Introduction to Oral-Systemic Care

I got involved a few years ago with an association called Fatimac, which is the local diabetes foundation. And they take care of onboarding diabetic patients, mostly diabetic patients with limited means to get them insulin, metformin treatment, educate them, educate them about diet and so on and so forth.

And so the first thing that I did in that sense is that I created a training program for their nurses looking at the eyes, you're looking at the feet, you're checking for wounds, then you should be checking in the mouth and teaching people, you know, what gum disease looks like, what oral disease looks like.

Because if you don't know what it looks like, you just don't know. And even health care professionals think that, you know, bleeding gums is normal or that tartar is normal.

If you're an internal medicine specialist, you need to be referring your patient to your diabetic and your cardiovascular patients to their dentist in order to receive preventive care.

Welcome to Doctor Talks, the podcast where every episode leads to a healthier you. Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease.

In each episode, we'll bring you the latest insights from leading health experts, medical innovators, and wellness warriors. If you're seeking to transform your health journey, or if you're looking for answers to burning questions, you've come to the right place.

Get ready to unlock the secrets of lifelong health and vitality. This is Dr. Talks, real talk from real doctors on the issues that matter to you most.

I'm Dr. Tom Larkin, and this is Oral Systemic Connections. And boy, do I have a special guest today. The title of this podcast is There Is No 911. And think about that for just a second.

So without further ado, I'm going to bring to the stage Dr. Emmanuel Zinni from Port-au-Prince, Haiti. Good afternoon, Dr. Z. Good afternoon, everyone.

Nice to see you. One of my favorite people in the world. So let me kind of start where we met. I guess this is like two years ago in september in puerto rico and this amazing conference was uh sunrise dental solution uh dr tony fact and dr chris valve and you know chris you kind of you kind of uh see chris on a regular basis and chris is an amazing amazing human being and um So you, uh, presented and just, uh, kind of blew everybody away.

All right. And so this is, this is kind of, we had an almost immediate connection because the minute you presented, I probably like rushed the stage.

Meeting Dr. Emmanuel Zinni

I said, you know, you kind of know what I'm doing because I'm doing things that, uh, we can work together. And, uh, it was really, uh, it was a really fun time.

I just really enjoyed you. And then then by. coincidence, you were able to come to Kentucky the next spring to present at at my meeting. So we'll talk about that in just a minute.

But what I want my audience to know, I want to kind of dwell into what makes you tick because you're probably one of the most purpose driven people that I've ever met.

You're very authentic. You just have a lot of really special qualities. So I was listening to a podcast a couple of months ago and it was a functional medicine doctor and he was talking about despair and depression in the medical field, not in the dental field.

We all know the dentistry is very stressful, but he was talking about depression and suicide. And it had a lot to do with the reactive healthcare model.

It's a desperation model. When you see 50 patients in a day, everybody just has disease and you see all of this disease and you just push prescriptions and things like that, it's a very depressing environment.

On the very opposite end of the scale, he said that proactive me model. Okay, so a patient more instructional where we cause of what's going on patients because what we'r is we're preventing sorrow suffering and we're really financially, you know, an that I made over the week media posts.

I hate postin but I just got sucked in. dentistry, which is kind said, listen, this is what to be heard and people wa they want to save money on healthcare because healthcare is a disaster.

So the first concept that I want to touch on with you is a concept that's called limiting beliefs. Okay, these are things that we do psychologically to ourselves as healthcare providers that really cripple us.

And what it is, it's called making excuses. So I've written down some examples. Um, number one, patients you know, we have a bad day patients just don't give a about their teeth.

Okay. patients can't afford tre someone for whatever re this. The system is broken I do will will matter. Okay. So what we've done is we've we've minimized our abilities with this kind of self talk.

I don't have the resources I need to provide care. Okay. So you live in one of the most distress areas on earth. If there's anyone that has the right to have limiting beliefs and to sit and make excuses all freaking day, I mean, I get your text messages.

There are tanks outside with soldiers. I don't know if I'm going to be able to work today. OK, if anybody has a reason for limiting beliefs, it's you.

