

growth, just from death and retirement you need to have about fifty to sixty new doctors coming into Nevada each year. If you then add the growth in the state two to three percent each year, that is another sixty or seventy who have to make up for that growth. So, of a class of fifty, at the moment, only about sixty percent of students return to practice in Nevada. But, even if one hundred percent of our graduates stayed and practiced in Nevada they would still only make-up about half or even less of the number of physicians that the population needs, unless something dramatically happens in the way medicine is practiced. So, my answer to your question is yes, even by attrition fifty is not enough, we are not going to glut the market, which as you recall was one of the big issues when the school converted years ago. Somehow we are going to glut the market with doctors. Well that is nonsense. I think in the last year, our students who have returned in Nevada have only made up a small percentage of actual practicing physicians. The other side of the coin though is as the state grows; more and more young people will want to go into medicine. The basic training of medicine is through our medical school, the University of Nevada, School of Medicine. Sure there are always a few who go out of state to other schools, private and such. Most state schools only accept their own residents, so I could see our school growing just to met the student demand for first year places, but also to keep up with the demand of physicians at the end of training.

**EB: This has to be among the smallest in the country, number of students?**

TS: Yes. I think that you are right Eileen. I would have to look that up. The AMA puts out all of those figures every year. I don't think that there is any other school that has only fifty students per year.

**EB: The benefits to the students at this medical school have been the small size of it.**

TS: I think you are right, absolutely.

**EB: We turned out some phenomenal doctors, I think. They have done awfully well on their national boards.**

TS: They are good physicians and are now practicing.

**EB: They get into other programs where they have all ready done things that their fellow students had never even seen, much less been allowed to do.**

TS: Right.

**EB: So, that whole thing has kind of changed.**

TS: Oh absolutely.

**EB: Just like everything else with the growth. It will just not be the small Nevada anymore.**

TS: No, I think that you are right and my guess is that there will probably be an incremental growth because whoever the dean is, he or she is going to have to sell the legislature, the regents and the university administration that we need to increase the numbers and my guess is that it will be incrementally increased. It will go from fifty-two, which it presently is, to sixty and then a couple of more years later it will go to seventy. A lot of that will be driven by the demands of the population, particularly those who go to the legislature and the regents and say, I have kids who want to go to medical school and your school can't accept them and they can't get into other places. I don't think that there will be much demand for expanding the number of places nationwide, but I think that there will be a sort of redistribution. There will be states that are loosing population and not growing, which will probably, for budgetary reasons, cut back on the number of students that they take. Some of the growing states like Nevada will probably expand over time. Otherwise we simply are saying that we are going to let other state schools educate their children to be our physicians. Or as has happened nationally, as well as in Nevada, let Mexico, Pakistan, India, Egypt, Greece, England, Turkey, South Africa, let them educate our

physicians and we will just import them and they will come as foreign graduates because there is a significant number (I will look up also when we edit this) that is around eighteen to twenty percent of the physicians now practicing in Nevada are foreign medical graduates. Most of them have had their graduate residency training in this country but they went to medical school in a number of the countries that I just mentioned. That is a cheaper way for our legislature, or a tax paying approach to it. Simply saying why should we invest money in expanding our medical school? Why don't we just see what the market bares and we will attract in physicians.

**EB: Attitudes would have to be so drastically changed because, I know for a fact that people from other countries are not really greeted with open arms in all cases.**

TS: No that is true. But let's face it many of them are accepted. Not necessarily in ours, but around the country. Especially, the big cities. There are many bright people who get well-trained in American medicine. Many become fluent in the language, if they weren't speaking English beforehand. So, yes, we can't ignore the fact that Nevada and many other states, (I think Nationally the figure is something that is like twenty-one or two percent of all physicians practicing in the United States now are foreign medical graduates). It may even be higher than that. It is in that range. It is in the range of twenty to twenty-five percent. In Nevada it is just short of twenty percent and of the three thousand doctors now practicing here, twenty percent of that is five or six hundred. So, that is another way that it can be looked at. I think that the driving force for expansion of the school over time will be the demand for places for Nevada kids to go to medical school. I think for the immediate future, the physician demands of the population can be satisfied by importing doctors from other states that are over-producing. Ohio, for example, over- produces, Tennessee over produces. California does not. There are a number of states

which statistics will show produce more physicians than their population needs, so a lot of them then leave their states and go to the states that are growing.

