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An Interview with Dr. Blair Hale

An Oral History Conducted by Emily Powers

Heart to Heart Oral History Project

Oral History Research Center at UNLV
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University of Nevada Las Vegas

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Produced by:

The Oral History Research Center at UNLV – University Libraries

Directory: Claytee D. White

Editor: Gloria Homol

Transcriber: Kristin Hicks

Interviewers: Emily Powers, Lisa Gioria-Acres, Claytee D. White

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Claytee D. White, Project Director
Director, Oral History Research Center
University of Nevada Las Vegas - University Libraries

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Preface

Dr. Blair Hale has been practicing dentistry in Las Vegas for over thirty years. He was born in Idaho in 1949, the third of four children born to Zendal McKay and Lenny Raymond Hale. His education includes semesters at BYU, El Camino City College, and a dental degree from Washington University.

Dr. Hale recounts his experiences as an undergraduate at Washington University in Missouri, living in a dorm situation and signing for government loans. He also examines his early days in Las Vegas and the ease with which he obtained bank loans to start his business back in 1976. At that time there were relatively few dentists practicing in Las Vegas, and when he was the dentist society president in 1985, he knew most dentists by name.

Blair explains his work with the Academy of LDS Dentists, which sends groups of dentists to Guatemala, Peru, Honduras, and the Dominican Republic to run week-long free clinics. The clinics not only treat the dental problems of the populace, but also serve as instructional seminars for local practitioners.

In addition to running a practice and doing charitable work outside the country, Dr. Hale also teaches at UNLV's dental clinic one day per week. He describes the changes in technology, technique, and materials over the years, and the quality education future dentists receive at UNLV. He also delineates the differences dental work can make in a patient's life, not just aesthetically but emotionally and physically as well.

Dr. Hale comments on the dynamics behind the large influx of dentists in the 90s, the future of health care in Las Vegas, and the impact of third-party carriers in the dental profession. He believes that dentistry is a wonderful profession and that students can receive an excellent education at any good dental school in the United States. His sons are contemplating following him into this field.

Good afternoon. This is Emily Powers. I'm here with Dr. Hale on June 16th. I can't believe it's already halfway over.

How are you doing today?

Well, thanks.

Good. Thank you for joining us. I just want to get started by asking a little bit about your background, where you were born and about your parents.

I was born in Idaho in 1949. My kids like to tease me that it was the first half of the last century. My dad was working for Idaho Farm Bureau and then moved in 1953 to Berkeley, California, to work for the California Farm Bureau. And then I lived there until age 14 and in L.A. until college. Then I attended college at BYU in Provo, Utah, and at El Camino City College in Glendale, California, for one semester, finished at BYU. My dental degree is from Washington University, in St. Louis, and I graduated from there in 1976. Both of my parents are from Idaho.

And what were your parents' names?

Zendal McKay Hale and Lenny Raymond Hale.

And how many siblings do you have?

I have an older brother and an older sister and a younger sister.

And what did your dad do for the farm bureau?

He worked in their accounting and comptroller position.

So work just took him to California?

Mostly financial. Yeah.

And what was California like when you arrived on the scene?

Well, I was just a kid. But we moved from Pocatello to the hills of Kensington, which is a community north of Berkeley, which was very much upscale from where we came from. And we moved down in a big potato truck from my mom's brother's farm. And they must have just rolled their eyes when they saw that truck roll up and she had four little kids under the age of seven. It was quite a deal for a family. We were the largest family on the block. And to move into that community -- it was to a very, very nice area, nice home. The school was right on our block. And that became an extension of our neighborhood play area and it was really a great place to grow up.

And you were there until age 14 and then you moved to L.A.?

Uh-huh. My dad took a position with Pennsylvania Life Insurance and we moved -- in Beverly Hills. So we moved to the area of Westwood, which was in west Los Angeles near the Santa Monica border.

What was it like going to high school there?

Wonderful. University High School was great. It was right near UCLA, which is where they took their name. The original name of the school was Harding High, but Harding had some problems in its administration. So they changed the name of the school to University High School. And that's where all four of us attended.

Was it at that point in time you thought about going into dentistry?