Explain to me for a minute how you overcome this. What is your mental makeup? It's remarkable. Well, for those that don't know, we are tinkering on the border of civil war where I live right now.

And yesterday, for example, for the past month or so, the government has introduced the use of kamikaze drones where they're literally dropping bombs on neighborhoods trying to gain back control from the gangs that control about 80% of the town where I live.

And I was having a conversation recently with a colleague and friend And I say, you know, what we're living, there's only one word to describe what we're living, and that's dystopic.

Purpose, Resilience, and Life in Haiti

Because there is an absolute disconnect between our daily reality, which means you wake up every day, you don't know if you're going to be able to make it to work.

And if you make it to work, you don't know if you're going to make it back because kidnappings and such are a rampant problem, you know. But then at the same time, if you stop planning for the future, that means you stop believing that you have one.

So, you know, you have to be able to do both at the same time. And I'm very much invested in my community. I built a very large facility. There's only two of us now, two doctors.

But hopefully one day I'll have more and I'll have a facility that will be a dual purpose private practice and also learning center. I want it to be a center of excellence.

And you have to lay the path. You have to lay the bricks one by one to get to where you want to go and never lose sight of your goals. At the same time, you know, it can't be your entire identity.

There comes a point where you have to be able to know that if you have to let go, then you will let go, you know, and you'll start over and the failure.

is not permanent. The failure is just a delay in the achievement, so long as you keep working towards the same goal. It's the only way, really, you can go through something like this.

Meaning, you know, it's every day, machine guns, combat, people dying everywhere. On Monday, they retaliated against a police raid by climbing on top of a building and randomly shooting at people in the street.

So, you know, some poor people just going to work get killed like on the sidewalk for just being there, you know. So it's hard. There's days that are harder than others.

But at the same time, you have to have the sense of purpose. My sense of purpose is that this is my home. I went to, I mean, I hold a US passport. I was born in the United States.

Everybody knows this. Um, I went to college in the States, but I was raised here. This is my home and this is where I belong. Wow. So, so let's start with, uh, your teenage years.

Cause I, you know, I really want to know how you became this person. Um, you know, who inspired you, who were your role model? Let's say at teenage years to kind of guide you and inspire you.

Well, I grew up in a very highly demanding household. I didn't have hands-off parents. My parents had very high expectations of their children, so excellence was expected.

But for dentistry, it was a very curious thing because it's not like, you know, unless you have a dentist around you, your dad is a dentist or your mom is a dentist, it's not like you grew up and say, I think I want to be a dentist when I grow up.

And I had Dr. Gabriel. And believe it or not, when I was 12 years old, my bottom thirds were ready to come out. They had to do a germectomy for me because on the PAs, I've seen the PAs later now that I am a doctor, I realized that they were growing upside down.

So Dr. Gabriel, who was our family dentist, who happens to be an oral maxillofacial surgeon, told my mom that he needed to remove my wisdom teeth, even though they were not fully developed yet, because that was the best thing to do for me.

And so I got in his chair at 7.30 in the morning on the first day of our fall break, right? And Dr. Gabriel is a very dark skinned black man and he had a full face shield that reflected everything that was going on in my mouth in his face shield.

I thought that this was the most amazing thing I had ever seen in my life. And based on my own wisdom teeth extraction, I decided when I was 12 years old, I was gonna be a dentist.

What a great, great story. So when you see those memes and they tell you like, you know, what would you be if you were, if you became what you wanted to be when you were a kid?

Here I am. Wow. Okay. So you come to Florida, uh, to school, uh, you went to Nova, uh, for dental school, and then you also have a, uh, microbiology. You did a microbiology degree also.

University of Florida. Go Gators. Wow. Okay. So that's where, That's where this whole oral systemic thing and the microbiology, you've been drawn to that.

I mean, that's the only way that I can describe it. So you're going to school and you just graduated, and there's this historic earthquake which brought you back home shortly thereafter graduation?

