An Interview with Dr. Darville Knowles

An Oral History Conducted by Lisa Gioia-Acres

Heart to Heart Oral History Project

Oral History Research Center at UNLV
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All transcripts received minimal editing that included the elimination of fragments, false starts and repetitions in order to enhance the researcher's understanding of the material. All measures have been taken to preserve the style and language of the narrator. In several cases, photographic images accompany the collection and have been included in the bound edition of the interview.

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Preface

Dr. Darville Knowles was born in Miami, Florida, in 1948. His mother and father were schoolteachers in Dade County. After their divorce in 1962, Darville's mother relocated to Las Vegas with her two sons and took a teaching position here.

Dr. Knowles comments on the differences between Miami and Las Vegas as far as segregation regarding housing, education, and job opportunities. He also mentions that his grandmother had emigrated from the Bahamas and that she impressed on them to make their own situation and community better. He recalls that track and field athletics were desegregated before the contact sports, such as football and basketball.

Darville and his brother Michael (a lawyer in Miami) both graduated from college. Darville attended Howard University and Stanford University Medical School and completed his internship at the Jewish Hospital of St. Louis.

Dan Wilkes, a family friend and pathologist in Las Vegas, convinced Darville to look at Las Vegas for job opportunities. After trying St. Louis, Atlanta, Houston, and Los Angeles, Dr. Knowles finally settled in Las Vegas in 1982 and "grew' his practice at Sunrise Hospital.

Dr. Knowles comments on health problems in Las Vegas related to eating choices, lack of exercise, and poor air quality. He describes how HMOs have changed the practice of medicine and gives his opinions on how health care should be addressed by Congress. He also discusses the future of medicine, the research he was involved in, and the AIDS crisis.

Dr. Knowles talks about how medicine has changed since 1982, the large number of respiratory problems that he treats, and comments further on HMOs and the future of medicine in Las Vegas. He also shares that he found time to author a murder mystery and has plans to write more.

This is Lisa Gioia-Acres. Today is October 9th, 2008. I am here conducting an oral history interview with Dr. Darville Knowles, K-N-O-W-L-E-S, for the oral history department at UNLV and the Heart to Heart oral history project.

Hi, Dr. Knowles.

Good afternoon.

How are you today?

Fine, thank you.

Thank you so much for inviting me to the office. A lot of times I go to people's home. But now I'm here at your place of work and that's terrific.

Wonderful.

Prior to getting your information about your life as a physician here in Las Vegas, I wondered if you'd take a few minutes of your time to talk about your early life? Give me some specifics. Who was mom? Who was dad? What were their occupations? How many brothers and sisters and things like that? And where were you born?

I'm Dr. Knowles, M.D. I was born in Miami, Florida, in 1948. My mom was a schoolteacher in the district of Miami, Florida, which is Dade County. My dad was also a schoolteacher in the same district, Dade County in Miami, Florida. And I have one brother, a younger brother. He's five years younger than I am. And he's a lawyer in Miami, Florida. We have no sisters.

The reason I came to Las Vegas is my mom and dad got divorced in 1961-62, and my mother said she was looking for better opportunities. We lived in Florida, which was strictly segregated at the time. And because of the unusual situation where Florida did not admit black students to their graduate programs, such as University of Miami, University of Florida, Florida State, the state got around some of those restrictions by stating that any black person who wanted to get an advanced degree such as a master's degree, if they got accepted to a school outside the state of Florida, then the state of Florida would pay for it. So, therefore, my mom and dad both got their master's degrees at New York University. I traveled to New York when they were students when I was younger. My grandfather happened to live in New York, also. So after my mom and dad got divorced, she looked for the place where she thought had the most opportunities. At that time it was either Anchorage, Alaska or Las Vegas, Nevada. So she said well --

Cold or hot.

That's right. She said I think I could deal with the heat a little better in Las Vegas than the cold in Anchorage, Alaska, and so she made some inquiries. Actually, the city of Las Vegas needed schoolteachers at the time. They didn't have any teachers who had master's degrees. And she came to Las Vegas and did her interview and so forth and they accepted her into the school system.

The story gets even more interesting because the school system recruited us. We thought we were leaving the segregated south to be in the west, but when we came to Las Vegas, no one would rent us an apartment. You couldn't live anywhere in Las Vegas if you were black, other than in West Las Vegas. And so we went around and looked at apartments near the school and we looked at places all over Las Vegas, which was fairly small at that time. And they did not have any apartments for rent on the West Side. So we actually lived in a motel for about a week. Then she complained to the school board that they recruited her, brought her out here, and now we can't have a place to live. That's when we first met Hank Greenspun, who was the editor of the Las Vegas Sun. He ran our story in an editorial -- I wish I had had the foresight to keep one of the papers -- and the headline read, "School recruits teacher and no one will rent her and her two sons a place to live." That ran in the paper for a while, and still no one rented us a place until we looked on the West Side. There weren't any apartments and you had to know someone or someone had to move out of a house and so on. So we lived with a family that I still keep in touch with and, in fact, they are my patients now. We really thought of the family as our Godparents. And their kids are my God-kids.

Is it a white family?

Black. No white families lived on the West Side. When I say west, when you're talking about west now, we're talking about true west, which means west of Decatur. But in the early days of Las Vegas, West Side would actually geographically be north. Why they called it west was because it was west of the city, but it's not actually west. It's not North Las Vegas, but it's between Las Vegas and North Las Vegas. But that was called the West Side.

So we lived with those people until a house came up for rent. We moved in with them and the school board did reimburse us for our expenses at the motel for the week we had to stay there.

And then my mom started teaching in the school system here.

What year did you arrive in Vegas?

1962.

So your family was shocked to find that there were still social issues going on that would prevent you from upward mobility.

Oh, absolutely. Absolutely. We just had no idea that Las Vegas was totally segregated. The schools were segregated. Housing was segregated. Entertainment was segregated.

I'm fascinated with this part and we're going to pick this up again. But can you go back and talk about your childhood? What impressions did you have growing up and what kind of experiences did you have as a black child in Florida?

In Florida? Well, the thing is Florida was totally segregated. Okay. They had all-black high schools. But because the population of Florida was fairly large -- I think as I remember there were six black high schools -- all the teachers were black. All the administrators were, also. And the city was segregated, but it was a little different in that you had a huge influence of Jewish people from New York who would either winter in Miami or move there to retire in Miami. So the city wasn't completely southern. It was southern in its location, but not southern so much in terms of everyday interactions. You could go to most stores in downtown. You could shop in almost all the stores.

Miami Beach was a different story, even though Miami Beach was predominately Jewish at the time. Miami Beach has a totally different history in that my grandmother, who was a schoolteacher in the Bahamas and then immigrated to the United States, didn't have a certificate to teach here. So she worked as a housekeeper in Miami Beach. She often laughed because blacks were not allowed free access to Miami Beach except if you worked there. She always thought it was ironic because at the time -- maybe it was 50 percent Jewish and 50 percent white in Miami Beach. And she had come to the States I think in the early 20s. And she said at that time Jewish people were not allowed on Miami Beach. But what Jewish people did was buy property either under their name, which was often changed to an Anglo-American name, or they would have friends of theirs buy the property and then sell it to them. So that's how they got a foothold in Miami Beach and that type of thing.

