EPISODE 50 – Sarah Fontenot

Interview Transcript

Show notes available at: http://savvyeventpodcast.com/50
Tom: Sarah Fontenot, Welcome to the Savvy Event Planner podcast. How are you today?

Sarah: I'm great. Thank you so much for having me, Tom.

Tom: Well, I'm thrilled to have you here. Now your very different type of guest in a good way, and I mean in a good way. Usually when I invite speakers on the program we discuss topics such as productivity, mindset, marketing, branding. Things that my audience can use to either inspire themselves or improve their event planning business.

Today we're going to be talking about a little bit of a different type of subject. But yet, something I really think can help our listeners on a more personal level. I got to be honest with you, we had a conversation last week and that opened up a lot of ideas for me, and it was very helpful. So I appreciate you getting together with me last week to talk about this in advance.

Sarah: Thank you, Tom.

Tom: Let's get started with your background. Share with our listeners what you do and how you got involved in that.

Sarah: Okay, super. I speak across the county, for the most part, with associations, health care professionals, and I speak about various different changes in our health care system, reforms, Affordable Care Act, or Obamacare in particular. But all the various different things that are changing how we access health care in this day and age the goal of making everyone on the provider side more aware of the changes so they can focus back on their patients, and where that's most important. And for consumers so everyone can be a better informed patient, as well as, actually, a voter as well.

Oh, and the way I got there was I started out nursing. I was a nurse for about eight years, went to law school. Loved law school, was not as fond about actually being in the practice of law. I worked briefly in the area of medical malpractice litigation on the defense side, and very quickly got an opportunity to teach.

I used to be an adjunct at Yale School of Public Health briefly before we moved to Texas. And since I moved to Texas I am now my 19th year teaching health law at Trinity University of San Antonio. I teach all of the graduate students getting a master’s degree in public...excuse me, in
health care administration. My great joy doing that but I, again, I'm an adjunct there as well. And I speak for seven or eight different national provider groups regularly and then do a lot of speaking on event-by-event basis, as well.

**Tom:** Okay, I can see where being a teacher put you in front of a group of people, an audience for, you know, a lack of a better word, a student class. Was it a conscious effort to move into speaking or was it something that just kind of happened?

**Sarah:** I love the question. I don't know that I've ever really thought about it, although communication is certainly one of the things I've always felt very strongly about, being able to communicate. And by the...and communicate clearly. One of my greatest motivations in speaking and about my area, health law, which could be unnecessarily confusing and scaring, is trying to just bring clarity to topics I care deeply about.

Being able to inform people so that they, again, can be rest assured about what the changes are, or at least understand them and address them appropriately. And not dumbing down topics, but just trying to add clarity to them. So that is something I've been doing in a variety of different contexts over the years. So the more I did public events, the more that became my passion.

**Tom:** And when you started speaking, did you take any training or was it just a natural progression for you?

**Sarah:** No, in the famous words of my husband, he looked at me and said, "I can't believe anyone pays you to talk." I've just been...I've been speaking and teaching in various different contexts since I was a very young adult.

**Tom:** So you've got a little bit of...a least two or three years of experience. [laughs]

**Sarah:** Yes, thank you very much. I am I'm only about 58 years older than that. Thank you. [laughs]

**Tom:** Oh, okay. So when you're working with your audiences, is there a specific...I mean are you working with...just within the health care industry?
Sarah: Up until to this date. yes. For the last 15, 20 years I have been teaching, whether its administrators, hospital administrators, or office managers, a lot of work with physicians, nurses, all across the health care spectrum.

I am very interested in moving beyond that. My perfect audience would be members of the general public. People I like to refer to as real people, because I think these issues are incredibly important to them, as well. But my but my experience is very much dealing with professionals and professional organizations.

Tom: Okay. Now, outside of the health care industry, and this is not to be rude in any manner, shape or form. Why would an audience...why would the regular person want to know about the health care law?

Sarah: Oh, thank you. It sounds very boring, I know, but is actually something that is on everyone's mind, whether they're aware of it, day in, day out. Especially if they have their...or any of their loved ones are in the process of obtaining health care. But with all the all the news and all the flurry, and all the shouting back and forth about health care, and particularly about the Affordable Care Act, or Obamacare, it's just confused a whole lot of issues.

Again, I think unnecessarily has confused and scared a lot of the public. So my goal is, and as non-political a manner as possible, to explain things to people that are very, very important to them. Questions such as what are their rights as a patient? How concerned should they be about their privacy and the information they're giving to health care providers?