Actually, I was there when it happened. I was home on Christmas break. Oh, wow. I had just passed the boards, I had just gotten my Florida license and everything and I was on holiday with my family and my sister had just left the day before to go back to New York because she was living in New York and I was due to fly back to Miami on January 13th and the earthquake happened on the afternoon of January 12th.

So I ended up being there and And I think it was definitely one of the more traumatic experiences of my life. If you haven't lived through a major earthquake, it's terrifying.

In terms of natural disaster, I'm not sure there's anything worse than that.

Early Inspiration and Dental Training

But then it killed 250,000 people in my town. And then, of course, our airport was shut down and everything else. So the day after the earthquake, I reported to a hospital that's owned by my best friend's husband.

He's a doctor and he owns several small hospitals that are within an HMO service. And she was like, listen, we lost doctors, we lost nurses, we need hands.

And this is really where you learn how useful a dentist is in a field hospital because we can suture, we can clean wounds, we can do all sorts of things that I never thought I'd ever have to do in my life.

But that was my first month of my career as a doctor was in a field hospital in an earthquake. Yeah. Wow. Amazing story. So I pulled up some pictures and, you know, talk about that culture.

and the love that you have for your country and the desire to go back and the dedication to your people. Um, it's, it's amazing. I mean, you know, you look at these pictures of, of some of your cultural events, uh, you know, beautiful, beautiful costumes, beautiful people.

Um, this is, this is a picture from, I think from your Instagram. Um, here's your logo. Yeah. You know, what, what a fabulous, I mean, these are the, these are the people, you know, because I don't think, Americans have or people other places in the world have any idea about your culture.

Okay, we just know that it's a very poor distressed area, right? And, you know, your dedication to them is just it's just unparalleled. So so let me ask you, what is the language that you speak in Haiti?

My first language is French. And I also Haitian Creole. So Haiti is a country that has two official languages, French and Haitian Creole, which is not a dialect.

It is a language with a grammar or spelling and syntax. It's a recognized language. So most people, everybody in Haiti speaks Haitian Creole. And then a certain portion of society, a certain portion of the population also speaks French.

Okay. So this is a picture of some of the people that you have the privilege of working with. Um, you know, you had some of the pictures of your office in that, in the presentation in Puerto Rico and, uh, you know, dental Zen, um, you know, besides, besides your name and besides what Zen, you know, there's a lot of, there's a lot of underlining meeting in there.

Talk to me about your office. Oh, it was a long time coming about in 2014. So 11 years ago, I was an associate in my previous office and the owner decided to sell And so I was the only associate at the time and myself and my

business partner decided to buy the clinic and get into the business together.

My business partner is an MBA and that's really great for me because that allows me to be the artist, be the star of the show, do all the fancy dentistry and not have to talk to the accountant, which is my personal nightmare.

So we bought this business together. always having in mind that we wanted to grow it. We wanted to have a center of reference, someplace where people could universally come and get the level of care that I would expect for myself, for my family, and for anybody, really.

I spent a lot of time doing CE. I didn't do a residency because as soon as I was done, I went back home. But I spent a lot of time doing CE. Most of my CE is in perio and implants.

And little by little, you know, we grew this business to the point where we were ready to have a bigger clinic. So right now we have three chairs and a surgical operatory, which is a, it's actually a theater.

It has a big screen TV and I can film my work so that one day students can come in and watch. And it's actually plumbed for five. We're supposed to have five operatories and a surgical theater, but we haven't gotten to that point yet.

little by little that we're acquiring, building the team because we have to train everyone. There's no dental assisting school. There's no dental hygiene school.

We literally have to train from scratch everybody that joins our team. So it takes time. It takes time and it takes commitment because we're in a very politically unstable environment.

So sometimes you start, you can't work for two weeks, you go back. So it is pretty challenging to manage. Let's just put it that way.

Earthquake Response and Field Hospital Work

And I'm not, I'm not alone. So, so you're not going to brag about yourself, but what I want my audience to understand is how well you're, you're trained.

