Conscious Life presents

Psychedelic Medicine Through a BIPOC Lens

Guest: Dr Darron Smith

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[00:00:13] Meagen Gibson

Today, I'm speaking with Dr Darron Smith, a US Army veteran, associate professor in the Department of Family Medicine, and co-director for the Center of Novel Therapeutics and Addiction Psychiatry at the University of Washington.

Meagen Gibson

Darron is a researcher, professor, clinician, author, and speaker on psychedelic medicine. Darron, thank you so much for joining us today.

Dr Darron Smith

Pleasure to be here with you, Meagen.

Meagen Gibson

Darron, I would love it if you could start by helping us understand your career trajectory and what drew your interest to psychedelic medicine.

Dr Darron Smith

Yeah, I've always been interested in behavioral sciences, behavioral health. I've been in that, coupled with my interest in race, ethnicity, gender, all things no one likes to talk about politics, religion.

So I'm kinda all over the place. I think it bespeaks my ADHD that's prominent in a lot of my work and the things that I jump to and fro in search of knowledge and understanding.

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And so part of that quest for knowledge and understanding came about with my interest in why African Americans, and other groups, seem to have more disease when it comes to PTSD or when it comes to MDD or some of the mental illnesses that people suffer with, it seems to be a disproportionate number of African Americans in this country and Black Americans in this country who suffer from what is known as race-based trauma, although there's I don't know DSM-5 definition of it.

But I think the DSM-5 allows for other categories when it comes to trauma, particularly the type of trauma where people don't put their hands on you. Some folks refer to it as complex PTSD. So looking at... I mean, my understanding of race took me so far.

And I guess because of my medical training as a PA, I took that information and looked at the implications that it has for health care, and particularly in depressed communities and with stigmatized minority groups, African Americans being one of those groups.

And I found that being black in a predominantly white community in a predominantly white space just is bad for your health. It's just straight up bad for your health. I mean, there's nothing that anybody is doing per se, but this is embedded within the systems and the structures of our society.

And it comes out in subtle ways and sometimes not so subtle ways in the form of a hair touching people's hair or asking to touch people's skin. Believe it or not, these are some of the crazy things that I've personally experienced in my life, but also others have experiences as well.

The deep curiosity that white folks, predominantly white folks, have in African Americans, a physiognomy is really, really interesting. Even still in the 21st century, we still have these kinds of notions. I try to remind people all the time, Meagen, that we are all alike. We are freaking genetically right down to the bone, all similar.

We all share the same DNA that our mother's mother's mother's mother's mother, all the way back to Africa, had, which is empty DNA. You have empty DNA and you, Meagen, and you spread that or you carry that to your offspring.

So that uh...It really makes all of us African in the sense, because that's where we're all...the origins of our, at least Homo sapiens, at least the second wave of Homo sapiens came out of Africa. And so the differences that you see in skin tone and culture are reflective in where our genes drifted to after we left Africa.

And so my skin tone is indicative of the fact that my ancestors stayed in Africa, whereas yours, Meagen, is indicative of the fact that your ancestors left Africa and went elsewhere. I want people to wrap their head around. It's hard for people to understand that we're all brothers and sisters. I like to remind my students from teaching my students, for instance, or what I'm doing discussing such as this.

I encourage people to go down to their local zoo and try to find the bonobo exhibit. When you go, if you have one, go to the exhibit and pay homage to your brothers and your sisters who are trapped behind these exhibits because they're like 98% similar genetically to us.

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You're looking at your brothers and your sisters who have not evolved beyond the state of where we are as humans today. So go pay homage to the bonobos, pay homage to the common chimps which they have there, and shake their hand if you can, and recognize that we all come from the same genetic tree.

So all the race stuff that we engage in really is BS, but it has real consequences for people who are racialized, that's the problem. And it has consequences for those who believe that these racial tropes are true.

So all that research led me to "Okay, so what do we do about it? What do we do about this?" We can talk about it, argue about it. We can be branded as angry and all this stuff. But what do we do about it?

And for me, mindfulness was my first foray into trying to find something that communities of color can do or engage in to help limit the stressors that they're dealing with daily. I found that mindfulness was extremely helpful.

I also got involved in neurofeedback, and so I'm a neurofeedback clinician. I train people's brain waves to make those brain waves less dysfunctional and more functional in terms of how they fire.

