

DATE: May 21, 1998  
TAPE: Tape 16  
INTERVIEWEE: Thomas Scully, M.D.  
INTERVIEWER: Eileen Barker  
PLACE: Dr. Scully's home, 1400 Ferris Lane  
TRANSCRIPTIONIST: Dianne Fernandez

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EB: Today is May 21, 1998, and we are going to continue on this tape; we said yesterday that we would talk about the Nevada Board of Medical Examiners and your involvement with that. You started that in 1977.

TS: 1977, yes. I won't repeat a lot of those stories. I think that we can excerpt them later from that Board history, because it is my history. Essentially, it was the spring of 1977, when the legislature had just passed the bill authorizing conversion. I was sitting in George's office, and we had just been celebrating the fact that the legislature approved it, when Mike O'Callahan called. Those stories I will just repeat briefly. He called, (I when I was sitting in George's office), and we were talking about the next stage of the conversion, Mike said to George (He called him Dean and he called me Scully. He use to call people by their last name or doc or something like that), now that we are going to have this 4 year medical school, we ought to have somebody from the medical school on the Board of Medical Examiners because you will be licensing future graduates. George said, "Well I am too busy, Mike." Maybe George had it in the back of his mind then that he was going to be leaving because he resigned a few months later. What he told the governor was I am too busy and I don't have the time to do, but why don't you consider Tom Scully, he is sitting here, he knows other people on the board. He says, "Put him on." He said, "I

want you to serve on the Board of Medical Examiners.” You didn’t argue with Mike O’Callahan really. He said, “ I will talk to Maclean and he will get back with you.” A day or two later Ken Maclean who was the secretary of the board, at the time, called me and said, what the job entails and the duties. It was considerably less then, than it became twenty years later. I think that we met four times a year for a day or two and we were licensing maybe forty doctors a year. They were doing very little disciplinary work. They might have had one or two disciplinary hearings per year. At any rate, I said “yes” to the governor and I said yes to Ken Maclean. I got my appointment and signed all the oaths of office and took my seat. Just about when I get back from the trip to Spain with Celia’s mother and the aunts, some time in August of 1977, I went to the first meeting. Simultaneously, or shortly thereafter, George resigning as a dean and I was appointed as the dean. All of the sudden I am appointed as the dean of the medical school and to the board of medical examiners.

EB: In what capacity? Just on the Boards?

TS: Yes, at that time, there were five physicians. The legislature had just passed part of the bill that required public members on various disciplinary and various regulatory boards. For the first time ever there were two public board members. One was Harvey Kaye who used to run a used car and automobile parts in Reno. He had been a big contributor to UNR football and that is how he new Mike O’Callahan. So Mike appointed him. He came to the first meeting and he said to Ken Maclean and Ted Jacobs, what am I suppose to be doing. Ken said, “Well, we don’t know either, so we will figure it out as we go along.” What are public members supposed to do? Ken Maclean was not happy with the law because he said, “Why the hell do we have these public members, they don’t know anything about doctors or medicine.” Well, it turned out ultimately

that the public members turned out to be very positive over time, but it took awhile for them to sort out their role.

EB: You didn't want to air your dirty linens....

TS: No, it was very tenuous for a while. The other one was Ida Crockett, who was a democratic supporter. A black woman from Las Vegas. She was the first public member from Las Vegas.

Later came Edwina Prior. Governor Bob List appointed her when he was the governor. She is a big shot in republican politics. Anyway, I show up as a new member of the board. I was taking Les Moren's (from Elko) spot. He retired and wasn't going to serve any longer. Anyway, there were five physicians, I am the new physician on the block. Along with Ken Maclean, Ted Jacobs, Dick Gundy , Norm Christiansen, Ida Crockett, and Harvey Kaye. That was the new board.

Simultaneously, I took on the Dean's role. We talked about that. (I won't repeat it), the conversion of the school. The first year or two there wasn't very much activity on the Board of Medical Examiners. I could look up the statistics, but maybe forty or fifty licensees. We would all sit around the table, so inefficient, on a Saturday. We would meet four times per year, we would literally interview all doctors who came for a license.

