

ASSEMBLY COMMITTEE ON EDUCATION - OUTLINE HEARING CONDUCTED AT 3:00 P.M.
MONDAY, FEBRUARY 10, 1969 - ASSEMBLY CHAMBERS - ASSEMBLY BILL 130

The hearing was convened by Assemblyman Roy Young, Chairman, Assembly Ways and Means Committee. He introduced the other members of the committee: Assemblymen Glaser, Bowler, Frank Young, Webb, Howard, Jacobsen and Close. Assemblyman Ashworth, also a member was absent.

The Chairman of the Assembly Committee on Education, Mr. Lingenfelter, was then asked to introduce the members of his committee who were all present: Assemblymen Webb, Swallow, Wilson, Tyson, Foote and Prince.

Chairman Young then introduced Mr. Proctor Hug, Jr., Chairman of the University of Nevada Board of Regents, for the purpose of making his comments on AB 130 and introducing other proponents of the bill who were present.

The committees were furnished with copies of the remarks that were scheduled to be made a set of which are appended in the committee files. The Ways and Means Committee had arranged for their Committee Stenographer to record the hearing on the Dictabelt. That recording is available from the Ways and Means Committee official minutes.

After making his introduction, Mr. Hug introduced the following speakers whose remarks are appended.

1. George T. Smith, M.D., Director, University of Nevada Medical Education Feasibility Study
2. N. Edd Miller, President, University of Nevada
3. Harold L. Kirkpatrick, Ph.D. Dean, College of Arts and Science
4. Neil D. Humphrey, Chancellor, University of Nevada
5. Dean Robert C. Weems, Jr. University of Nevada School of Bus. Admn.
6. Dr. Hamilton Davis, University of California School of Medicine, Davis, California - Head Department of of Anesthesia

Dr. Davis appeared as a representative of Dean C. J. Tupper, M.D. and read to the committee Dean Tupper's letter to President Miller supporting the medical education program being proposed.

7. Earl F. Price, Acting Dean, College of Agriculture, University of Nevada.
8. Regent Fred M. Anderson, M. D.

Mrs. Helen Holly, Immediate Past President, Nevada Nurses Association was introduced to support the bill. She outlined the advantages that would accrue to the present Nursing School by implementing the inter-campus project between Las Vegas and Reno. She emphasized the advantages for all parts of the state in providing a school where nurses in the state can remain in the state and keep abreast of modern changes without having to leave the state for additional training. More important, the nursing school can be broadened to offer more students the training needed. She also supported the strengthening of other health science programs that will enable the training of allied technicians in x-ray, anesthesia and other related fields.

Mr. Edward F. Crippen, M.D., Chairman of the Nevada Health Facilities Advisory Council, was introduced. He thanked the committees for an

opportunity to speak on behalf of the proposed bill. He said that though he has only been in his present position for approximately six months that very fact had made it incumbent on him to familiarize himself with the State's facilities as quickly as possible. He said that he had therefore toured the state extensively for this purpose. The results of his tour only re-emphasize the dire need of the state for better qualified, better trained, and consequently more competent technicians and workers in the health science fields. Dr. Crippen said the proposed program at the University would greatly aid in satisfying this need and urged legislative support.

Chairman Young stated that the other proponents of the bill who were present would be heard but that the time factor suggested that the floor be relinquished to hear those opposed to the bill at this time.

Dr. Anthony J. Carter, President of the Clark County Medical Society, spoke to the committees in opposition to the bill. He read a resolution that had been formulated by the Clark County Medical Society stating their opposition to the measure and emphasized that this resolution received the unanimous endorsement of the Society.

Dr. Reuben Zucker, Chairman of the Education Committee of the Clark County Medical Society, spoke at length in opposition to the bill. Dr. Zucker used a comparison between the feasibility study made in 1963 by Dr. Faulkner under the sponsorship of the Commonwealth Fund of New York and the presently completed feasibility study of Dr. George Smith. He emphasized the findings of Dr. Faulkner's study to the effect that the University would require ten years' development before a substantial groundwork for establishment of any graduate medical program would exist. He said that to suppose that such a groundwork exists now presents a hoax to the people. He said that Dr. Faulkner's study was the only impartial one in existence in that Dr. Faulkner was not motivated by any possibility of personal gain from its findings. The more recent feasibility study, it was asserted, does not have this impartiality in that many of those connected with it stand to gain from its acceptance. This more recent study, furthermore, was dominated by direction from the University of Nevada situate in Reno and that participation from the southern part of the State was notably missing. The Faulkner study, Dr. Zucker said, was more comprehensively authenticated and that the Clark County Medical Society felt it presented a more solid foundation for judgment. Dr. Zucker stated that the program proposed could at best only train people for teaching in a primary and secondary level and that to assert that it could provide the graduate training necessary for technicians and even 2-year medical students is untrue. Also 2-year programs do not attract residency and internship development. The Clark County Medical Society feels that a truly impartial feasibility study is still called for before any legislative endorsement or support is undertaken.

Assemblyman Close asked the question of Regent Hug: The doctor mentioned that there is a "gag rule" in effect and that those who wished to speak against the proposal are not being allowed to do so. I note that there are few antagonists here. Is it possible the rule could be lifted?

Regent Hug answered that actually there is not a "gag rule". The

Board of Regents had passed this proposal by a vote of 8 to 3. Of the 3 opposed 2 elected to go with the majority. This then became the official position of the university. It would then follow perhaps that the people at the University Las Vegas campus would be reluctant to take an opposite public stand.

Mr. Close then inquired whether they would permit the staff of both universities to be free to speak.

Mr. Hug replied that it was the expressed policy that one campus would not participate in opposition to another campus when a policy was officially established. He said he would take it up with the Board but he alone could not answer the question.

Mr. Close then referred specifically to AB 130's provision for \$46,000 to be used for remodeling the Mechanical Arts Building at the University of Nevada, Reno. He said that in a recent tour he had made on other committee assignments that this Mechanical Arts Building has been listed for condemnation.

Regent Hug acknowledged that he had seen this statement in the newspapers and that he had contacted Mr. Ed Pine who assured him that the building is serviceable for the purposes intended.

Assemblyman Close said that information was circulated that if the legislature fails to appropriate the funds requested, the Board of Regents intends to go forward with the program anyway.

Regent Hug said that it had not been discussed but that he felt the legislature's approval is essential.

Assemblyman Frank Young asked Chancellor Humphrey to explain the intent of participation in the WICHE program. It appeared from the record that the savings anticipated by withdrawal of students from participation in out-of-state first 2-year medical programs would be offset by the additional participation by students out-of-state in the third and fourth year participation at a higher rate.

Chancellor Humphrey referred the matter to Dean Weems who replied that there would be increased costs for third and fourth year participation in either program.