Okay. You've trained all around the world. Okay. And you could practice anywhere. You could come to the States, you could come to Florida and, and you're choosing to be there.

So you're not running an emergency clinic where you're taking out teeth. Okay. You're doing complex surgery, complex restorative, oral systemic, creating programs from scratch.

uh, educating nurses, you know, it's, it's just this lack of, uh, of infrastructure that you have. So what are, what are some of the most significant challenges?

Because one of the things that you wanted to do is to train nurses to do screenings because of the, the high level of, of, uh, diabetes and heart disease to do just basic dental screens.

Right. Yeah. So one of my soap boxes, I have many, but the current one that's the most important to me right now, especially since the political instability has escalated, we really don't have any hospital infrastructure left.

The two major hospitals in town have been destroyed by the gangs. Burn to the ground. Burn. So even with that, we're not the type of environment where there's a lot of investment in remediating care.

So there's not a cardiac unit in the country. There's no emergency room in the country. There's like three dialysis centers for 12 million people. So the thing is that the role that we can have as part of preventive medicine is critical when it comes to not having the opportunity to do ex post facto treating.

Like you can't afford to wait for people to get really sick to start treating them because we don't have the resources to do that. So where I'm from, one out of every eight or nine people is a diabetic, most of which don't know.

And one out of every three adult Haitian person is a hypertensive. And we are currently an Afro-Caribbean nation. And so there are those predisposing factors that make my population much more susceptible to cardiovascular disease and to chronic systemic inflammatory disorders.

So I got involved a few years ago with an association called Fatimac, which is the local diabetes foundation. And they take care of onboarding diabetic patients, mostly diabetic patients with limited means to get them insulin, metformin treatment, educate them, educate them about diet and so on and so forth.

And so the first thing that I did in that sense is that I created a training program for their nurses so that while they're doing the patient intake process, yeah, you're looking at the eyes, you're looking at the feet, you're checking for wounds, then you should be checking in the mouth.

and teaching people, you know, what gum disease looks like, what oral disease looks like. Because if you don't know what it looks like, you just don't know.

And even healthcare professionals think that, you know, bleeding gums is normal. or that tartar is normal, and they just don't know. And this has developed into policy development, which is what I'm working on right now, is developing policy that would encourage the implementation of oral medicine modules in the training of doctors and nurses.

because there's a huge open field right now for us to be able to collaborate in co-diagnosing and co-treating patients.

Building a Practice and Training Team

If you're an internal medicine specialist, you need to be referring your patient to your diabetic and your cardiovascular patients to their dentist in order to receive preventive care.

What if your role as a dental professional could go far beyond teeth? What if you weren't just treating mouths, but saving lives? Preventive dental care is evolving rapidly.

The oral microbiome, salivary diagnostics, laser, biofilm therapy, they aren't just tools, they are the future of healthcare. They're turning hygienists and dentists into leaders in disease prevention and whole body wellness.

The question is, will you lead this change or be left behind? This is your moment. My name is Dr. Tom Larkin, and as a founder of Proactive World Wellness, my mission is simple, to equip you with the tools and processes to transform your practice and your patients' lives.

That's why I'm inviting you to join me and some of the nation's leading experts in Lexington, Kentucky on April 26th for the future of dental hygiene five, the blueprint.

We will unpack the framework of the wellness-centered practice, new patient onboarding from a variety of really unique practitioners, specific preventive protocols, medical-dental collaborative communication platforms, AI and prevention, and the revolutionary products that are bringing so much hope to this movement.

And my podcast listeners get an exclusive offer by entering promo code POW. That stands for Proactive World Wellness. Every event that I've held so far has sold out over a month in advance.

So reserve your spot early at OralSystemicMastery.com. Hope to see you there. So this is where I am because the thing is that like, you know, this has global applications considering the fact that like out of the like the top 10 causes of death, um, in the world, uh, oral, oral dysbiosis is linked to, I believe, eight of them.

You know, we're talking about, you know, diabetes, cardiovascular disease, kidney disease, Alzheimer's disease, stroke, you know, there is a direct link to oral dysbiosis and dysbiosis.

