Howard Farran: Today, we are speaking with Andrew RDH, Andrew Johnson, and you're a, um, you're an amazing hygienist and a huge practice in the State of Washington, Oregon, there are like 50 locations, so you probably get to see everything. You're in charge of educating the other hygienists and working with them and developing, you lecture, um, you're an amazing poster on Dental Town and on Hygiene Town. So, uh, tell us, what's new with hygiene?

Andrew Johnston: Well, you know, I think the, where hygiene is going right now is, we kind of get into that whole access to care issue, and we're trying to figure out, you know, _____ object, I suppose, _____ and how can we do it legally, and how can, you know, because a lot of the things that I understand, a dentist generally won't want to go into a very rural area where they're not going to make a lot of income. A hygienist also doesn't really want to go live in a rural area, but these people are being neglected, and so I think that's one of the forums that we talk a lot about Hygiene Town is how we can help that, um, we walk a lot about the, the, well, the bread and butter of I guess hygiene, which is periodontics. We talk a lot about perio issues, um, all the different technologies that are out there. In our group practice though, um, you know, I see a lot of regional differences, so as a traveling hygienist, I work in Oregon, I have a license for Oregon, I can do restorative in Oregon, I can do nitrous in Oregon, I can do, uh, local anesthesia in Oregon, I can do all that for Washington State, as well. And as I'm traveling, even from the eastern side of the state, say Seattle to the west of the state, um, there's a lot more perios in Seattle. And I know you've traveled all over the world, and you can probably chime in on this, have you noticed maybe in Asia there's differences versus Africa for the periodontal diseases – have you noticed anything like that?

Howard Farran: Well, yes, and how I am, how I have been, um, understanding it in my walnut brain is that, um, Africans have a more bulbous tooth, uh, the pedodontists will talk that because, um, Asians have the most constricted cervical neck. So when you put a chrome still crown on an Asian child's tooth, it snaps under, whereas an African tooth is more bulbous, so the, the chrome still crowns pop off, and this also seems to be a mechanical phenomenon for calculus to precipitate out, Asians have intense calculus around their cervical, and Africans don't. I mean, I think there's a, there's hardly any, um, calculus and that in Africa versus Asia. So, and Europeans kind of have a middle-of-the-road, uh, constricts on their cervical neck. And then you also learn how huge diet is because dietary is just huge around the world, and um, you know, we've seen a planet go from drinking water to soda in the last two decades, and it's just been an explosion for dental decay, um, obesity, and diabetes. It's all…it's just exponential growth, it's crazy.

Andrew Johnston: Absolutely, and you know, and that is where hygiene is trying to go also is getting back to the, the roots of prevention. Um, you know, how as a clinician, how can I help that patient, whether it's through the diet, um, whether it's just their mechanical, just neglect – not brushing along the gum line, um, just the simple things. Uh, we've been throwing around some ideas on Hygiene Town with Tricia; I was actually talking about, um, trying to figure out how we can go in people's homes and do education things like that. I think that's a fantastic idea, but how do we get it done? So, I think that's kind of where hygiene is, is trying to take its next course. I've been looking on, um, the ADHA websites and things like that and, you know, they have a lot of interesting ideas. For me, in particular though, it's, um, you know, I like to travel, Howard. You know, I was visiting you guys a couple of months ago, um, I

have some coming up in Idaho and I'm taking a trip to the Dominican Republic. I was just listening to one of your podcasts with, uh, was it Eric?

Howard Farran: Eric Harris.

Andrew Johnston: Yeah, I was listening to that earlier and I guess he has a, a, some kind of a charitable dentistry thing in the Dominican also. The group I'm going to go with is called Somos Amigos – have you ever heard of them?

Howard Farran: No.

Andrew Johnston: Um, it's…I think there's been about two or three different people on Hygiene Town that have recommended Somos Amigos as far as this particular charitable dentistry. Um, it sounds like they have a pretty nice setup, so I'm getting pretty excited about that.

Howard Farran: Well, Eric Harris, uh, found out something very interesting, that he went to the largest, uh, employer – I don't know if it was a mining company or some large employer, and he asked the, uh, if there is any way they can help them, and they said, Oh my God, you guys are going to come in and do dentistry on the people of Dominican Republic including our workers, and…they got behind them in a big way. I mean, everyone knows the need, everybody, um, you know, missed day's work from people with toothaches and cavities and all these things like that. Um, I want to start with something earlier you said that I want to, um, talk about is that you said a lot of the dentists and hygienists don't want to go to rural because, um, there's less money. Um, we were actually, um, we were actually finding the exact opposite, that um, they just don't want to live there, they don't want to work there, and what I see is dentists will live out in the suburbs and drive 45 minutes in town to work, and 117 towns, um, have half of the Americans – 117 towns, over 100,000 people and half the Americans, and that's where about almost two-thirds of the dentists are, and if they would drive an hour away from town in the morning instead of across town and go set up in a town of like 2,000, those guys have massive need, unbelievable, um, zero competition, and we, and _____in this last recession the rural dentists are knocking it out of the ballpark. I mean, every time you find a million dollar practice with someone taking home $400,000 a year, they're always out in a small town of 2,000-3,000, and it's just them and maybe one other dentist, and a lot of the towns that even do have a dentist, it's an older dentists who's already massively way cut back. So, you're right, there is two Americas – there's the urban and the rural. And I, I lectured at a dental school last night, Midwestern, I told these kids, you know, don't think about Phoenix, Scottsdale and San Francisco – they don't need you, they don't want you. Don't go there. Go to these small towns, I mean, you ask anybody in America, you know, name a town in Arizona and they just say Phoenix or Tucson. They don't realize there are 1,000 towns in this country and city, and there are hardly dentists in any one. Now, you said you like to travel a lot. Is that because…

Andrew Johnston: I do.

Howard Farran: Is that because of your three kids, your two dogs, or your one wife?

Andrew Johnston: (Laughs)

Howard Farran: Which one of them is driving you out of the house?

Andrew Johnston: Oh man…

Howard Farran: (Laughs)

Andrew Johnston: You know, that's pretty funny. You know, my wife, uh, she really likes to travel, and so there will be two trips every year that we need to take – one's an anniversary trip and one's a, a mid-anniversary trip, I guess you'd call it, just to get out, get away from the kids, reconnect, you know, just do that.