Education Committee Chairman Lingenfelter asked Dr. Zucker how he could discredit the 42 men who had aided in the preparation of Dr. Smith's feasibility study. Dr. Zucker replied that he was not trying to discredit them but that the Clark County Medical Society unanimously felt that the study was not impartial, that some of the men who participated are unknown and unsubstantiated, and that the study of Dr. James Faulkner appeared the better one to support.

It was developed by Assemblyman Frank Young that the Higher Education Commission established in the last session of the legislature for the purpose of improving considerations and planning between the state and the university had not been involved in the approval of AB 130.

Assemblyman Hilbrecht questioned the apparent high priority given to the funding requests in AB 130 as against other budget requests

such as library support. It was pointed out that the library fund requests are based on a nationally approved formula and that there is no priority determination. It was further pointed out that the funds requested in AB 130 are very moderate in comparison with the private funds available to the program upon legislative approval.

Regent Hug was then given an opportunity to introduce other proponents of the bill who where:

David L. Roberts, M.D.

Colonel Thomas W. Miller who read the Veterans Administration Center Director's letter. (G. B. Lappin)

Mr. Howard E. Farrell, Department Adjutant of the Nevada Disabled American Veterans who read the Department's resolution supporting a medical school.

Paul J. Kowallek, M.D., Chief of Staff, VA Hospital, Reno
American Legion representatives who read their supporting resolution.

Chairman Roy Young, at the request of Assemblyman Joe Viani, read the telegram of support sent from Dr. David S. Lamuir, Sr. of Hawthorne, Nevada.

Assemblyman Virgil Getto also read the letter of support he had received from Dr. V. E. Elliott of Fallon, Nevada

The hearing was concluded at 6:00 p.m.

CLASS OF SERVICE

This is a fast message unless its deferred character is indicated by the proper symbol.

WESTERN UNION

TELEGRAM

W. P. MARSHALL
CHAIRMAN OF THE BOARD

R. W. McFALL
PRESIDENT

SYMBOLS

DL = Day Letter
NL = Night Letter
LT = International Letter Telegram

The filing time shown in the date line on domestic telegrams is LOCAL TIME at point of origin. Time of receipt is LOCAL TIME at point of destination

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1969 FEB 10 AM 8 06

PR READ 26 PB NL PD=TDRE HAWTHORNE NEV 9=

:ASSEMBLYMAN JOE VIANI=

CAPITOL BLDG CARSON CITY NEV=

DEAR JOE: I AM SORRY THAT CIRCUMSTANCES MAKE IT IMPOSSIBLE FOR ME TO BE AT THIS MOST IMPORTANT HEARING REGARDING THE FUTURE OF MEDICAL EDUCATION IN THE STATE OF NEVADA.

ON BEHALF OF THE PHYSICIANS IN MINERAL COUNTY I WOULD URGE YOUR SUPPORT FOR THE HEALTH SCIENCES SCHOOL AT THE UNIVERSITY OF NEVADA. IT IS MY FIRM BELIEF THAT THIS WOULD HELP RELIEVE THE PHYSICIAN MANPOWER SHORTAGE, UPGRADE THE QUALITY OF MEDICAL PRACTICE IN THE STATE, AND ALLEVIATE THE PARAMEDICAL PERSONNEL SHORTAGE IN OUR STATE, SINCERELY=

DAVID S LAMUIR SR MD. ===

SUMMARY

UNIVERSITY OF NEVADA

MEDICAL EDUCATION FEASIBILITY STUDY

December 1968

This is a thumbnail digest of the Nevada Medical Education and Health Sciences Feasibility and Manpower Need Study continuing during the past year and a half at the direction of the Board of Regents and the State Legislature.

The study team found that a medical education program is feasible in Nevada and very much needed for the future health care of the state. The team and consultants further found that such a program should be authorized as soon as possible because of the time conditions placed upon a number of private gifts and government grants available to help finance the program.

Health manpower needs in Nevada are expanding rapidly as the state's population increases. But instead of keeping pace with the demand, Nevada's health manpower deficiency becomes greater each year because of the limited educational opportunities for young people to enter these careers. The current deficit in physicians is 260^{*-1} and the deficit in nurses is 600^{*-2}, based upon the national ratios of these occupations to population. This deficit will grow to 366 physicians and 1,300 nurses by 1976, without taking into account the anticipated retirement of 110 physicians and 375 nurses within the next 10 to 15 years. The outlook for filling manpower requirements in the allied health occupations is equally bleak.

Various methods of making available a medical education and health sciences program in Nevada were examined by the feasibility study team and consultants.

- (1) *-1 - From surveys quoted in
 *-2 the feasibility study

These included (1) the traditional two and four-year medical schools, (2) a four-state regional medical school, (3) the concept of contractual agreements with out-of-state schools to train Nevada students, (4) the existing WICHE program and the Darley Plan which envisions a cooperative educational program among the four western states without medical schools.

For a number of reasons detailed in the Feasibility Study Report, methods 1, 2, 3 would not be suitable for Nevada at this time.

The study team concluded that a two-pronged approach--involving the University and the state's major community hospitals--would most economically and practically meet the need to provide educational opportunities leading to an increase in health manpower resources.

First would be establishment of a comprehensive Health Sciences Program at the University of Nevada. This program would utilize existing university faculty and private medical doctors, existing university courses and existing university buildings.

The proposed Health Sciences Program would provide the first two years of medical school for students seeking to become physicians. And perhaps more importantly, it would open career possibilities for hundreds of other students in the many technical and professional jobs which support the functions of a physician. This would be done by coordinating the basic medical curriculum with courses nearly all of which are already available in engineering, nursing, psychology, sociology, biology, science, journalism and numerous other fields to produce health science specialists.

Whereas yesterday's physician required only the assistance of a nurse, today's physician needs the help of as many as 13 highly trained personnel to effectively treat his patients.

Summer as well as winter attendance would be required of students enrolled in the 24-month Health Sciences Program. The second summer of the program would include on-the-job training in various Nevada hospitals or physicians' offices or in other health occupations related to a student's specific field of study.

The Health Sciences Program would permit students to pursue degrees in at least 15 different fields. While some students would move on to complete their last two years of medical school in another state, the majority would be prepared to enter jobs available in Nevada in one of the other health care areas.

The second element in the overall approach to medical education is establishment of internships and residencies by suitably equipped and staffed hospitals in at least several areas of the state.

Such postgraduate and specialty training programs would do much to retain new physicians in the state, since national statistics show doctors have a tendency to enter private practice in the area of their latest training. Internship and residency programs likewise would benefit the state by taking off some of the burden of overworked private physicians and by attracting nurses and other allied health workers to Nevada.

Financing of the University's Health Sciences Program would be a responsibility of the state using to as great a degree as possible, private, federal, and foundation grants; financing of

the hospital internship and residency programs would be borne by hospitals because of the direct benefits they and their patients would derive. Several Nevada hospitals are studying the possibility of inaugurating such programs.