EB: Was the examining process informal?

TS: Yes, it was pretty informal, it was an oral exam.

EB: No written?

TS: They had already done that. In order to meet with the board, for a personal interview, we wanted to eyeball them and we also wanted to talk to them. We always felt you can't support this in terms of examining, but we felt that by talking to the doctors and eyeballing them and listening to them we could pick up subtle issues, that they might not be competent or that they might be impaired. In fact, there were a couple of physicians who came before the board and

when we started grilling them around the table, it turned out that some of them really did have things that they were hiding. They were coming to Nevada from other states, they thought they would get a license here. I can remember a couple who had been in prison and didn't tell anybody. We had a couple who broke down in tears, they were going through a divorce and they were depressed. We had a couple who actually showed up with alcohol on their breath. So, there were a few times when the personal interview lead to the board saying, "look doctor, you are not ready to practice medicine and we are not going to give you a license". You go home to where ever you came from, straighten out your emotional life or deal with your alcohol or whatever. That was the level at which the board would meet with physicians. It subsequently, changed over time. We all felt that it was a worthwhile thing. We would meet four times a year.

EB: Where were the offices?

TS: The offices, at that time, were on Terminal Way, but in a building down the street close to the airport that subsequently had a big fire and burned down. Then later, around 1984, we moved down to the other end of terminal way. I don't know the exact addresses. We stayed on the same street. We moved from one end down by the airport to the other end down near Mill Street. It had been for years just run out of the Baker Lane office of the State Medical Association.

EB: That is what I thought.

TS: The medical association secretary was the same secretary that worked with the board. Then eventually, they got their own staff. Doctors licenses fees supported it. I think that at the time that I entered on the board in 1977. We had one executive director, one secretary and a bookkeeper, three people, plus the five physicians and two public members.

EB: I guess the names of these people are in the book?

TS: They are all in the book. The whole thing is there. Bryce Rhoads was the attorney. Then about one or two years into it, the board began to become more active. I have always credited that personally to Ted Jacobs and Tony Carter, my former partner in Las Vegas. Actually, I worked for him down there, he was eventually appointed by Mike O'Callahan. There was a change in the board. There were younger people coming on, with new thoughts and new ideas. I think that three or four younger people including myself felt that if the board was going to be at all credible we had to not only license physicians but we had to establish a better way to do it. Also, we had to take more seriously the disciplinary investigations. We had no investigator, so we hired our first investigator. It was pretty hit and miss. At that time, the complaints, if they did come in would come in to Ken Maclean. As secretary he had the full authority to decide whether the board ever heard about it or whether it was ever taken any further. Frankly, we all felt that it needed to be streamlined. As I suggested earlier when we talked about what was going on in ethics, there was also in medicine generally and in the public, probably, it had a lot to do with consumer advocate groups and this guy in Washington who had been for the last ten or fifteen years talking about consumer advocacy things. There was a lot of public criticism of medicine.

EB: Not Ralph Nader?

TS: Yes, Ralph Nader. There was a lot of criticism of medicine. We were protecting our own. We were not cleaning ranks, we were not disciplining, and the way we should have. The public was losing trust.

EB: Did you feel that had a little truth to it?

TS: Oh yes, there is no question it had truth to it.

EB: You were protecting your own?

TS: I think, there was and I don't deny that. I think that there is a hesitancy to first of all acknowledge that physicians were impaired from alcohol or drugs.

EB: Ruin a person's whole life.