But I can't say I liked Miami because it was very limited. The only universities you could go to when I was matriculating were the black universities, which were good schools. And the year I graduated was the first time that white schools -- which was 1965 from high school and that was the first year that white recruiters actually came to our high school to recruit kids to go to University of Florida and University of Miami. I knew I always wanted to become a physician. When I was in high school we had speakers come from the University of Miami to give programs to show students what medical residents did, and my friends and I that were interested in science did those things. I really don't think the residents knew that no matter what we did at that time we couldn't go to the University of Miami, although they had a program for black students to observe the residents making their rounds. My aunt was a head nurse at the university hospital, which is interesting, too. So, obviously, they hired black nurses, but no medical students. And blacks could go to the hospital, which was Miami -- what was the name of the hospital? -- Jackson Memorial Hospital.

I think the hospitals were desegregated shortly after I was born in the early 50s because I was born in a black hospital, which was Christian Hospital. But my brother, five years later, was born at Mount Sinai Hospital in Miami Beach. So I think in terms of the hospitals and pediatricians I remember my brother having -- sometimes we'd have a black pediatrician and sometimes we'd have a -- so the medical profession in terms of who would be accepted as patients, you could go to any doctor or any hospital, but you couldn't get the training.

I was offered a scholarship to University of Florida in 1965, but I decided to go to a black undergraduate university. So I went to Howard University at that time.

And where is Howard?

That's in Washington, D.C. So let's see. What else?

What was the household attitude? How did your parents approach that social condition back then and how did they discuss it with you and your brother?

That's an interesting question. My grandmother -- my father's parents -- came from the Bahamas, but he was actually born in the States, and my mother emigrated from the Bahamas at an early age, so I think we had a really different outlook on it. My grandmother always instilled in us that you just make your community better. My grandmother really wasn't a pioneer of integration.

She just wasn't. She said if you want to make it in any society or America, you just make your own situation better. And that's what she always told us to do. She never understood it or never -- the things she didn't like were that you were denied the opportunity. But she didn't see the need where you would have to patronize a white store or grocery store or pharmacy.

Or demand access to?

She thought you should have the access to it, but she didn't think that other than just a legal way of getting it that -- protests and marches, she just said, well, I don't understand why you're protesting because the communities at that time in the 60s in Florida were fairly self-contained. You had black doctors. You had black police officers. You had black lawyers. You had black pharmacists. You had black movie theaters.

So there were opportunities for both.

Right.

Maybe different than in other communities where there were no similar opportunities.

Right. Oh, no, no. And before my dad became a schoolteacher, he owned a grocery store and that type of thing. So everything that you needed was accessible.

But the thing that was a problem is that white schools were funded better than black schools. And I remember one time going to a meeting where -- I had to be in maybe 10th or 11th grade. And they had a lot of the parents there and they were talking to the school board. They showed glaring examples of where the white schools had more equipment for the chemistry class. The biggest example that was evident, because you didn't know how many microscopes one school compared to the others, was that all the white schools got classical instruments to play. I'll never forget that. They got violins and cellos and that type of thing. And none of the black schools had any violins and no violin instructors. So they said, well, that's not fair. Sometimes we would get books and you could see where the other schools had the books first. They would say, "Property of North Miami High School." After the books were outdated, then we would get them, so that was quite an issue.

They didn't desegregate the schools until about three or four years later, but they desegregated some of the athletics, like track and field. They didn't desegregate football, baseball, basketball, but for some reason track and field. I guess because those are non-contact sports

because you didn't have to touch the other person. You could do that and you wouldn't be aggressive and that type of thing. So they integrated track and field in I think my junior year in school. I think in '64. And we were happy because our school won the state meet. It was really interesting because on the news they would have high school sports. And, of course, the black schools were never mentioned. In the audience -- I mean you're sitting in the bleachers, you know, you're all kids, teenagers and things like that -- and we were sitting up there with the white kids. There wasn't any animosity, really. And the white kids were just astonished. They said, gee, you guys won the track meet and we never even heard of your high school. We didn't even know your high school existed. And it wasn't like we were a small high school. There were over 2,000 people at my high school. There were almost 800 people in my graduating class.

That's big.

That's a big high school. And they thought it was just absolutely unbelievable. They said we never got any sports of you guys, blah, blah, blah. So we didn't even know you had good athletes at your school. We absolutely didn't know you had a high school.

And then I remember I played in the band. They used to have band camps. Then they started integrating the band camps. They used to have Red Cross Camps. And they integrated those, too. So anyway, where were we? Okay. We were in high school.

Did you play sports?

No. I was in the band.

Did your parents instill in you at an early age that you would be going to college and getting a higher education?

That was pretty much a no-brainer. I mean we didn't even think about that.

What grade levels did your parents teach?

My mom initially started with elementary school. She came out here and was elementary school, then Special Ed and learning disabled and high school. She taught at Basic High School. My dad started in elementary school.

I mean it's pretty interesting coming from a segregated society or whatever in Miami. All of my high school friends, our little circle, we just didn't even think about it. You know, after high school you go to college, end of story. And all of them did. We're really proud of our Class of

'65. We just had a reunion. We had lots of doctors and dentists. In fact, one of the graduates of my class, one of my classmates, he's the mayor of Tallahassee. So quite a lot of inroads were made by that class because it was the first class that was really able to really get a little outreach.

Oh, I forgot one thing when I was in high school, I think 10th grade or 11th, because they had no black students at University of Miami -- that's hard for people to understand now because almost all the athletic teams there are black -- University of Miami, University of Florida, Florida State. I mean the whole football --

And it wasn't that long ago. I think that's the most incredible thing.

Yeah. The whole football leagues are probably 60 percent African-American now. They offered me an opportunity. I went to some classes when I was in high school, I think 10th or 11th grade, because they wanted some black students to come to University of Miami. But we didn't have a car in our house at the time. The bus ride from our house to University of Miami was like three hours each way -- and the classes were in the evening after high school classes ended. I tried that for a couple of weeks, but I said I can't; this can't be done.

And the other thing is they were actually looking for students to -- not during my time, but when my brother was coming in -- not necessarily bus, but to attend some magnet schools or something like that at the time. They came around to the house-- my brother was five years younger than me, so he had to be in junior high school or maybe just starting junior high school. They had tested kids all across the state of Florida, and he's always been really good at tests. Actually, the people from the state came to the house. And they said, you know, your brother tested -- I guess they talked to my parents -- my mom at the time -- and said, oh, your son tested so high on the score that they wanted him to go to this special school. They came two or three times. But the school was so far from our house that it was just not feasible to do. And they also wanted him to skip some grades, but my mom said no. He had skipped one or two grades already and he was going to graduate -- you know, predicted in the future he would graduate high school at like maybe 15 and a half. And she said, no, I don't think it's good for him to go to college at 14. He just wouldn't fit in, that type of thing.

