TS: No, they weren't, they were called on for individual decisions, and often I would hear Dr. Callahan say one thing and one of the other people working there contradicting or argue the other way. That is what made the place so fascinating. There was no company line. They argued among each other. They were civil about it. They didn't scream and yell and hit each other. As a matter of fact, if you look at the Hasting Center report on many issues there would be three, four or five sign their name to one position and there would be three or four or five who signed their name to an alternate position.

EB: Okay, that might..........

TS: There wasn't a company policy.

EB: I see.

TS: They weren't putting out the Hastings Center's opinion. There were many opinions of many professionals.

EB: You could extravate from those whatever you wanted?

TS: Absolutely, if they asked my opinion, I would give it, but as a student, I was essentially a student there studying, I didn't say an awful lot, occasionally, they would say to me, "What do you think?" I would respond. To the extent that it challenged by thoughts about medicine, yes it did. It challenged lots of my thoughts, not only what I knew was the essential feeling about medicine, at least organized medicine and of course generally organized medicine tends to be conservative. The AMA does put out positions and they are frequently challenged, if not in Congress, in courts, or whatever. So, there was a lot of intellectual ferment and differences of views, tough decisions, right down to the one on abortion, when did the life begin. If you feel that life begins at the moment of conception, then an abortion is immoral. If you don't believe that life begins later than conception or at birth, or if you believe the mother's rights supersede the infants rights, whatever you happen to believe from your background, you have to work through all of those arguments. Was it legitimate to mix an egg taken out of a woman and a man's sperm in a petri dish and call it a jar and call it a human being, at some point, All of these issues were looking at fundamental value systems, basic values of people. What makes it difficult in today's medical world is you have a mixture of patients, physicians, nurses and hospitals that come to an interaction, all with different value systems. Part of it was a challenge to myself. Celia and I would sit at night and talk about these issues. Also, how would I go back to Reno and how would I introduce these things to medical students without proselytizing. It wasn't my role to convert forty-eight medical students or physicians at Washoe and Saint Mary's to a particular position. It was to push all of them to consider their own value systems and to come up with their own positions on issuers.

EB: By exposing them to all sides of the issues?

TS: So, that when confronted with these issues, they wouldn't stick their head in the ground and ignore them. They would at least be able to talk them over with their patients. So, back to your original question, none of this was discussed when I was in medical school or in residency. As a matter of fact, most of this only became a thing of the mid to late seventies and of course now there are conferences put on all over the world, all the time.

EB: It is kind of interesting though that it took so long. When you think about the world's first exposure, sort to speak, I am sure there were things going on in early Germany, in experimentation and that kind of thing long before the war years, but it all came to everyone attention during the war........

TS: And after, probably a lot of people didn't know what was going on during the war.

EB: All of the sudden we all were exposed to this going on in the world, that we didn't know about.

TS: But, medicine knew about it, because Germany had passed euthanasia laws in the late twenties and early thirties even before Hitler came to power. They allowed euthanasia of the mentally retarded and of the defective of one kind or another. One of the problems is, if you read this literature is many in the German society before the holocaust accepted this. Then later of course if you can get rid of the mentally retarded or the insane why not get rid of the Jew or the gypsy or anybody else that you consider inferior.

EB: Any other undesirable, homosexual, etc. But to wait so long. You are talking about the seventies. This is just starting. You went to medical school, you are not talking about it, the war was over in 1945. The Neurenberg trials, we were talking about this in 1946.