TS: Right. There was a hesitancy to make anything public. There was no public law. It was all done behind closed doors. Not only did our legislature and others around the country say there is going to be an open meeting law and public complaints against physicians or any professional, including the bar must be public. That the public has a right to know that physicians who have problems with drugs and alcohol have to be disciplined. That was going on nationally. Other boards in other states were changing their laws. Hospitals were getting sued. Boards of trustees of hospitals were getting sued for failure to discipline, failure to limit privileges, failure to correct physicians who they knew or had reason to know were incompetent. Then the last part that I can think of immediately was the whole thrust of malpractice suits were skyrocketing in the late seventies and early eighties. Yes, we got into a more litigious society, and there were more and more attorneys taking on malpractice suits. There was a lot of public discussion. So, patients and their families and others were saying, wait a minute I am going to sue that guy or woman. Many physicians who were found guilty of malpractice or impaired by drugs or alcohol or whatever, so the public was becoming more aware of the inadequacies of our profession. Then there were studies being published about the amount of drugs and alcohol. All of this is going on in the late seventies and early eighties when I was first on the board. So, we also felt that we had to do something about this. It is time that we become more active as other boards. I went to a couple of national meetings in 1978, 1979, and 1980 as did several other members of our board. We were hearing what was going on nationally. You better go back home, the message was, and get your board in order. You better look at your law. You better be more proactive in disciplining. You

can't ignore malpractice judgments against physicians. You have to be more thorough in investigating their background. You can't let physicians go from one state to the other to escape prosecution in one place. There was a lot of that that went on. To answer your question, I think that there was, professionally, a fair amount of looking the other way. There certainly were examples in our state and in other states, where physicians just surrendered their license and said I am going to leave and were just allowed to leave because it was a lot easier. Hospitals did the same, you can resign from our staff, get of town leave, and we won't bother you.

EB: Easier?

TS: Yes, sure. It is easier, you don't have to fight about it. All of that was going on. At the same time some of our own legislatures and the governor were asking what is going on. New members of the board saying I don't want to be a party to a sham. I don't want to be a party to a mediocre operation. If we are going to be serious about this we have to tighten up our investigation of physicians coming into the state, which we did. We also have to take seriously the complaints from the public and investigate them more thoroughly. We have to have disciplinary hearings, which then by 1979 had to be public. So, all of a sudden what had been, (the statistics are in that book over there) very little disciplinary action by the Board of Medical Examiners, one or two cases a year for years, then of course (for the last fifteen years), it began to go up.

EB: It is not popular job right now?

TS: No, it is not. You don't make any friends. Frankly, I personally made some enemies and combined with now being the dean of the school with all of the objections to the school, the two things together. But the members of the board stuck together and we said look if we are going to do this job we have to take the bitter with the batter.

EB: Was Maclean still there?



TS: Yes, he was the secretary/treasurer who had the administrative responsibility to run the board. He was paid a small salary. The president was the person who convened the meetings four or five times per year. The president presided over the disciplinary hearings but there were very few, at that time. So, what happened then over the next couple of years was the board became more active. Ted Jacobs was elected president. He then served in that capacity for almost twenty years. He kept getting re-elected. He was a wonderful president. He conducted good meetings. He conducted very good hearings.

EB: What was his specialty?

TS: Ted was an internist. He was with me in Spain. He was well thought of in Las Vegas. So, he served for twenty years and I guess I served for sixteen. In 1982, I went on my sabbatical to New York, but I flew back three or four times that year to participate in the board meetings. At that time, Ken Maclean announced his resignation and retirement. He had been on the board for thirty-four years. He told the governor that he did not want to be re-appointed. So, that spring, now the spring of 1983, Ken is re-elected president and I am elected secretary/treasurer. I am no longer the dean of the school, this is 1983, so I have more time. They paid me a small salary and now it is my job to run the board or administer the board. I realized right away that we were going to get busier, the population was going up.

EB: The number of doctors.

TS: The number of doctors was expanding. The number of complaints was expanding, for all of the other reasons I just said. The public is demanding us to do something about these doctors. I am not trying to make it sound like it was a terrible thing, but there were doctors who needed to be disciplined. So, I accepted that job, no longer was I the dean, so I had a little more time. I was back working at the Special Children's Clinic. I had returned from my sabbatical and I was



working on these ethical issues and developing an ethics curriculum. Within a couple of months, (I remember talking to Ted and the board), so I said to them this is not the way to do it. One person should not be the gatekeeper for all of this. It is too much responsibility for one person. I am not Ken Maclean. I can't do it. I didn't have his reputation in the community. Secondly, I think that it puts too much authority and power in the hands of one person. I think that it puts too much stress on the person as well. I think that we have to change the way we do this operation. In the meantime, I said that we had to get some administrative help and he had to get investigators and secretaries. The board was doing pretty well financially. So at that time we hired a new executive director. Our former executive director retired. Bryce Rhodes said that he was going to retire. So, we then had a new secretary/treasurer, we had a new executive director, some secretaries and investigators and a new attorney.