It may be hard enough fitting in with the change he's making.

Sure. So he went to -- they had integrated Jackson High School. I was in college at that time

because we're five years' difference in age. So he went to an integrated high school. It was only integrated for a few years because then he had the "white flight." So then the high school quickly turned from integrated to being all black in about two years and that type of thing.

What is your brother's name?

Michael.

Can you tell me the origin of your name?

Oh, it's a family name. It's my grandfather's name and my father's name.

So you knew early on that you wanted to be a physician.

Oh, yes.

Was schooling difficult for you?

No. I enjoyed it. I was, you know -- they call them nerds now.

Science nerd.

Yeah. That's pretty much what I've been all my life.

And you went to Howard University for undergraduate. And where did you go for medical school?

Stanford University.

Was that difficult to get into?

Oh, you mean in terms of --

Your background, your education? Or were you top of your class?

Yeah. I did good. I did good in my class. Then for medical school you had to take a test to see how you did with your sciences and so forth and so on. Obviously, I did okay with that, too, because at that time Stanford was only admitting like 90 students to a class. So I was one of the 90 students.

And when did you graduate Stanford?

In 1974.

Did you think about going into the service at all? Was that ever a consideration?

No. That's the time of the Vietnam War. So we were all acting up about that. We didn't want to go into the service. We didn't want to have anything to do with the service. We hated the whole Vietnam War thing and so forth and so on. So no one that I knew thought about going into the

service. Maybe one or two guys in the class because what was offered at that time was the government had the capability to draft you out of medical school. It didn't happen often, but they could do it. And they had a plan called The Berry Plan where if you signed up for The Berry Plan they would guarantee you that you wouldn't be drafted out of medical school, but you had to go into the Army Medical Corps for two years. So a couple of guys opted for that.

And would you spell Berry Plan?

I think it's B-E-R-R-Y. But I said, well, I'll just take my chances. If they want to draft me out of medical school, which would be a really ridiculous thing to do, then they could. No one ever got drafted out of medical school, but they had that capability. So they kind of held that over you and said, okay, if you sign up for two years, we guarantee you that you won't get drafted and you can finish your medical education.

So you took your chances and you made it.

Sure. Sure. I took my chances, which most people did.

So you're in Washington, D.C. You're about to graduate. What did you specialize in?

Well, I thought initially I was going to go into psychiatry. But 90 percent of people when they enter medical school do not know what specialty they want to go into. You think you want to do this or you think you want to be a surgeon and you find out that's totally not what you want to do. So I found out very early that I didn't want to be a psychiatrist. I just liked internal medicine because you see a lot of different people and address a lot of problems. It's more like problem solving than anything else.

What's the difference between internal medicine and a family practitioner?

Family practitioners do a little more in that they can assist in surgery. They see children. They do some OB/GYN. They do more things. Internal medicine, the name is a misnomer because it's hard for you to understand what is meant by internal medicine because what you do is a specialty in treating adults. And you think of pediatrics as a specialty in treating diseases of children. Internal medicine is a specialty in the treatment of adults. But you don't do surgery. You're licensed to do surgery, but you don't do surgery.

Where were your parents at the time that you graduated high school? Were they still together in Florida? No. I think you said they ended in '62 or something.

Right. But the deal was that in '62 I was 13, 14 and I was actually a junior --

No. Probably a freshman or sophomore.

Well, I had skipped some grades, too. So at 14 I was a junior. So I only had one -- no. In '62 I was 14. So now that I think about it and get the dates straight I guess my parents actually divorced before I was in high school. But anyway, the deal was that I wanted to stay with my group and I didn't want to move to a new city and make friends all over. So we came to an agreement, my mother and I, that my brother and I would stay with our grandmother in Miami until we graduated high school. Then she would come out here before we even graduated high school and establish her life. We would finish high school with our grandmother. Then when we got in college, well, it didn't matter because you're going to have a whole new group of friends then. Then when we got in college we established our residency here.

So I am confused then. You came out to Miami in '62. So where did you graduate high school?

In Miami. So my mother moved here in '62.

And so when the newspaper article came out and it said teacher with two sons, you weren't really with her?

We were actually with her, but we came just to look for some housing. But we would spend the school time in Miami with the grandmother and then the summers we would live here with our mother. Yeah, that is confusing.

You stayed in Miami to finish your schooling.

That's right.

So your mother was already in Las Vegas when you graduated from Stanford.

Yes.

Is that what made you come to Las Vegas?

Oh, you mean to practice medicine? No. That's another long story. After I finished medical school, then I had to do my internship, which I did at the Jewish Hospital of St. Louis, the Washington University-affiliated hospital. And I never thought I would live in Las Vegas because it was small. It was dusty. It didn't seem to have a lot of opportunities even then because it was -- now it was 1970. And I would come home just for visits. But the city started to grow a little bit in

the late 70s, 80s. And having grown up here, I knew a lot of doctors here. My family knew doctors and teachers. And I got a call from Dan Wilkes, who was a pathologist here at the time and a member of our church, Christ Episcopal Church, which is right on Maryland Parkway. He told my mother that I should look at Las Vegas for opportunities. And I said, no, I don't want to come to Las Vegas. Dan Wilkes told my mother that I was really being very stubborn -- and Dan Wilkes is a very soft-spoken man, very soft-spoken man -- and that I was just being pretty dumb if I didn't look at Las Vegas. He was a really good family friend and I said I don't believe Dan Wilkes said that because I never heard him say anything derogatory about anyone and I've known him since I was 15 years old. And she said, oh, no, he said it. I said, well, if he said that I'm coming to look.

So I came to Las Vegas and there were a lot of opportunities then because the city had started to grow a little bit more. There was a need for a larger medical community. So I tried St. Louis. I liked St. Louis. The weather was awful. I tried Atlanta. For me it was a little too crowded. I looked at Houston, Texas. I didn't like it. And I looked at Los Angeles, California, where a lot of guys from Howard who were doctors had formed a large clinic. And they said, oh, we'd love to have you come out. I knew them in undergraduate school. They said, oh, it would be great if you came out and did internal medicine because we have this specialty and that specialty. I just didn't like Los Angeles. I just did not like Los Angeles. So I came home basically.

Came to Vegas. And what year was that? I'm sorry.

1982, March 1982.

And was it easy for you to get settled here?

Absolutely.

Tell me what you did.

I came to Las Vegas. I finished all the tests you had to test for to be a doctor in Las Vegas. At that time it was legal for the hospitals to help you get started. So the hospitals told me what I needed to do. And I came actually to this building. Well, this building hadn't been completed.

And this is Sunrise Hospital Diagnostic Center. That's where we are located.

That's correct. But they had two buildings across the street, which they still owned or own. And they had little offices set up for you until this building was completed, which I think was late

March of '82. That's how I started. I just came over and I've been in this building almost uninterrupted since 1982.