We're talking about firing patterns in the brain. When people are depressed and anxious, the firing patterns in the brain are off kilter, off keel. You can see it using an EEG. You can see it when you do an analysis on the EEG, you can see where these aberrant firing patterns are affecting people's behaviors.

So that's one thing. Then, of course, the juggernaut, for me, came with the introduction of psychedelics and the promise that psychedelics has... When I say healing, I don't want to say cure, but I do want to say it's between great and cure. So I don't know what you want to call that, but the results have been fantastic.

And so I'm thinking to myself, "Wow, maybe this might be something that communities of color can engage in and find healing in". And that led me to, of course, MAPS, and it led me to Rick Doblin and all the other folks in the field and the industry and some of the research that's being done.

Of course, some of my endearing friends, of course, and my endearing colleagues in this would be, of course, the great Monica Williams, who's at the University of Ottawa, who's doing fantastic work on race-based trauma. And so I'm just following, piggybacking on a lot of Monica's work with the addition of adding neurofeedback.

So I'm thinking that MDMA-assisted therapy, we're poised now for the FDA to reschedule MDMA from schedule one to the worst drug known to mankind, which we know that's not true. The worst drug known to mankind, Meagen, is really alcohol. Let's just be honest. Alcohol has done more damage than you can imagine across the world. It's not MDMA.

So, we're poised for it to be released. Rumor has it sometime in August, August 2024. If it is released, I think it will be because the MAPS folks have worked very hard to get it to this point. If

they've got it to this point and they've made the $100 million mark, then I'm sure they should be able to push it over the finish line with the FDA.

[00:08:18]

If that happens this year, we'll have three months until they deliberate and the DEA reschedules the medicine, and then we can start using it hopefully the first of the year. But there will be conditions placed on it. Or Lykos, which is the new branding of MAPS, will place conditions on it.

I think it might be in the form of a REMS. Like, Spravato has a REMS, which is a risk mitigation strategy that they use for people who are using medicines like Spravato, which is ketamine, nasal ketamine.

Then with MDMA, it will be something similar like, you have to be in the office for eight hours, you have to have a facilitator present. Will it be a one or two model design, like the phase three trials, the MAPS phase three trials have been? Or will it be a one person design?

My personal opinion would be it would be a two person design, but that second person will be a mentee that will be being mentored by a seasoned facilitator or therapist in that role.

And so all of this, the arc of my career over the years has been learning as much as I can. You might be surprised, this guy learns about race. A, that's nothing to learn about. Man, you'd be surprised.

There's so much to know about how we have racialized each other as humans when we shouldn't have, but we have as a way to make sense of people, right, so race is a form of, at least in terms of white dominance, it's a form of control.

It's a form of saying, "I should deal with these people a little differently than I deal with people who so-called look like me". That's what our fixation on skin tone and melanin results in. It's a lot of despair, enormous amounts of inequality.

And what I'm trying to do in my work is mitigate that to the best that I can and to also provide access to these medicines for communities who need them most, African Americans being one, Native American communities being two, and on and on, including poor whites.

There needs to be a space for poor whites in this as well because these are individuals who are largely left out. Appalachian folks, folks in Western or Eastern, excuse me, in a Western North Carolina, for instance, Eastern Tennessee.

These areas are other areas where white folks can benefit from the medicine because, of course, we're also in the middle of an epidemic, opioid epidemic as well as svetol epidemic.

So these are things that I think can really, really make a difference, an overall experience of people of color in this industry. This is so fun, too, Meagen. It's fun because it's an emerging field. And so with that in mind, there's so much that we can do, and there's so much we don't know yet.

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But with this emerging field will be a whole industry around access and whether it be fee for, what do they call it, for-profit, private practices that are not utilizing insurance plans will use it. Then you'll have the other side, which will be Medicaid.

So, the study that I'm working on in North Carolina currently is with Medicaid, is to try to get Medicaid to see the cost savings benefit of utilizing MDMA assisted as a therapy as well as psilocybin-assistant therapy when it comes as a cost savings to the billions of dollars that are spent on medication that we already know, less than 50% of it works in patients.

Dr Darron Smith

It's not really a good... In terms of PTSD, we're talking PTSD in particular. So the only medicines we have for PTSD that's indicated would be Paxil and Zoloft. Those are the only two, sertraline and Paxil. Those are two medicines. And there has been any medicines forever. And those medicines don't work in everyone, unfortunately. So we need other tools.