The 1969-71 biennium would be devoted mainly to the planning phase of the Health Sciences Program, although some portions of the program might become operational before the end of that biennium. A projected four-year budget shows financing of the program would come primarily from federal and private sources. For instance, during the 1969-71 biennium the request for state funds totals \$112,720 or 16 per cent of total expenditures. During the 1971-73 biennium the request for state funds is \$114,468 or only 7 per cent of expenditures. (A summary of costs and sources of available funds is attached to this report.) If private and foundation gifts become increasingly available the amounts even less than the above will be sought.

As part of the feasibility study, the Bureau of Business and Economic Research in the College of Business Administration conducted an in-depth economic appraisal of Nevada's ability to finance a Health Sciences Program at the University. This study is included as Chapter V of the Feasibility Study Report. In brief, the study finds that Nevada's current and future economic growth supports the conclusion that a Health Sciences Program to meet growing health manpower needs is within the state's capacity to provide. Only modest appropriations are needed because of the availability of private and government grants to encourage medical education.

In addition to Bureau of Business and Economic Research personnel, a committee of some 25 other University deans and faculty members plus private physicians participated in the feasibility study. They were assisted by more than 40 nationally-recognized medical educators from all parts of the nation.

As a postscript, it should be noted that the Health Sciences Program proposed would integrate easily into the cooperative four-state medical education plan proposed by Dr. Ward Darley, through the Western Interstate Commission on Higher Education, should that plan come to fruition.

SCHOOL OF BASIC MEDICAL SCIENCES

28

Proposed Operating Budget

Expenditures:	<u>1969-70</u>	<u>1970-71</u>	<u>1971-72*</u>	<u>1972-73*</u>
Salaries				
Faculty	\$133,000	\$144,420	\$191,641	\$221,222
Staff	36,126	37,933	49,707	52,192
Benefits	<u>12,399</u>	<u>13,300</u>	<u>16,894</u>	<u>19,139</u>
Sub-Total	181,525	195,653	258,242	292,553
Travel and Consultants				
Honoraria	20,000	20,000	12,500	12,500
Operating	15,000	15,000	40,000	40,000
Equipment	15,000	30,000	-0-	40,000
Library	<u>25,000</u>	<u>25,000</u>	<u>25,000</u>	<u>25,000</u>
TOTAL	<u>\$256,525</u>	<u>\$285,653</u>	<u>\$335,742</u>	<u>\$410,053</u>

Revenue:

Commonwealth Fund				
Grant	\$174,875	\$176,483	-0-	-0-
U.N. Allocation--				
Dept. of Anatomy	36,750	35,570	-0-	-0-
L.B. Hancock Foundation				
Grant	15,000	15,000	-0-	-0-
Federal Grant	15,000	15,000	15,000	15,000
Medical School				
Development Grant--				
Federal			37,000	49,000
Howard Hughes Gift			283,742	300,000
State Appropriation	<u>14,900</u>	<u>43,600</u>	<u>-0-</u>	<u>46,053</u>
TOTAL	\$256,525	\$285,653	\$335,742	\$410,053

*No Board of Regents action concerning 1971-73 biennium.

SCHOOL OF BASIC MEDICAL SCIENCES

Proposed Capital Improvement Budget

	<u>1969-70</u>	<u>1970-71</u>	<u>1971-72*</u>
Remodel Mechanical Arts Bldg.			
UNR Capital Improvement Fee Fund	\$ 46,000		
Library, Mackay Science Bldg.			
National Library of Medicine Grant		\$ 95,160	
UNR Capital Improvement Fee Fund		<u>31,720</u>	
		\$126,880	
Classrooms and Laboratories--			
Mackay Science Bldg.			
HEW Grant			\$186,830
State Appropriation			<u>93,415</u>
			\$280,245
Human-Animal Health Research Center			
NIH Grant			\$300,000
Sale of Valley Road Farm--			
College of Agriculture			<u>300,000</u>
			\$600,000

*No Board of Regents action concerning 1971-72.

OPENING REMARKS OF PROCTER HUG, JR.
AT THE HEARING ON HEALTH SCIENCES PROGRAM

INTRODUCTION

Concurrent Resolution No. 15 of the Nevada Legislature authorized the University of Nevada to conduct a study concerning the feasibility of initiating a medical education program in the State of Nevada.

We are here today to present that study. I wish to outline the program for you briefly and to present other speakers who will explain the program in more depth. We recognize your time limitations and have made a real effort to condense this presentation, so as to avoid overlapping or repetition.

1. Dr. George Smith, the Director of the feasibility study and Dean of the school, will give you an explanation of the proposed Health Sciences Program.

2. N. Edd Miller, President of the University of Nevada, Reno, will discuss the relation of the Health Sciences Program to the other schools and colleges on the Reno campus.

3. Harold Kirkpatrick, acting dean, College of Arts and Science.

4. Neil D. Humphrey, Chancellor, University of Nevada System.

5. Robert C. Weems, Dean of the School of Business on the Reno campus, will discuss the economic implications of the school.

6. Dr. Earl F. Price, acting dean, College of Agriculture.

7. Dr. David Roberts, M.D.

8. Dr. Fred Anderson, past Chairman of the Board of Regents and the real driving force behind the initiation of this study, will discuss the increased educational opportunities which will be afforded by the program.

We have many other persons here today who have worked hard on this study, who are particularly interested in it, and who wholeheartedly support it. I wish time would permit us to call these persons to the rostrum to speak. It does not. I would ask the chair for permission at the conclusion of this presentation to call upon these persons, to briefly comment from the floor and also to answer questions which you may have.

SUMMARY OF PROGRAM

I. NEED AND ALTERNATIVES FOR MEETING IT.

One point upon which all agree, even the opponents of the study, is that there is indeed a need for increased medical education in Nevada. The question has been can we afford it, or will the expense cause other programs at either of our campuses to be shortchanged, and if it would not be better to do this at a later time.

I am frank to admit that some of the initial ideas which we had in mind for a medical school were not feasible. Some of the searching questions which some of you asked contributed a great deal toward a revision of thinking and the development of this proposal, which we can afford, without damage to existing programs at either of our campuses.

As the study progressed, I must admit I cooled considerably on the idea, when I learned more about medical education in the United States. I can see why there is such a doctor shortage in the U.S. and why the expense is so great. The pattern of medical education is to build a huge research center with a large faculty of M.D.'s teaching a few courses and a few students, almost as a by-product. I took comfort in the fact that our own proposal was only a two-year school. Yet, I must admit that I visited one two-year school which followed this same pattern, with a medical school building of over 100,000 square feet, plans for a separate hospital and predestined to be a four-year school.