Have you been busy?

From the first couple of days.

How has the population growth of Las Vegas affected your practice from when you first got here to how it is presently?

My practice -- I don't think it's been affected at all. The only thing in Las Vegas, your patient load used to -- it's not doing it as much now -- it used to decrease in the summer because so many people would winter here and then they would leave for the summer. Your average patient daily census would go down some, but not so much anymore. And, plus, growing up here and my mom being a schoolteacher here --

Is she still teaching by the way?

No. She's deceased. So I don't know if I have more schoolteachers than anybody in Las Vegas, but I think I do.

How healthy are the people in Las Vegas in your opinion?

Horribly unhealthy.

Tell me why. What are you seeing?

Well, I'll give you an example. When I first moved as a physician here -- I don't know how they got my name -- but the Pulmonary and Respiratory Center in Denver, Colorado -- I don't know how they got my name; maybe they got it from the hospital; I'm not sure -- they used to refer, oh, two or three patients a month to me from Denver, Colorado, to evaluate when they moved to Las Vegas because they were advising them to move from Denver because the weather was so bad and the pollution and air quality was so bad that they would have them move to Las Vegas. Now Las Vegas has more pollution probably than Denver. And I see a lot of patients who didn't previously have asthma who developed asthma after they moved to Las Vegas. So air quality is very poor. Eating habits. I mean America is one of the fewest places, if not the only place in the world where you can go to a restaurant and have all you can eat. That's just not done anywhere else in the world that I know of. And the food choices are poor.

Along with being unhealthy, we just have a large uneducated populace. And I think of all

the contiguous United States we may be really near the bottom in terms of education. And I think we are in terms of per capita for a demographic, how many people out of the whole population have college and high school degrees. I'm pretty sure we're fairly low. And that, unfortunately, sometimes impacts your choices as to lifestyle, exercise and good food.

How can we address that with people? I'm sure through education, but in what specific ways and at what age should we start educating?

Well, you have to start early because I found that the patients who I treated later in life, well, they liked the bad food that they liked early in life. They ate a lot of candy and chocolate and sodas early in life. Well, those are the things you crave as you get older, too. So that absolutely doesn't change, the amount of foods and the fatty foods. And unfortunately, probably when you were in school, but for sure when I was in school, you couldn't have fast food in school. You had the school lunches. You couldn't have sodas in school. Now they have soda machines in school. That's unfortunate. And then they cut out the physical education in schools. That's very unfortunate. So it has to start early because if you don't take your diet and exercise regiment as part of -- if it's not integrated into your psyche as a young person, it's very hard to start exercising when you're 25 or 30 or 40. And the older you get the harder it is to change things.

So you specialize in respiratory and heart conditions?

No. Anything that's wrong with an adult -- heart problems, lung problems, sinus problems, brain problem. If you need to, you refer them to the appropriate specialist.

Do you do surgeries?

No, no surgeries.

What is your typical day like? When does it start? When does it end?

Now it starts about seven o'clock. I come to the office and see my patients. I used to make hospital rounds, but the insurance companies have made that just impossible to do because of restrictions, reimbursements. I mean the practice of medicine has really changed basically because of HMOs, governmental interference.

For the better? For the worse?

In my opinion it's worse. That's my opinion it's worse because the incentive is backwards. When I started practicing medicine, the incentive was to get patients, to take care of patients, to please

your patients and to do the best job you can, one, because that's what you're supposed to do and, two, because that will get you more patients. Now with the HMOs and managed medical care and that type of outlook towards medicine, the doctors don't have to be as connected to the patients as before because you have to see that doctor whether they're nice to you or not. So the insurance company says you see Dr. A. And if you don't like Dr. A, you're pretty much out of luck. And, also, if Dr. A's fees are capitated (sic) in my opinion -- if he gets, say, $25 per month per patient. So say he has 100 patients. So the company's going to pay him $25 a month. If you get a few complicated patients and have to order some tests and things like that, well, you're going to be in the red pretty soon. So consciously or unconsciously -- but financially it's better for you to see the patient as little as possible. The typical patient you want is somebody who you'll get the $25 for a year and never see.

And so what I'm getting from that is not only is the patient suffering, but your keeping up in your experience is suffering, the physician.

Oh, absolutely. Absolutely because you can't know someone and know the little nuisances or intricacies of their personalities and things like that to know what's going on if you see them once every two years or if there's always this adversarial attitude. You don't want to see them and you're not the doctor they want to see. Gee, that doesn't make for good medicine in my opinion.

Now, this is not one of my original questions, but it brings it to me. With this election coming up, what would you like to see the next leader -- how would you like them to address health care in our country? Or do you have an opinion on that?

Yeah. You can't exclude preexisting conditions. You should be able to see whichever doctor you want to see. And the problem where health care is escalating is not doctors' fees because they pay you -- I mean being a physician is probably the only job where you do the work and then they tell you how much you're going to be paid because you don't get paid until after you see the person. Statistics will show that it's the middle person where the changes are made. The cost of administrating Medicare is equal to the cost of Medicare. So if Medicare cost $200 billion a year, the cost of administrating Medicare is $200 billion a year. I mean that's absurd. That's absurd. So the only way they can cut costs is by either cutting back on services, doctors' fees and things like that. So less oversight. Now, less oversight is not necessarily a good thing as we've seen with

economic things. But when you see that someone is doing something inappropriate, then that person should be dealt with because in medicine you wouldn't have like a czar of the medical industry, but maybe they would. I don't know.

But the problem is that the middle management is a problem and then the insurance companies are corporate and they try to treat medicine as a corporate business, which it could never be because if you're selling widgets you can possibly -- and hopefully if your company uses widgets -- create a need for widgets or a want for widgets and increase the bottom line of the company, the expected 10 or 15 percent a year. You can't do that in medicine. You just can't do it. Once you reach a certain point -- say, for example, if I see 20 patients a day, say I want to increase my income. Okay. Could I see 25? Okay. I can't see 30. I can't see 40. So at a certain point in your medical career, whatever your income is, you're going to max out at a certain income. But if you're owned by a corporation, how do you get your ten percent that your stockholders want? The only way is you have to cut the services or you have to cut the fees that you're paying everyone. But you're not going to cut the management fees because you're going to want an increase. So it's just very difficult. And corporations do not understand that once in a medical practice once you reach a certain point, not only will your income stay the same, it's going to decrease because your income will stay the same, but your rent, you know, the staff salaries, everything's going to go up. So you're going to reach a certain point and then it's going to slowly decrease. And doctors understand that, but corporations don't understand that. They just don't. And I don't know if they ever will, but they don't.

Wow. Very interesting. Let's move on just a little bit. So your average patient in Las Vegas, is there a specific age range? You do see the whole gamut.

Yeah, I see the whole gamut. But after being here awhile and having patients, the thing is as I get older my patients are getting older with me. If you were to ask me 20 years ago how old was my average patient was, it would have been maybe 36. But now you ask me how old my average patient is, it's more like 56.