TS: It never was in anybody's consciousness and I don't know what was going on nationally, but you didn't hear much discussed. Not at all. As a matter of fact, as we say in the forward of our book, "*Playing God*", which I will get to in a minute, much of the revolution in medical ethics started with Sheri Finkline when she had realized that she had taken Thalidomide and was likely to have a baby born with no arms and legs, she went off to Scandinavia (Sweden) to get an abortion, because she couldn't get one in Texas, because it was illegal. That hit the papers. I had a baby, as a physician when we were in Spain, whose mother had taken Thalidomide, that was 1962, 1963. Then of course, after that, there were all of these other issues about drug companies testing on human beings without their knowledge. Then of course slowly after the shock of the war and it was over, people began to start talking about the holocaust, then going back and studying what went on in Germany. The AMA and others were coming out with revised codes of ethics. But, remember, before we get too critical of others, there were castration laws in the United States, dating back into the twenties and teens in the South. Let's not forget that our own government permitted black men with syphilis of Tuskegee to go untreated to see what would happen to them. When they knew full well that penicillin was the cure. Tuskegee experiments on human beings—black men in the south, Tuskegee, Alabama—who were known to have syphilis and were not treated to study its natural course was horrendous and yet that was our own government allowing that. The Willobrook School out on Staten Island had physicians on staff, who for a number of years intentionally infected retarded children with hepatitis virus and they would segregate them into different houses to see how the hepatitis virus spread. Sure we learned a lot from those experiments, as a matter of fact, there has been a big discussion in medical ethics for some period of time. Is it morally right to use so called scientific evidence from experiments that are unethical and immoral. One issue, for example, was should we allow the distribution of the German studies which are in the Russian archives, from drowning Jews and others in ice water during the war to see how people responded to hypothermia so that it would presumably help German pilots who were shot down in the North Sea. All of these things were then slowly coming to the surface. All of these experiments, both in the United States and other parts of the world.

EB: There was a blackout period?

TS: There was and that is interesting, and I am not sure why.

EB: I think that there was international shame.

TS: It could be shame or it might have just been "Look, the war is over lets forget it and go on." Look at us, you and me, we were called the silent generation. We were in school in the late forties and early fifties, and Eisenhower was the president and things were going fine and the economy was good. Don't rock the boat. So, there wasn't much discussion. I am sure individually there were people that were hurting, but I think that my experience and what I have said many times when talking about this is probably what really fostered this interest in medical ethics were the advances in medical technology. Our ability to do in vitro fertilization, transplants, keep you alive for days on machines, use of pace makers, ventilators, dialysis, etc. Much of what is called modern medical ethical concerns really evolved not only from these holocaust things, but also out of medical technology. The so-called technological imperative says, "We got some technique, we must use it." The questions that are always asked here, is just because you have the ability to do something, it doesn't mean you have to or you ought to. You ought to have a good reason why you do or a good reason why you don't.

Well, anyway, we are back in New Rochelle; we are living with Celia's mom. Celia is a very bright person and a good writer. She started coming over with me on Friday afternoons and afterwards we would go out to dinner or have lunch or whatever. We had a nice library, with wonderful books. I had gone through their library with the help of the librarian. It became quite apparent to us that almost every book on the shelf were written for the profession. We could find nothing that was really written for the layman, the consumer, in layman's terms without medical, philosophical, or theological jargon, without a lot of rules and principles. Essentially, what do you do when it is your mom, who you want to allow dying or withdrawing? What do you do when it is your sister who needs a kidney transplant, or whatever the issues were? Celia is a wonderful writer. That is where we got the idea about writing a book *"Playing God."*

When we got back home, my mother was dead. She died a few weeks after we got back from New York. I go back to work at Special Children's and with Burt. I was putting together this curriculum and Celia and I were starting to outline this book. Celia was finishing writing her first book. She wrote a book on health care writing. That was published and she got a computer and it was working fine. We then started on Saturdays, Sundays and nights, outlining a book based on our experience at the Hasting's Center, based on my knowledge and other literature, what Celia had learned from her readings, what the public concerns were. So, we outlined this book and we went back to New York the following year and met a literary agent who had worked for Leon Mandel, who use to be up at the University. He was very famous for his books and magazines on Car Racing. Leon had taught a class on book writing that my wife had taken. Celia had already decided that when we first got here in 1969, that she wanted to get her masters before she was forty. So, she went back to school and got her masters in journalism. She said she wanted to publish her first book before she was fifty. She did that. She actually published her second book before she was fifty-five. So, Celia always set goals. She was taking her masters while our kids were in high school. Leon Mandel, Mike Land and some others were her teachers.