In our tenth grade year they had a course called Careers for ten weeks. And then the second ten weeks of the semester was driver's training. And in that Careers course they gave several tests for interest and aptitude and then we had to give a report. And since I had two or three friends whose dads were dentists, I decided that was something to consider. And I had done well in the interest and aptitude area. So I selected that for my report. And at University High School you had to rush for classes, which means you had to go stand in line to get the classes you wanted just like in college. And that was good training for college for one. And then, secondly, it gave us a chance to have a major that for me -- I was in science before. But when I decided on dentistry, I switched to liberal arts science, which allowed me to take things like speed-reading and art and some other classes that I thought might contribute to a dental education. So in tenth grade I got an early focus and an early head start. That helped.

That's great. A lot of high school students don't know what they're quite going to do.

So then you decided to go to BYU from there. And what was your college career like? What did you get your degree in?

My degree was in pre-dental zoology. If I had graduated in zoology and didn't get into dental school, I'd have been in trouble because I wasn't qualified to do much else. I actually did not know leaving BYU. I went through graduation and walked down the aisle for the diploma not knowing that my letter of acceptance was at my parents' home in California because they had been gone for a couple of weeks. And so I left BYU with an application to Scripps College of Oceanography and an application to BYU's MBA program. In case I didn't get in I was going to

consider other options. But I was accepted and that was great. I was on a waiting list for USC and it seems to me there were still two or three other schools that were considering me. But when Washington U accepted me and then they switched their program to a three-year program, that clinched it and I accepted that option and went to St. Louis.

I have some friends applying for dental school right now and I know it's highly competitive. Do you think that has always been there, that level of competition?

It's increased recently because there's just been such high interest in dentistry. I teach half a day a week at UNLV at the dental school. I don't know the number of applicants. I think it's approaching 3,000 applicants for the 75 positions that they have. They're able to pick the very highly qualified, so it's tough to get in.

I'll come back to that, teaching at UNLV, too. That'll tie everything together great.

It's fun.

Can you tell me about going to Washington University in Missouri and what your experience was?

Well, it was different for me because I, of course, knew no one there. I lived in the dormitory there. I moved back having contacted someone in the community there from our church that I hoped would be able to find me an apartment with some other students of my faith. And when I got there they were gone on vacation. So I just walked across the street and contacted the dorm. And they reminded me that they had had a place for me that I declined earlier. But they were able to find me a room and it worked out wonderfully. And I lived in that dorm for two years before I moved into an apartment with some friends.

In those days there was a high need for dentists. So the federal government was providing ample loan support. So as we walked in the first day to enroll the school, the very next table had all the applications for all the loans. So we just signed to enroll and signed for the loans and it was all kind of prearranged. During the time I was there, the cost of tuition doubled during those three years. And so I found the need to get some additional small loans to finish up school. But the bulk of the loans were prearranged.

Do you remember what the cost was to get a degree in dentistry?

Well, my total debt on graduating was just under 30,000, which today wouldn't even cover one

year. But that was dramatic for me then. In 1976, that was a lot of money. And, yet, coming to Las Vegas as a brand-new dentist I just had a couple hundred dollars in the bank and I walked into one of the banks here locally and I said I'm a new dentist, I start work on Monday, I need a loan to have some money to live on for the next little while, and they said sign here. One of the other banks would not do that. I won't say which banks. But the bank that did sign me up was called Bank of Nevada, which since that time -- and we've had that same account since 1976. So I've been loyal to that even though they've changed names five times. It's now Wells Fargo, but it started out as Bank of Nevada. And they were very good to me and I've stayed with them all that time.

So there were a few banks where you arrived here?

There was four or five. I remember them and Valley Bank and two or three others.

I was going to ask about the dorms because I know some doctors and nurses were housed with other nurses and doctoral students. Was it the same?

It was. It turned out to be a real positive part. It was different for me leaving the BYU environment, which was very structured and very strict, to a situation where men and women shared the same dorm. The first three floors were women and then the next four were men. And they had rules as far as behaving yourself. But it really turned out to be a very positive thing. We had several really great friends from those years. We did a lot of volleyball. They had a basketball court in the dorm and we played a lot of volleyball those first few months. And it was just a great group of friends. We were all displaced from where we came from. The dorm included medical school students, dental students, physical therapy and occupational therapy students. And so that's why it gave us a nice blend of women and men together.