We live in Las Vegas where prostitution is a reality. Do you see any patients that work in that industry?

No.

This is one of the questions on my list here. Some of the physicians, especially like in the earlier days that I talked with, had some interesting stories about that. It just was a fact of life that they would see them. But you don't see any in your practice at all or that you know of?

None that I know of, no.

What is the future of the medical industry and medical practice for students that are in medical school right now? Is Las Vegas a good place for them to consider?

Las Vegas is a good place for them to consider. But the thing is that among the physicians that I know, almost none of them are encouraging their children to go into medicine because it's a very taxing profession and you really have to really like it. It's not something that you should go into because of money because certain specialties make money, but most -- I mean I'm not saying you don't do better than the average citizen because you do. But it's not a profession where you're going to get just wildly wealthy. It's not going to happen. It's hard work. You're dealing with sick people. And you have to like what you're doing. The problem is that because of managed care, there are fewer reimbursements and a lot more paperwork. Ninety-nine percent of the doctors that I know are not encouraging their kids to go into medicine.

Problem is, though, that I hear the other side of it when I talk to their kids. And I love talking to younger people. A lot of kids, a lot of -- I take care of patients. I take care of maybe three generations in some families. And I talk to the children and they say, well, they do want to go into medicine. And when you ask them why they want to go into medicine they say, well, I'm in high school or so forth or my brother graduated from school and then they say, well, when you and my dad or granddad were in college, when you graduated from school it wasn't a matter of whether you got an offer for a job, it was picking the job you got offered. If you got a college degree and you taught school, you got a position teaching. Or if you were an engineer, you went off to Boeing. It's not like that anymore. So you can have a degree, master's degree in architecture, philosophy or teaching, and you may not get a job. So I'm going to go into medicine because I may not like it, but I will have a job. And that's really sad because that's not the real reason you want to go into medicine. It's more of a --

And that's interesting that they're thinking that way, too.

That's right. The guys are noticing that even in the computer area, you still might not get a job. They're importing computer engineers from other countries. But they say if you go into medicine, you will have a job. And that's really a sad commentary.

Question for you: Did you ever make time to have a family?

No, never had any children.

And you didn't get married?

Oh, yeah, I married.

What does your wife do?

She's my office manager. So we're together a lot.

How is that working for you?

Real good.

And what was the reason that you decided not to have a family?

Just didn't, pretty much.

And as a doctor you know how to prevent that.

It's worked so far.

Dr. Knowles, what kind of research were you interested in and did you participate in?

Oh, at Stanford you're almost required to do research. I did some research in undergraduate school. But at Stanford -- I'll tell you an interesting story. Of my class of 90 people, fully 30 to 40 percent of the entering class had Ph.D.s and specifically electrical engineering because the school wanted to graduate students who would do research into developing equipment to be used in medicine. And maybe that's contributed to the MRI machines, the CAT-scan machines. But fully 30 to 40 percent of the people in my class had Ph.D.s and most were in electrical engineering. So I told them I wasn't really interested in doing that type of research. But everyone had to do some research. So a fellow student and I started a sickle cell outreach program to put information into the community about sickle cell anemia, educate high school students and adults about sickle cell anemia all throughout the Bay Area. So we gave them that proposal and they accepted it and gave us the money to do it.

How successful was --

Oh, really great. We talked to a lot of high schools and had a lot of events and things like that.

We had brochures.

So you made an impact.

Hopefully.

Is that still carrying on today, do you think?

I don't think so because, you know, in the spectrum of things that people have to worry about now in terms of illness, sickle cell anemia is a problem, but it's way down the list because, well, you know, it's just the African-American community. Let's weigh information on sickle cell against the information on AIDS. Wow. You know, that's a big --

That brings me to a question. What was your experience when you came to Vegas in '82 with the whole AIDS epidemic?

There wasn't any. I didn't see my first AIDS patient -- I can't remember -- because, number one, Las Vegas is a very -- which people don't realize Las Vegas is a very conservative community. So gays were not really welcome in Las Vegas. And Las Vegas in terms of its liberal persona, very little IV drug use in Las Vegas. There is still very little IV drug use. There are not a lot of heroin abusers in Las Vegas. Never have been. Never have been. And gays never felt welcome here, especially in those early days. So you didn't have a lot of openly accepted homosexual activity. And Nevada is a conservative state, always Republican senators. The whole thing is conservative.

When those first patients started coming in, did you and your colleagues recognize what it was?

Didn't know what it was. No one knew what it was. Didn't have a name for it. Didn't have a test for it. All you knew is that they were sick, they were thin and they were dying. You did cancer tests. You did all kinds of tests. But the first ones -- didn't know what it was.

I remember my first case. They said there was a doctor doing research in North Carolina. And I called him on the phone and said, oh, I have a patient here and he's suffering from this disease that's being discovered around the country. I said I don't know what it is. We've done all the blood tests. I said I would really like you to see him. And he said, well, I can't see him until -- I think he said a month. I said, well, he's really dying. And he made me perk up. He said they're all dying, meaning I can't get your guy in any sooner because he's dying because they're all dying. And then you found out what it was and blah, blah, blah and blah, blah, blah. But the first ones,

no one knew what it was.

What precautions did you and your colleagues take to not --

None.

So when you realized what it was, were you more cautious?

No, not really. I mean if you're real cautious and afraid of getting a disease, you can't be a doctor.

Very interesting.

You can't. I mean you walk in the room. If someone has a cold or pneumonia, what are you going to do?

It just seems that AIDS was on a larger scale making people fearful.

Not of a doctor. I mean we had hepatitis and things like that that would kill you before. Tuberculosis in the old days would kill you. If you go back to the days with the plague, doctors treated patients with the plague. They knew if they got that it would kill them. I think you just have a mentality where I'm going to treat the person. If I get sick and die, well, that's kind of like -- what do you call it? -- just a hazard of your occupation. You just do. You just don't even think about that.

Do you think the students that are going into the medical profession just so they'll have a job are going to have that same attitude?

Hard to tell, but I don't think so. I don't think so because -- I don't know. They may become as dedicated. That attitude we have is probably not the best attitude to have where you're kind of risking your life and saying, oh, well, we don't know what this patient has and you just go in there without gowning up.

It's hazardous though. It sounds like it's along the same lines as a police officer or fireman.

Sure. Sure. I mean if you go into a burning building, you might die. But that's an occupational hazard. You can't think about not going in and, oh, I might die. I don't know what it is. You just don't think about it. You just don't.

Dr. Knowles is being called to take care of somebody. So I think we're going to end this right now. And we will make another appointment and come back and visit with you.

This is Lisa Julia-Acres. This is November 5th, 2008. And I have to say first off please forgive my voice. I have a little case of laryngitis. I'm here for a follow-up interview

with Dr. Knowles at Sunrise Hospital. We're going to continue with an interview that began on October 9th, 2008.

Hi, Dr. Knowles.

Hello. How are you?