I was back working Special Children. I got very involved in the evaluation of child abuse and sexual abuse of children, which the rest of the pediatric community was sort of glad to have me do, because people in private practice really don't want to get involved with child abuse. Many don't want to get involved with the DA, or the cops, or the child protective service. The fact that I was a salaried employee of the medical school working in the Special Children's clinic, they would actually refer children to me. Do you think that this child has been abused? I developed sort of a little subspecialty of child abuse, both physical and sexual. So, anyway, I am down at the courthouse one-day testifying on a child abuse case. It might have been a grand jury and met Larry Leslie in the hallway. Larry had been the council for the Board of Regents when the school started and when we converted the school and I got to know him then. He subsequently left the Board of Regents. He went back into private law practice. I said to him Larry, "Bryce Rhodes is leaving the Board of Medical Examiners, Ken is retired, how do I go about getting an attorney,

do I advertise? How do I get an attorney to come and work for the board?" He said, "Well, here is a card and if you wait about fifteen minutes and call this phone number I will give you the answer?" So, he handed me his business card and when I got back to the office I called and said, "Larry, this is the number on the card" and he said, "I would be happy to met with the board and I have time in private practice." The rest is history, as they say. Larry then came and took Bryce's job part-time while still in private practice. We actually contracted with him for a number of years and then eventually he left his private practice and came to work for the board full-time, first as the board's attorney and then later we got another attorney and Larry took over the job as executive director which he is doing now. At any rate,.....

EB: He is now the executive director?

TS: Yes, he is now the executive director. He had been our council, first in private practice and later as a full-time employee. The story I wanted to tell was, he came over and I started working with him. It was clear, as I said earlier, that I didn't feel the way this was done was right, that one person would review these complaints. As the complaints came in more and more, it became a very tough job. I would spend hours down there reading these complaints. We only had one investigator who wasn't very good. we ultimately replaced him and now the board has three. We decided that what we would do the following summer (1984), in anticipation of the 1985 legislature. (Our legislatures are always on odd years). We would have workshops with the board, we would get consultants in from around the country, which we did, and we would invite people from other boards that were more sophisticated, including Oregon and Washington, to meet with us. Over the course of a number of sessions, both in Las Vegas and Reno we rewrote the entire "medical practice act", which took the authority from the secretary/treasurer and put it into an investigative committee of three members. We also proposed that the board be expanded

to nine people, six physicians and three public members, which there presently are. That yes, it would be a public process, but we would be permitted by law to have this investigative committee of three review all complaints in private and only when a formal complaint is filed against the physician would it become public. We were sensitive that we didn't ruin a physician's livelihood or reputation by being falsely accused. The number of complaints was going up and up. I have the number someplace. Last year I think that they reviewed six hundred complaints. In 1985, we were probably reviewing two to three hundred complaints a year. A lot of them were frivolous and a lot of them were made in anger. There is no question that many people complained about physicians because the communication between the family, patient and physician was so bad, the assumption was that they were trying to hide something. I have given many a talk to physicians about the more open you are with your patients the less likely you are to get sued or have a complaint filed against you.