And, and the fact that most of these conditions have a bidirectional relationship with the inflammation, oral inflammation, it would behoove us to actually include oral preventive care in medical care as part of the solution to help people live longer, healthier lives.

Because in modern times, we're now living longer, but we're not living healthier. Yeah, so that's a great lead in because I'm starting to use the word health span more than lifespan, right?

I don't want to live a long time. I want to live healthy as long as we can. Absolutely. And that's exactly what you're talking about is health span. And I think we need to talk more about that.

So that brings me to the question of the title of the podcast. There is no 911. You don't have an emergency infrastructure. And I find that, to myself, psychologically distressing, because I'm thinking about, you know, in the back of our minds, when we're in the United States, when working on a patient, if something's untoward, something happens, you know, you have a backup, something happens at home, you call.

And, and I just don't comprehend how, I mean, obviously, you've adapted, you know, you have to be resourceful. But you just know that you are the endpoint on a lot of decisions and whatever.

And I just find that you're the end fixer is what I'm getting at. So when you were in Lexington, one of the things that you mentioned, which was very profound, I think you may have said it in Puerto Rico, was the concept of social responsibility.

And with great training that you've had and what you've invested in yourself and what people have invested in you, you feel a sense of social responsibility.

I just think that's missing in the world. I just find that missing. I think people are living in isolation. It's a very divisive world. We're finding ways to divide each other.

And I don't know, that's a part of your essence that makes you very unique.

Preventive Dentistry and Diabetes Screening

And I hope you know that, that that's so can you touch on the concept of social responsibility? Because my audience is clueless. Well, I mean, this is, you know, it's funny because I get asked that question.

I got asked that question by Incisal Edge magazine, you know, last last last fall. I believe that social responsibility is the cost of privilege. The only thing that a lot of us forget how privileged we are.

What I tell people all the time is just because you live in a nice, secure, developed environment where you can pay your bill and the light comes on or the water comes on, it doesn't mean that the rest of the world doesn't exist.

And unfortunately, what I find quite disconcerting about our field, and not just in the United States worldwide, because I do travel, you know, to Europe and I'm in touch with a lot of doctors from around the world, Australia, New Zealand, Canada, whatever, is the business aspect.

You know, there's 101 seminars on teaching people how to make more money. business aspect of dentistry. Now, let me not, you know, I'm not gonna, I know how expensive it is to do this job.

I just, you know, equipped a whole new clinic. It's not to say that we're supposed to be, you know, monks, and this is not like a volunteering experience.

However, You know, we need to keep in mind that our primary responsibility is to the wellbeing of our patients and

to the wellbeing of our patients to the best of our knowledge.

So what does that mean? That means that we need to be able to propose to people treatments that are good for them, not just good for us. And we have a responsibility to keep learning and keep abreast of modern science to make sure that what we're doing is still what is in the patient's best interest.

Because that's what builds business. Goodwill builds business. And let me tell you, I appreciate, you know, and I tell you this every time you say that, you know, and you come back at me with the same comment every time, but I appreciate you.

pointing out, you know, the dedication it takes to live and work here, but I want the world to know that I am not alone. I want the world to know that there's plenty of us who believe in our home and who want nothing more than to just stay home once it becomes more stable and that are working towards it.

Some of us are engaged in education. I mean, I've been a college professor since 2011, you know. Some of us are engaged in social service. Some of us is just the ability of being a competent professional that operates at world standards.

You know, there's a lot of us here and I'm not alone and I'm very proud of my community and the people that surround me. So I'm going to touch on something and we'll touch this in a sensitive manner.

But I've heard you use the word humanitarian tourism. And I'm going to tell you, you hit a button with me with that, because I'm going to give you an example.

I see people do mission trips. I've seen posts. I mean, I've literally seen posts of a dentist taking a mission trip with their group or whatever to wherever.

You picked the place, right? And they said, we produced $300,000 worth of dentistry this week. And I, and it just, you know, I've just immediately, I just gasp.