Howard Farran: Okay, so it's either…so…

Andrew Johnston: And she's…

Howard Farran: So it's either the three kids or the two dogs. We've narrowed it down to two groups. Is it the three kids or the two dogs? It's the dogs? (Laughs)

Andrew Johnston: My kids are fantastic. They're wonderful kids, they're very loving. Um, but you know, for me, I guess my background, I grew up, I grew up in California, I moved up to Washington, um, I didn't really care for the western side of the state because of the rain, the gloom, it's cloudy all the time. When I finally moved over to the eastern side of the state, I was very happy. And so now when I travel, I find that I really enjoy the places that are really sunny. So, when I went down to Phoenix, it was fantastic. Um, I lived over in the Philippines actually for a couple of years, I was doing a mission trip over there, and I really enjoyed the sun, I really enjoyed the people, I really enjoyed…well, to be honest, the reason why I do so much travel and do so much charity work – I'm selfish. I like to feel good about it. Yeah, we're helping people, sure, that's great. I feel awesome. And it's new experiences – you're trying new food, you get to see new places, you get see a new beach, I mean, what's not to love about it?

Howard Farran: Now, now, you said you did a two-year missionary trip in the Philippines – is that, is that a Mormon church, are you LDS?

Andrew Johnston: It is. I am.

Howard Farran: Okay, so, so then they immersed you in Spanish and you learned the language and…were you in Manila or where did they put you for two years?

Andrew Johnston: So, in the Philippines, they speak, um, they're…in the northern half they speak what is called Tagalog, or Filipino as the dialect, um, um, and then there's a bunch of rural…so, for example, you know, you're here in Phoenix and Phoenix was speaking, um, Ilocano would be a language, and then in Gilbert, they'd speak Kapampangan or something like that; something very similar, really close in geographical area, two different languages. So, I was north of Manila, on the, Luzon is the north island, fantastic weather, beautiful people like I was saying, and great food. So then, after that, you know, I kind of got the bug. You know, you just…I, and to be perfectly honest, I don't do a lot of church missions anymore. It's not because I have anything against religion – I am still actively Mormon, I love it;

however, I don't like doing political or church-affiliated missions. I like to be just right down the middle, and I'll go with whomever. I'm not…you know, Dr. Tommy Murph and I, you know, we're going to go on probably yearly excursions, that'll be great. But, if you've ever met Tommy, he's probably the most non-political person that you're ever going to meet in your life. He's fantastic. Somos Amigos – same group. They are the same thing. They don't do any political; they don't do any religious affiliation. I really enjoy that type of stuff. It gives you a little bit more freedom.

Howard Farran: You know, I've looked, you know, I love being, uh, 52 now because, you know, every five years you just get so much smarter and you look back at your thoughts five years ago, ten years ago, I mean, you just keep evolving your game.

Andrew Johnston: Yeah.

Howard Farran: And uh, what I've come to realize, um, that no matter what institution you're talking about, whether it be church or government or whatever, even within the American Dental Association or the Catholic church, whatever, it seems like the extremists also rise to the top. Like I'm from Kansas and everyone in my family has multiple guns and shot guns for hunting deer, and they're all members of the NRA, and they cringe and are embarrassed by all the NRA positions, because again, even the people who get to the top of the NRA are extremists, you know what I mean? Everybody…extremist people are extreme, so they rise to the top. But, I think missionary dentistry is really changing because the one thing that, um, Jerome Smith taught me is that you don't want to go into a village and do Star Wars dentistry, Jumping Jack Flash, and then fly out three days later. You want to go the that village and find out who's, who's the dentist's hygienist in this town, and then get that person, and then work with that person for three or four days, and then you have a contact and a shipping address and a mailing, so if someone sends you an email and says, God, do you know what would make my day is 1,000 carpuls of amalgam or 10 boxes of lidocaine, and then you can just go down to your supplier and ask for all the expired stuff that the American lawyers won't let us use in the rich countries, and ship it all down there where there aren't any lawyers and, uh, and I…and all those dentists, again, have a cell phone, so what I want to do, I want to go with you and Tommy Murphy on your next one. I would love to spend, do a missionary trip with you and the Murph dog and um, do some exodontia and get in there and…you're right, it's just an amazing feeling, and the, the goal for me is how we make this sustainable. How do we connect these dentists with townies in rich countries like U.S. and Canada and Australia and New Zealand, and um, and then get, get them, um, courses they can watch on their iPhone, have them have contacts with suppliers and things like that, America to send down expirat…expiration stuff and, it's just exciting times. You'd never…

Andrew Johnston: Absolutely, you know…go ahead.

Howard Farran: Well, you'd never believe it watching the news, but I mean, I just think the world is just getting, is just becoming a better place every day. I mean, um, it's just, uh, there's so much progress on so many thousands of little fronts that the whole civilization is just getting better, and you see that going back in time – every hundred years is, um, back is worst and more chaotic and crazy and I mean, we just

keep getting better. I mean, it was 500 years from Guttenberg's printing press to landing on the moon. And I think the next 500 years are going to see the exact same gains.

Andrew Johnston: I, I agree. You know, going back to what you were saying earlier about, you know, creating that partnership with the local dentists and things like that, um, I'm slowly working towards that. On this side, I have a hard time right now, and maybe anyone out there that's listening or yourself can give me some ideas, I'm trying to create a network in the United States for people that are willing to go and do this. Now, they don't have to do it every year, they don't have to do it every five years, they can do it as needed. But, every time I approach different people and different, um, kind of more like yourself, more like high-profile lecturers, speakers, and motivators, whatever, and I tell them, you know, I have this dream where I want to teach about charitable dentistry, and I've been doing it, it's, you know, slow going, but I have two lectures coming up here, coming up really quick, um, and I have two different types of lectures – one is for the dental profession. You know, this is what I've done, these are my experiences, you want to get started? Contact me. I'll tell you, you know, what are you looking for? I'll help you narrow down your type of search. And I have one for the, you know, the kind of bigger office that wants to do maybe like, um, a group office dental trip. I'll say, Okay, here's how you find the trips – and I have it narrowed down. So, it's pretty much two different types of lectures, and what I'm trying to do it create this network of dental professionals that I can just email and say, Hey, I heard about this, or someone can email me and say, Hey, do you know anybody who wants to go to the Dominican Republic with Eric or whatever. Sure. I've got 1,500 people on my list, let me email them, I might get you one or two. And so that's kind of the, the obstacle I'm kind of running into, and the funny thing is, um, you know, I was talking to – when you just got back from Tanzania, and we were talking about doing a CE course on this, and I told you, I was like, Yeah, but you know, there's probably not a lot of, um, people that I want to do this, and your advice to me was, Who cares? Don't listen to them, do it for you. And so that's kind of what I…you know, I've been trying to do that, um, the best I can, but man, it's tough getting people to, to want to be going off putting themselves out there.