I'm doing really good. But I'm going to have to ask you to do most of the talking today unfortunately. We left off during our last session talking about the AIDS epidemic. And I'm sure we pretty much covered everything. What I think that we didn't really talk a lot about was more of your experiences and perhaps some stories that you could share about your experience as a physician here in Las Vegas.

But before we do that, I wanted to bring up last night's historic event, the election of Barack Obama as President of the United States. Do you have any thoughts on that at all that you'd like to share?

Yeah. Well, I'd like to share some thoughts in that it was a very historic event and it was very encouraging to see that America -- much of America has moved -- hopefully moved past race as an issue because if the United States is to compete on a global economy we have to have all of our citizens included. It sort of reminds me of when women were excluded from the workplace and politics and even voting as African-Americans were. It's like trying to compete in a global market with your hands tied behind your back because you don't include women or minorities. Women have contributed a lot to the country, as have minorities even through adverse circumstances. I think by moving past this hopefully we can continue to improve the States as a whole and the way people get along together and just be able to compete in a global market and also put some distance to the whole race-based issues and things in America. And I think this will help portray not only African-Americans in the eyes of non-African-Americans but in the way you see yourself also. So I just think it's great. And hopefully it's just a step to get away from the past.

That's very good. Let's talk about your experience as a physician in Las Vegas. Did you give any thought after our last time together about some of the things that we talked about and were there any things that you wanted to elaborate on?

Not anymore than I elaborated before I don't think.

Well, what has it been like for you in Las Vegas?

Well, let's see. Where did we -- I'm trying to think --

You said that there hadn't been a real big issue of gays. So there wasn't a lot of drug use.

Intravenous drug use in Las Vegas just has never been a huge problem that I know of.

Then what other type of medical issues are unique to Las Vegas?

Well, I'll give you an interesting story. When I first came to Las Vegas, they had to have a little oral state board. So you sat down in front of a panel of physicians. They had already reviewed your qualifications, but they could ask you personal questions and also questions about how you are going to set up your practice and so forth. One of the doctors asked me well, do you have an office in Las Vegas? And I said, well, not to be disrespectful, but how would you practice medicine without an office? And he said, well, we ask that question now because a lot of doctors from Los Angeles were coming to Las Vegas on the weekends. They would have a Nevada license. But they would come to Las Vegas on the weekends, put an "open for business" sign on a motel room and just dispense narcotic pain medicines to anybody who wanted them. So they said they were going to change that where in order to practice medicine in Nevada you would have to have an office. I said, well, that has to be real unique to this area because I've never heard of practicing medicine from a motel room. But they said that's exactly what a lot of unscrupulous physicians from California were doing. They had offices in California, but would just come to Las Vegas on the weekends and prescribe pain medications.

Had you ever encountered any of those physicians that operated that way?

No, because when I came that's the year that I guess they changed the law.

Refresh my memory as to what year that was.

1982.

How has the practice of medicine changed between '82 and 2008?

Well, the good thing about Las Vegas is that there never was an established, older, tight-knit community of physicians. And so they were very welcoming to younger guys coming in. And the thing is at the time I finished medical school most people were specialists and you wanted to train and take care of people within your specialty and refer them to the appropriate specialty at the time of service. Most other cities don't do that. You'll have OB/GYN doctors trying to take care of people who are hypertensive or you'll have internal medicine doctors trying to treat people for

maybe infectious disease problems and things like that. But here, because you had a younger influx of doctors that were trained in referrals, basically everyone got to practice their specialty, which is really unique. The cardiologists practiced cardiology. The internal medicine doctors practiced internal medicine. The endocrinologist practiced endocrinology. And there wasn't this carryover of people trying to hoard patients, afraid that if you let a patient go to another doctor, well, they would stay with the other doctor and not come back to you.

Why did it work here in that way?

Just because most of the doctors that came around that time were trained that way and also there was no shortage of patients. You didn't have to hoard patients. They needed more doctors, not more patients. So you weren't worried about your patient load or your patient volume decreasing because you sent them to someone else. There were just lots and lots of patients in Las Vegas and not that many doctors.

Have you seen a difference in ailments or conditions between when you first got here and what's happening now?

Unfortunately, the biggest one is respiratory problems because when I first started for some reason -- I don't know how I got on the list from the pulmonary clinic in Denver, Colorado, where it's always been polluted -- they would send lots of patients here. For some reason they came to me, and I have no idea how I got that referral of people who had asthma or other respiratory problems because the air here was very clean. There were no polluting industries and not many people. There wasn't much auto pollution. But now with the influx of residents and the poor air quality now, we have --

Could that be my problem?

That could absolutely be your problem. The influx of human beings, you know, we just have more pollution. And I see people that I've been treating for 10, 15 years and then they develop asthmas. And I certainly don't get referrals from any outside sources to have people move here and help with their asthma.

Not anymore, huh?

Not anymore. Not anymore.

What can people do to help themselves if they have that problem?

Not much in Las Vegas.

Just get out.

That's the thing. But most major cities now have lots of pollution.

Can you talk a little bit about some of the colleagues that you've worked with that you have respect for, some of them that maybe didn't work very well in the medical community?

Didn't work well in what way?

Let's talk about the ones that you have high regard for, some of those that you've worked with over the years.

Well, that would be a large number because you sort of had a dichotomy of doctors in Las Vegas. You had doctors that were like the doctors from California and would come out to just prescribe narcotics to anyone. But the doctors who settled here and who made their living by being a permanent Las Vegas doctor, you really had very good doctors. They were really very well trained, and that's very interesting because Las Vegas doctors, especially when I moved here, just had a horrible reputation. And I think it was from the transient doctors that came through. But the doctors here -- and especially when I came because most of the doctors had just gotten out of their training -- were up on all the new treatments.

And the hospitals at that time were very helpful with Nathan Adelson -- the person, not the hospice. He was affiliated with Sunrise Hospital and he wanted the hospital to grow and build and become a good hospital. And if the doctors asked for any new equipment, they got it. There wasn't any problem with that. So, actually, the level of care here has been very good especially in the 80s and 90s. I would say it was equal to anyplace in the country. And we also have the good referrals centers in California because there's never been a major medical center here, meaning at that time there were no training programs for young physicians. It's all around been a very good experience.

What do you see the future of medicine in Las Vegas being?

The problem with the future of medicine in Las Vegas is that -- some people may say it's sour grapes because I don't do much managed care and I don't take any HMOs. But most patients are being forced into HMOs and tightly managed care because they work in casinos. You know, that's the largest employer. And in a workplace my understanding is that you have to give people at

least two options for their medical insurance. But the thing is if you don't pick the HMO, then your co-pay is so large that it's really like no choice at all. And just HMOs and managed care, it's sort of the antithesis of how I was trained to take care of patients in that, you know, HMOs can deny care legally. Well, legally, but I don't think it's all the time ethical. And the Supreme Court has said that because you choose an HMO that means you want to save money. So you can't sue an HMO for trying to save money by denying you treatment.