So, we began a new process. We took that bill to the legislature in 1985. I was the one who presented it as the secretary/treasurer. Again, I was an employee/physician at the school and I had time to go down to the legislature. Everybody else on the board was working, they are doctors in private practice. So, Larry Leslie and I went down to a number of hearings, made our case. The legislature, after some argument and some objection from some medical groups about specific areas, essentially adopted the rewrite of the law that the board had put together with these consultants. They essentially adopted the whole thing. What now is the medical practice act, which was passed in 1985 and under which the board now operates, is essentially what they have been doing for the last twelve or thirteen years. Six physicians and three public members. An investigative committee of three, (that investigates all complaints against physicians and also complaints of drug and alcohol). We got added to the law, the ability of the legislature to send

physicians to treatment for anything, but mostly drug and alcohol, and to do that in private, if the physician agreed voluntarily to first acknowledge their addiction and then go and get help, they wouldn't have a complaint filed against them. As you know, there were several that refused and ultimately they had complaints filed against them because they refused to seek help. That was a big change. Then we also established a much more formal exam procedure and went out and got physicians from all over the state to help us examine, because we were now licensing up to one hundred eighty to two hundred doctors per year. It used to be forty a year. That increase had nothing to do with the board, that was simply the growth in Nevada, the south and north. All the statistics are just a straight line up, a rapid increase. We got very involved in some very difficult and public disciplinary actions. In 1985, I had been serving now for eight years, from 1977 to 1985. I then told the governor and Ted that I did not want another appointment or I would have been re-appointed. I just resigned and said I don't want anymore, because Celia and I had returned from my sabbatical and I had just gotten a contract from Simon and Schuster for "*Playing God*" and I realized that Celia and I had to have a lot of time to write that book. I didn't know then that I would be getting a kidney transplant in 1987. I said, I had had my eight years and that was enough. We also put in the 1985 law, which I think is the right thing to do and I support it, that in the future physicians and public members would be limited to two four year terms. No member could serve more than eight years in a row. If there was an hiatus of several years they could be re-appointed, but we wanted to get rid of the old system of a few doctors on the board who stayed on there for thirty or thirty-five years. We didn't think that was right. We felt that it was a professional responsibility of every physician to participate in the licensing and the disciplining of their colleagues. This was not a small little group of people working on behalf of the state. This was the whole professions' responsibility. So, we engaged several hundred

doctors. I went and talked to lots of them who said they would be happy to participate not only in licensing and examining of physicians, but would be happy to participate in the discipline. So, we set up another system which was when we received a complaint against a physician, we would go to fellow physicians consultants, just the way they do on hospital staffs, at the opposite end of the state. So, our investigators would go to the office of the physician in question or the hospital in question and get as much of the records as we could, then that investigator would interview people and get statements. Then all of that would go to several physicians in the same specialty practicing the same level of medicine, but at the opposite end of the state, on the basis that they weren't in direct competition. They probably didn't know one another, although some probably did. If they knew one another they were to exclude themselves. Essentially, they would be looking at a colleague at the opposite end of the state and be able to give the board an independent judgment about whether the accusations that this physician has been accused of made any sense. So, we started a peer review process, which we felt it ought to be, within the state. When physicians in Las Vegas had a complaint against them, physicians in Reno would review it, and vice versa. Out of that then would come the legal process, if there were reason to file a complaint, the investigative committee would review and file it. We also set up a system very much like a grand jury, that is the investigative committee of three members would be privy to all of the private investigative information and once they filed a complaint formally, they were out of it. The other six members would then be the hearing body. They would sit and listen to the evidence. I think, to our credit and to the board's credit and to others, we have kept those two groups separate for ten or eleven years. It has worked. When you are assigned (the president would make the assignments) to the investigative committee, for usually a period of one or two years. You don't sit on any of the adjudicating hearings and you were bound not to discuss those

cases that you reviewed with other members of the board and vice versa. Rather than the same group of people, (prior to 1985) sitting as judge and jury that everyone criticized, including myself, we set up a system that sort of mimicked the grand jury, jury system which we felt was fair.