Howard Farran: Well, we, we, on Dental Town, we have 47 forms and one of them is the Humanitarian, uh, Dentistry deal, and um, all these people that are posting trips on there, they're all telling me that, um, somebody joined, they saw them on the boards and joined them, and everybody, everybody posting your upcoming trips picked up a lurker on Dental Town, because what people don't realize about Dental Town is 185,000 dentists on there, but in any type of message work community, whether it's from programmers, engineers, architects, it doesn't matter, one percent of the members do probably 80% of the posting, so there's just a vast sea of lurkers out there, and you just have no idea. But, if you're giving a couple of courses, you ought to try to film them and we make it an online CE course and then we can push it out to, uh, to, you know, 185,000 dentists and, uh, I think you'll get massive momentum.

Andrew Johnston: That'll be good. The more, the more we can get people involved, the better. However we can do it.

Howard Farran: And dentists, dentists have a lot of burnout, you know, a lot of…they're doing a repetitive task on a stressed out human. It's not like my dad, when I grew up, you know, I worked in a

Sonic and everybody was so happy to go to Sonic, I mean, you're about to get a chili cheese dog, everybody's smiling and drooling all over their shirt, and then I go to dentistry where everybody's in pain and it's going to cost a lot of money and they don't understand their insurance, they don't know why they need this done, and it's so stressful, and like I say, it's selfish reasons you get out of this crazy country, and then you go where people are so grateful for so little in life. I mean, you go into Tanzania where, uh, almost, you know, most people don't use electric, electricity, running water, or sewage, and they are so happy. It's just such a more simple life and it just takes your stress pedometer and just Vrrrrooomm, you know, it's a great thing. So, what do you…so, tell us about running your hygiene department in a group practice with 50 practices? What, what, tell us what you have learned doing that, that would apply to, uh…?

Andrew Johnston: So…the structure of our company, um, is pretty nice. We have, you know, a headquarters that they, the actual group practice itself is very proactive about, um, you know, doing the fluorides and the preventative treatments as much as we can. I've never actually come across a group that is like this. So, on the hygiene side of it, um, you know, without getting into too much detail, for example, a patient will come in and they'll have tons of calculus all over, you know, subgingival calculus all over the place; well, in a lot of practices I've worked in prior to this, it's SRP, SRP, SRP, I'd have a doctor that'd come in and you know, we'd just say, okay four quads SRP without doing an probe readings. And what this practice does is there's a lot of scientific evidence and it's, um, we talk a lot about CAMBRA, right? So, that's one of the things in dentistry that we talk about a lot over the last several years, um, and preventing the cavities and things like that. Well, in the, the gum disease side of it, well, let's remove that calculus and we'll see how much is actual inflammation or how much of it is true periodontal disease. So, that's really wonderful. Um, what I'm able to do is, since I do travel a lot for the company, is I'm able to go in and say…say I'm going to work in Oregon. Now, Oregon has different laws, um, they have different insurances, the Oregon Health Plan is one of them, um, and they have different protocol that's allowed per each insurance, but it's kind of what we're talking about earlier, every geographical area that I go into, I see something different. So, there'll be the ramped decay in one area, there'll be terrible perio one area, there'll be one area where people are just pretty healthy for the most part. And so what I'm able to do is I'm able to take that information and kind of move it around and say, Hey, you know what? In this area, this is what they found effective for caries prevention. And I've done a lot of coordinating like that.

Howard Farran: Well, okay, for our viewers who aren't familiar with CAMBRA, please go over CAMBRA and _____.

Andrew Johnston: So, CAMBRA is just the theory that…actually not even a theory, it's…

Howard Farran: C-A-M-B…

Andrew Johnston: What's that?

Howard Farran: CAMBRA, Caries…

Andrew Johnston: Caries Management By Risk Assessment.

Howard Farran: Caries Management By Risk Assessment.

Andrew Johnston: Right.

Howard Farran: And the acronym for that is C-A-M-B-R-A?

Andrew Johnston: Yeah, the C-A is for the caries and then M-B-R-A, CAMBRA. So, basically what the idea is with CAMBRA and you know, why you clean for the ADA websites and things like that is what are some of the factors that are causing the caries? So, is it their diet, is there high plaque, is there some, um, do they have ramped decay already, and then taking all of those individual factors and classifying the patient by a certain risk – are they low risk for any cavity, are they are moderate, or are they high? Then, taking that risk – so let's say if they're moderate risk for having cavities, well, what would you do for that patient? How would you help them get down to low risk? And so there's different protocols and each company's going to have their different protocols, but for example, fluoride varnishes – if you're a moderate caries risk patient, you know, fluoride varnish would be beneficial to them. Um, for a high risk, well, you've got to remove the decay first, um, that's usually when you have ramped decay, you're going to be at high risk, even if you have two or three or four fillings, they may not be ramped, but deep fillings, deep enough that you're going to have to have some restorative work done, well, in addition to restoring that tooth, what else do you need to do, because that's not good enough. That's just, that's just fixing the problem, but not really treating the disease. So, um, so the CAMRA is just taking those risks, those risk factors, and applying treatment to them. And you're individualizing each of the treatment to each individual patient, rather than just blanketing everyone with fluoride, because you, Howard, might be low risk – why do you need fluoride varnish? You probably don't

Howard Farran: I don't.

Andrew Johnston: So, instead of just blanketing everything, you're taking each person and making them an individual now. And you create a pretty good partnership with your patients that way, too.

Howard Farran: Yeah, and I, I still see, um, I still see dentistry, uh, from 27 years ago, and I love dentistry, being a dentist was really like, um, um, a mechanical engineer…

Andrew Johnston: Uh-huh.