Today the number of women applicants in both medical and dental programs is much, much higher. Our classes at UNLV now are nearly half women. In Central and South America where I go to do service projects, there are 90-plus percent women. And in ancient countries they're almost entirely women. It's not a profession of men as it has been in the United States. But that's changing very rapidly.

I don't know if you're going to ask me about this later, but I'll mention it now so we can bring it up. One of those challenges -- I mean there's only a certain number of positions available

in dental schools. And I can tell you that the women applicants are wonderful. They're absolutely at least as qualified as the men. The challenge that I think we will face in the future is that with a number of the baby boom generation retiring, the numbers in school now are not sufficient to replace that number. And with an increase in population we will see a time when I believe we're going to have a shortage again. And part of that reason is because on average in the past female dentists have not practiced as many total years as have male dentists. They may practice as long in passage of time, but maybe not as many days per week. So the total number of practicing dentists per capita will decrease partially because of that. Again, I don't mean anything negative towards them because they're among my favorite students and they're excellent dentists. But I think that may be a factor in the future. And we may find that impacts upon the providing of dental services. Certainly, in Las Vegas right now -- and you'll probably get to this later as well -- there is certainly an oversupply of dentists. And we'll talk about that. But I believe market forces will eventually come to bear and things will even out.

That's very interesting. And I'd like to touch on your work in Central and South America as well.

I was going to ask what Las Vegas looked like when you arrived on scene. How many dentists?

I moved here in 1976 as I said. I believe there were fewer than 300 practicing dentists at the time. My license number is 883. Dr. Downey, who is my partner and who came in nine years ago, has the license number 3466. And I know that in the last five or six years we've had over 900 dentists licensed in Nevada just in that period of time since the changes of licensure by credential entrance into the western region with five years retroactive and now the impending national board that's coming. I think we will see, again, another influx of dentists to Las Vegas even though we're going to talk about what that's done to the market already. I think it's not the same place to practice it used to be because of the number of oversupply in my opinion of dentists that are here now.

I was the dentist society president in 1985 for the Clark County Dental Society, which is now the Southern Nevada Dental Society. And at the time I knew almost every dentist's name. Though I wasn't personally acquainted with every one of them, I at least was familiar with their

names. Now there's so many that I've never even heard of, it's hard to keep track.

And what were the objectives of your organization?

Of the dental society? Multiple. We had insurance programs available, continuing education programs, the social. Among the best benefits of being a member of the American Dental Association, the Nevada Dental Association and the Southern Nevada Dental Society are the peer-review process, which in my opinion is one of the best things around. It's not for specifically the dentists, but especially for the patients. I think it's a wonderful service and some of those other things I mentioned. We have a great continuing education program locally. I don't make as many of the dinner meetings as I used to simply because of our commitments. But there's a great value to organized dentistry -- certification of dental materials, educational programs, fluoridation of water, things like that that are certainly a major benefit to the public.

Do you know how long the dental society has been in existence?

Many years.

Long before you took office.

Long before me. I'm estimating back to the 20s. Well, that's not likely here in Las Vegas because Las Vegas wasn't established I don't think until '31 -- or until 1906 I think was the year that Las Vegas was established. But when gaming became legal in 1931, it really started to boom. And I know that there have been some dental society organizations at least back into the 40s.

Wow. I would like to talk a little bit about your work in Central and South America, how you got involved with that.

I belong to an organization called the Academy of LDS Dentists, which is LDS, meaning the church of Jesus Christ of Latter Day Saints. I'm a Mormon. That's the nickname for our church. But the LDS Church is the nickname that's more appropriate. That is also an organization that meets together annually for continuing education. And at those annual meetings there are representatives of 30 or more different service organizations that are looking for dental volunteers. Different groups called (EUDA) and Charity Anywhere and Mothers Without Borders and Operation Smile and The Smile Train, organizations that literally go all over the world doing dental service.