Do you think this new administration might make any changes regarding that, or can they?

The problem is unfortunately I think that the country is not run by concern for the citizens. It's run by lobbyists. And the HMOs will have billions of dollars to spend on lobbyists and they can talk to the congress people and say, well, this is what we want. And, unfortunately, they get it.

I'll give you the latest example, which happened just a few months ago. There was going to be a cut in Medicare of ten percent to doctors providing care for Medicare patients. The decrease in reimbursement would not apply to HMOs. Now, how is that fair? If you go see an HMO doctor, Medicare will reimburse them at the current rate. If you went to a private doctor, Medicare would reimburse them at the rate minus ten percent. So that to me would encourage doctors. And a lot of doctors right now don't take Medicare. So that means that the government is really trying to push patients into HMOs. And why is that? Well, I think that HMOs limit care. They don't get the testing and so forth. I think people are living much longer than the government expected. So they're sending them to get less -- HMOs just give you less care. They just do. And they can do it legally. If you have a problem, then they say, well, we won't test you for it. And if you die of that problem, you can't sue them, whereas you can sue a private doctor. So you can see, at least to my way of thinking, the government is really trying to shift elderly people and most people to HMOs.

Is there anything that citizens or physicians like you could do about that?

I don't think so unless they say that politicians can't take money from lobbyists. I mean politicians, their main job is to get reelected, right? So if a lobbyist -- you know, HMOs make lots of money. And doctors traditionally don't contribute a lot of money to politicians. Why? I have no idea. But that's just true. Plus, there are not enough doctors. If every doctor even gave $1,000 or $10,000, they still couldn't match HMOs and insurance companies and big employers like the casinos in terms of courting lobbyists or even having a lobbyist. So I don't see that changing

anytime soon unless the citizenry has some type of upheaval. But most of America is now pretty apathetic about their medical care. And no one thinks about their medical care until they get sick. By that time, it's a little too late.

Have you had an opportunity to practice medicine at all outside of the country?

No, I have not.

Or travel outside the country and see the differences between the United States and other parts of the world?

I had a friend whose father got sick in Canada where they have the socialized medicine. And her experience was awful, just awful because you pretty much don't get to choose your doctor. The care is limited. Her father had a real awful experience. I couldn't believe it. And Canada's not a third world country. And the other thing is because it's a socialized system they limit the amount of money that a doctor can make in a year according to a specialty. So say, for example, if you're internal medicine, maybe you can make $200,000 a year. And if you practice and see patients over and above your $200,000 a year, your reimbursement is zero. So what do the doctors do? They work until they get the $200,000 and they stop. So you may be seeing your doctor for four months or six months and then you can't see him anymore because he just stopped practicing. I think that's really an absurd system.

That's crazy.

That's pretty much crazy. And I talked to a doctor about that. In fact, it was an OB/GYN doctor. And he said, well, he works six months a year and he takes off six months a year. I said, well, what do your patients do for the other six months? He says, well, they have to see another doctor. It wouldn't make sense for me to keep my office open and work six months for free. I said, no, but that's really sort of -- there's no continuity of care.

Have you got any stories that you can share with me?

Oh, let's see. I think we talked about the community before, about how there was a tight-knit community in Las Vegas.

Why don't you refresh my memory?

That my mom was a teacher here. I think we did that one.

And are there any high profile patients that you can tell stories about but not name names?

Well, no. They don't let you do that anymore. And I'll tell you why they don't let you do it. Well, see, medicine is headed in a new direction now with the breaking of the genetic code. It's not going to be where we treat you for diseases that you have like diabetes and hypertension. They've already done some of it. They can analyze you and tell you what diseases you're going to have. Like say, for example, before with diabetes, it's been estimated that by the time you were diagnosed with diabetes, you probably had it for two or three years. Now we can determine if someone's going to get diabetes two to three years before they get it. So the federal government has put all of these things in place, mainly the HIPAA laws, where they're trying to stop mainly insurance companies from getting your medical records. That's why they passed all these laws like all my files have to be locked up so even the cleaning crew can't get to your file because they're afraid, which will happen -- say, for example, you're 30 years old and an insurance company gets your file. They say, oh, you're going to have a heart attack at 50 and blah, blah, blah. Of course, they're going to increase your insurance rate. It would affect your job training. Say, for example, you're training for an airline pilot. And they see, oh, well, you're going to have diabetes when you're 57. Well, why should we spend a million dollars training you to be a pilot when you're not going to be working but 20 years?

That's almost like science fiction.

It's getting there. So that's why they're trying to put all these laws in place. In fact, now it's even hard sometimes for the doctors to get information on their own patients from the hospital. It can't be done. It can't be done because they're so afraid that if someone has access to this...

Now this story is unbelievable. They want all doctors now to get a special computer in their office, which costs $50,000, so it can resist people hacking into your computer to get information on patients. And I told them that makes no sense because do you think a 50,000 or a hundred-thousand-dollar or million-dollar computer -- I said, first of all, they have high school students who hack into the Pentagon now. Do you think any kind of computer is going to stop a multibillion-dollar industry like the insurance companies from hacking into a computer? It can't be done. I said you might as well get ready to deal with that because they'll get some offshore engineers in India or China and just say, okay, we want the information on this patient no matter where he is.

And who is they that are trying to get you to purchase that computer?

The government. I said you can't keep people out of your own computer. How are you going to keep them out of doctors' computers? It's going to happen. It's just like if anyone makes a concerted effort, they can find out all of your information or my information. You just hope it doesn't happen to you. But you can't stop them from doing it. It's impossible.

How do they access the genetic code of a person?

Oh, they're going to take their DNA and break it down and show what genes are going to be turned on when.

How far advanced is that?

Don't know. Probably ten years. But you don't know when advances -- it might be tomorrow or it might be 20 years from now. But they can do it with certain diseases already. They can do it with prostate. They can do it with diabetes. And they're working on colon -- they pretty much have it already for colon cancer. It's just when they break through. And when they do it all, they're just going to say -- you're going to come into the doctor's office and you're going to be 25 years old. And he's going to say, oh, well, you know, you're probably going to get diabetes at 40. So we really have to start changing your diet and your lifestyle now.

Does a patient have to agree to participate in that kind of program?

Probably not. Probably not because they're going to say, okay, you want an exam. So I have to examine you. And part of examining you and taking care of you -- they could probably opt out of it by saying, well, I don't want that test. But who wouldn't want a test that says, well, all these tests show that you have a good probability of having a heart attack at 50? So we're going to have to keep up with this and this. We're going to have to check your cholesterol more frequently than anybody. Or you're going to develop breast cancer.

It sounds like it's common sense anyhow, but people don't follow it. And how much is that test going to inspire them to follow it?

We'll find out.

How is that going to change the way you practice medicine?