Anyway, I resigned in 1985. I got off the board and Celia and I wrote the book, as we said the other day. I went through my second parathyroid surgery in 1986 and then in 1987 I had my kidney transplant. Three years have gone by. I am feeling very good now, by 1988. I have had nothing to do with the board at all. I think from time to time they had asked me to review, like any other physician, a complaint. In 1988, I told Ted that I was feeling well, it had been a year or so from my transplant, the book was published. The book was actually on the market, it had been released. I would be happy to serve on the board again because I did enjoy that work. I thought it was a valuable thing to do. I talked to Governor Bryan, I saw him at some sort of a meeting and told him I would be happy to take an appointment, if he wanted to appoint me. He had asked me a couple of times whether I would ever want to go back on the board. I said, "Yes." So, he re-appointed me. I got re-appointed in 1988, after a hiatus of three years and was later re-appointed by Bob Miller and served out the next eight years from 1988 to 1996. I finished in 1996. The new law of course for both Ted and me prohibited any of us after 1985 from serving for more than eight years. I think is a very good part of the law. So, now, Ted is retired, I am retired. Many of the public members during the seventies and eighties are now finished. So, the board now is all new people. All good young physicians from Reno, Las Vegas and Carson City. There are also new public members.

EB: Is it the same structure?

TS: The same structure. We have an executive director. There are nine employees; they have a full-time attorney.

EB: The main office is here?

TS: The main office is in Reno and a branch office in Las Vegas.

EB: Oh, there was a branch office.

TS: Yes, they closed it after a while because it was found to be not needed and too expensive.

Now it is all run out of Reno. There is an executive director with an assistant, there are three individuals who do all of the checks for credentials for people coming into the state and three investigators who do all the investigations of the complaints. It is a three and three system. Then of course a receptionist and a full-time attorney. Of course Larry Leslie is an attorney, but he doesn't practice law in this context. Now, they have picked up nine or ten people. They are now up to the most recent, (just for the purposes of ending the story), statistics in 1997. In 1987 there were fourteen hundred doctors in Nevada, now there are twenty-eight hundred, double in ten years. In 1980, the population of Nevada was eight hundred thousand people, there were eleven hundred doctors in the state and we licensed two hundred people that year. There were one hundred forty-four physicians per one hundred thousand people. Eighteen years later, in 1997, there are twenty-eight hundred doctors in the state, almost triple. The board licensed four hundred and forty new doctors last year. The population is 1.7 million and the ratio is one hundred sixty physicians per one hundred thousand people. The number of doctors in those eighteen years almost tripled.

EB: Most of them going to Clark County.

TS: Most of them, yes.

EB: Yet, the board is still here?



TS: Yes. The board can meet anyway, because they travel all over and meet in various places.

Our investigators are on the road all the time. The board now meets six times a year. Three times in Las Vegas and three times in Reno. So where the administrative offices are really doesn't make a lot of difference.

EB: No, and in this age of computers it makes less difference than it ever did.

TS: Yes. It is all computerized and they fax back and forth. I will give you this just to put in your stuff. Much of what is here, I participated in. There is some stuff that goes back to 1977. This little dotted line across here. We put that in to show when the new law went in. That is all that means. Anyway, those are some of the statistics. That is my history of the board.

Oh, so when I came back in 1988, Ron Avery was the secretary/treasurer (I think that in 1991, he got off the board) and then Del Schnider was secretary for a year or two. I was re-elected the secretary in 1990 and I remained that until 1995. By my last year on the board Ted was finished and they elected me president. So, I was the president my last year of the board, 1996.

EB: You could after a hiatus, as I understand the law, after a three-year period.....

TS: I think that it is two years.

EB: You could go back on?

TS: I could, but I wouldn't. Anybody could. Ted Jacobs could, I think. I would have to check that out specifically, I will before we edit this. I think it is if you have been off for more than two years, you could be re-appointed for another four years. After eight years, two four-year terms in succession you have to get off. That was not the case prior to 1985. As you know, there were Ken Maclean, Les Moren and a few others who served twenty-five and thirty years.

EB: They were it.

TS: Yes, they were the board.

EB: They knew everybody...