Will Medicare survive? Is it very important to the elderly population. And even basic things like who's a hospitalist? Who am I talking to? And why is my doctor leaving town and what's the future? Or will I actually have my doctor on the corner in years to come? These are the kind of things that people care about a lot.

I have a newsletter, I should mention, which does go out to the general public and has been very well received, trying to, again, bring in the short format clarity to various different areas of health law in a context of, "How does this affect you as a patient and/or as a family member."

So again, I think these are topics that people care about significantly, not only when they're sick but at all times to this point.
Tom: Okay. Again, that is...you have great information. And I wanted you to say that, because we had that conversation in our pre-consultation call. And that was what kind of tripped this. We were trying to figure out how to bring you in to talk to my listeners and we realized that was what it is. It's something that everybody can deal, or needs to know, I guess is the best way to say it.

Sarah, Obamacare. Talk to us a little bit about that, if you would, and how it's kind of affected everybody.

Sarah: It's interesting, Tom, because although the law, obviously, is very important, significant and has become very controversial, it actually is a consolidation of a lot of different...more, if I can, organic forces that have been happening in the health care industry for decades. The whole advancement of digital information, and doing health care records digitally.

All the concerns about paying for healthcare, access issues, different modes of practice as people start becoming more concerned about lifestyle balance, work life balance within the health care field.

So there's been a lot of things that have changed in health care, well before the Affordable Care Act. But the Affordable Care Act takes many of those issues and tries to deal with them from the level of the federal legislation.

Tom: If one of our listeners was starting a business and they needed health care. Does it make it easier or harder for the independent event planner to find that type of coverage?

Sarah: For them themselves?

Tom: Oh yeah, yeah.

Sarah: Yeah, absolutely. I have been self-insured, excuse me, I've been self-employed since 1991. So I had years of experience of purchasing health insurance on the open market as an individual, which is inordinately, or used to be, inordinately expensive. So one of the advantages is that we now have the marketplaces, or the exchanges as they're known, are opportunities for individuals to buy insurance with the benefits of a group purchasing as you would have at a major employer.
So not only is it on the web and it requires that the information provided from the insurance companies be easy to understand to the normal person, but also the prices are lower, and I know that's a loaded thing to say, they are lower in that you get the group purchasing benefits.

Although we are all concerned about the rises on the exchanges, I think that is more a transitional issue as more insurance companies, or if more insurance companies get involved, those prices should come down. But that, again, gets into a lot of the debate about whether Obamacare is a good thing or a bad thing, will it survive or not survive. That becomes a whole can of worms. But in terms of being able to find insurance for yourself, yes, its absolutely easier and technically cheaper.

**Tom:** Now I know that there were some problems with that online set up originally. Have they worked most of those out?

**Sarah:** Yes, yes. They have been worked out. It was a very unfortunate roll out, as we all know. But, yes. By all accounts, it has been much easier now than it used to be.

**Tom:** That's good to hear, because I know when it first started a couple of friends of mine had to change their policies over and they were pulling their hair out...not that they had much to begin with.

**Sarah:** Yeah. Not a shining moment.

**Tom:** I know this...this is going to be a hypothetical question. It might not even be within your field of expertise. You might not want to say anything about this. But what would happen if they did appeal Obamacare, the people bought the insurance through the exchange? Any idea of what would go down?

**Sarah:** Well, first of all, may I just say, that yes. And I know that there's a lot of people in this country, obviously, that would like to see this law go away. And that has a a lot to do with why it's become so controversial. But, as I said before, Tom, a lot of this actually has been developing for decades. So I know there are people that want to go back to the mid-80s or the mid-90s and how health care was for them a decade or more ago. That's not ever going to happen.

The law does have some aspects that would go away. the Medicaid insurance, excuse me, the Medicaid expansion, the exchanges. There are certainly some elements that would go away, but a lot of the things
that had people concerned, like doctor's offices closing and consolidation of the healthcare industry, etc. A lot of that is not going to change.

High deductible plans are not going to go away. That's not even in the Affordable Care Act. So a lot of the things that people are really upset about and want to disappear will not disappear if the ACA disappears. So they're not necessarily connected.

And again, I think that's information that most people in the public need to know as they make plans for their own personal lives, for their children, for their own insurance policies, etc.