Howard Farran: …and its just now starting to realize that it's a profession based on biology, not mechanical engineering. For instance, um, you see hygienists get a little kid in there who's eight years old who, um, never, ever has brushed properly in his life and never flossed, so the hygienist will lean them back and do the prophy and floss the teeth for them and everything as if what they do twice a year is going to make a difference instead of using that half hour to say, Hey, let me see how you brush, and then coaching him like…like when you go to piano lessons, the piano teacher doesn't have you stand against the wall while they play Beethoven, they sit you down and they teach you chords and, and when the hygienist…you know, I, I don't even like it when the hygienist prophy cup little kids' teeth. I'd rather than see how they're brushing, put on plaque disclosing, brush your teeth, and then why would you floss an eight-year-old child's tooth who's never flossed his teeth once in his life? Wouldn't that be the

perfect time to hand him the floss and then when he starts going to the front tooth, say, No, no, no, we start at the upper right and we go to upper left, then we drop down and we go back – we do everything. And you know, it's like when you're teaching someone football or wrestling, you'll drill one move a hundred times until you have the perfect single-A takedown, and every six months could be like, No, let's floss once and right every time you come in. Here's the floss – let me see how you do it. No, you just don't pop the contact, you work and, and then and, um, you still have almost zero discussions that these babies weren't born with p-gingivalis or streptococcus mutans – somebody kissed them on the mouth, and it might have been grandpa wearing two flippers and a partial and three teeth rotted to the gum line, so why are we even letting grandpa kiss this baby on the mouth, and then I, um, routinely actually get a lot more new patients because someone will be coming in perio and I'll say, Okay, ma-am, you're forty years old and you have perio and three cavities and you're married, you're sleeping with a man and you're kissing him. I can't treat half of an infection. I can't fix you up and then you go home and kiss your husband every night and trade saliva with billions of bacteria. And then, and then her lights turn on, like, Oh my God, yeah, my husband, he won't go to the dentist. Well, do you want more gum disease? Do you want more cavities? I've got to fix everyone you're kissing – how many people are you kissing and making out with? And she's giggles, only my husband. Well, I need, I need to treat both of you, and if I treat this…so dentistry has so far to go. We're not even, um, we're not even culturing pregnant women to see if they test positive strep, um, but if you were HIV-positive, all the physicians, gynecologists and obstetricians are all have a protocol for delivering a baby through an HIV-positive mother, and yet no one's even talking about, oh yeah, well your oral cavity is streptococcus mutans-positive, It's p-gingivalis-positive, it's HPV-positive, and we need to start talking about this and get a discussion going, and um, and exactly like CAMBRA, I mean, everybody in hygiene and dentistry treats everyone the same, with the same mechanical protocol, and that's not how biology works. It's a very, uh…so, how do you do this with, uh…how many hygienists actually work in your organization?

Andrew Johnston: Oh, geez, you know, we have 50 offices and…yeah, I couldn't even tell you…hundreds…

Howard Farran: Yeah.

Andrew Johnston: Hundreds of hygienists…and the good thing is because we do have, um, a system in place, we all do it the same, so our risk factors might be a little bit different than, um, than say your guys' risk factors down in Arizona, but basically we have similar risk factors, we all do it the same, the doctors all assess the same way, they all diagnose the same way, and then we have the system set up to treat that particular risk all the same way. And you know, our company, it's a fantastic company to work for, it collects a lot of data. Um, you're talking about doing the, the testing for whatever, um, whatever germs that they might have on their teeth and their gums, whatever. We have that capability in our office, and it's fantastic that we're able to culture these things, we're able to tell the patient this is what's going on. But, because we're such a systematic company, we're able to do it all the same way. It's fantastic, quite fantastic.

Howard Farran: Yeah, that would be the most amazing online CE course if you could explain that on an online CE course and go into the details, yeah, because you have the advantage of scales of economy for

a large group practice, whereas an individual dentist just doesn't have the, the economy of scale to create something like this. You could, you could share everything you worked so hard with to so many by condensing that. And any low-hanging fruit you can explain on your podcast about that?

Andrew Johnston: You know, unfortunately not, not quite a lot. I actually had to get clearance to make sure I could even do the podcast, and they said, Okay, make sure it's very high-level, that no proprietary information is sent out, so…

Howard Farran: Yeah.

Andrew Johnston: I can, but we have a lot of amazing, um, individual _____, you know, in the corporate office that, you know, when I…when they hear this, they're going to be like, You know what, we do need to get some of our information out there, um, to help other people. So, it's a fantastic…like I said, it's a fantastic organization, it's very proactive, it's very, very about the patient.

Howard Farran: So, you, you're talking about you have the capabilities to culture – talk about that. What, what can you culture, when do you culture, talk about culturing.

Andrew Johnston: So, and I can't really go into too much about that, um, but we do have the little snap sticks, okay? So, it's a quick culture that, let's say that someone comes in, they were classified a…

Howard Farran: Is there a brand name on this stick or is there a kit that people, that dentists can buy on the open market?

Andrew Johnston: There's multiple kits. Um, we had, I think we had two kits that they were looking at. Um, I went to one of the initial training _____ for it, and they ended up just going with one because it was more reliable, um, and I don't know the brand name of it. And it was very simple to use, and it happens instantaneously, so that you don't have to send it off to a lab, you don't have to put it in an incubator, okay? You take a little swab, and again, this is going to be so…let's say someone came in with, uh, they were high risk for having cavities based on all the CAMBRA. Next time they come in, sure, they've done the mechanical part of removing the actual decay, but we want to see where they're at though, with their home skills or whatever, and so you'll do a swab. Now, there's a certain range that they're looking for as far as a microbes that we're analyzing, and if they're not in a certain range, then you talk to the patient. Again, it's about patient education. Here, patient X, this is what we found. You said that you brushed this morning, you said that you flossed this morning, you said that you used mouth wash this morning, but how come I'm getting these thousands of microbes still in your mouth? Okay, let's talk about technique now. And it gets back to that education side of it.

Howard Farran: Yeah, and in Arizona, it's so tough because, you know, so many people work outside in construction and landscaping and roofing and sheet rocking, and uh, it, you know, it's just a lot easier to get through your day drinking a 2-liter bottle of Gatorade, and uh, so you know a lot of these people just non-stop bathing of sugar on their teeth and…

Andrew Johnston: Absolutely.

Howard Farran: And when you explain to a 25-year-old old construction worker that, um, you know, that you know, I understand you need Gatorade and potassium and sugar, I know all that, but don't you have a water cooler there, how about after you go drink your Gatorade, you go get a Dixie cup of water and swish for 60 seconds and make sure that Gatorade's in your gut and not on your teeth. And little things like that and they're eyes get big and they go, Yeah, I could do that. You know, if you make it simple, they can do that, you know?

Andrew Johnston: It's crazy that people don't really understand the whole Ph scale. I know we talked about it when we were in elementary school, talked about acids and bases and we did, you know, basic chemistry when we were in middle and high school. You see somebody and you say, Okay, well, you know, you have this every acidic juice that's eating through your enamel layer, they can't still comprehend that. And you say, Well, it's Gatorade, all the sports players use it, it's fantastic for you, it's electrolytes, it's this. Um, you know, I had a patient just the other day talking about Capri Sun. And so I said, Well, you know, I don't know the Ph in Capri Sun, let's look it up online real quick. And I, you know, that's one of the nice things about having computers in each of your operatories, that you can pull this up and educate the patient, and look, Capri Sun came out with their own Ph – it's from them. This isn't something I made up. Look, its 2.7 or whatever it is. Um, you know, your enamel's going to start dissolving at 5.5. And so anything below that, you're in trouble. Frequent exposures, terrible. Drink your coffee and be done with it. You know, very simple, simple educational tips that people still just aren't quite comprehending, slowly, but surely. You were talking earlier about, um, you know, that, the way the, America is going, and I agree – I think it's getting better. I think that education with all the media, the social media, everything that's out there, people are being more educated and I'm very excited to see that. It's going to be a very positive turn for this country.