Then Mandel said, “When you go to New York, look up Jacque de Spoelberg and talk to him about your ideas”, so we did. We invited him out to lunch. He said, “Well I think that you have a good idea because I am not aware of any book on the mass market along these lines.” So, he took us over to Simon Schuster and we had lunch with Bob Bender, who was a young editor. Bob had just gone through this with his grandfather, the whole issue of taking him off life support, not resuscitating, and allowing his grandfather to die. He had been doing some reading about this. As a very bright New York intellectual kind of guy, working with an editor he knew about the Hasting Center. The Hasting Center is now getting a lot of PR in the news. Every time their writing appears in the *New York Times*, every time the TV station wants a quick blurb of a sound bite they call. Anyway, he said, “Yes, work on it, sent me a complete proposal and write your first chapter.” So, that is what we did.

We worked through 1985 and 1986 on several drafts. We had learned from Jimmy Carter and Rosalyn wrote a book together, they almost got a divorce over it. He said this many times. They made a classic error. Jimmy would write a chapter, and then Rosalyn would write a chapter and then would exchange with the other and they would criticize each other’s chapter. Well, when you criticize someone’s writing, you are criticizing their thoughts and their words. They wrote different styles. It was really two voices. We decided what we would do is, we would sit together and write side by side at the computer.

I went to Bob Bonar, whom had at that time, taken over as chairman of pediatrics, because Burt had resigned and gone into private practice and got involved in his church. He no longer was in the school full-time. I said to Bob I would like to take a part-time salary. We can make it. We are okay financially. I will run the Special Children’s Clinic and still generate half of my salary. Except for an occasional lecture I will essentially spend half the year at home writing and that is what we did. With the insight that we got from Jimmy and Rosalyn Carter, we would sit side by side in Celia’s study and we would hash out these issues, between us before we ever wrote a thing down. Then Celia would sit there and type and we would argue about what was on the screen. What came out was our combined efforts and one voice. We decided early on after talking to Bob Bonar, we would talk in the first person I, my voice because I was the physician with the medical experiences. We say this in our forward. Then I would go three days a week to

Special Children's Clinic and Celia would massage what we talked about. Each night we would sit down with a cocktail and we would edit together the same piece of paper. So, we would edit our own combined work and we weren't fighting over what you said or what I said, but we said it together. Do we or do we not agree with this, if not lets agree on what to say.

EB: You were probably talking about this every night? I mean going back to the Hastings Center.

TS: Oh yes.

EB: You would come home and you would have to be talking about what happened, so she was getting the whole thing.

TS: As a matter of fact, at that time, on the Donahue Show, she and her mother were watching the fiasco, that turned out to be of the very first surrogate mother. What was her name? In those days, we use to say, "Oh gosh, isn't that terrible, talking about all of that private stuff." Now I . understand these daytime shows don't talk about anything else. At that point, a surrogate motherhood, is it right for someone to carry someone else's baby. This was big time stuff all over the pages of the newspaper. Celia and her mother were even talking about these issues. So, by the time we got back Celia was very informed, she had read a lot of the same stuff that I had. She also is a wonderful writer. We also decided to make it more human interest. We would go an interview people about their problems, and with their permission, we'd mention it in the book, some by name, others we would change the name. But, we would talk and Celia was good journalist who would go and interview. When I was at work part-time, at the Special Children's Clinic, Celia would be working on the substance of the book or she would be interviewing people by phone. We talked to people all over the country, who were dying to tell us their stories. People love to tell stories particularly when they are horrendous and they think that the world can learn something from their experience. So, that book is filled with human-interest stories, which is why it so readable and really sold well. So, low and behold, by fall 1986 we had a complete manuscript. We sent it to Bob Bender, he liked it very much and he sent back a variety of recommendations and suggestions. We massaged it for a few more months. Then low and behold, I take acutely ill with very high blood pressure. Ernie Mazzaferri had now left. I go to see another physician in town, who ended up taking Ernie's place. The one parathyroid gland, which had been left, was overactive again. So, at Christmas in 1986, I go back down to San Francisco and see Orlo Clark. He takes me into surgery and takes out the last of the parathyroid and implants a small piece in my arm so I won't be totally devoid of hormone. The other reason that they do that is because if the one in my arm ever becomes hyperactive which it hasn't, they can go in and scrap that out, pretty easily, they don't have to go back into my neck.

EB: With all the scar tissue.