I served a mission for our church in Mexico in 1969 to '71. So I became relatively fluent

in Spanish then. I'm not as good now as I was then, but I still remember enough to get along okay. And so each of the service trips I've done so far have been in Central and South America and the Caribbean. We started in Peru going with the academy to a dental school in Lima where it's a public university and the students have to provide their own supplies and some of their own equipment. And they're very, very poor. The school was very under funded, so the academy adopted that university and sent a full-time missionary to live there with his wife for 18 months. He was fluent in Spanish, as was his wife. And they taught in the dental school and established a six-chair dental clinic at world-class standards in the dental school. Teams have gone down, three or four a year, to teach and assist in that university. Those programs have expanded to include a dental school in Honduras and now a dental school in Ghana, another one in Thailand, another one in Mongolia and -- I'm not sure everywhere else. But the trips we've gone on are to Peru twice, to Ecuador serving with a group called Charity Anywhere Foundation out to the Galapagos Islands of Ecuador. We've been to Honduras twice and to the Dominican Republic. And in September we go to Guatemala.

Wow. How long have you been involved with them?

Six years is when I started the international service trips. I've gone with two or three different groups of people, two or three different organizations. But they're always great people to go with.

And how many people do you treat on each visit typically?

In the dental school in Lima they would put out a public advertisement on the radio and with posters. So we'd literally have 5 or 600 that would line up each morning. And we would treat during the week I'm going to estimate 16 or 1800 in that week with a full team. Some of those serving during that free week would include dental students. And part of our purpose there was to teach. So those of us who could explain things in Spanish would have four or five students around us. Then we would explain. Sometimes we would get up and a student would sit down and we would supervise their operating procedures as well, which is really the goal. Some of us were just there to do as much as we could as fast as we could, and then there was also a teaching group. We were assigned to go a little slower and take our time and teach and show, explain. And our primary purpose was not to do quite as many patients per day, but rather to help raise the level of understanding of the students.

Initially, the native faculty members were non-receptive. But as the week would progress they would get more and more interested and ask more and more questions. If they felt like we were there saying we're the best and we know more than you do, that would not have gone across well. But because we were truly there for everyone's benefit, then it didn't take long before not only were they working with us shoulder to shoulder, but sometimes they would request that we would do treatment on them, which has happened every trip. So towards about Thursday afternoon they're saying, you know, Doctor, I've got this problem. And before you know it on Friday morning half of the patients are faculty. And it's been very rewarding because when we've returned to the same location again a second year, some of those friendships are already established. And it's been very rewarding.

I was going to ask if you kept in touch with a lot of the people.

Not much by intent on my part. I don't want to establish too much of a relationship where they become so confident that they are looking for financial assistance or someone to sponsor them to come to this country. My personal goal would be that they would remain in their country and help to lift up their people. And that's truly where their needs are. So I would encourage that wherever possible. But they're wonderful people.

On this trip to Honduras just this time we had a team of five Hondurans that worked with us all week that were not of our faith nor of our group, but they're people that had established relationships and they just came and helped with us. They're wonderful people. They really are great. And they can be happy with so much less than we think we have to have. And people can be really wonderfully happy once -- if their lives are centered on good principles, then they can be happy without much financial aid. That's part of why what we do is so rewarding. It's so much more fun to just go give it away than it is to do it here.

Yeah. And thinking of the long term.

And what we do here I mean is what supports us. That's what makes it possible for us to do that. The support of our patients is what makes those trips possible. And I'm grateful to the people that support us here because without that we couldn't do what we do.

I've seen the pictures on the walls around the office.

That helps people know who we are. It's fun.

Yeah. It gives a good insight.

I was going to ask, too, about your teaching at UNLV, when you started teaching classes there and what you teach?

I think I'm finishing up my fourth year. It might be my fifth. I think it's my fourth. Yes, I think I'm finishing my fourth year there. I had an interest in the school when it was first established, but I didn't get in right away. I came in once the clinic was in its second year of establishment when the clinic was fully functional in its current location. It took them awhile to really get everything established when the school was so new. But the current facility is among the best in the world, a really great facility, great equipment, a dedicated team of instructors and professors.