Howard Farran: And you know, so many, uh, I hear so many old people that are my age, 50 years old, whining that, uh, um, you know, they were big readers, and you know, when I was a kid, I read a book every week, and everybody complains their kids don't read, but I say, Well, watch your kid, because you're whining that he's spending all of his time on social media and Facebook, but I'd watch these kids on social media. I mean, they're sitting next to you at your restaurant and, and, you know, your nephews and nieces, and they'll go to Facebook and they'll scroll down and there's, you know, silly stuff, whatever, but they're always clicking articles, they're always clicking blogs, and I'm looking at them reading a blog and it's got color pictures and graphs and links and it's so much more media rich than my old black and white textbooks on white paper that, you know, I, I think these kids are actually learning a lot on social media, and I think when your kid's an hour on Facebook that that's not at all a waste of time. I mean, a lot of times, they'll get done surfing Facebook and I'll say, So, what did you see on Facebook? And he'll say, Oh, there was this really neat article about, um, the war or Russia or biology or solar panels – my son was the one who showed me on a Facebook link of the big solar tower project they're building in Arizona that I never picked up on, on the local news sources, but he found someone posted a link to it on Facebook, so yeah, I think, um, I think these, um, these dentists, um when you look at the fact that, when you look at the fact that the ADA really isn't in the business of national marketing, I mean, they don't have any, uh, ads during the Super Bowl, they're mostly…they're basically a union for the dentists, that's about basically at the end of the day, but when you look at the fact that almost half

the dental offices in America have a Facebook page, and they were posting these articles, and um, and I, I repost on my Facebook page, uh, several times a day because I want everybody reposting it on their, their consumer page. I think, I think a half million dental offices' Facebook page could be educating more consumers faster, easier, they're already on Facebook, and a lot of dentists say, Well, I don't know, do you know any good things to post? Well, people send me stuff to, uh, facebook.com/howardforran, and I can't even repost a third of what people send me, so I just report everything I think's cool, and then people are sharing it or, or cut and pasting the links on their page, and same thing with Twitter. But, I think social media is, um, a rich medium, it's more entertaining to the kids, it's more graphic, and, uh, this old people deal that's it all bad is just silly. I think it's a form of education.

Andrew Johnston: And I like also, with social media they have all the different metrics they do behind the scenes to say, Okay, Howard, I noticed you clicked on this link – you'll probably like this other stuff. And so then they start feeding you more and more stuff that's more relevant to what you're doing. So, for example, if a dentist in Phoenix or a dentist in Seattle decided that, hey, I really want people to be educated about this, when they send that out to their friends, and their friends click on it, and their friends of friends of friends click on it, but its all within a geographical area, what's going to happen is Joe that lives down the street is going to come up to you and say, Howard, I saw your ad on the side of my Facebook page, what's up with that? Because of the metrics in there could have Facebook and other social media have put into place, it's a fantastic tool.

Howard Farran: Well, you know why Mark Zuckerberg, the founder of Facebook, is a genius? Do you know why?

Andrew Johnston: Why's that?

Howard Farran: Because his dad, Ed, is a dentist. I knew his father, Ed, back in 2002, three years before Mark even started Facebook, and when he started Facebook, I didn't even know about it until like three years later, like 2009, but Ed is just an amazing dentist from New York. Uh, he's moved out to Silicon Valley now to be closer to his, uh, grandkids, um, but uh, yeah, um, Ed is just a phenomenal dentist. He was one of those dentists who had a three-story house with a first floor, uh, was a dental office, and then they had their front room, living room upstairs, and then everybody slept on the third floor and, uh, his wife's a psychiatrist, they have four kids, uh, Mark's the only boy, he's the founder of Facebook, yeah, the three daughters are just as, uh, amazing. I mean, Harvard genius people, but yeah, social media is just an amazing invention, and uh, if you ever get a chance to listen to, uh, Ed Zuckerberg's lecture on social media, it's just amazing, and I'm sure he has access to all of Mark's data and concepts and whatever, you know? So, it's a great tool.

Andrew Johnston: Yeah. _____.

Howard Farran: And I'm also, um, um, noticing that as, uh Facebook explodes into Asia and Africa and Latin America – I mean, when I was in Tanzania and Ethiopia and um, the Serengeti, I mean, God, even my, uh, even my, uh, um, guide in the Serengeti had, uh, a Facebook page and was posting animals and lions and tigers. It was just an amazing…and what I think it's going to do is, uh, you know the dark ages ended when we got a printing press, so instead of everybody learning every lesson the hard way, finally

old people could write down everything they learn, and then transfer it to the next generation or the next county or the next country, and like I said, it only took five centuries and we went from being an agrarian, uh, people to standing on the moon. And um, it just seems to be going faster and faster and faster. I mean, it was only, what, 75 years from Kittyhawk to landing on the moon? I mean, think about that. The first flight, and then 75 years later, you're standing on the moon? I mean, that's amazing progress. And dentistry starts seeing this. I think we're within a decade of everybody realizing, oh my God, that's a newborn baby, and just like it wasn't born with syphilis and gonorrhea that we picked up from cattle or AIDS that we picked up from a monkey, um, it doesn't have strep that we picked up from cats 15,000 years ago in the fertile crescent area, it doesn't have p-gingivalis, it doesn't have HPV and, um, and we'll start treating this whole thing as biology, and then realize that the biologists are telling us that no matter where they go on the planet, they cannot find a higher diversity of life than the human mouth, about 300 different species are living in there, because we're constantly bathing it with food and water and it's warm and it's 98-degrees…this is the ultimate incubator on earth. And when seven billion people realize that, um, you…you're incubating stuff in here, and you transmit disease, you get diseases in and out here, you also get it in your eye, your genitalia, ears, nose, and once everybody starts seeing dentistry as a biology issue instead of, um, you know, when I was, got out of school everybody thought dental decay was a victim deal. Well, you know, my mama had bad teeth and my daddy had soft teeth and, and all my uncles and cousins, they all had dentures before they were 50, and so I'm…like my bald head, like you know, this wasn't from using the wrong shampoo or conditioner, you know? I got this from my mom's dad, and that's how they thought it was with dental decay. They just inherited a cavity/gum disease gene, and a bald head and a cavity are not related. One is a biological issue and one's an inheritance gene, do you know what I mean? And so it's going to be a very exciting time educating patients and realizing, and I, um, you know, so a lot of dentists they still…they numb up a patient for a cavity, and then they'll set a timer for if they're using septocaine, maybe four minutes, lidocaine maybe eight minutes, and then they go back to their office.