**Tom:** I appreciate that, and that was something that I honestly didn't know the answer to, so I was glad you could clear that up for me.

**Sarah:** That's what I'm here for, Tom. Thank you.

**Tom:** That's why we called you. You mentioned privacy and they're moving all the records to computer. There have been numerous hacks and things with credit card companies who are using secure data. How do we protect our privacy, our medical privacy?

**Sarah:** That is obviously a big concern because there's probably nothing...and financial documents may be confidential, but your health care history, and all the details of your personal...you can't get more personal or confidential than that. And then mental health care records are the most confidential records possible.

So obviously it's concerns that those are all held securely. There's a number of different laws or state laws, there's federal laws, HIPAA being the most prominent one. They have very specific requirements for how any health care provider, physician office, or hospital, or anyone else needs to protect that information and have in place a lot of policies and procedures that basically constitute best IT practices.

Having said all that, Tom, I mean they can...people have hacked into the Pentagon. There is no...I think most of us are aware there is no such thing as 100% security. But I do think it's important to know what the requirements are so that patients...my concern is I want people to feel that they can confidently share every piece of information that might be important to their health and safety to their physician or hospital again. And there are lots of protections in place to make that possible.
When people don't share information with the people taking care of them, it's a set up for them to get hurt or not the best possible care they can. So I'd like to emphasize the privacy concerns because I think it makes people, again, better patients. They can, with confidence, share the things they might find most private and possibly embarrassing.

**Tom:** Okay. On the rights of the patient. Talk to us a little bit about that. So if you could just fill our listeners in so that they know if they were to go to the hospital or the emergency room, or if they were to go to a doctor, what rights do they have?

**Sarah:** Well, obviously, you have a right to consent to care. No one can take this away from you. If you are a competent adult, you absolutely have the right to say yes or no to any treatment, even if that treatment's necessary to save your life. So I think it's very important for people to understand that.

Related to that, I think it's very important for people to understand they have a right to dictate their own care in the future, whether that's through a living will or a medical directive.

They have a right to all the information necessary for them to be able to consent, to have a fully informed consent. So they need to understand what's happening. And unfortunately in health care, people use a lot of words that are just not words we use in the general public.

When I do speak and I have spoken to general public audiences, certainly in the past, the example I like to give them is that it's kind of...if anyone talks to me about mechanics of a car, I'm completely lost. Or a lot of people who are good in the kitchen can talk to me about cooking and I don't know what those words mean. In the same way, when you're speaking to your doctor they'll use words that are familiar to them, not familiar to you.

So I like to encourage patients...of course it's your right to have people stop and use different words that you do understand and explain in greater detail things such as, "What's this medicine? Why am I taking it? What should I know?" So certainly it's a consent and and consent in the future, information that they need to make decisions accordingly.

Obviously privacy, which we've already addressed, and I don't mean just privacy of their healthcare information, but also their physical privacy.
People need to be very appropriate when people are disrobing, make sure that people are not freezing in the exam room. I'm sure there's others not coming immediately to mind but those are the ones that are biggest, and probably nearest and dearest to my heart, as well as everyone else's.

**Tom**: What about if an insurance company, if there's a treatment that can help a patient and an insurance company denies it. What are the steps that a patient should pursue? Can you talk to us a little bit about that?

**Sarah**: Yeah. First of all, getting back to the Affordable Care Act, there are...this probably happened more in the past and I want to put research, treatment aside for a second, because some of the standard treatment and that's been well accepted within the practice protocols for that area of medicine, you should not be denied that care. And one of the things the Affordable Care Act did is standardize what insurance companies do need to cover.

So fortunately that was addressed. A lot of the Affordable Care Act is just insurance reform, by the way, Tom. So a lot of those practices that were so concerning in the past should happen less often now. And I don't want to sound like Pollyanna, I know that things still do happen, but that should become less of a problem as it has been in the past.

So certainly, if an insurance company is denying treatment, there's better rights of appeal. Because it's not just a matter of the contract anymore. There are, again, requirements that insurance companies do cover the standard treatment. Research treatment get's...always a little bit dicey-er because it's not become standard practice anymore.

But again, in the Affordable Care Act, there's a whole section about access to research, having making sure that that is equal across the population. Horrifyingly minority populations were not...women in minority populations, I should say, were not given equal access to research treatments in the past. That's been addressed in the act.