Okay. So here's what you need to know. I'm not a religious person. I'm a spiritual person. I've read the Bible and I know that giving is supposed to be done.

Giving that's done in favor of our father is done with humility with done with humility, right? It's not done with braggadocious and aren't I great? And so, you know, explain to me because, you know, you're grateful when people come to help.

But I think I've seen you speak twice. You didn't send me to a go fund me. Okay. And you didn't say, let's go do a mission trip and help me. Right. You want information, you want help with education, you, you want different tools, you're different.

Okay. So can you explain that in a sensitive manner? I mean, I don't want to, I never want to discredit someone who's not at all. who wants to help you, but it's an interesting concept.

Well, let me tell you something. Um, one of the main issues, uh, of course that we all face is the concept of access to care. Right. And as professionals, we are given, uh, we are entrusted with in helping people access our services, access our care.

Now, when I sat down and I thought about this problem, I'm like, okay, what are the factors that influence access to care? First of all, it's financial, right?

I cannot by myself do anything to increase the financial resources of 12 million people in my country. So this isn't something that I am interested in getting involved in because it's too much.

Second of all, the number of practitioners. Now, I don't know if you know this, but I was looking at statistics recently

because I did a webinar for DC Dental last week, but there are, I believe, 175,000 dentists in the United States.

And if you take the statistic that each dentist is capable of taking care of about two to three thousand people in an active patient base, technically, there's enough dentists in the States for everybody.

Yet half of the adult population doesn't see a dentist. And there's areas that are medical deserts. You know, because people don't have the business incentive to actually go set up shop there.

So there's the access to care because there aren't enough practitioners or the practitioners are not accessible. That's a problem. Now, the third axis of access to care that I personally chose to get involved with is education, because people don't know what they don't know.

And practitioners that don't have access to CE, that don't have access to like a modern training facility, that have heard of implants, but literally have never seen one placed in their life, they need access to education that allows them to become better members of the medical team.

Social Responsibility and Access to Care

In addition to that, doctors, nurses, all of the members of the healthcare team that are responsible to have direct interaction with patients need to have the knowledge, the base of knowledge that simply refers, if you could just refer patients to the existing healthcare infrastructure, that already is increasing access to care.

Now, the reason why we talk about medical tourism is because I've been a witness to a lot of things that happen where I'm not going to tell you that the mission-based trips are not good.

That's not true. I'm also not a very religious person. I was raised Catholic. I'm more spiritual. in my own personal belief system, even though I'm Catholic in my cultural habits.

But our specific career, our job, is a job that requires continuity of care. And I was very disconcerted, is the word I'm using again, when I saw people coming and you do a patch job, you do something, and then you leave, and then what?

Right. And you know what? And so that's why, you know, about six or seven years ago, I got involved with St. Vincent's, which is a school for the handicapped here, physically handicapped people.

And one of the wonderful things that this infrastructure does is that it has a clinic, but it also has a school and it has a school that, you know, sends kids to school up until ninth grade, but also has a trade school where they learn how to make fake limbs They learn how they learn how to do something.

And their goal is to be 100% Haitian staffed. You know, I'm also working tightly with the Albert Schweitzer Hospital and Albert Schweitzer Hospital, which was created by the way by Albert Schweitzer, right, by Dr.

Albert Schweitzer. was a foundation that is almost 95% Haitian staff. They give work to doctors. I couldn't imagine the level of frustration that a colleague must have.

You've been through six, seven, eight years of medical training and you can't find a job? It's horrible. The interest that I have in social responsibility is actually more directed towards my colleagues.

It's a social responsibility to increase the access to education to other medical professionals in order for them to bring more care to the people. Because the better trained the professional are the more care the population is going to get at all levels because it doesn't matter where it is Right, right.

Yeah, and I think I think you saw when you came to my meeting that you know, my goal has been you know I did a podcast with dr. Bale last week, which is it's probably gonna be one of my most important and because the bail domini 30 years old and you met dr doing the crowd ultrasound this concept of of cutting detection.