TS: Yes, with the scar tissue. As any good surgeon would do he had me examined by an internist and he had them do a lab test. The reason my blood pressure was up is because I was in renal failure. They have a couple of conferences and they bring Celia in and they said, "You are going to be on dialysis or have a transplant within about six months." I had no idea, but was not going to a doctor regularly, but I had been feeling lousy. Again, I was a good denier. I said, "Well, we have been working hard on the book. We were writing seven days a week, night and day. I am working part time at the clinic." Really what was going on was my kidneys were slowly failing. They showed me the information, including the renal biopsy. They talked to the people here in Reno. There was no denying it. At Christmas 1986, and in January, I wrote a letter to my six brothers and sisters and my five children, telling them. It was a difficult letter to write, because I am in medical ethics and writing a lot about transplantation in our book. I felt very ambivalent.

EB: You are getting tired of this?

TS: Very ambivalent about even telling them. My choices were to wait until I was in failure and go on dialysis, get on a cadaver transplant list, or see if there was some living related donors. At that time, they wouldn't take donors from genetically unrelated people. They do now, but they wouldn't then. They gave me my options, you can get on a cadaver list and take your turn, wait and go on dialysis and decide then, or you can see if you have a donor in your family. So, I wrote this letter and said, I don't know what the future brings, but it seems reasonable that within six months to one year I will be on dialysis and need a transplant. The options are as follows and I just laid it out in a very matter of fact way. All of my brothers and sisters and all of my children wrote back and said they would be happy to give me one kidney. Because it was well known that you could live with one kidney. I had decided with Celia that I would not accept a kidney from any of my children because they have their futures ahead of them. Two were married and two were going to get married. They might someday need to give a kidney for one of their children. They were all the same blood type. They agreed and sent their blood in to San Francisco where they were to be matched. All my brothers and sisters are all older than I and their families were raised. All of them said they would be happy to give me a kidney. It turned out that a sister and two brothers were rejected by their physicians because they had heart disease or some other reason why they were not good subjects.

EB: This condition hasn't shown up in any of your siblings?

TS: Well, the one that died, but we don't know because we didn't get an autopsy.

EB: Since?

TS: Well, that is a good question, because then what they told me in San Francisco was ask all your brothers and sisters to go to their doctor and tell them what is going on and have them get the test appropriate for hyperparathyroidism and high calcium. They all did and none of them had any evidence of it. So, it turns out that my sister who is five years older than I, at that time, 1987, was the best match. Eleven years ago I was fifty-five and she was fifty-nine or sixty.

EB: Evangeline?

TS: Yes. She had just retired as a schoolteacher in the Bedford School District in New York, up the Hudson. She said her doctor said she was good and healthy and there was no reason she couldn't. She was actually visiting for a period of time her daughter who was living in Southern California. She came up to San Francisco, we met here there. They put me all through the tests and they put her all through the tests. They said that she was a good donor and we can do surgery next Thursday morning. This is in June 1987, by then I was sleeping most of the time. The worst thing that I remember about kidney failure was a terrible itch, one that you can't get over. You are always scratching your skin. I am not sure of all of the physiology of it. I am sleeping because my Creatine was now 11, which means that my kidneys had almost shut down. I was going to be in dialysis in a few more weeks. They said, well you are both here and in good shape and you are not going to survive without dialysis, so she said fine. That was in June of 1987, eleven years ago. She is still healthy, she has some other problems, but giving the kidney to me was a wonderful act of love and I am grateful. Many times since then people have asked, "is your relationship with your sister different, now that she has given you a kidney?" I say probably, although our family was pretty close. We send Christmas cards and birthday cards, talk on the phone and meet for parties, etc.

EB: I think I know how it changed. I bet there was less of a sibling relationship there and more of a mother son relationship. Of course she was older than you were anyway.

TS: She was a big sister.

EB: She did mother you.

TS: Yes, as an older child.

EB: There has to be more of that feeling I am sure.