Ultimately I think what a person should do if they feel like their care is being denied unnecessarily, their best advocate in that fight would be their physician, their treating physician or advanced practice nurse or whoever their provider is. Because I would definitely not take no for an answer. Certainly not on first blush. It's a fight worth fighting.
Tom: If you’re fighting that fight, you say the health care practitioner, the doctor, would be an advocate. But is there a place you go for appeals other than the insurance company?

Sarah: Yeah. It's a state-by-state thing. Every state has a Department of Insurance. So the other thing I would do is contact your Department of Insurance in any state you happen to live. They will have an advocacy contact, contact our own people...members of the public who feel that they have an issue with their insurance company. There's always a state agency that they can bring that to for assistance.

Tom: You also mention living wills and when were talking last week, you mentioned something that I hadn't thought about. So if you would, share with us information that we need to know and should consider about living wills.

Sarah: Absolutely, Tom. This is something, again...you say okay, I say passionate a lot. I'm passionate about this.

Tom: Okay.

Sarah: And I use that word a lot. But living wills are so...it's so important that we all know, not only that we make sure the people who love us know what we want to have happen to our bodies should we not be able to speak for ourselves...and I'm not talking about literally speaking, like a loss of speech. You can still communicate in other ways. But the most unfortunate cases are when people are in coma, what we would call coma, and for long-term, and how do you want to be cared for should that happen to you.

And this is why we have living wills, advanced powers...advanced directives, durable power of attorney for medical decision-making. It's got a lot of different kinds of names and forms. So it's real important that we all have that, but what we were talking last week, I think most of us know we should have one, and most of us at my age, again, being upper middle age, I have my very healthy parents at 91 and 94. Thank you, very much. I'm privileged to be able to say that, of course.

But I have extensive talks with my parents about what they want so that I can represent them well should I ever be in a position that I need to speak on their behalf. But the thing that most people forget, and I think what you’re alluding to, Tom, is unfortunately a lot of people do not think about having this conversation with their children who are now young.
I used to do coma care way back when I was in nursing and unfortunately so many of my patients were young adults from motorcycles, motor vehicle accidents and various other things that tend to happen more in the 20s.

And these young adults, no one knew what they would want because it's just not a lot...it's just not a natural conversation to have at that age. It's a hard conversation to have, but I really do want people to be actively discussing wishes with people who are, again, beyond majority so their parents can't speak for them, but way, way, way before most people would be thinking about the importance of these decisions.

**Tom:** That was exactly where I wanted to go because I have a 22-year-old son and he's in another state, and you worry about that kind of thing. And when you said that it just really opened my eyes to go, "Wow, I had never thought about that."

**Sarah:** Thank you.

**Tom:** Now, when somebody puts together a living will, obviously they need some type of document. You just can't say, "Okay. Well, I'd like to be...I don't want to be on life support and I want you to cremate me and scatter me over the garden." What kind of thing do we need to put together for that? What do we need to consider?

**Sarah:** First of all, I always tell my students is, and I'm not picking on you at all what you said. First of all, thank you for the acknowledge of your kid. Yeah, it's a hard conversation to have but I totally get it, because my sons are in the same age range myself.

Secondly, a living will...and I just want to clarify one misnomer. A lot of people think a living will has to say, "I don't want treatment," so I always tell my students, "You can write a living will saying, 'Hey, keep me around for ever. I want everything you possibly can do. Everything that medical science has to offer.'"

So I do want...again, it gets back to people have to have a choice and you could have a living will that says, "I don't want you to terminate food and hydration," and all that stuff. So I think it's important that people know this is all about their personal preference and choice.
And then last, but not least, this has gotten so much easier, Tom, now with the Internet. If you just go online and if you go in any search engine and just put living will, which should get you there. There are websites...and what I love about the websites, and forgive me for not being able to give you one off the top of my head, but there's multiple choices, that not only do they have suggestions and forms, but they will have them for every state.

There's state laws that affects this, so you can go on a website, or just put the name of your state and I'm in Texas, so Texas living will, you'll find state-specific forms.

So again, you do not need to hire lawyer for this. And again, I'm not saying that there's not a role for great estate planning, and as part of your estate planning, there will be a number of forms that you'll sign, but especially with a 20-year-old kid, you can get a form offline or online, excuse me.

And then I also always suggest to my students who are of this age group, of course, that they write something out so that it's in their own handwriting. And just write some general thoughts that they have about what they would like to have happen should that awful, awful circumstances arise, just just to confirm that the form is legitimate. That's that's what I suggest to my kids and my students.

