## Reflection on COVID-19

Having been a member of the ADA for over 50 years, I so very much appreciate the impact of the ADA and organized dentistry on our private practices. Congratulations on the diligent, timely responses to our need during the COVID-19 pandemic. I added my voice to the chorus of those requesting small business interest-free loans with conditional forgiveness plus tax forgiveness over those months! In my view, it is urgent that these continue for more than the current two-plus months of Paycheck Protection Program and Economic Injury Disaster Loan.

Our rationale is most people do not relish a visit to the dentist, most do not have dental insurance to begin with and many, if not most have just lost that dental insurance benefit during the pandemic. Most use the reason of cost for not going to see a dentist regularly, and that has been exacerbated by the sudden loss of jobs and/or income by the large majority of the American workforce, plus fear (already present in dental patients) of getting exposed to the virus by activity around anyone.

Thus, a quick recovery is not likely in a dental office, not in the

near term of two to six months. So any expectation that in the first week to months that we will produce and collect what we did the month prior to the pandemic is not a reasonable expectation. I anticipate a 60-70% decrease in collections the first month or two and a 30-50% decrease in collections for the near term of six months. That



does not allow us to meet the most basic of fixed costs, much less the variable costs of new supplies and new technology to accommodate the new guidelines for restarting our practice with testing, etc.

For those of us who have received the Paycheck Protection Program loan, that is a welcome

start, but, as stated the crisis looms for six months or more. Consider the added fact many of us have already borrowed money to stay in business during the pandemic (salaries are not the only costs to stay in business), and we will likely be borrowing more to just start back up and keep the doors open with many fewer patients/less cash income.

On the positive side of the dental profession, we have proven that chlorhexidine gluconate as a mouthwash has stopped ANUG bacteria infections when coupled with cleanings. Saliva droplets being a main source of suspected transmission of COVID-19 virus, we as a profession can be a huge part in stopping the transmission by altering the saliva with appropriate mouth condition changes.

Late breaking science shows a weakness in the life chain of the virus with light, humidity and surface condition. Science should demonstrate how long the virus lasts in various saliva conditions! More study quickly on current and future rinses plus light exposure to oral tissues and facial areas will identify how dentistry can be a huge part in caring for the 50% of the population that sees a dentist

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each year! We stand ready to be a large part of the solution to this and many other potential diseases that may appear. We are team players.

T. Bob Davis, D.M.D.  
Dallas

*Editor's note from Dr. Maria Geisinger, chair of the ADA Council on Scientific Affairs: Dr. Davis rightly identifies preprocedural mouth rinses as one method to reduce overall biobload within saliva. It is important to note, however, that chlorhexidine mouth rinse would not be effective against the SARS-CoV-2 virus as its antimicrobial mechanism of action is bacterial cell wall damage and/or cell membrane disruption, dependent upon concentration. A discussion about the utility and limitations of preprocedural mouth rinses can be found in this ADA Q&A webinar (<https://youtu.be/ttidxHuXnWg>) from April 7. The council does agree that additional scientific study is necessary to determine many factors about the transmission and prevention of SARS-CoV-2, but we caution that science is a process and requires verification and rigorous peer review to ensure optimal outcomes. We can assure our members that the ADA is following the emerging epidemiology and working for our members to provide the best answers for their practice decision-making.*

## MyView