Andrew Johnston: Yeah.

Howard Farran: And I'm like, Guy, you're a dentist and a hygienist, and 99.9% of you will not have a denture at age 65, but one in four Americans will. And here you are, this great coach, whether it be swimming or biking or wrestling or gymnastics in dentistry, and you had four minutes to pat this little kid on the shoulder and give him a lesson in oral biology, and like, you know, this is all because of your choice to drink Mountain Dew instead of water. And your mom and dad are both 50 pound overweight and your dad has diabetes and your grandma just got her foot amputated, and you've got seven cavities. You don't want to grow up like that. Come on, dude, put away the Gatorade and start drinking water. And just, and, and I think, and the best way to be a leader, I think, is to go back when you were ten and say, well, who were the great leaders in your life? Why did you have three uncles, but one you idolized and the other two annoyed you? How come you, how come you tried out all these sports, like for me I used – stuck with wrestling, and when I look back, it was because of the way Coach Heiger, um, connected with me and motivated me, and so who was a leader in your life, and why can't you do that, why can't you be that person that was to you, why can't you pay it forward to that kid in the chair, and

be a leader to him to make him want to have better teeth and want him to keep all of his teeth for a lifetime. You know, it's just, uh…

Andrew Johnston: I, I agree. I, I don't think that, you know…I know you aren't saying that you rest on the shoulders of the doctor that has four minutes after the, you know, a carp of septocaine or whatever, you know, it's got to be a team thing for sure. There's a lot of downtime in dentistry. Um, if you're a busy, hopping practice, you use your team to really, really get through the work, but there's still going to be opportunities for dental assistants, hygienists, doctors, everyone to really educate with the technology we have. A lot of people have iPads in their ops now. You know what – get an iPad out, it's already preprogrammed to, you know, five different videos about, you know, disease of some sort, and they enjoy it. The kid will watch it because it's a cartoon, and it's learning, and they love it, they're involved, and/or you're sitting there and say, Hey, look at that guy, and your being there with him, creating that partnership, creating, trying to be that idol for them, trying to be that role model. Yeah, yeah, it's getting there, it's fantastic. I love technology.

Howard Farran: I knew…yeah, and I, um, I learned this from my kids, but um, a lot of kids, they, um, play cartoons to their new…the kids want to watch cartoons, so they're buying them cartoons in Spanish, because we're here in Arizona where a quarter speak Spanish. The kids are so young, they don't even know it's a different language, and they're learning Spanish from the cartoons, and then the parents kind of start, uh, freaking out when the kids start asking them for stuff in Spanish and they're just like, These, these kids learn Spanish and they didn't even know they were in school, they didn't even know they had to learn, they didn't, there's not even going to be a test. They're just learning Spanish naturally because that's what they're seeing at a young age. That's something dentistry's j…and I know with dentists, hygienist and Cathy Smith in, um, in New Mexico, and uh, she um, helped, um, she was on our team to fluoridate Phoenix back in 1999, the Arizona Citizens for Dental and Oral Health, and she is taking all those bugs, and turned them all into bugs and characters and bed sheets and pillow cases and tooth brushes, and that's what she wants to do. She wants, uh, she wants to do a set of cartoons that, when you're done, you know the difference, you know, rod and a streptococcus and, a virus and all that stuff. So, what would you…what would you say, what advice would you give…and so, to a dentist, he has one hygienist, two assistants, two receptionists, and just him and his hygienist, what, what, what tips would you share to him being, um, everything that you guys are, um, what advice could you give him in his solo practice, one dentist, one hygienist, to uh, what, what is a low-hanging fruit that he could do or she could do to improve their hygiene department 10%?

Andrew Johnston: Um, so two things - one, I'm a big believer in systems. I, you have to have a system in place. You have to have certain rules and guidelines that are always going to be there for the different cases, and you have to discuss that with your hygienist. So, if you and I are working together, and I know that in this particular case, you always do this certain treatment, well then, I'm going to be able to do that. What that does is two things – one, it helps me be able to educate the patient in the correct manner, and so when the doctor comes in and is reeducating the patient, we're all on the same page. So, the patient is really getting the information that they want. Two, it's a timesaver, okay? The doctor doesn't have to spend 45 minutes saying, Hey, this is why you need this, because we've already covered all that. Um, so I think I'm big into systems – I love systems, I love them, I love them, getting that

protocol into place. I think the second thing is relying on your team. Train your team to be what you want them to be. I'm not a big fan of, hey, let's just fire people if they don't work it out. I mean, do your very, very best to get a solid team into place. But, if there's someone that's not going to work out, don't be afraid to part ways with them. I know I, I'm going to catch a lot of flak probably for saying that, but you know, it's the honest truth. If you want to be the best, you need to have the best team and the best..I mean, who wins the World Series? More often than not, the best team, okay? That's just always the way it is, the best group of people. And so, I think those are probably the two little nuggets that I would share is, you know, the systems, and training and getting a solid team into place. I also, I think doctors, one of the reasons why they get so fried all the time or burn out, as it were, um, is because they take on the weight of the world, and they shouldn't have to. They should really be able to rely on us.