TS: Maybe more on her side. Anyway, Celia and I were eternally grateful. She came and the transplant went fine. There is the interesting story about the book and then I will stop. We stayed in San Francisco for about three weeks. Finally, they sent me home. I came home. I wasn't home about a couple of weeks when I woke up one night with a splitting headache. I thought my head was going to blow up. I knew what was going on. I checked my blood pressure, which I was expected to do. It had skyrocketed. It was 200 something/100 something. I was lucky I didn't have a stroke. As soon as I could get to the phone and talk, Celia, she was in the bed with me. I called Steve Vicks a former student of ours, who had just returned on the faculty as a nephrologist. He had been one of the transferred students from the earlier classes. He had only been back in town a few weeks; I hadn't talked to him before. He didn't even know I had a transplant. I said, "Steve my nephrologist has left and taken a different job, in Southern California, I really haven't made another contact with an another doctor, this is what has happened." He said, "I will met you at the VA in an hour." I went to the VA and met him there, because that was where he had his office. I had listened with my stethoscope over the scar where the kidney was healing and I could hear this murmur, swoosh, swoosh, I knew there was an obstruction. When blood is flowing normally, you don't hear anything. I think I have an obstruction Steve. He took me in and took my blood pressure and gave me some medicine to get it down. He listened and said, "Yes, you have an obstruction, I think." Probably on the suturing, you probably have a kink at the anastomosis. So we called United Airlines and Celia and I were on a plane by eleven o'clock that morning. We flew down to San Francisco and back in UC and saw the surgeons. They did a whole bunch of studies. They said, we think that you are obstructed. We are not sure we can see where, but we need to go back in. I said, "Do whatever you have to do, I don't want to lose this kidney." So, they re-operated on me and it turned out, yes, that there had been a kink in the artery that connects the artery in my leg to the transplant kidney. So, they fixed that up and they resutured it again.

EB: What was it? A stone, or...

TS: No, it was a kink in the blood vessel. The kinking in the blood vessel was cutting the blood supply. As the blood supply of your kidney is reduced one way the body tries to increase the blood supply is to push your blood pressure up. That has been a well-known physiologic phenomenon for years. So, they redid it and I came home. While I was recuperating from the second surgery, (the first surgery was the twenty something of June and this was the first week of August.) Celia brings in this big federal express package from the publisher with Galleys. Celia and I sat there for two weeks reading the Galleys and correcting them. Of course, you know as well as I that you are on a high when you are editing. I would sit and read for half an hour then she would read. We had two copies, I would read and she would look for mistakes and then she would read and I would look for mistakes. Celia and I, actually, when we wrote, (and not a lot of people do this, she learned this from Leon Mendell and others), we would not sit and read those chapters when you are writing in the evening; we would talk out loud. When you read something quietly, you don't pick up mistakes but if you talk out loud, first of all you pick up a lot of mistakes, you also realize that sentences are too long or too complicated and people are going to fall asleep reading. We went through the entire galley and then sent it back to Bob Bender. This is now August of 1987. I am now again on sick leave. I have all ready resigned from the Special Children's Clinic. I resigned half way through the spring of 1986 in anticipation of being on sick leave. So, I am on sick leave again. I generated a lot of sick leave, I never took any. I had a couple months; I came home and recuperated. I was wondering what I was going to do next except go back and teach ethics in school. I heard nothing from anybody. Finally, in November, Celia picked up the phone and called Bob and said, "Bob, we sent back those galleys several months ago we haven't heard a thing. When is the book going to be published? We thought it was going to be in late summer of 1987 in order to get on the Christmas list." He said, "Well, the powers decided not to bring out your book until we were sure you were going to live." She said, "You are kidding me." He said, "Yes, you cannot sell a book posthumously and if Tom died we would have a lemon on our hands that we couldn't sell, so we wanted to be sure." She said, "He is fine and we will get a doctor to call you. His kidney function is normal. He is up and around. He is doing fine." So, they then said, "Okay, we will bring it out this winter."

EB: I had no idea. START HERE

TS: No, we didn't know about it, at that time. They will bring it out in January of 1988, which will then make it a year older as far as publication date goes. They will send Tom on a book tour. So, out the book came. I think that it was actually released in January or early February 1988. Then they sent me on a book tour. I was on the Larry King Show, Sonja Live in LA, and all sorts of shows. I think more than a hundred radio and TV shows all over the country, selling that book. That is what an author does, you go on a book tour and you sell.