And so entheogens, psychedelic medicines provide us with that opportunity to give people really good solid care in a different way. Not the traditional medicine where they come in and it's sterile and the clinic is like a clinic looks.

But we're thinking about something entirely different, Meagen. Like a beautiful room, nice sofas, two chairs for the therapist, a nice couch for the patient, nice warm colors in the room. This is the way that it has to be delivered.

This is the way we know that the evidence suggests it when it's delivered in this way, maybe not so glitz and glamor of the room I just described, but in a space where this can be done, the outcomes are terrific.

There has not been many studies that have evaluated African-Americans using this medicine. It's very, very small. I think the biggest study was this last study that MAPS did, this last phase. I think they had a 30% participation rate or maybe more. It could have been more than that. And that's the best they've ever seen.

But then again, to MAPS's credit, they actually did something to make sure that they were having at least some representation. So that was a good thing. They were listening to some of the criticisms from some of the studies they've done earlier, and they responded.

Unfortunately, it was a little too late, but that's not either here nor there. So that's what I'm waiting for. Everybody's waiting on sitting on their trucks waiting for this medicine to be approved.

Meagen Gibson

Well, and you said so much that I want to come back to. I was writing notes furiously because I was like, "I need to ask him about this and this". But one of the things that you talked about underrepresentation in the testing itself, and I know that I've read some of your work saying that people of color are often, validly, resistant to medical communities and distrusting of the medical system.

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So I assume that you have a lot of sympathy and empathy toward people, folks who are like, "Now you want me to try a psychedelic after everything we know about the history of medical care for people of color in this country and abroad?".

It's a bit more of an uphill battle to create fairness because of the system we created of unfairness. Would that be fair to say?

Dr Darron Smith

Yeah. I mean, in fact, much of the hubbub around drugs and all that around the Nixon administration had nothing to do with drugs. It had everything to do with politics, like most things do. So these medicines are not safe. They found that out when they were doing some of the earlier studies on it.

But you may find this interesting, but some of the earlier studies that were done on psychedelics, that first wave, unfortunately, there were unwitting participants that took place in this, and most of them were black and brown in mental health hospitals and those who were incarcerated.

So of course, violated all kinds of international rules regarding human subjects when you're doing studies with human subjects. Of course, that strengthened... Those provisions were strengthened after the Tuskegee syphilis disaster that the government took place in over 20, I think, a 40-year period. Isn't that just incredible?

What we know today about syphilis, we owe to those Black folks in Tuskegee who unwittingly gave their lives to allow the disease to progress to see the long term complications of disease, and then, of course, and have a vaccine at the ready. But people were denied that just to see what would happen.

So these kinds of things, I think, have left an indelible mark on the psyche of Black Americans, that the healthcare system is not to be trusted because of these overt experimentations that were used. And that was just one. There were studies that were done back during slavery.

I remember there was one particular case where slaves were required to dig a pit, and then the masters put coal in the pit to heat it up. Then they put the slave inside the pit, covered it up to see how long it would take for the person to pass out, because the belief then was that black people had thicker skins than white folks.

Of course, none of this is scientific validated. It's all pseudoscience. But yet these belief systems have consequences. You don't stay on top as a white person without having being told or taught that you are the apotheosis of existence and everybody else is beneath you.

I mean, let's just be honest. I mean, white folks, whether they believe it or not, they've heard it in various different ways. And unfortunately, it comes out. Sometimes it will show up in unconscious ways because we're not really aware of what we're doing.

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Most of the time, most humans are not aware of what they're doing, what they're saying. We're not aware of it. The only way that we would know is if someone would film us all day, then we begin to see, "Oh, my God, I'm blah, blah, blah". I want to add this point. This is through no fault of white folks's design.

Elite whites created this system and propagated this system to whereby it benefited all whites because the complaints back in the 16th and 17th centuries were all you rich white people, which rich white men are getting all the spoils.

And of course, women were at the low end of the totem pole, as well as poor whites. Those didn't have any resources or wealth. Most of those folks were left to squat on land, on other people's land. I don't know if people know this for generations. And so most of what was propagated to white people about differences and in minoritized communities is completely based in myth. A large part of it is based in myth.