I came back with the conclusion that perhaps we could not afford it - the same worry many of you expressed. My only question is: Does medical education have to be this way? No, it is a field that is crying for innovation.

I am proud to say that the study before you is indeed a different concept. It is greatly to the credit of Dr. George Smith, his advisory committee and his consultants, that they did not fall into this same old pattern. This is a new, fresh approach that has received the praise of medical educators and may serve as a part of a whole new pattern of medical education in this country.

II. WHAT WE DO NOT PROPOSE.

Let me first explain what the study does not propose:

1. We do not intend to develop the first stage of a four-year medical school, which we would call a two-year school, but which would stand uneasily, half completed, until expanded to a four-year school.

2. We will not embark upon an expensive construction program, such as some schools, whose medical school building exceeds 100,000 square feet.

3. We are not seeking to build a research center which, as a by-product, teaches a few medical students.

4. We are not developing a separate, independent medical school, competing with other graduate and undergraduate science courses.

III. WHAT WE DO PROPOSE.

The Health Sciences Program proposed is more than a change in name - it's a change in concept.

1. It will strengthen existing undergraduate and graduate programs on both our campuses.

2. It will expand the pre-medical program, so that it encompasses the first two years of medical school. This would normally take six years. Under our program, it will take only four years and two summer sessions. Our medical students will be ready to enter the third year of a four-year medical school. Will there be a place for the student? Indeed there will, as Dr. George Smith points out. There are nearly 1,000 openings in the third year of medical schools and only about 200 applicants. In North Dakota, 15% of the graduates went to Harvard. Almost every graduate had at least two choices of medical schools. Not only will we compress the time required to complete a medical education, but also open the door to medical schools in the country to our Nevada students.

This is how it will work: A Nevada student would take a premedical program at either the Reno or Las Vegas campus. The summer after the junior year, he would go into the Health Sciences Program at the Reno campus. After two years, he then would be able to apply for the third year of a medical school.

3. In addition to educating doctors, the Health Sciences Program would educate persons for other related health science professions, such as biologists, biochemists, pharmacologists and, of course, nurses.

IV. ADDITIONAL BENEFITS TO THE STATE.

The major purpose in my mind of this Health Sciences Program is to offer our Nevada students throughout the State, 15% of whom have evidenced a desire to follow a career in the health science field, a real chance to do so. However, there are many other side benefits to the State, which will be discussed by other speakers.

A few are:

1. More doctors locating in the State.
2. Better medical library facilities.
3. Better continuing education for doctors.
4. Benefits to agriculture and livestock operations.
5. Insuring the maintenance of the Veterans' Hospital in the State.

V. FINANCING.

This will be discussed by Chancellor Humphrey and Dean Weems. I do wish to point out, however, that we now spend \$1,442,000 a year in the health sciences field (Table VII of the study). For an additional expenditure of less than \$60,000 for the biennium in State funds, how much more we can provide our Nevada students.

We have over 8 million dollars in private funds available, plus about \$2,000,000 in Federal matching money, over the next 20 years. Should we let this 12 million dollars pass us by because we don't want to spend approximately 5-10% of that amount to improve health science education in this State?

VI. CONCLUSION.

This study presents a program we can afford. In order to utilize the private funds, so generously offered by Howard Hughes, Ed Manville, the Hancock Foundation and many others, the time is now.

I would like to present our next speaker, Dr. George Smith.

STATEMENT ON HEALTH SCIENCES PROGRAM
FOR ASSEMBLY HEARING - FEBRUARY 10, 1969

George T. Smith, M.D.
Director, University of Nevada
Medical Education Feasibility Study

I would like to give you today a description of the proposed Health Sciences Program at the University of Nevada, Reno. I believe this can best be done by giving you some background information on the present thinking about medical and health sciences education in the United States today.

In December 1968 the Carnegie Commission on Higher Education published a 54-page report. It called attention to medical and health sciences education as being in need of major revision because of several factors.

- (1) the great health manpower needs of the nation;
- (2) the growing public concern with health care needs as evidenced by Medicare and the numerous state and local health programs;
- (3) the high cost of traditional medical training and health care facilities;
- (4) the fact that new medical education facilities are needed to serve geographic regions not now being served;
- (5) the vast amount of new knowledge in medicine which has led to specialization and the development of multiple new areas of supporting health personnel. *122 diff categories*

With these points in mind, I wish to describe the proposed Health Sciences Program because in many ways this program meets some of the problem areas cited by the Carnegie report.

As directed by the 1967 session of the legislature, the University of Nevada, Reno completed a feasibility study in November 1968. As the first step in the study, President Miller appointed a Scope Committee of 22 faculty members who met regularly for more than a year to consider a program to meet the health care needs and educational opportunities for Nevada. We had a group of more than 40 distinguished medical educators to assist us in our work. The Scope Committee and its consultants have done on-site surveys of the University programs and hospital programs throughout the State. Out of their year-long study and consultation with experts in medical education has come the "Health Sciences Program." This is an innovative plan designed to increase the State's total health manpower pool by offering increased educational opportunities to our young people. The following points are important in your understanding of the proposed program presented to you today.

Point #1 concerns time. The goal of this curriculum is a telescoping of time required for medical education. It will cut down the length of the time required by at least one year and, hopefully, two years. This is being done through an interdisciplinary approach using a so-called core type of curriculum. At the present time Albany Medical College, Jefferson, San Diego, Michigan State, Brown and Dartmouth have started similar programs.

Point #2. It is a broad based program. The Health Sciences Program would permit students to pursue degrees in at least 15 different allied health fields. While some students would go on to complete the last two years of medical school (such as the University of California in Davis), the majority of students would be prepared to enter allied health care jobs

in Nevada. The program would involve some 700 students in its first year, or nearly 12% of the 1969-70 student body at Reno. Nevada desperately needs to offer her students educational opportunities in the allied health field. According to a survey done in the past year by Nevada's Higher Education Commission over 15% of the high school seniors in Nevada stated that they wished to pursue a career in medicine or one of the other health sciences.

Point #3. It is a flexible program. The program requires a 24-month curriculum which includes on-the-job training in various Nevada hospitals or physicians' offices or in other health agencies related to a student's specific field. This would allow the student the opportunity to assess his qualifications and aptitude for one of the careers in health sciences. If for some reason he decides he does not want to prepare for one field, he will be able to shift to another area, and so will not be irretrievably lost to the health science field. A common core curriculum and an interdisciplinary approach will make this shift possible. The Health Sciences Program can be entered after either the junior year, or after the baccalaureate degree, depending on the area of study.

Point #4. The Health Sciences Program will be used as a nucleus for programs offered by nearly all the schools in the University. For instance, the School of Nursing at Reno intends to use this program to offer Master's degrees in areas of physiology, nursing education and in the social sciences. The School of Engineering plans to use the program for teaching anatomy, physiology and pathology in order to

produce biomedical technicians at a baccalaureate level and in physiology at the graduate level for biomedical engineering. The School of Business Administration could use the program to help develop a hospital administration program.