**Tom:** Should they have that notarized or, I mean, I can just imagine somebody going, "Well, how do we know that's their writing?"

**Sarah:** Yeah, exactly. So the handwriting's usually pretty easy to justify. That's why I like that in addition to a form. But, no, there's really very little legal requirements to establish. However if you fill out the form or write a will, or a living will, or whatever you want to call it, and then put it in your fax drawer, it's not going to do you any good.

So you don't have to have it notarized, but you should have a witnessed, excuse me, in the form, you'll see when you go online, there is a witness line. Someone who's going to say it's just signature, just like you would do in most legal documents. But then want to make sure that you give copies to obviously your loved ones. Obviously you're treating physician.

Whenever you go, and this has been true since the 70s, whenever you go into a hospital, they will ask if you have a directive and you check yes. That would be a good thing to bring into a hospital at that time, too.
So you just want to make sure that you're distributing it so that should the incredibly unfortunate happen, it's immediately available to those who would need to know that you have expressed your wishes.

**Tom:** Now, my father passed away, I think it was 2012. He had a living will, he did not want to be resuscitated. But we found out on one trip that they had to rush him to the hospital, that the ambulance crew could not abide by that rule or that living will. They needed another legal document. How do you find out something like that in advance? Because we had no clue.

**Sarah:** Oh, thank you. And by the way, I'm sorry about your dad.

**Tom:** Thank you.

**Sarah:** In all fairness to the ambulance people, and actually I used to be an EMT, so I remember this well. There are...and this will differ a little bit state by state, but I will tell you, in general, one of the roles of emergency responders, they do brilliant work, but most state law won't let them make a decision about whether or not this case...a living will requires that the person be...obviously, it triggers when someone is not in a situation that they would want to continue existence.

And that usually...and by the way, it's not usually made in the emergency room, either. The whole purpose of first responders, ambulances, emergency rooms, etc., is to give immediate intervention to people who are at death's door, to use the phrase.

Now afterwards, the living will does come into play because this is the opportunity...you can't know in the emergency room or the ambulance is this a person who's in a temporary comma, which is certainly possible, or a person who's not going to wake up.

Those those decisions can’t be made in a minute. They require a much, much further evaluation, and that usually takes days, hours, but more likely days. And it is at that point that the living will comes into play as to making a decision about whether to continue treatment, such as respirator, and on. So in all fairness to the ambulance people, it's just not their role within the health care system not to take away, in any way, from the work they do. It's just not part of their arena. Is that fair?

**Tom:** Very fair and that answers it for me and I can certainly understand that. It was just a surprise to us at that time.

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Sarah: Sure. Oh, yeah. And which gets back to my whole point. I would love for these things not to be a surprise, because when we are most in crisis, when we are most vulnerable, is when our loved ones are injured in emergencies, such as this. And I would so love to have a public that is more aware and feels confident of what to do. Because it's much, at the moment, it's just not a time to be...it's not a teaching opportunity, obviously.

Tom: Now, Sarah, the audience being event planners, I'm going to take us back to events really quickly. You perform at a lot of different events. Everybody in the business, whether a speaker or an event planner, or any type of event vendor, has some kind of horror story. Something went wrong as they were going to an event or happened at an event. So I'm going to ask you if there's something that you've ever encountered that at the time seemed devastating, how you solved it and what you learned from it?

Sarah: Two things come to mind. One is the size of the room. I recently was in a pretty intimate conversation, it was an all-day conversation with a number of physicians, 20, 30 maybe. But we were in a room that was cavernous. It was one of those rooms that you could easily have put 700 people in. It was...nobody meant for us to be there. It was not for lack of any other planning, or any the understanding of the person who was putting the event together.

It was just a last minute shuffle of facilities because of the facility management, but to be in a room all day with that small of group in a room of that size, with enormously high ceilings, it took all the intimacy out. This was a conversation the required the participants to be vocal and participating, and sharing thoughts and concerns all day long.

The only thing I could do with that was to have them shove all the tables into a corner and try to create something that felt anything like the small room that would have been an ideal placement for us. We couldn't battle the echoing of the size of the room, but this is the kind of thing any event planner would know, and know better than me, I'm aware.