And most whites, unfortunately, don't know anybody of color. Often whites will conflate that they know people of color. "My best friend, so and so", but you never see the best friend in the house hanging out with the fam or vice versa. So there's always this conflation that people have friends of color, which they really don't.

So in terms of what needs to be done. I think this is more for me, this is more, should be a more... The emphasis on changing this should be put on white folks. And this is what I think would be really cool.

What we really need is if we can have white folks use the medicine in a way that will help them unpack the racisms that exist within them. And this would have to be individuals who are really, really aware of this and feel like they really want to see if the people who need to be here, ain't gonna to come. They're not coming here.

Our best bet is to work with the folks that we have who want to unlearn their racism and then go forth and teach others. And it's not easy teaching family, white family members about racism. It's not easy, especially at the dinner table.

I've been privy at several white dinner tables with discussions that came up with race, and it was this complete disaster. But with someone who's learned it, who understands, can maybe have some influence over other family members, because much of where this starts is in the family, and then it goes out from there. I'm hoping that we can do better than we have done.

Meagen Gibson

And in that context, also moving from the dinner table into the clinical setting with the MDMA approval coming on the horizon, as you described earlier, we're also going to have a big burden to fill the roles of practitioners. Because I know in ketamine-assisted therapy, often therapists are going through ketamine journeys of their own.

Will the same be required of people who are facilitating MDMA experiences, whatever that experience might look like clinically, and the protections put in place and risk mitigation and all of

that? Do you know if therapists and facilitators will be required to do that, like you just said, so that they have that experience?

[00:21:03]

Then also, how are we training? We're going to have a shortage of therapists to facilitate these things to begin with. Then also the folks that come in, how do we make sure that the practices and the trainings are keeping in mind marginalized communities and BIPOC communities and not furthering any traumas...?

Because we all have unconscious bias. I know I do. As much as I want everyone to benefit from these medicines, I'm also like, "How do we not further... How do we not further screw it up?" I'm sure you have the answers, Darron.

Dr Darron Smith

Well, I have some comments on that. I think it's going to require... We have a lot of... Currently, we have some pretty good training programs out there that are doing some good work. I don't remember all the names. I know Fluence would be one. I know that Beckley Institute, they have a good training programme...There's a CIIS, California. They have an excellent training program.

But all these programs are led primarily by my white brothers and sisters. And as much as they want to target communities of color, they find great difficulty. A large part of it has to do with the financial hurdle that it takes to get trained. Some of these schools are charging $5-6,000 for their training. African Americans, most African Americans don't have that discretionary money to do this. That's one.

Two would be, we kind of alluded to it in our last discussion when we talked about black folks in rural communities and distrust. You got to find black folks that are interested in this, that have an interest in plant-based medicine. Now, there are some. In fact, there's a great deal of underground folks who are doing this work.

When I say I'm going to designate the two systems, one is above ground, which is the legitimate clinical space, and then there's underground, which is the not legitimate space. And you have a whole lot of practitioners who are underground, who are doing underground work, who are not licensed to do any of this work. They're doing it because of experiences they've had, rich deep experience they've had.

So we have to find a way to bring those folks above ground. I think one way that we can do it is with what Oregon has done. Oregon has a very novel system where non-medical medical people can get credential. Basically, anybody can get a credential as long as they pass a background check to be able to be a facilitator.

A facilitator is someone who has been trained, minimum training. I think it's 120 hours of didactic work and I think 40 hours of clinical direct experience. So the didactic piece is pretty boilerplate. But where the problems lie, is that a lot of these folks in Oregon have not been able to find a place where they can do the mentoring.

[00:24:05]
You talked about how do we get people to be able to get the experience that they need to be able to do this work? That's what we're having in Oregon is people are not able to do the mentoring hours or they'll do maybe ketamine hours or maybe deep breathing exercise. So they don't get the full effect of what this looks like.

I would imagine what could go wrong there. There's going to be all kinds of problems that come out of that. There's already some issues right now, some complaints that have been lodged about how the facilitators are showing... Remember, these people are non-medical people, so they have no training other than what they received with their training at their respective training programs in Oregon.

So we have to find a way to strengthen that model. So that model can work for people who are underground, so they can come above ground and at a modest fee, be able to get their credential to be able to do the work that they can legitimately.

So that's what the hope is, and that's going to be a state-by-state process, unfortunately, particularly when it pertains to psilocybin. But to get more black people involved in this, like what I'm doing in North Carolina, for instance, I keep saying North Carolina.