TS: A few physicians, most were in the north. I think what we saw was an evolution of an institution that was growing with the state and had to change, not only because of what was going on in medicine locally, but what was going on in medicine nationally. Now, interestingly, enough, Nevada's law has been duplicated or replicated by a number of other states because it was well thought out. The other thing we did, which really upset a lot of people and still upsets some, is we got the legislature to agree that no longer was it safe for anyone to go into the practice of medicine after a one year internship. That was nonsense. Every specialty in the country and every medical school, the AMA and everybody said, including family medicine, which is the most recent specialty, that three years, was really the minimum. So, we were the first state, the very first state, to require that you must have three years of graduate training after medical school, before you can even be eligible for a licensure, no more one-year internship. Now, for those who were already practicing in Nevada, there was a grandfather clause and there was, I think, two years in which anyone with only one year could get a license and could keep it. There was no attempt to get rid of older doctors, or physicians who didn't have the three years, but from 1985 on you had to have three years. There have been a number of physicians who have appealed to the board. There have been a number of politicians and friends of politicians who had friends from back east or someplace, who had a one year internship and wanted to come to Las Vegas to retire or wanted to come to Nevada to make a living. They had been practicing in some town and had a one year internship a number of years ago, the answer was simply no. Our hands were tied. The legislature says this is the rule. You get your three years. Back in 1987 or 1988, I am not sure, there was a pressure on the legislature from some of the rural communities which were saying this three-year law is limiting us from getting doctors. That was bogus. We

demonstrated with our statistics that that was not the case. We showed that there was no evidence that the rural communities were suffering. We knew what the issue was and everyone else did. The issue was that you can't isolate a physician in a small community with no support and not a decent salary and his wife is unhappy or husband is unhappy. There are lots of reasons that people don't go to small towns. At any rate, the legislature passed a law that said, if someone had a one year internship and five years of experience in another state, they could get a "limited" license to go to a small town in Nevada, a rural community and practice, provided the county commissioners petitioned the board for an exemption to the law, because the county commissioners determined in their county that a physician was needed. So, it started with a political process, the county commissioners would say we need this doctor in our underserved area. You certify to the board that he has a one-year internship and five years of experience elsewhere and we will certify that we need him. You give him a limited license. The license limited that physician to that county. At the end of three years, if that physician kept his end of the bargain and served in that under-served area and practiced medicine and had no complaints or mal practice suits adjudicated against him, then he could apply to the board for an unrestricted license. So, it was sort of an equivalent, five years of experience plus three years in Nevada, (would make it eight years minimum), the board would assume that was an equivalent. We have had, I think three physicians, who after serving in a small community for three years applied for a regular license and as you might expect the two of them headed to Las Vegas, and one to Reno, the minute they got their permanent license.

EB: Those worked out all right?

TS: It worked out all right. As a matter of fact, I think that the number of limited licenses given under that rural exemption through the years, from 1987 to 1997, amounted to thirty.

EB: This was a combination for rural communities that worked out well.

TS: Yes, it worked out fine. Still in our view, (and many people will argue this), all of those thirty were given limited licenses, the people who got the regular license law was eighteen hundred doctors. So, eighteen hundred who came and got regular licenses and ended up all over the state and those thirty were getting the limited license based upon not having three years.

EB: Then there were the two that went on?

TS: Yes, there may have been more since that was a year ago. What those statistics clearly indicate is that the law requiring three years of residency did not keep doctors out of Nevada. They poured in, several thousand during that twelve-year period. It didn't restrict many from coming to Nevada. That was one of the big arguments when I testified in favor of that law, many other people stated that we wouldn't be able to get doctors here. They won't be coming. That was nonsense. All you had to do was look nationally and see that ninety-eight percent of all graduates of every medical school in the country, (fifteen thousand graduates per year), ninety-eight percent of those went into residencies of three or more years. I mean, it was almost unanimous. Practically, every person coming out of medical school took a three-year residency as a minimum. Family medicine was three years, internal medicine three, pediatrics etc. We knew all of those statistics. The argument that somehow this would restrict people coming to Nevada to practice was nonsense. The last twelve years or so has proven it was nonsense. Yet, the accommodation to rural communities was provided and I must say there are some very good physicians practicing there. But what we were trying to do was raise the standard of medical care through at least having well trained physicians. We have a medical school now, in Nevada. We are trying to train young physicians to be as up to date as possible and insist that the doctors who get licensed both our own graduates as well as those coming from out of state (because the