**EB: That has to be an economical drain on those states.**

TS: Sure it is. So, it is a very complex issue.

**EB: It is complex. How many states are there left in the United States without medical schools?**

TS: Alaska, Montana, Wyoming, Idaho.

**EB: That's it?**

TS: Yes, but, Idaho and Alaska participate by contract with WAMI.....

**EB: What is WICHE?**

TS: WICHE is for undergraduates and some graduate programs like veterinary medicine, I think.

**EB: What is WAMI?**

TS: WAMI is Washington, Alaska, Montana, and Idaho. I don't know the details of it, but they take some students from those states into Seattle for their first year and they go back and spend some of their clinical years in clinics and offices back in their home state. The overall idea is that students who go to Seattle (the University of Washington) under that program will have a duty, or obligation to go back to their home state and practice medicine and pay back whatever it costs. So, there are only four. Actually, Maine, I don't think has a freestanding school. I think Maine has an affiliation of agreement similar to WAMI and I think that they work that out through Tufts and some of the Massachusetts schools. So, actually, I think those are the only states without a medical school either private or state school.

**EB: What do you think about having been an educator for so many years, and knowing the university system, what do you think about our chances of getting a law school are in Nevada?**

TS: I thought they all ready approved that. I think they are going to take their first class, if not this fall right now, their are going to take their first class next year at UNLV.

**EB: It will be in Las Vegas?**

TS: Yes, the legislature approved that. I don't know how big it is going to be. I can find out. I think that they have all ready accepted their first class.

**EB: What about a dental school?**

TS: I think Ray Rawson, who is a Senator in the legislature, a dentist and teaches at the community college in Las Vegas, is pushing for that. I think that there is a fair amount of support. Like many professional schools the dentists are opposed. Just like our medical school many years ago, many doctors were opposed. Just like in law school there are many lawyers who say we all ready have too many lawyers. It is often the profession itself that has mixed feelings about developing a professional school in their environment.

**EB: They are self-limiting.**

TS: Yes. They say oh well, we need a good education program, we just don't want it in our backyard, send them to some other place. I don't have a lot of attorneys, who are friends, but I have a few and I have heard the same thing from them. I suspect that the dental society will have a lot of people who are opposed, "We don't need anymore dentists". I think that they are talking and have all ready started a small physical therapy program. It is inevitable that as Las Vegas grows, UNLV is going to grow, the whole system is growing. The state is 1.4 or 1.5 million now.

We are going to be two million people and instead of being one of the smallest states in the country we are going to be in the middle of the pack. I just think that it is inevitable.

**EB: These were interesting ideas and thoughts. We have no way of knowing how it is going to go.**

TS: No.

**EB: Let's digress here. You went over some of your transcripts and you said that you had added some thing's, notes about things that you missed. Do you want to do that now or shall we talk more about the medical school?**

TS: I think one of the problems that we are having with sort of an orderly conversation, is that in the last fifteen years, certainly from the time I resigned as the dean, sixteen or seventeen years ago, I have had many different jobs. I was doing a variety of things simultaneously. I was seeing patients in the Special Children's Clinic for a number of years. I was doing administration with the school as dean of students or dean of alumni affairs or helping Bob with other jobs. I was very active in the Board of Medical Examiners and I was teaching pediatrics and I was for a number of years teaching ethics and developing an ethics curriculum. I rarely had one single job that consumed all of my time. I had for years, three, four, or five different jobs, which suited me fine. I like that. I think as we review our tapes and go through this, if we do it chronologically, these various jobs will come in and come out over the course of the years.

**EB: That is why it has been difficult to do it chronologically.**

TS: Yes, it is. We are probably going to have to take periods of time. I have never had in the last fifteen years one job where I went to a place and focused my full attention on one thing. Even when I was the dean of students, although that was fairly demanding, I was still the secretary of the Board of Medical Examiners, I was still seeing some children and teaching pediatrics and

developing an ethics curriculum and teaching there. I never stopped teaching and only after my kidney transplant in 1987 did I stop seeing children at Special Children's. So we are going to probably have to, that is your job with my help, figure out how you are going to do all that when you write this. I think if we say well let's talk about a chapter in Special Children's Clinic, that is going to cross over into other things that I did and vice versa.

**EB: It is mostly what I want to do though is review the discussion we have had and expand on some of things that we were talking about. There were areas where I didn't want to interrupt your train of thought.**

TS: I appreciate that.

**EB: That is what I will be doing. So, let's end this now.**