I'm in the throes of trying to do a study in North Carolina looking at safety and tolerability of MDMA-assisted therapy, and I'm using it with neurofeedback therapy. So one group will get traditional MDMA-assisted therapy like MAPS. The other group will get the MDMA and neurofeedback together. The AT part won't be a part of it. They'll just be a coach and neurofeedback...

And the goal is to see, first of all, are there differences in terms of efficacy? One. Tolerability, I think will be fine. Then I want to know what the outcome is. Are patients feeling better because of their training? Are they...the reason for neurofeedback, Meagen, would be the fact that once a person has undergone a journey, their brain is rife for change, neuroplasticity.

That's the best time to remodel and retrain neural circuits, particularly the ones that have been aberrant. You can prune the ones that are not working well and facilitate the growth of new ones by doing new things. So brain training can provide that.

And assisted therapy, the therapy piece, can provide some of that as well because people are more receptive to discussing these things once their ego is in check. That's what I'm trying to see and I'm doing it in a black community, a rural black community.

So I've got my work cut out for me. I've got to educate the community. I got to recruit the participants. Then I have to bring in some therapists, which I've already identified, too, in North Carolina already, who happen to be people of color, yay.

And they went through the MAPS training, and they are psyched about this. I've got them involved. They're both LCSWs. Then, of course, myself, I'll be doing neurofeedback training, and we'll have a medical provider there as well, well doing, either prescribing the medicine or doing other duties.

[00:27:20]
So that's what we're planning on doing, to see if black folks, first of all, benefit from MDMA as well as white people. (I think they do... Remember...) But we're trying to determine if this is beneficial for that particular population. So fun stuff.

So we need to train more people, train more people of color who want to be facilitators or therapists, or those who are already therapists, get them interested in this type of work using...I really think that IPS is the way that we do it at MAPS with the internal family systems theory approach is the way it should be done.

I think there's great, great reasons for using that because people are more receptive to inward their introspection when they're under the influence of these medicines. And so I think that's a great strategic way, but of course, people might find CBT helpful or DBT helpful or whatever their therapeutic modality might be.

But the goal, and we don't know, we've only tested the assisted therapy, so we don't know about the other kinds of things that might work. This is why neurofeedback might be something that might be important, too. When we're talking about neuroplasticity and the use of these tools to help retool and reshape one's brain.

So more people of color in the field and more mentors who are working as clinicians in the field, more people who look like me who are prescribing it in the field or who don't look like me and who are prescribing it in the field. That's what I'm trying to do is to bring this medicine work to rural and black communities.

Meagen Gibson

It's really exciting.

Dr Darron Smith

And then my next goal is Asian...

Meagen Gibson

Oh, sorry, go ahead.

Dr Darron Smith

Our next goal would be Native Americans. I may be working on that simultaneously.

Meagen Gibson

It's all really exciting. As you're talking about neurofeedback, too, it's such an objective experience. There's so much of this that can be subjectively influenced, whether it's the facilitator that you're with or if you're in a group setting, because group settings are often a way to lower the cost and accessibility for people.

[00:29:29] Dr Darron Smith

That's right, Meagen, that's right.

Meagen Gibson

But there's more influence and not necessarily transference. But if you're in a room full of people having a really vulnerable experience, you're going to be influenced. But the neurofeedback part of it, especially in the integration stage after you've had the experiences when you're in that neuroplastic stage, it's objective. It's much more, I don't want to say machine learning, but it's just there's less interference. It's your own, right?

Dr Darron Smith

You're right. Yes. That makes it right. It makes the brain perfect for this. It's almost like all of the nastiness in our neuroreceptors are washed away and they're retooled. And so I'm taking advantage of that.

Dr Darron Smith

Another thing that I find helpful, too, is photobiomodulation.

Meagen Gibson

Now you've lost me. Now, once in an interview, somebody says something I don't understand, and I'm so excited. What on earth? It looks like a bicycle helmet. Tell me all about it.

Dr Darron Smith

It does. This is a device that's called... The modality is called photobiomodulation. And essentially what it is, I'm using a low laser light from 256 diodes in this helmet that shine in my skull, penetrate my brain, that goes deep into my brain, into the ACC, anterior cingulate cortex where depression likes to live and some of these other behaviors.