EB: Your first book's name was "*Playing God*".

TS: The reason, in order to get book reviews on hard covers, you have to have a really catchy title and then you get it reviewed by the New York Times, The LA Times, The New England Journal, JAMA, and a number of other. "*Playing God*" was the title we agreed on. That captured people. Soft cover and "how to" books practically never get reviewed by the big reviews. So, when it came out several years later in paperback, the exact same book with Ann Landers endorsement, it was a "how to" book. People buy how to books by going in and browsing in bookstores. How to raise Geraniums, How to build a Back Porch, How to put on a New Roof, How to Make Medical Decisions, and they shop that way for soft cover. Hard cover, they usually go in and look at a catchy title and also depend more on book reviews. So, this soft cover book is the same identical book as the hard cover. The only thing that has changed is the title.

EB: This was the publisher's decision, that this is what would sell the trade journal.

TS: Later, initially.

EB: By changing the title, because I like the first title.

TS: I do to, but this is the one that we suggested to them. You know that an author has absolutely no say over the title.

EB: I didn't know that.

TS: Yes, the author only has say over what is between the covers. If they wanted to put on the outside cover a nude woman and some crazy title, they could. So, they use a title that they think will first of all get reviewed in the major book reviews and will sell. It is a marketing tool. The same here. They could have brought this out in paperback, as "Playing God", but they said the hard cover sold twenty thousand copies. The original printing was twenty-five thousand.

EB: Is that normal? Twenty-five thousand is a lot.

TS: No, but they expected it to do well.

EB: They did, because that is a lot.

TS: Yes, Simon and Schuster is the largest publisher, they were just bought out a year ago.

EB: The first printing was twenty-five thousand? You sold?

TS: Twenty thousand. Then we took about five hundred "on remainder" and then I gave them away and sold them myself. Then they came out with the soft cover book two years later.

EB: Was it a record_________ the record that this called now, *Making Medical Decisions.*

TS: *Playing God,* the actual publication date was published in 1988. Then *Making Medical Decisions*, the same book, with Fireside which is the paperback publisher for Simon and Schuster came out in 1989, a year and one half later.

EB: How has that done the paperback?

TS: The other thing about hard cover is remember you are depending usually upon the first six thousand being bought by libraries. They sell hard covers to libraries. I did survive, and then I went on tour and the book sold. Then this paperback came out later. In the meantime, to make a long story short, (which I have trouble doing), it is now the fall of 1987 and I am now four or five months from surgery. I haven't yet started the book tour. They were going to bring it out in the winter of 1988. Bob Daughtery sees Celia in Raleys and says, "How is Tom doing?" She said, "He is coming back from sick leave and he is going to start working and teaching the ethics course that I developed." He said, "Well is he going to be home this afternoon." She said, "Yes." He said, "I would like to stop by and talk to him." So he came over and said, "I have a job for you." I said, "What is that?" He said, "I would like for you to come back into administration and be the associate dean for student affairs. Grant Miller had decided to resign that position and work full-time in psychiatry. Also, at that time, they wanted to get Grant started on a proposal for a residency in psychiatry which ultimately got started. Grant has been doing that for several years. So, I said, "Well I have always liked students and if you want me to do that fine." From the time I resigned in 1979 to the fall of 1987, about eight years, I was not involved in the administration of the school. I was on committees. I served on the admissions committee for a couple of years. I served on the student performance committee for a couple of years and the curriculum committee. So, I made a contribution because I had more time that most of the others and Burt would ask my views on various things. Bob did ask me a couple of times to look at a administrative problem of one kind or another. He had asked me to be chairman of the personnel committee for a couple of years. Because I knew a lot about the administration of the university. The personnel committee would look at things like promotions of faculty and tenure. I did have some faculty administrative work and committee work to do. He said, "I would like you to come full-time, you could still teach ethics, if you want to fine. You have been here since the school started. The students like you and we like you too." So, I said, "Fine." Shortly, thereafter, I have forgotten exactly when, (Grant wanted to get out pretty quick), it was probably around January or