Right now it's a tough year because with the state budget being low everywhere and with the cuts in education they would like to hire some more people full time that their budget doesn't permit. There's at least one fellow that needs to be there in my opinion -- he would be a great instructor -- but they can't hire anybody right now with the cutbacks they've had. So he's moving to Oregon instead. It's really too bad. They're going to lose a great asset there.

But I decided I wanted to do it and I wanted to do it just part time, either one half to one day a week. And it turned out that one half-day a week worked out well for me and for the school. I started first on Thursdays the first year and then moved to Tuesdays. So I work a half-day on Tuesday in the office and then I go over there and work in the clinic from one to five. And I requested a clinical position rather than in the sim lab upstairs, the simulation lab, because I wanted to work directly with patients and with the students in clinical treatment. And the school is set up so that in a row of eight chairs you might have two doing an exam and one doing a denture and one doing a crown and one doing a filling of one kind or another. And so it keeps it very interesting because you never know what you're going to see when you walk in there. So it's fun.

So what are the main differences between the clinic and the lab?

Well, the lab is just some plastic teeth and mannequins and sometimes just on hand-held bottles, which, of course, is essential. You have to practice as many times as possible on plastic before you sit down with a patient. And they gain a basic confidence and competence in that pre-clinic level in the first two years before they get into the clinic. Especially now they're well prepared by

the time they come -- they're not completely confident. It's interesting to see the third-years when they first hit the clinic there. They're not really sure. They don't have their sea legs yet. So you can imagine what it would be like the first year for the first voyage for a seaman if he hasn't been used to being at sea and walking on deck. That's kind of what the clinic's like where they don't have their sea legs yet. But it doesn't take long because they are well trained.

It's a well-accredited school. It's highly regarded. They've done very well in comparison to other schools even though they're a relatively new school. They've had instructors come from many different backgrounds, military many of them, which was the case when I was in dental school as well, but also from other universities that came for this new teaching opportunity and to a place like Las Vegas. They got a large number of faculty from other universities that wanted to teach here. And that provided an environment of openness and of receptiveness of different philosophies whereas in some universities that have been well established for a hundred years, you know, this is the way we do it because this is the way we do it. Dentistry is so rapidly changing and there are so many new innovations of treatment and materials that it requires an openness and a willingness to grow with the times. And that's been mostly true at UNLV, not entirely, but mostly. So it's been a positive environment.

Do you think there's room, then, for new technology or new teaching methods?

They've got the top technology. They really do. I mean partly because they're a new school. But they were also well funded initially and even since. And so I mean there are electronics everywhere, computers everywhere and the digital radiography, for example, digital X rays and other systems that are exceptional. That brings its own challenges. Whenever you have a system dependent completely on a computer, when the computer isn't working, well, you have nothing. And that's kind of where they are sometimes. If Salud, which is the name of the software program, isn't working well -- and you figure you've got four clinics -- five -- six clinics running with 35 students each or, perhaps, just 20 students each, that's still a lot of input going on all at the same time. And that's a tremendous load on any software program. But it's designed for multiple users and it's -- it works pretty well most of the time. Students wouldn't agree with that. They hate it. But having been out in practice and seeing many software programs out in practice, there's no perfect system. And, certainly, what we use here wouldn't work there because it wouldn't keep

up in any way, shape or form. But it works. And with some good staff -- you have to work through the system.

Do you find that most of the students are from Las Vegas?

No. Most are not. Many are from Nevada. Part of the mandate for the dental school is to accept Nevada residents and make that part of what they're able to do to enhance the educational possibilities for Nevada residents. But many come from surrounding states -- California, Utah, not so many from Arizona recently, though we had a few before because Arizona has one and now I've heard maybe a second new school coming to Arizona. California already has five schools. Oregon and Washington each have one. Utah is contemplating a dental school. Colorado has one. Texas has two or three. So there are multiple opportunities for education in our surrounding area.

Do you think that they're all on similar par or does each of them operate differently?