Point #5. Students can transfer to out-of-State medical schools at the junior year much more easily than they can be accepted into a first year class. In the School of Medicine in the Health Sciences Program, we will take the student after his third year of college and after two years he will be able to transfer into the third year of medical school (e.g., at the University of California School of Medicine in Davis), thus reducing the time required for education by one year.

Point #6. These students will be well qualified. The liaison committee of the American Medical Association, Council on Medical Education and the Association of American Medical Colleges have approved the University of Nevada in Reno as being able to support medical education because of its present faculty, graduate programs and library holdings. The next step in accreditation is provisional approval given only after the complete development of detailed curriculum which will take us a minimum of two more years to complete, with the help of medical educators from throughout the United States, and is being paid for largely by the Commonwealth Fund of New York. This assures a sound beginning. Complete accreditation becomes possible only after the students have completed the first two years of medical school and the majority have successfully passed the National Medical Board examinations. The students must, therefore, compete with students from all over the United States.

Point #7. It will offer careers for nearly 1,000 students within the next 4-5 years. Career possibilities for hundreds of other students in the health support and technical jobs which support the function of physicians will be done by coordinating the basic medical science curriculum with courses available in engineering, nursing, psychology, sociology, biology, science, journalism and numerous other fields to produce health scientists. The majority of these students will be prepared to enter jobs available in Nevada either in high schools as teachers, in laboratories, x-ray departments, or in other health care areas.

Point #8. Why act now? It takes a long time to prepare curriculum, develop teaching facilities and to train people in the health science areas. If we start today the average student studying medicine would not be able to start practice until 1984 and would only be reaching the peak of his career by the year 2000. Secondly, as our population in the State of Nevada continues to grow, and right now 41% of our population is under the age of 25, there will continue to be increased educational opportunity demands made by students of this State to enter into the nation's second largest industry, the health science professions. Unless we act now educational opportunities will become even more narrow than those presently existing. At the present time Nevada is able to train only about 4% of those students who would like to have a career in the health sciences.

Funds are now available to promote health science education and to construct health science educational facilities in the health science and health science areas. These funds are specifically allocated and are not available to other academic areas within the University. The majority of our funding has come from private citizens and foundations based on the recognition of needs attested to by national and State surveys, as well as the numerous medical educators who have visited our State. We should start now to broaden the educational opportunities for the young people of the State of Nevada in a program which would prepare them for professional and semi-professional careers to serve the health care needs of Nevada. This program is thus designed to aid our young people in their educational careers and assist all our citizens in their desire for better health.

In conclusion, I should like to point out that the Feasibility Study team is aware that its proposed program is one of two approaches to physician manpower needs in Nevada. The other equally necessary and urgent program is the establishment of residencies and internships in the hospitals. While these programs are traditionally hospital-based and beyond the legal responsibility of the University of Nevada, the study team found it necessary at points to consider them. Consequently, the team would like to urge qualified hospitals in the State to proceed as rapidly as possible to develop residencies and internships. The specialists in this area have stated that the potential support for these programs exists. They have likewise urged that a two-year medical school be established first to serve as a nucleus and focus for the academic environment which is necessary for high quality postgraduate and continuing medical education programs.

3
STATEMENT ON HEALTH SCIENCES PROGRAM
FOR ASSEMBLY HEARING--FEBRUARY 12, 1982

41

N. EDD MILLER, PRESIDENT

The Health Sciences Program which is proposed to you offers many exciting advantages to the University of Nevada, its programs, and its students. It would, without doubt, make more efficient use of present facilities, present programs, and present personnel. In providing for common core courses it would undoubtedly strengthen the preparation of our students in all science and paramedical programs.

When a new program is proposed at the University of Nevada part of my responsibility is to be sure that the program can be put into operation without depriving present ongoing programs of necessary funds and support. I have examined the feasibility study for the Health Sciences Program very carefully with this in mind. I can honestly say that rather than depriving present programs, this proposal would indeed strengthen what we are presently doing at the undergraduate and graduate level in the sciences and medically-related areas. New staff to be added in this program will participate in the teaching programs of the existing courses of study in the sciences and health-related areas. Indeed, the majority of these new staff members would be needed in any case because of normal growth of the University. We will, however, be able to attract better staff because of the existence of a coordinated health sciences program. For example, a professor in one of the science areas might instruct, at the same time, students interested in a teaching career, in a technician career, in a paramedical career, or in pursuing the M. D. program for two years at the University of Nevada and the last two years at another medical school.

As a specific case in point, students interested in any of the health sciences could be taught together in the Cellular Biology course, to be offered during the first summer of the program. Similar common subject matter can be presented at the same time to students with varying goals in the health sciences. As students progress through the program, they may elect specialized courses suited to their career goals. But, it should be re-emphasized, much of the present barrier of specialization and departmentalization can be eliminated, redundancy reduced, and academic efficiencies achieved.

Evidence of the coordination of the proposed new program, with existing programs and ways in which existing programs can be strengthened, has been given by deans and department chairmen in charge of present health and science related programs on the campus. Let me cite a few examples. Dean Marjorie Elmore of the Orvis School of Nursing says that this program assures us of the enthusiastic cooperation and assistance of the entire staff of the School of Nursing and points out that this program is an exciting new approach to meet the health manpower needs of the State of Nevada. Dean Harold Kirkpatrick, Acting Dean of the College of Arts and Science, points out that with the intent of the proposal to group programs in the health sciences together, efficiency and economy will be effected in these programs which may not presently obtain. The core curriculum he points out would be made up largely of presently existing courses augmented by appropriate new course offerings. Dean James T. Anderson of the College of Engineering points out that his College is most interested in the development of cooperative, academic offerings and feels that there are a

number of programs which might prove beneficial in this cooperative development. Dean E. J. Cain of the College of Education believes that this program can be of assistance to his College and that his College can utilize the benefits of this new program in a variety of ways. Dr. Marilyn J. Horn, Associate Dean of the School of Home Economics indicates eagerness on the part of her faculty to cooperate in the development of this program and is particularly interested in the areas of nutrition and family studies as they might cooperatively be offered. Mr. Harry J. Wolf, Director of the Nevada Technical Institute, indicates many ways in which the new program would be decisive in the training of technicians in paramedical and health related areas. Similar statements of support come from the director of the Center for Western North American Studies, the chairmen of the Departments of Anthropology, Psychology, Biology, the director of the Speech and Hearing Clinic, the director of the Data Processing Center, the chairman of the Department of Sociology, various members of the staff of the Department of Biology, the chairman of the Department of Journalism, and the whole Faculty Scope Committee drawn from representative members of the faculty across the campus.