Okay, that's that needs to be made in health what's happening now wit running HHS Health Human S is they're looking for early diagnosis, early detection.

This is the emerging model, and it's emerging because of necessity. The other model doesn't work. The reactive model, it burns people out. But financially, it is bankrupting this country.

So if we can't empower people, the problem is people right now are looking to be educated. They're looking for solutions. but our healthcare system is so ingrained and reactive that we don't have enough people on that side.

So that's why this year I decided to do a podcast to kind of introduce people kind of incrementally to all the amazing people that I've learned that are super proactive, super educated, and really wanna move the needle in a different, we need a different model, right?

And obviously, your country's needs are extraordinary, okay? And like I said, I really respect you getting up in the morning and going, what am I gonna do today?

And I feel very small in your presence, okay? I tell Maria that all the time. I just said, I always defer to Dr. Z. I said, I don't have a problem. You're an example- Well, thank you.

And to follow up on what you're saying on our new Secretary of Health, What I've noticed is that I feel that the needle is being moved towards not just preventive measures, but non-pharmaceutical measures.

And I think that wherever you stand on those issues, As dental professionals, I think we have a unique opportunity right now to push and promote preventive oral health.

You know, the concept of the preventive dentist, meaning the person whose job it is to interfere and treat bacterial processes in the mouth. I'm not just talking about perio.

I'm talking about cavities, abscesses, those kinds of things. because mostly those treatments are, for the most part, mechanical treatments and the control of the oral microbiome in order to remove disease and prevent further development of disease through the spread of inflammatory byproducts.

So I think we are in a unique position right now because The research has been done. I'm writing a book right now, and the book is on the preventive dentist.

It's for the training of people who are interested in doing that job. We can't all want to be doing veneers and implants all the time. There's only so many veneers and implants that need to be done.

But everybody needs preventive care. And you know what, it's like I was telling you recently, some people might be very happy to have a job which is responsible for preventive dentistry.

And I've read so far close to 200 articles linking the oral dysbiosis with all of those systemic conditions, how does it work? My last webinar for DC Dental was specifically on the pathophysiology of the oral systemic link, meaning how does the infection spread from here to everywhere else because they teach us it spreads.

But how? How? Because if you don't master that knowledge, there's no way you're going to transmit it to your patient. And the data is there. The research has been done.

All we need is translational research to come up with collaborative protocols that make sense. And like I like to tell people, I'm like, yo, they're done having diabetes and cardiovascular disease.

Rejecting Humanitarian Tourism

It's not like they're going to heal from it overnight. They're just going to stay alive longer, healthier, and more productive. Yeah. Yeah. It comes back to healthspan.

We were talking about with healthspan. Yeah, for sure. And I want to put my parents, you don't like to talk of health span. You like lifespan. You like to talk of health span, right?

And me, I don't like the word holistic because I think it's misspelled. It should be spelled W-H-O-E-L-istic. Very good. I love that. I love that. Yeah.

So yeah, we just have so much commonality in the way we see the solution to our problem. So I'm kind of privy to, I've been in contact with one of the senators.

I'm the most apolitical person there, but I'm being drawn in. And one of the things, I'm ready to do what is presented to me, right? So Kennedy is kind of going state by state and having them form task force.

And I looked at their bullet points, It's education, changing in the medical and dental schools. This is the bullet points that they're sending to the governor to create policy.

Changing the curriculum to look at causes and not pharmaceutical solutions. Wow. So what if that's a policy, right? Preventive and holistic solutions We've never had policy in place like that.

So this is why I'm finding this to be a particularly hopeful moment. I know there's a lot of drama around everything when you change some things so dramatically, but it's necessary for financial stability.

We can't have this reactive model any longer because we can't afford it. Can't afford it. And I want to draw, I want to, you know, underline something, okay?

I am probably, I'm one of the most impartial people you will find because I believe that decisions need to be based on data and evidence-based science.

There's room for both. There's room for medicine because people are going to need medicine no matter what, but there's room for improvement using the things that we know now.

make a difference. Yeah. And we need things that are that are economical and scalable. I mean, and that's why, you know, I get drawn to people who their goal is access to care.