Dental schools? Because they are all accredited by the American Dental Association, they're on a similar par. You can get an excellent education from any dental school that's accredited in the U.S. I'm sure some are more highly regarded in some area or another. And some have a tremendous education and reputation. UNLV is new on the horizon. So it doesn't have as established a reputation. But it's very clear that there is still a high regard when you look at the number of applicants and the quality of applicants that want to come here.

You said that there are approximately 3,000 students --

It seems to me that's what I've heard. I think it was 2700 last year and it's even more this year. And I know there are only 75 positions open. Now, I'm talking about the general dental education. I'm not talking about the specialty programs. I have no information. I know that they're starting a pediatric dentistry program this fall. There's already an ortho program in place. And I know there's contemplation for additional graduation programs. But I don't know of any beginning immediately. I think there are plans eventually for an endodontic and, perhaps, surgery. I don't know.

Can you talk about how the technology has changed over the years since you first arrived on scene and what it looks like today?

It's hard to recognize it anymore. Dental chairs lay back and go up and down. That's pretty basic. And while they're better and more comfortable than they ever were, that's pretty basic. And the

ones that we use in Honduras, for example, you wouldn't find in this country. They were donated down there because they don't -- the one I used a month ago in San Pedro Sula is the kind that we may have had in dental school. So that's not really fancy and there's not a big change.

Dental hand pieces have improved. They had to be improved dramatically because with the advent of AIDS and other diseases, hepatitis becoming more in the forefront, with the constant sterilization of hand pieces, they had to improve dramatically and they have. They're still noisy, but that has improved.

Dental restorative materials and techniques is what has changed dramatically. The advent of composite resin bonding and the improvement of techniques and materials in that regard has changed the face of dentistry more than any other single feature. With that came the possibility to do bonded veneers, which in a very conservative way could dramatically change aesthetics. And that brought on a whole new revolution of anter-aesthetic dentistry, though some feel that the pendulum has swung too far in that direction. Dentists as a general group in the opinion of some lost some focus on the importance of preserving natural dentition. But that's driven by the public and by their desire to look youthful and have whiter and whiter teeth that has created even new shade guides that are whiter than natural teeth. You have to go whiter and whiter for all the bleached shades that are available. They didn't even make materials in those shades ten years ago. But now instead of just a shade one, they now have zero and a double zero and a triple zero to accommodate the whiter and whiter shades that are showing up because patients overbleach. So, yeah, that has changed dramatically.

And along with that, if it's used appropriately with integrity, you really can change someone's life. We've seen it personally with people who have become dramatically more confident and more attractive, not just in their own eyes. But it's enhanced careers. It's changed people's lives in a real way. And that's a lot of what we do also in Central and South America. You get someone with either missing teeth or teeth that are broken off and decayed and they walk out of there with a smile. It's wonderful. It's fun.

What does the average patient look like here and what are the most common procedures?

The nature of our practice is -- let me speak specifically to myself rather than Dr. Downey because being newer and younger, some of his patients are younger. He does still treat children. I decided

15 years or so ago not to treat children anymore simply because I wanted to continue to like children. And I found that the more I treated them, the less I enjoyed them. So I decided about that time to not treat young children anymore. And he still does as long as they're cooperative. We still utilize the services of pediatric dentists in the community.

Many of our patients have been with me for over 30 years and some are relatively new. But those who have been here with us for many years -- one today just mentioned this morning that she's been here approximately 25 years. We've been in this building for 21 and she was on West Sahara with us before we moved over here. So we know it's been over that long. And another patient also this morning, the last one before lunch, I started with him in 1977, so it's been a long time. And they're great folks. I do have a patient base that's getting older. We watch the obits because some of our patients are there every now and then. But their kids and in some cases even their grandkids are now patients. So we have families that are two or three generational in the practice.

Most of my patients are in the 30 to 60 range. Most of them are reasonably healthy periodontally and dentally if they've been in the practice for very long. They're constantly referring friends, though. And so we certainly have ample opportunity for new challenges because there are no two dental patients the same, period. There just aren't. That's one of the blessings of dentistry -- it's rarely boring. When you work with people and their attitudes and their preconceived fears and excitement about dentistry and what their expectations, it's always -- you never know exactly what you're going to get.