To summarize, this unique and innovative approach will make it possible to use present resources to strengthen present programs, to engage in new approaches to teaching and learning in the health sciences and related areas. All of this can be done with a minimum additional expenditure of funds and in a way that will make broad range offerings to Nevada young people of considerably greater strength than would otherwise be possible. I strongly urge support of this proposal.

STATEMENT ON HEALTH SCIENCES PROGRAM
FOR ASSEMBLY HEARING - FEBRUARY 10, 1969

Harold L. Kirkpatrick, Ph.D.
Dean, College of Arts and Science

However optimistic the reports of financial feasibility studies on the establishment of new programs at any university may be, the primary consideration for their approval and adoption must be (1) the need for such a program, (2) the extent to which the student, the real reason for our concern, will benefit from such a program, and (3) the extent to which existing courses and programs will be enhanced by a new proposed program. Whatever pertinent considerations may seem to be for us in our inquiries and surveys, we must not lose sight of the student, for it is ultimately for the best interests of students in higher education throughout the State of Nevada that we labor today.

The various academic divisions of the University of Nevada have been given the responsibility for the planning and development of programs, for the maintenance of high standards in coursework and instruction, and for the recruitment and coordination of the best qualified professional staff that the State of Nevada can secure. Traditionally, no new program is ever recommended at either campus unless the proposals have been scrutinized by all related departments, divisions, faculty and graduate councils and colleges. A single course in the Department of Psychology, for example, is not simply conceived and adopted; rather it is subjected to examination in depth by other departments in the social sciences, and by other appropriate committees in the colleges and divisions which relate to it. We do this because we want to benefit from the fresh point of view of someone outside our own department or college, and we are also acutely aware of the fact that a course taught in one department may

Harold L. Kirkpatrick, Ph.D.

easily be a requirement in a dozen other programs in other departments and other colleges. We want to prevent unnecessary duplication. The program in the Health Sciences which is being examined today has undergone many months of careful study and consideration by dozens of persons from the professional staff ranging from instructors to department chairmen and deans and by several committees on courses and curricula across the entire campus.

We of the faculty are convinced that what is here being proposed is designed to produce infinitely greater benefits for existing programs and courses. It will be immediately obvious to all today that a great deal of instruction in the new program must come from existing courses and be taught by faculty members who are already on the staff. For example, basic instruction in mathematics, chemistry, biology, anatomy, histology, genetics, embryology, physics, etc., will continue to be offered by present instructors in those areas. At the beginning, the major change will be enlargement of sections for instruction and the introduction of innovations in teaching techniques. For example, the pilot project begun in the Orvis School of Nursing to provide students at Las Vegas with instruction over a closed-circuit TV network from the Reno campus, and to permit Reno students to sit in on sessions held at the Las Vegas campus has been eminently successful. This should be only a beginning, however, and plans are already well along to expand this modern and money-saving technique to other fields and eventually into other parts of the State when they are ready.

A studied expansion of instruction and course offerings in the areas mentioned above has already been provided for in order to meet the needs

Harold L. Kirkpatrick, Ph.D.

of increasing enrollment and a more sophisticated change in subject matter and instructional methods. In a similar way, and perhaps to an even greater extent, the Health Sciences Program now being proposed would benefit ongoing programs. This can best be understood in terms of a modern university as an academic community within itself. All members of the teaching faculty benefit from their association with one another. There is continuing growth, continuing stimulation, and a constant challenge for the acquisition of new skills, professional growth, and the perfection of better teaching methods. Programs at the graduate level will also benefit, although no graduate program exists isolated from undergraduate instruction. Graduate programs often attract a higher caliber of staff and the undergraduate programs benefit thereby. But it is not in new staff alone that the entire campus becomes better. However prestigious the institution, however large its financial resources, members of one department collaborate with their colleagues in another department or division, they utilize a laboratory facility or a piece of equipment available in another department, and draw on the library holdings and collections of other disciplines.

A healthy degree of rivalry between colleges and divisions exists on all campuses. Unless it gets out of hand, rivalry does much to ensure higher standards in faculty, instructional programs, and capital improvements. It does not preclude joint support from the other colleges and subdivisions for such a program as is being here proposed. As dean of the largest college on the Reno campus, I have been closely involved in the planning for the Health Sciences Program. At least 11 of the present 18 departments in the College of Arts and Science would be directly

involved in this program. Students enrolled in such a program of study would receive much of their training in the departments of Arts and Science, but a great many of our students would, in turn, do work in the Health Sciences. As in the College of Arts and Science, so in the Colleges of Agriculture, Business Administration, Education, Engineering, and Nursing, the impact of this new program would be felt.

As recently as a quarter of a century ago the trend began toward specialization. While that trend continues, it cuts increasingly across traditional lines to join the disciplines. The fields of biochemistry, bio-engineering, health education, and numerous others are now familiar to most of us. The young man seeking training as a medical illustrator--training which until now he has been advised to seek out-of-State--would receive his training in his home State. The young lady interested in becoming a Public Health Nurse, a speech therapist, the health educator, the instrumentation technician, and many more specialists, would find it possible to prepare herself in Nevada.

In summary, we and other academic colleges and divisions give our support to the proposal for a Health Sciences Program because we know that our own programs and facilities will be thereby strengthened and we recognize our need to do this. Secondly, we also recognize the need to enlarge our scope of training in the Health Sciences professions. This is essential, if we are to keep abreast of the changes of our times, and finally, this program will offer an opportunity for hundreds of Nevada boys and girls to remain in Nevada for their higher education.

COMMENTS TO BE USED AT ASSEMBLY HEARING
FEBRUARY 10, 1969 - HEALTH SCIENCES PROGRAM

Neil D. Humphrey, Chancellor

1. The Summary of the UN Medical Education Feasibility Study includes operating budget information on page 6 and capital improvement projections on page 7. Please refer to that for a moment.
2. Page 6 contains the expenditure estimate for 1969-70 and then details how this will be financed. Note that 1970-71 is much the same except that appropriation required increases to \$43,600.
3. The 1971-72 expenditure estimate also is set forth. The curriculum study financed by Commonwealth Fund will have been completed by this time, students will be accepted fall, 1971, or 1972 and the gift of up to \$300,000 per year by Mr. Howard Hughes becomes available.
4. A. Page 7 shows the proposed funding for the 1969-70 biennium of two renovation projects to provide space for the Health Sciences Program. No appropriated money is involved for this purpose. The source is the student capital improvement fee cash reserve and a Federal grant.
B. In 1971-72, there are two projects anticipated. One is further renovation of the Mackay Science Building requiring an appropriation to match Federal funding,

and the second involves the College of Agriculture, and Mr. Earl Price, Acting Dean of the Max C.

Fleischmann College of Agriculture will comment on that.