I'm not particularly drawn to a concierge model, right? You know, that's that's fine if you want to do that. And that's one of the reasons why I think the bail donning method has never scaled, is it was kind of presented as a concierge model.

But Dr. Backs felt compelled because he's concerned about people more generally. And I have another person coming to my meeting who's a nurse practitioner.

At some point, you're going to meet her. She's awesome. She's been practicing independently. And there are certain states. She's in Louisiana. And she she's been practicing independently for 15 years.

Now, like you, you guys have commonality. I did a podcast with her. She just really in the past couple of years, I want to say figured it out. You know what I'm saying?

Because when you start with something novel and no one's ever done it. And so she wants to have a preventive care in a poor state and unhealthy state like Mississippi.

She's a nurse and you're going to her. And she creates a program and she has a monthly membership plan and she loves people and she wants access to care.

You know, you've got my attention. Right. So she's coming to my April meeting to present her model. Right. So my April meeting is a little different. I'm calling it the blueprint because what I'm doing is I'm bringing in different people and I'm saying, tell me what's a new patient onboarding look like?

What does it look like for you? So I've got people that are doing A1Cs on every dental patient. That's interesting, right? And then I've got people doing different things.

And you've been to Dr. Rachel Riley. She's going to speak about that. She's going to speak about some of the protocols. So I think it's time for us to kind of coalesce around what I call a blueprint, you know, not, you know, not set in stone, but let's take, I see people practicing in silos.

And I think, I think, you know, what that means is that we're in isolation.

The Future of Preventive Oral Health

We're doing. Great things here, great things there. But what does this look like in totality? So it's gonna start with Dr. Bale. He's gonna be the lead up, the keynote speaker talking about the Bale-Donning Method.

And then Craig Backs goes, he goes, let's start with the number zero. And I go, what does that mean? He goes, how about zero heart attacks or strokes over tens of thousands of patients over decades?

Yeah, that has my attention. Now, let's reverse engineer that. And how does that apply in a scalable model? That's an unbelievable statistic. So Dr. Bail talks about how it's been suppressed by pharma and mainly by the health care system itself.

And it's a good podcast. So anyway, that's what's kind of current in my world. Uh, congratulations and dentsel on the oral system I just, I want you to know t in my world and you had a of the people in my world They're like you.

They're just, they get up every morning and want to make the world a better place. I know that myself and a lot of people pray for you. We pray for your safety.

Yeah. You know, I just, you're, you're in an extraordinary circumstance and unconditional support. Here's your contact information here. If any of my listeners want to, want to contact you for any reason.

And I can't thank you enough. You're, We're kind of in a mutual admiration society. Thank you so much. The reality is that standard of care has to start somewhere.

There was a time we used to practice. We didn't have x-rays. It was not standard of care. You wouldn't imagine diagnosing periodontal disease now without a set of bite wings.

That is standard of care. Now we place implants. And if you don't have a CBCT, shame, shame, shame. That's standard of care. So somebody has to stand up and say, OK, we know how to do this better.

and we should all be doing this better. It doesn't cost that much money, and in the long run, it'll save money. You know, people that should be backing us, the people that should be backing us up are the health insurance companies, they should be backing us up.

You know, the AARP, they should be backing us up. Those are all institutions that exist, civil society organizations that exist, that should be directly interested with the increase in the quality of life.

It's not the amount of years in the life, but the amount of life in the years. Oh, you've got some quotable quotes in here. I'm going to be writing them down and putting them on a slide in a future presentation.

Well, thank you so much for being on my podcast. And I look forward to the next time our paths cross. Thank you. Thank you so much for having me, Tom.

Have a nice evening. Yeah, thank you. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

Each day is a new opportunity to make choices that empower your well-being. For more insights and strategies, subscribe to our podcast and visit our website, www.doctortalks.com.

Stay connected, stay healthy, and join us next time on Doctor Talks, real talks from real doctors on the issues that matter to you most.