Are there any cases that stick out in your mind that were particularly challenging or rare?

Yeah. We've had patients that have been involved with methamphetamines. And when that's the case they have dramatic destruction of their den tissue. There are other cases where simply from decay or negligent they had a smile that they were completely unhappy with, and when we're able to make a difference, that's really fun. There are also cases where we're not making a dramatic aesthetic difference, but just getting people healthy again either periodontally from periodontal infections or from decayed and infected teeth. You get them healthy again. Their health improves, their appearance and energy improves even if you don't talk about purely aesthetic issues. I'm saying that just their general health can be impacted in a real way.

I've only had one patient that in a dramatic way -- she had some dental materials to which she was allergic. There are certain numbers of patients, especially women, that are highly allergic to nickel and beryllium, which are two metals used in non-precious restorations such as crowns. And she had a bunch of crowns placed that were of a material that she was, I believe, allergic to because her gum tissue around each of those crowns was highly inflamed. And we removed the crowns, placed a temporary on, and when she came back a week later to do the other side, all the gums were healed. And she went from a very emotional, sobbing, unhealthy, emotional person to a happy smiling person that her husband fell in love with again. He was ready to leave her. She's not a patient here anymore, but her grandkids are. And so we still get to hear about how well she's doing.

That's good. Who are some of the dentists that you've worked with over the years and are they still in practice?

When I first came to town I associated with Dr. Ray Rawson and Dr. Neal Glover. Ray was my brother-in-law's brother-in-law, which is the connection that brought me here. And we have maintained that relationship. Ray's family is still here in our practice because he only practices part time now. He was instrumental in the establishing of both the dental hygiene program at what used to be Clark County Community College, now called the College of Southern Nevada. Is that what they call it?

Yeah. CSN I think now.

CSN. And also the dental school. Former state senator. So he's been a good friend and a great support for me for all those years.

And, yes, there are many in the community who were long-term then. And, surprisingly, some of them are still practicing now. Another one that comes to mind that's been here it seems like forever was Dr. Jim Jones, who has been around for many, many, years, a former university regent. There are many others.

I know I went to Dr. Meyer Henry. And he had been working on my grandparents for a long time.

Dr. Meyer Henry is still around. I'm not -- I think maybe. He's been very active in the dental society both state and local and even national on different committees. I've known Dr. Meyer

Henry for 31 years.

You were going to kind of discuss a little bit more the influx of dentists in town and how you think that will impact the future.

Well, there was a perceived need locally because dentistry was doing very well here in the 90s. And in my opinion there was no shortage for those who desire dentistry. But there was a perceived shortage in certain neighborhoods within Clark County where the concentration of dentists did not meet the need of the local population. That was the excuse. You want opinion or do you want fact? I believe that that was a very localized concern, not a great overwhelming issue however. But the Resort Association and Culinary and other organizations used that fact to push through the assembly a set of bills that allowed licensure by credential in my opinion largely in selfish means so that they could hire dentists at less money to work in their own clinics. And that caused a very large influx supposedly to go to underserved areas out in the rural counties of Nevada and in underserved areas. Of the over 900 that were licensed I believe over 600 came to Las Vegas, five went to rural counties and I doubt if very many of those came to underserved areas because if you drive through Summerlin there's not just one dentist on every corner, there's four dentists on every corner. And I know that when a friend of mine did a survey that he went from his office west towards Summerlin and in a five-square-mile area had 200 dentists in that area. So that's clearly where everyone came. And that's why with that large influx there have been many multiple chair clinics that have closed, that have gone bankrupt. Several long-established practicing dentists in Las Vegas have gone bankrupt or sold their practices in a much undervalued circumstance and just quit and walked away because they could no longer provide a living for their families here. I personally know many who have either sold their practices for an undervalued amount and quit or who just walked away or who went to work for one of the clinics because their very happy established practice with a good patient base just melted away. And that's one of the sadnesses because people who have dedicated their lives to service here have really in my opinion been hurt in a very selfish means because of what's taken place here.