Oh, quite a bit because -- and, see, that's the other thing. It's going to cost more money. Say, for example, if you came in the office and I said, well, you have a real good chance of getting breast

cancer in five years, well, instead of getting a mammogram every year, you'll probably going to get a mammogram every four to six months because we want to catch it as early as possible. And I'm sure you would totally agree to that. Or we need to get X-rays more often. We need to test you more often or we need to do this more often. So it's going to be an expensive proposition, very expensive. And if you go to the HMO, they ain't going to do it.

Right. Exactly.

They're going to say, oh, yeah, come back next year.

So what are your future plans for practicing medicine and staying in Las Vegas?

Oh, I'm probably going to stay in Las Vegas forever.

Did you have a family? I'm not sure if we even talked about that.

I have a wife. No kids, but I have a wife.

What does your wife do?

She's the office manager here.

How long have you been married?

Twenty years.

And so you're planning on staying in Vegas.

Oh, yes.

Are you going to change anything? Are you going to do different research or anything like that?

I would like to teach. I would like to teach part time. Both my parents were teachers and my grandmother was a schoolteacher. I always liked to do that. That would be fun.

Economics dictates a lot of things, too. I think everybody's going to have to work a little longer than they thought. That's my main complaint with patients complaining now. They were at retirement age and can't do "I want". Can't do it because their stock portfolios have gone down. The 401Ks have gone down. Their housing values have gone down.

Since we spoke last this economic crisis has taken place. Are you seeing a lot of anxiety and stress-related illnesses?

Absolutely. Absolutely.

Can you give some examples?

Oh, a patient came in last week and said he can't sleep. He said he wakes up at three o'clock every morning because he's retired and he looks at his stock portfolio and he knows no one is going to hire someone who's 70 years old. And what is he going to do? What is he going to do?

How did you deal with that?

We talked to him. Gave him a sheet on how to help you sleep. Gave him a couple days of sleeping pills because sometimes that can get you on a regular sleep pattern. And if not, might have to put him on some antidepressants because he says he sleeps like three hours a night. And that's just one of the same stories repeated time and time and time again.

A lady came in today who just left before you came in and said she was going to retire next year. And she went to her calendar and went over her 401K and so forth and said not only can I not retire next year, I can't retire period. So she said she's going to have to work she doesn't know how many more years. But she had it all set to retire. She had enough money, but her portfolio decreased 30, maybe 40 percent. Now she doesn't have the money. But she says she's glad at least she has a job and that she can work for the next four years or so.

Do you have an opportunity to ever treat any homeless patients? Do you know that they're homeless when they come in?

I have not.

Any of your colleagues that you know of hear of any situations?

Not really. That would be more in like a general clinic, like UMC clinic, because people who come here to see me, 99.9 percent of them have insurance, that type of thing.

Have you ever done any pro bono type of medicine work?

Yes. Used to do that. Problem is the United States just has too many lawyers. Even if you do pro bono work, your malpractice insurance company will tell you it's very risky. Anytime you treat someone, whether they're a colleague or someone you see in a restaurant, if you establish any medical liaison with them, they are considered legally a patient. If you're sitting in a restaurant -- say you're sitting in a casino in the lobby or whatever and someone comes up to you, maybe you know them. And they say, oh, hi, Dr. Knowles. You know I got this little lesion on my hand. What do you think it is? And you may say, oh, I don't know what it is.

We've been joined in the room by Doctors Cher and Tupak and they informed me that

Dr. Knowles has written some books. And Dr. Knowles is now going to tell me all about that. These are your colleagues, huh? Oh, fiction? *Deadly Dance*, a novel by Darville Knowles, M.D. And you were just going to not tell me about this.

I don't even think about it.

Oh, look at this. Tell me about it. I asked you about your future and you said you wanted to be a teacher. What about being a novelist?

Well, I like that. I like writing and fortunately they had one of my books published. But it's just a very -- that's something you have to do after you retire because the writing and everything is enjoyable and it takes time. But dealing with book people is very difficult, very difficult because I think most of the people who are novelists don't have jobs and that's their main source of income and they know that. So they try to manipulate you and put you in a very awkward position where you sign away a lot of your rights. And when you explain that you don't do that, you won't do that because I got a good job, then you're sort of ignored because they can't put you in that category.

Can you tell me about this book, what the title is and what it's about?

Deadly Dance is a murder mystery. I got the idea for it -- well, I always read murder mystery books. And the last ones I read sort of talked down to the reader and so forth and they weren't as complicated, I would say, as I would like. So I said, well, why don't you try to do one? But the main idea for the book came when I was sitting in the doctor's lounge and we were saying, you know, doctors have to be very trusting in many ways in that whatever a patient tells them, even though you may not know it's the truth, that's how you record it. Say, for example, someone may come in reeking of alcohol and you ask them if they drink and they say no. Well, what do you put in the chart? Patient says they don't drink. Before you would say patient doesn't drink. But the insurance company says you put, well, patient states they don't drink. So the idea from the novel came that what if a patient goes to a doctor and for one reason or the other he wants to involve the doctor in a crime? So he's telling the doctor these things and he leads him along a merry path. Before the doctor knows it, he's involved in a murder.

Oh, very interesting. Who's the lead character?

Well, there are two. One is a psychiatrist and one is the detective.

When did it get published?

It's in there. I can't even remember.

First printing 2003.

There you go.

You don't even know when your first book came out. What's the next book going to be about?

The next one is going to be a continuation of that. It's going to have two of the same leading characters.

How was it received?

Very well. You can Google me.

I'm going to.

It did relatively well. It did very well until I fell out with the publishers because they said, oh, sign here, and I said I'm not signing. And, see, the thing is that publishers and bookstores are owned by the same people. See, that would be a monopoly. In the 20s and 30s you had Fox movies and you had Fox movie theaters where the government said, well, you can't have that because you would only show the Fox movies in the Fox movie theaters. But entertainment now is only owned by maybe three big companies. And they own all entertainment. Like Sony, they do books, Sony Books. They have Sony TV and Pictures and Sony Music. And Sony isn't even the biggest company. The biggest company I believe is a Dutch company. I was up on all of that ten years ago. Yeah. If you don't go to those three companies… When I fell out with the publishers, my book was doing very well at the Barnes & Noble stores here in Las Vegas. They had it prominently displayed and so forth and so on. And I would go up there and talk to the managers and they would tell me, because they could look up in the computer, how many books you sold and so forth and so on. And they knew me and I knew them. After I had the problem with the publishers, I couldn't even get my book in the store. Could not get it in the store.

Would you change your mind about what they ask the next time?

No. That's me. I'm kind of stubborn.

That's good. Well, that's wonderful.

I never expected it to be published anyway. It was just a fluke. I just wrote it for fun.

How long did it take you?

Oh, to write it? Maybe a year. Just go home and write a little bit on it and so forth and so on. It was one of the best-received books. If you look up Barnes & Noble's website and Borders, it was doing really, really good, but only for a few months because --

Is there anything that I have not brought up that you would like to share and talk about?

No. But if I think about it, I'll invite you over and you can talk to Dr. Tupak because his office is on the same floor.

You gave me those names. Thank you so much, Dr. Knowles.