Howard Farran: You just said a lot of profound things, and one of the things I'm going to go back to is, especially on the hiring and the firing is that, you know, we hire on attitude and we train for skill. And we pretty much part ways when your attitude is not there, when you don't want to learn, when you don't want to grow, when you're not, you're not into it, when you're not passionate, when you don't want to come to work, and you don't want to play with your teammates, and back to that teammate, the one thing that I see, and I've been in way too many offices to count, is the, the um, the hygienist is confused because the dentist is not consistent, and in those winning quarterbacks like Peyton Manning, I mean, they, you know, they, their lineman knows when he calls a certain play that they only have to give it all they've for exactly three seconds on this play because he's going to unload it, and that wide receiver's going to go exactly ten yards down, stop, and turn to the left. And, and the dentist goes in there and…one time the hygienist says, Well, I've got a stick on three, you know, I mark that as a occlusal cavity for composite, and then the dentist says, Oh, well, we'll watch that. And she's like, What? I mean, I mean, that's like…I mean, Peyton Manning can't go out there and, on half his plays, say, Oh, I'm just going to watch it, I'm just going to spike the ball. I mean, the dentist has to…it's so important that they have to be consistent on their diagnosis, their methodology, because what I've noticed in my office, 27 years, by being extremely consistent, everybody becomes little, little Howards, and the hygienist is in there for an hour, and they say, Oh, this kid's got this, so he's going to go off into this big lecture about this and that and this and that, and I'm in here for an hour, and I'll give the lecture. And then I'll start to say something, and she'll stop me, she goes, No, Howard, I already covered that whole… you know, I already gave the whole story. You know, I even used your same dumb joke, you know whatever the heck, and it's about consistency. Man, I, I, I go into dentists and…why stick about the watch thing. That is a classic red flag that you're a mechanical engineer and you're not a biology professor. I mean, come on, dentists, you've got a black hole that the hygienist just noticed and said, I've got a stick in that and I think it's a cavity, and that little hole probably has what, a hundred million bacteria in it? And right now, if you were a mechanical engineer and you just zipped that out and put in the world's smallest filling the size of a BB, it'd probably last 25-50 years, and then the dentist says, We're going to watch it. I mean, that's like a bee landing on your arm and saying, Well, let's wait until there's five more, then I'll shew them off. I mean, what are they watching? And one of my friends, Jen Buller, she thinks watchings is very highly linked to depression and burn out and disease and substance abuse, they just, you know, they have low energy so they see ten sticks and they say, Ah, we'll just watch it. Um, someone comes in with an emergency toothache and they put them on antibiotics. Well

you're not going to find an endodontist on planet Earth who thinks you can treat an endodontic infection with a script of Penicillin. Why did you watch it? Why didn't you numb that up and do a root canal or extract the tooth? So, the watches might be depression, the watches, um, are totally inconsistent, and what you just said, you know, you know, you're the leader of the team and if you're absolutely, um, getting the whole team involved with the same diagnosis, the same understanding, and one thing I do respect for my hygienists that…if she says, um, That's a…you know, I see a mesial in #3, the tooth needs an MO, and I look at it and I say, No, um…we both hush, we get on our Motorola walkie-talkies PTT and say, we need a third opinion in room 3, and a hygienist or a dentist walks in there and we say, Look at #3, and whatever that person says, it's a yay or a nay. You know, there's no, I'm the doctor, you know, I rule, I'm going to counterrule…and then the other thing I've noticed with hygienists over the years, especially when you get a new one – I've got three young ones now, they've been with me about eight years, uh, so they come in and I usually go 22, so, but the first couple of years, um, you know, they would say a watch, then I'm like, Well, you know, it's really a deuce, so what I would do is I would, um, when I access the cavity, then I get on and say, Hey, I need, I need the hygienist to come back to room 8, I want her to see this, and then she comes in here, I say, Now, you said watch and I said do, but now the tooth is numb and I just accessed the interproximal, you sit down, you put on your gloves, you go in there and look. And they're down there, looking at the decay, and I'll go in there with a round burr and clean out mush and they're like, Wow, I can't believe there's that much decay and mush and garbage on something that I thought was, was, uh, only 80% through the enamel dentin junction, and I didn't see it break the dentin junction, so I was ready to watch it, and you, um, just taught me the lesson that, what you see on an x-ray is about 40% of the size of the lesion, and you have to have a lot of demineralization to show up radiolucent on the x-ray, and wow, that's a lot of mush and oatmeal for something I was going to watch. So, it is a team environment, and people have got to get off this, uh, this uh, ladder of, uh, you know, Pope, Cardinal, Bishop, Monseigneur, and get their receptionist involved and the assistants and the hygienists and a whole team effort.

Andrew Johnston: I agree. You know, I was working at this one plaz…I was working at a pediatric office one time, and they had a nice little, um, I wouldn't call it a hierarchy per se, but they had a very nice system where, um, they had the doctors and the hygienists worked really close together, but they were doing three operative rooms between the two of them, you know, Washington State, the hygienist can also place fillings, and so what we would do as hygienists is we would kind of triage that hour, okay, what we have, you know, x-number of cleanings going on, we have x-number of fillings that need to be done – what's going to help doctors as far as the flow of it? So, I'd go into a room, I'd numb them up, and then I'd go into the room #2, numb them up while doctor goes in and preps, and then I go into room #3 and numb them up while doctor goes and preps in room #2, and then I'd go and fill in room #3. Now, the, the problem with that particular scenario though is, you'll lack the patient education time, and you're becoming kind of like a mill, and there's a lot of miscommunication that goes on with there, too, so with my personality type, I'm a very friendly, happy, outgoing kind of guy, and I was having a lot of fun with, you know, the assistants, with the patients, and things like that. When they would get another hygienist who would do it in a different way, they system was kind of broken down, and ended up just not being a really good fit. And so, really trying to get that same system no matter who your hygienist is, no matter who your assistants are, get on the same page, it's really going to go a long way.

Howard Farran: So then, Andy, so take that further. So, what do you think of the hygiene model who, where the hygienist works two rooms with a hygiene assistant? Um, where they hygiene assistant's doing everything you don't have, you can do without having a degree and hygiene license, setting up the rooms, seeing the patient, taking x-rays, what do you think of a hygienist working two rooms versus one hygienist for one room? Would it be what you just said, that you'd rather work just one room so you can have the, the coaching interaction personal relationship time, or is that system more based on economics, would one be, um, the hygienist there for an hour a high-end spa, and hygienist working two rooms a low-cost dental clinic?

Andrew Johnston: I, I think that we do see it that way a lot of times. Um, one thing is, I, I would always want to do one hour per patient. That's about…personal preference of mine, whether it's me being in there with that, um, that patient the whole time or whether my assistant's in there, whether the doctor's in there, whoever is doing it, I don't mind doing double hygiene though, but what I would do instead is stagger them somehow, so that you're not seeing two patients every hour, you're seeing three patients every two hours, if that makes sense, because you do need that patient education time. Otherwise, we're not going to treat the underlying disease cycle.

Howard Farran: So, I, I, I don't like binary thinking…humans are subject to binary thinking in left, right, yes, no, up and down, so a lot of people would just say, Well, which one is the right way? And my response would be, with 220 countries, seven billion people…I mean, look at America. I mean, the difference between Alaska and Texas is just like Germany and Sweden. The difference between Louisiana and New York City would just be like Portugal and, and Greece. Um, so obviously it's a, um, it depends on a lot of variables – it's multivariables, not binary thinking. Um, what variables should a dental office think about of having a hygienist see three people in two hours with a hygiene assistant versus one hygienist per hour? What parameters of, uh…and in your 50 locations, um, do you do it differently in different areas or…what, what...so what…what should the dentist be thinking about?