Market forces will come to bear. People will get the word that Las Vegas is not the dream place that everyone thought it might be. And there are many other places where dentistry is still

very active. But for starting a new practice here, it would be very difficult at this time. I know some who have tried and have not done well. Others who have been very innovative and open with their marketing and so on have done well. So it's still possible to do well. It's just much more difficult than it used to be. When graduates ask me if this is the right place to come now, some have come and they've been very happy. Others have struggled and others have gone elsewhere because they didn't find the opportunities that they thought they would find here in Las Vegas.

So I don't believe that the dental school has been a negative impact on the community in that regard. Seventy-five graduates a year, maybe half of which would stay, that's not going to hurt anything. And it still is in my opinion a very positive opportunity for community interaction with serving dentists, practicing dentists, teaching part time in the dental school. I think that's a huge resource. And I referred one of my friends just yesterday, again, to work at the dental school because I believe it's valuable as a way to give back -- or a way to give forward if you like that philosophy -- to the profession because I think that's valuable.

Groups that have come in with large clinics, multiple-chair doctor clinics managed by someone other than dentists with decisions made by people other than dentists has been a detriment to the profession and in my opinion has hurt dentistry.

And you mentioned rural Nevada. Is that still a challenge to serve that population?

I'm sure it is. I know that there are more dentists in Pahrump than there used to be, but still not -- I mean they've got 38,000 people out there. And I don't know how many dentists are out there, but not very many. And I know a couple that they've got out there and have tried to make a living, but they haven't been busy enough. People don't want to come as much as they ought to. I mean if everyone came like they should, we'd all be busier than we are. But a lot of people still avoid dentistry even with all the wonderful advances that there are.

And last question because you have a patient coming soon: What do you see the future of health care in Las Vegas looking like, especially regarding dental care?

Specific to dental care, as I said earlier I think market forces will come to play and that there will be a leveling of the number of new dentists coming in, hopefully balanced with the number of available patients. Nevada is still growing. We have over two million now in Clark County.

And, certainly, there will eventually be room again for more dentists. There's always room at the top if you do your best to treat people well and establish good relationships. I think that's the main reason we've survived. It's not that -- I mean there's no such thing as a perfect dentist. But our relationships with people I believe is why we have survived as well as we have. But it's not been easy. Certainly, we have had a decline in the last few years over what we were producing ten years ago. And with fees having increased somewhat, you would think that we would be producing and ending up with a net significantly higher than in the past. But that's not the case.

So I'm encouraged. I'm positive. Dentistry is a wonderful profession and it serves in a tremendous way both locally and internationally. And I've got a son in dental school right now here at UNLV and another one that's contemplating it. So I'm not discouraging that at all. I think there's plenty of opportunity for a quality of life and service and everything else that dentistry incorporates. So in Las Vegas, sure, I think it can be wonderful. I think the health care here can be as good as anywhere in the world.

I mentioned that you can get a great education in any good dental school. I think you can have a great practice anywhere in the world. I know people in Quito, Ecuador, that have world-class dental practices and then they also have a cheap clinic that they run for those who can't afford the world-class dentistry. And it's almost a two-tiered thing even within his own city. I don't think we should have that. I think we should have one tier. I think there should be a high level of dentistry for everyone. And Las Vegas is capable of that.

From a medical perspective I think when medicine and medical practitioners came under the control of third-party carriers and so on we lost something out of medicine and we've lost something out of dentistry as more and more control shifts out of the doctor-patient relationship. However, insurance has also provided for coverage and for care of health in medicine and in dentistry in ways that may not have happened without it. So I'm not anti-insurance. I just don't believe that a third-party carrier should make decisions of quality of care.

And I wanted to add we always love the birthday cards. That's a really nice personal touch that you don't always find.

It's part of the relationship. It is. So are the cookies. So is the water. And I hope the people -- because the single thing that I get complimented on most often is our team. And the second thing

is the comfort of our anesthetic technique. We try really hard to maintain a high level of patient comfort. That's one way dentistry has improved. It's much easier to receive dental treatment than it used to be when I was a kid. It just is a lot better and everything's better. But techniques and materials have improved enough that we are happy with what we do. I'm glad you're happy.

Yes, we are. Well, thank you so much for your time.

You bet.