What it does is it facilitates the release of mitochondrial cells. So you get more energy, you get more immunity, protection in terms of immunity. It helps with inflammation. When we eat nasty food, it's food that's nasty or food that's fried or is inflammatory. It causes inflammation in our cells.

So this photobiomodulation is very helpful in terms of relieving it. We know that laser light, the electromagnetic spectrum, there are different wavelength frequencies within those spectrums that are medicinal. And photobiomodulation seems to be one of those.

It's been well studied. Nobody really knows about it. In our for-profit model of education or for a treatment, we think that the medicine is the cure all. But photobiomodulation can really, really be a part of, can add to the plasticity part that's going on inside the brain.

It's been shown to be very helpful with musculoskeletal disorders like arthritis, muscle spasms, or injuries that people have because of the introduction of inflammation.

[00:32:32]
Skin conditions can also be made better by using photobiomodulation. You're talking about reducing scarring. You're talking about psoriasis, acne. Acne uses blue light spectrum. There's also neurological things that you can use this for as well. It's neuroprotective. It has a neuroprotective factor.

There's been studies that have used photobiomodulation in individuals with Alzheimer's, and they've shown increases. They've shown an improvement in a stabilization in individuals with Alzheimer's. This is a major, major modality we don't even think about.

But I use this first before a patient does neurofeedback, I'll use photobiomodulation. I'll get some measurements there. Then I'll put the cap on their head and put 19 leads, and I'll listen to their brain, and I'll use those signals that are coming off the brain, convert them into a game that they can play on the screen. Like I'm watching you on the screen, I'll be watching a game.

And every time I get the game right, I get a reward. My brain gets a reward. It gets a little dopamine hit. Bing! Then with repetition, the goal is the brain wave patterns that we're developing will stay. The longest that I've seen is like two years out with treatment, with this modality. This is not even medicine, but if you put it on your head and turn it on, you definitely can feel it.

What do you feel? Where would I feel? I feel warmth; I feel calm. It's oscillating between 12 and 15 hertz. 12 and 15 hertz in neurofeedback language is known as the sensory motor strip. There's been studies done on cats and studies done on humans that the sensory motor strip, SMR is extremely beneficial for humans.

It's a state of being, a state of mind that this device puts you in because it oscillates according to brain wave oscillations, which are what between zero and a hundred hertz? It may be beyond.

So this is what this device does. If we use this as part of our therapy, I think we can also get even more improvements in patients, and it's low cost. This is like what? Fifteen minutes of light therapy, and they're off to the races, probably twice a week or so.

Meagen Gibson

It's fascinating.

Dr Darron Smith

I know it looks... I can send you some information, too, on that. It might be helpful.

Meagen Gibson

Yeah, absolutely.

[00:35:08] Dr Darron Smith

I use these modalities in doing my training. I also use heart math as well. I teach them how to breathe, patients how to breathe. Then we put this cap on, it's off to the races. I'm excited to see.

I've tried this before with ketamine, Meagen. When I was in Tennessee, I used ketamine on some of my patients who were struggling with depression, anxiety, and so on. And then I trained their brains. Boy, oh, boy, did I get better results, much better results.

So, this is exciting. Waiting to see what it's going to yield in North Cacalaca, as they say.

Meagen Gibson

Big fan of North Cacalaca. Darron, you've got a lot going on, and everybody's going to want to keep up with you. How can people find out more about you and your work and what you're up to?

Dr Darron Smith

Feel free to email me, if folks want to email me, you can reach me at darronsmith47@gmail.com. That's where you can reach me at. Or you can reach me at my university email, which is dsmith39@uwa.edu. Or you can find me on Instagram, Darron Smith. Facebook, all of those wonderful, scary platforms for kids that we need to monitor and and put legislation on before we further damage our children.

Yes, you can reach me on those platforms. This has been really fun. How are we doing? How are you doing? How are you doing it as well?

Meagen Gibson

Yeah, I was just going to say thank you so much for being with us. I'm so pleased.

Dr Darron Smith

You just let me go. You just let me ramble on, Meagen. I appreciate that. I hope I was coherent.

Meagen Gibson

You're the star of the show, Darron. I'm just here to turn on record.

Dr Darron Smith

Okay. I just hope I was coherent to the audience.

Meagen Gibson

You were great. Thanks again. All right.

[00:36:57.] Dr Darron Smith

Thank you so much. Thank you.