February 1988, just as the book was getting released, I took over as the associate dean of student affairs. I did that job for a couple of years. The reason that I remember that is, I did a lot of interviews for the book by the phone. A radio show would call and say we want to interview you about your book, we have it in front of us. Fine, I will be here until four o'clock this afternoon. I would get on the phone and they would interview me and that would be it. So, from that point, until I retired, I was back in the administration of the school essentially from the winter of 1988 to the spring of 1997 when I retired. Over the next nine years Bob had me do student affairs for a couple of years and then for a time he had me doing administration as the associate dean for academic affairs. Even when I was in his administration (I had been in his position and I know what it is to be criticized, I know what it is to have the buck stop with you) there were times when people would say why don't you criticize Bob, why don't you sometimes fight against him. I would say, I give him my opinion privately, but I am not here to undermine him. He is the boss and I will do the job that I can. So, when he would call and ask me what I thought about something, I would tell him. He took a lot of criticism from a lot of people, and he knows that.

EB: You had a good working relationship with him.

TS: Yes, we did. We had a good working relationship and I minded my business and did what he asked me to do. He very rarely looked over my shoulder and I have always been grateful for that. "You are head of student affairs. When a problem comes up where you think that you need my opinion about it come tell me about it," he would say.

EB: He is a good administrator?

TS: I thought so. If I got a problem I called him and talked to him about it. For a lot of the things that I did, I would do them until I was told to stop or I would get things started and then every couple of weeks I would check in and tell him this is what I am doing here. If he wanted something different I would do it. Remember, at this point, Bob needed someone who knew the university and was familiar with how things were going to help him out on the Reno Campus because he was spending more and more time in Las Vegas. We are talking 1989 to 1997, those seven or eight years, the poor man must have been living essentially on an airplane back and forth to Las Vegas.

To make a long story short again, I go into my office one day, just before Thanksgiving Day in 1989; I have been in the job for two years. I start getting hot and sweaty and I start getting indigestion and I think that I am going to throw-up on the floor. I knew exactly what was happening. I got up and I walked past the secretary. I didn't want to frighten her. I walk out the side door and across the parking lot to the Family Medicine Clinic. I am going across the parking lot and stripping off my jacket, my shirt, my undershirt and I yelled at the secretary and I said, "Call 911" and I sat down. The nurse came right out. I said, "I am having a heart attack and they called 911. The nurse called Dr. Gary Johnson, one of our alumni, who runs the clinic and he came "stat", and he was wonderful. He gave me oxygen and put on the EKG and gave me a shot of morphine. Morphine is a marvelous drug when you are having a heart attack.

EB: Did you have pain? You had nausea, sweating...

TS: Sweating, diaphoretic, and the worst thing, I didn't have so much pain, but what you do have and I know what they mean now, is this feeling of impending doom. People speak about that in terms of heart attack. You almost get disconnected from your body with great anxiety and fear, as I knew what was going on. One nice thing about morphine is it relieves not only pain, but also anxiety. It has that effect, which is a very nice effect. I guess that is why you can become addicted to the stuff. At any rate, they call 911 and within about five minutes the 911 ambulance from Saint Mary's was up there. One of the nurses called my wife and she was on her way. I said, "call Dr. Steve Vicks", who was my nephrologist, and call Dr. Larry Noble who had been seeing me as a cardiologist, tell them to go to Saint Marys. I was then able to talk after I calmed down. So, when I got to St. Mary's ER, Celia was standing there, Larry Noble and Steve Vicks were there. They said, "Yes, it looks like an occluded coronary artery." I had a very nice experience at Saint Mary's. Sister Peter Damien was over there in a matter of no time, as was John Brophy who at the time had taken Ken McClain's job. They were very nice. I was in the ICU for a couple of days. Then they did cardiac catherization. Larry Noble thought that it was very early blockage of one of the vessels, fortunately there wasn't a lot of disease, a lot of heart muscle damage I should say. So, then I had to take another leave of absence. So, I had several leaves of absence.

EB: So, that was 19?

TS: This was the spring of 1990. So, I stayed in the student affairs job until the spring of 1990 and Bob said, "Well, we talked about it and this is a fairly stressful job, so I would like to make a change...