Andrew Johnston: So, we, we do, um…we pretty much across the board do one patient every hour; however, in my particular office, we have one doctor and one hygienist, which is me, um…let's say that we have an opportunity, someone calls up and my schedule's full for that week. Oh, you know, but I'm going on vacation, I really need to get in. You're going to make an exception for that patient. You're going to find a spot on the schedule that's going to be against another patient that you already know, maybe it's a low-caries risk, healthy gums, everything, you're going to put them against those patients, and you're going, you're going to do double hygiene. You have to do it. So, when you're thinking about that, you have to think about taking care of your patient. If you can't see the doctor for this three-week period, they might go somewhere else. And dentistry is a business. So, we still need to make money. So, you still need to think about the economical side of things. You need to think about how you're treating that patient, but if you can fit them in, fit them in. Um, I probably wouldn't do that for maybe like three new patients in two hours, because what kind of first impression are you giving that patient? That you're a mill and you just want a bunch of money? No, you need to take care of them. And so, I think, you know, that's one, um…and pretty much, that's really the only thing I can think of off the top of my head that, as far as parameters-wise what you really need to think about.

Howard Farran: Oh, well, I think that was profound because I can hear your dogs agreeing with you.

Andrew Johnston: (Laughs)

Howard Farran: I hear your dogs going, Ruff, ruff,I agree. So, um, I've only got you for five minutes, so I was just hoping, uh, um, any other idea to maybe, uh, motivate and stimulate your hygiene…anything new, I mean, we talked about people, time, and money, make some salsa and watch the numbers…any, anything, um, a dentist and a hygienist listening to this podcast go back and say, um, We listened to Andy and we're going to try this new thing for, uh, a while. Um…

Andrew Johnston: You know, to be perfectly honest, there are a lot of great things out there. Here's what was happening to me – I was getting kind of burned out in my own self. I'd only been in dentistry for a little over five years, um, I'm in my thirties already, so I, I came late to the game, but I was starting to get burned out, kind of bored with it. Do CE. I cannot stress that enough. Here's the thing – I don't know everything there is to know about periolase, okay? But, if I take a CE course, I'm going to be a lot more educated about it. I don't know everything there is to know…you know, when I came out of school, I didn't know what a Montana Jack was. I had heard about this beautiful, um, posterior sickle. I never knew about it. Finally, just this year, I started using one, based off of what I learned in Hygiene Town. Secondly, not to be too, too dopey or too whatever – I don't want to be a butt kisser, but go on Hygiene Town, participate. I, you know, I, I've tried all sorts of different things, different types of threads to get people going, um, whether it's just pure educational, whether it's just vacation photos, whether it's just, Hey, I want to do a fantasy football league, you know? You see that stuff on the Dental Town site all the time, but come to Hygiene Town, don't be one of those lurkers, don't be one, um, just hidden in the shadows, so more CE, do more educat…the more you educate yourself, the more you're going to realize that you don't know that much. So, I think that's, that's really the, the nugget…and again, uh, as a selfish plug, really do charitable dentistry. I, that's going to change your life. If it's for selfish reasons, you're going to feel great, but you're also going to be helping other people, and you know, anyone that's out there listening, I'd be happy to, you know, get you in contact with the right people, the right groups, um, but just do it, have fun with it, love it. And if you don't love your profession, it's probably because you aren't doing it right.

Howard Farran: You know, you've said a lot of profound things, you've got my mind spinning. Um, I am seeing, um, you know, when I grew up in the '60s, um, we were bad at fighting racism, do you know what I mean? Where people just didn't like other tribes, you know? And um, and that's really dying down rapidly, but um, we still see huge nationalism where, you know, different countries are pitting each other, and, and going, uh, around the world, you know, I, I, I'm so glad I'm seeing the ra…the end of racism starting, and I'd really love to see the end of nationalism starting. It's just creepy, uh, when everybody's…uh…even Albert Einstein says that when you see a country and everybody starts waving their flag patriotically, there's going to be a lot of bloodshed after that, you know? And, uh, you know, it's tribalism, uh, and it's fun when you're at an ASU game and you're being tribal against U of A, and I have no idea why I want U of A to lose 100-0 and be, uh…it's, it's tribal, but, um, but the other thing is, um, when my four boys, and what Dental Town's all about, is eagles fly with eagles, turkeys fly with turkeys, so who are these dentists and hygienists and assistants and office managers who, at the end of

the day, and they've eaten their dinner and they've done their laundry and they're winding down, they get on these message boards for an hour – it's the cream of the crop. I mean, these are people still going for it. I mean, they're all like you and me, they're passionate, and, and you just said the Montana Sickle – I mean, I mean, you can pick up a, um, who makes that, by the way?

Andrew Johnston: Uh, Paradise Dental, I believe. PDT.

Howard Farran: PDT? And, you know, you just pick up one little fun toy like that, and then the next week, you're looking forward to this new thing coming in the mail or from your supplier and your…and then, and eagles fly with eagles, turkeys fly with turkeys. My boys didn't understand it, you know, their, their friends all had an exact curfew. I wouldn't give them a curfew. I want to know who they are with. And some of their friends, I'd say, Okay, you need to be home at 9:00, and they're like, Dad, I'm a senior in high school. Yeah, and that guy really scares the hell out of me. And then they'd say another night they'd be going out with another guy, and I'd say, Well, if you're with that guy, you don't even have to come home. They're like, Really? I can stay out until midnight? And I say, If you're with that guy, you can stay with him three days. He's going to be an Eagle Scout and he's going to go to school and he's going to amount something…hell, go live with him for a week. But, you're other friend, I want to see you at 9:00 and I'm going to look in your, you know…so, so yeah, eagles hang out with eagles, turkeys hang out with turkeys, and Hygiene Town and Dental Town are affiliate eagles, and it was an honor to, uh, interview you, an eagle, uh, for an hour, and I want to thank you so much for your time, and I can, uh, I can't wait to, uh, um, hear about your, uh, upcoming lectures and I hope you share them, um, making some course for Hygiene Town and Dental Town.

Andrew Johnston: Howard, I really appreciate the opportunity. It's good to meet you. Thank you.

Howard Farran: Alright, good to see you again. Alright, bye-bye.

Andrew Johnston: Bye.