The thing that I wanted to make sure I did say, though, and this comes from working for 20 years with health care professionals, and by the way, yes, I'm a nurse myself. I'm married to a doctor, daughter of a doctor, I have a lot of health care people in my family.
I'm sure it is true in other professions, as well, but if there's one thing I also have found out is that it is very, very difficult sometimes to have professionals voice concerns or ask questions in front of their colleagues. There's a high level of concern that they will not look smart enough, a lot of embarrassment, a lot of reticence to share themselves in that manner, which I think is unfortunate, but that's been my experience. And I have made the mistake of assuming that a conversation would be active when it was not active. And there's nothing worse than poignant questions being met with deafening silence.

The solution to that is to have people share at their tables, try to break the room up, and have people share in a more intimate setting obviously. And then the second thing is I would never try to get into anything that required any of them to reveal anything that personal until we've been in a room for a while. So there was...we have warmed it up and there's been establish some sort of rapport and intimacy in the room.

But I do find it very difficult sometimes to have...because that invariably, when I finish talking I'll have people come up and ask me the questions they wanted to ask all day, they were just too embarrassed to ask in front of their colleagues. And again, I'm sure that happens in other contexts, as well, but I think when you're dealing with professionals it's important to plan the event so that you can, as much as possible, circumvent that natural gap there seems to be between them.

**Tom:** That has some great advice and it...

**Sarah:** Thank you

**Tom:** Thank you. Thank you very much. Sarah, you've given us a lot of information to think about today. If there was one last thing you'd like to say to our listeners that they could should consider when it comes to health care, what would it be?

**Sarah:** Well, if I may change the question a little bit, Tom, I guess the question is, I have...by the way, I'm very involved with National Speakers Association. I am a CSP myself. I've had the opportunity to listen to outstanding speakers of many varieties in that context, and I always enjoy them. I think the question would why would you talk about healthcare when there's so many outstanding speakers available. For me, though, it's value added to the audience.
I think audiences come into the various different meetings that they attend anticipating something that may be more motivational and again, I am not disrespecting that at all, but to me an audience could be surprised, and happily so, if they hear about something that actually not only is well presented in the moment and passes a time in an entertaining manner, but also gives them value added that they can walk home with something they actually really care about and they can do something about. So for me, this is value add to what would normally be a program that might not be as content laden as what I present on.

**Tom:** And I know that you try to, as you mentioned before, you really try to make everything relevant to their audience and...

**Sarah:** Oh, absolutely.

**Tom:** And you really did. I think this has been, again, I learned some things today in addition to what we learned before, and I hope our listeners got as much out of it. If they're interested in reaching out to you to get more information on health care law, possibly resources, or perhaps even to hire you for an event that they're planning, how should they contact you?

**Sarah:** Thank you, Tom. I have a website, which is SarahFontenot.com and a lot of information is there. There's an eight...I'm sorry, is it six minutes or eight minutes? I think it's a six-minute film of me speaking live so people can see more about how...so they can get an idea of what it would feel like in the room. I have a lot of recommendations and various different information about my background, etc.

But the other thing they have, and of course, they can contact me through my website or just e-mail me at Sarah@SarahFontenot.com. But, if I may, on my website...and I mentioned before, I do have a free every other week newsletter where I take one issue in health law and try to put it into, again, a concise, clear language. That has been real popular. I am so proud to tell you it has now been picked up for republication by four different organizations giving me an exposure.

By the way, it's got the cutest name in the world. The name of my newsletter is Fontenotes, named by my husband. I thank him for that. So Fontenotes is now being a republished by four organizations with the exposure now, every time I publish, of 23,000 people. And I get a lot of feedback, "Geez, this is helpful information."
So back to your question, and thank you for asking, if someone thought, "Well, this would be an interesting different thing to do at my event," they could go online, and not only all my Fontenotes are available on the website, and they could look at various different topics, they would get to know more about what my voice is in the area, and have an opportunity, hopefully to learn some things they might want to know anyhow, but also kind of get an idea of the scope and the breadth of possible topics that I could bring to their event. That would be...I would be honored if they would do that.

**Tom:** Well, first of all, congratulations on being picked up by all those people who are republishing it. That's a heck of an audience right there. And you're doing something that you said you wanted to do, which was reach a larger audience with this information. So kudos to you for making it happen.

Sarah, I really do appreciate you taking the time to talk with me today. Again, from the bottom of my heart, thank you for coming on the show.

**Sarah:** It's been great fun for me and Tom, thank you so much. I love what you're up to, as well.

**Tom:** Well, thank you.