5. Note that the Board of Regents has approved the 1969-71 operating budget and capital improvement program and these amounts are included in AB130.
6. Based upon the Feasibility Study, our best estimates of the 1971-73 biennium costs are included in the material before you. We believe, on the evidence presently available, that these estimates are valid and that we will be able to operate this program in the future on an annual appropriation of \$45,000 to \$50,000, due mainly to the generous private gifts which have been received. One point should be made here, however. We must return to the Legislature at the 1971 Session for another look at this problem. At that time, the Health Sciences Program, assuming AB130 passes this session, will be part of our regular budget request. The detailed curriculum study will be completed and an additional 18 months of experience will be available. The budget to be presented in 1971 will be firm not an estimate.
7. One last point. The budget as presented, anticipates the use of the annual portions of the very generous \$6,000,000 gift from Mr. Howard Hughes of Las Vegas. It also includes \$30,000 of the total \$60,000 grant from the L. B. Hancock Foundation of Reno.

Not shown is a predesignation of \$1 million by Mr. H. E. Manville of Reno. Although the predesignation is firm for the future it is not expected that funds will become available during the period prior to the formal initiation of the Health Sciences Program. Also not shown is the possibility, and we are authorized to say this, that Mr. Manville will establish one or possibly two fully endowed professorships or "chairs" of Health Sciences. These are all very generous gifts by Nevada residents or foundations. The possibility of future major gifts to the University System, if we appropriately use these, should not be overlooked.

COMMENTS OF DEAN ROBERT C. WEEMS, JR. ON THE PROPOSED
HEALTH SCIENCES PROGRAM AT THE UNIVERSITY OF NEVADA, RENO
MONDAY, FEBRUARY 10, 1969

INTRODUCTION

The Health Sciences Program is a creative challenging idea designed through months of study to provide for Nevada an exceptionally large number of important benefits at a very minimal cost -- a cost to the state which is so low that the proposal as presented may be regarded as a gift of services worth millions of dollars.

THE PROPOSAL IS A UNIQUE PACKAGE

The recommendation as presented is a breathtaking concept which is so new in its approach as to place Nevada in a leadership role. Our state would pioneer a plan which, because of its basic economic concepts, would surely be copied by other states. Instead of a highly specialized and costly four-year medical school, the plan recommends a broad coverage of the health sciences field, all aspects of which are of great importance to Nevada. Fortunately most of these areas are already highly developed within the University in the Colleges of Agriculture, Arts and Science, Business Administration, Education, Engineering, and Nursing. One of the most appealing features of the plan is that it begins by pooling all existing resources and using them as a very low cost base upon which to activate a total health sciences educational effort.

Comments of Dean Weems re Proposed Health Sciences Program
Page 2
February 10, 1969

A second attractive part of the package is that practically all the added costs -- with one small exception, the legislative appropriation -- would be borne by rich grants from individuals, corporations, foundations and federal agencies. According to the plan as recommended the net cost to the taxpayer is virtually zero.

The educational coverage embraces the most rapidly growing segment of Nevada's and the nation's economy -- health care is one of the nation's largest industries, and could well become the largest. Nevada must participate in the one program which is receiving more national economic backing than any other except the Vietnamese war. As the recent Carnegie Report indicates, this field is one which will receive the greatest amount of future Federal Government support.

THE ECONOMIES OF UTILIZING EXISTING CLASSES ARE IMPRESSIVE

In a university the size of University of Nevada, Reno, there are a number of classes usually of a specialized type which must be maintained to support existing programs. Many of these, while fully justifiable, do not operate at maximum enrollment capacity. The proposal recommends that health science students be added to these classes. Because there are many such classes being operated in the health sciences areas, much of the basic instruction can be handled without increasing staff or physical facilities. In fact, if this excess capacity is not used in some way, it amounts to a

Comments of Dean Weems re Proposed Health Sciences Program
Page 3
February 10, 1969

loss for the state. It is estimated that the increase in educational productivity which would result from utilizing existing classes would be very substantial.

OTHER ECONOMIC BENEFITS ARE IMPORTANT

Although difficult to evaluate in dollars, conservative estimates would indicate very important benefits would come from contributed teaching services of Nevada physicians. Such has always been a major factor in the conduct of College of Nursing programs.

The increase in visitors to Nevada to accompany those who were being treated in Nevada hospitals would be notable. The benefits from such in terms of increased hotel-motel occupancy, food service, taxi, etc. should be a large net gain for Nevada.

The outlays of students in room, board, tuition, and general expenses should have an important impact upon the economy.

Net gains would also come from expenditures of such new staff members as would be needed.

OUTSIDE SUPPORT FUNDS BEAR ALMOST ALL OF THE ADDED COST

Outside Cash Support Funds, either actually committed or known to be certain of commitment, amount to more than eight million dollars. This is exclusive of the economies of using existing classes and exclusive of other benefits of the health sciences program.

Comments of Dean Weems re Proposed Health Sciences Program
Page 4
February 10, 1969

WHILE ALL OF THESE ECONOMIC BENEFITS CAN BE OBTAINED AT
PRACTICALLY NO COST THE REQUESTED STATE APPROPRIATION IS
VERY IMPORTANT

The \$58,000 being requested biennially is a most reasonable amount in view of the fact that it will result in a program worth eight to ten million dollars. And, we shall see in a moment how the small annual appropriation will be largely offset in the future by savings in current operating expenses. The crucial point is that none of the advantages of a cost free health sciences program can be achieved without a legislative appropriation. Thus, the action of the legislature is very important and is mostly of a permissive type.

THE REQUESTED LEGISLATIVE APPROPRIATION IN THE FUTURE WILL
BE LARGELY OFFSET BY SAVINGS IN THE COST OF THE WICHE PROGRAM

The State of Nevada is now contributing to the Western Interstate Commission for Higher Education (WICHE) \$42,000 annually to sustain first and second year Nevada Medical Students in universities outside the state - 6 second year students at \$2,000 annually and 10 first year students at \$3,000 each annually. This contribution would no longer be necessary after the health sciences school was able to enroll this student group which should be in two years. For example, the estimated figure for next year is \$60,000. Thus the state by making the \$58,000 biennial appropriation will actually be creating an offsetting factor approximately equal to its appropriation.

Comments of Dean Weems re Proposed Health Sciences Program
Page 5
February 10, 1969

Also, WICHE appropriations are presently being spent outside the state. With a health sciences program, this out-of-state spending on first and second year medical students will be reversed. A still further gain would depend upon the number of out-of-state students who would attend the University of Nevada bringing with each of them \$3,000 in WICHE funds annually.

A RARE OPPORTUNITY FOR THE STATE OF NEVADA

The Proposal is a most attractive one for the State. For a very small appropriation now Nevada would benefit by at least eight million dollars in cash benefits, plus other non-cash items making a grand total of much more, perhaps ten to twelve million dollars. And to repeat one point because of its great importance to you. Future legislative appropriations for the school would be largely offset by decreasing appropriations on behalf of WICHE.

QUESTIONS

As is the case in any proposal, especially one which is so highly advantageous to the state, questions do arise. Some of those which have been raised are given below:

Question "Shouldn't we spend the money for something more beneficial to the State?"

Answer It is hardly likely that we could find any program more beneficial than this one. Neither is there any appreciable sum available to spend on anything else.

With the exception of the \$58,000 requested, there is no other money available for any other program. Whatever program was selected would be benefited by the equivalent of only two faculty members for the coming biennium with a resulting loss to the state of the opportunity to reap future gains totaling ten million dollars and upward at no further future cost.

Question "If the amount is so small, why doesn't the University pick up the tab instead of coming to the legislature?"

Answer This would be done except that a condition of the grants is the approval of the legislature including some appropriation.

Question "Is it likely that the new program is a foot in the door, and will get out of hand?"

Answer This proposal is designed to operate at the lowest cost possible for an indefinite period (at least twenty years). It could be expanded only by the consent of the Board of Regents and the Legislature.

Question "Is a health sciences program a luxury we cannot afford?"

Answer A health sciences program is an urgent necessity, not a luxury. As to being able to afford it, the state stands to receive tremendous benefits at relatively little cost.

Question "Even though we can depend now upon outside gifts, what about the burden when they run out?"

Answer Nevada is the fastest growing state in the union. Gift support is designed to continue for twenty years. By that time Nevada will have a population of at least a million

people and could well afford to assume the obligation.

Question "Are the existing support programs at the University, and the outside grant, sufficient to maintain a quality operation?"

Answer Definitely "Yes."

Question "Will the program benefit the entire state?"

Answer The program will benefit all part of the state. It would increase the supply of qualified doctors, medical aids, and medical technicians. An example of a strong program in Reno which has been instrumental in developing new programs in Las Vegas is the School of Nursing where a joint relationship has developed utilizing joint staff via closed circuit radio, television, and prerecorded tapes. This has enabled both campuses to benefit and has been instrumental in helping Southern Nevada establish qualified nursing in its own area.

Question "Does the State really need a health sciences school?"

Answer Practically everyone, including those who oppose the school for other reasons, believe that the need is here, and that such a school would benefit the state.

Question "Would a health sciences program in Reno make it impossible to establish a similar one in Las Vegas at some future date?"

Answer "No." At such time as all supporting areas have been developed, it is probable that Las Vegas might wish to establish such a program. In fact, if the record of

Comments of Dean Weems re Proposed Health Sciences Program
Page 8
February 10, 1969

developments of the Las Vegas campus over the past ten years is an indication, it would seem to be a quite realistic assumption.

Question "Is the immediate trade area of Reno-Sparks sufficiently large enough to justify that location?"

Answer "Yes," not only in terms of the immediate population, but Reno-Sparks is well located to serve the entire state. It is much more of a hub than any other large city. It also draws very heavily on the California counties who patronize its hospitals and attend the University in large numbers. It also provides medical services to a large area through its Veterans Administration Hospital. And, the entire trade area is not only growing in population, but actually expanding its boundaries as a center of economic and trading activity.

Dr Hamilton Davis read this.

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A Tribute to the People of California

President's Office

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OFFICE OF THE DEAN

SCHOOL OF MEDICINE
DAVIS, CALIFORNIA 95616

February 5, 1969

Dr. N. Edd Miller
President
University of Nevada
Reno, Nevada

Dear Edd:

I have reviewed the University of Nevada Medical Education Feasibility Study with care and with great interest. I believe that it is well done and an effective document.

If anything, the health manpower deficiencies depicted in it may turn out to be conservative. As you know, the AMA and the Association of American Medical Colleges issued a joint statement in July of 1968 pointing out the immediate and important need for increases in the production of all forms of health manpower. This was followed in October of 1968 by a very strong position adopted by the Association of American Medical Colleges as a result of their workshop on Medical School Curriculum and, most recently, by the December 1968 release of the special report of the Carnegie Commission on Higher Education. This influential report is seen by many as the Flexner report of the modern era and recommends a 75% increase in medical student enrollment in the nation during the decade 1966 to 1976. It is of more than passing interest to note that President Nixon has just designated the President of the Carnegie Foundation as his special advisor on higher education.

The feasibility study description of the health science program is exciting, not only because of its contribution to the education of the physician but also because of its described manner for opening career possibilities for hundreds of other students in the many technical and professional jobs which support the functions of a physician. The faculty estimates in the report, the financial estimates, and the curricular descriptions all appear to me to have been carefully developed and I, for one, urge you to proceed full speed on your program in medical education.

The curriculum is better than I thought.

Dr. N. Edd Miller
February 5, 1969
page two

The feasibility study report contains copies of letters from a number of Deans in the West, including myself. All comment somewhat negatively on "contractual" relationships for taking the Nevada students into their schools. I fear that misinterpretation may arise here in the mind of the casual reader. Many conversations that I have had with Dean Smith and other people make it clear to me that all are supportive of a school in Nevada and all are willing to consider accepting Nevada students in transfer. In so far as Davis is concerned, I believe that we should be able to take more than half of your students, should that many wish to join us and I would certainly be willing to explore a possible future arrangement where we might regularly take most of them, if not all of them. At the outset, however, I suspect that it might not be possible for your school to deliver to ours as many as half of its students, since I am sure that some will want to go to other schools, such as the University of California at San Francisco, Stanford, UCLA, USC, and so on. And I suspect that there would be no problem whatsoever in some being accommodated at each of those schools. I should add that, as Dean Smith knows, the three two-year schools longest in existence in the United States, namely North Dakota, South Dakota, and Dartmouth, have never had any difficulty in placing their students on a transfer basis in very good four-year medical schools.

You might wonder why Davis would be willing to take a somewhat different approach to this general matter than the other schools appear to have done. The reluctance of other State schools to talk about contractual relationships can really be related to their reluctance to make a specific commitment for non-resident students. However, at Davis, we recognize that the three Western-most counties in Nevada fall into our Regional Medical Program area, along with our twenty inland Northern California counties. Beyond that, it is perfectly clear that a number of California residents in the Tahoe Basin look eastward to Reno for much of their own primary medical care. For that reason, I see, with Nevada willing, a continuing and growing interrelationship between the Reno Campus of the University of Nevada and the Davis Campus of the University of California.

It should possibly be of some significance for me to report to you that in the year before our arrival in Davis and Sacramento, the Sacramento County Hospital, a quite good hospital, was able to fill only seven of its twenty-six authorized internships. At that time, it had places for a total of twelve general practice residents, and four pathology residents. Some of the general practice residencies were filled, but not all; and none of the pathology residencies were filled. In the three years since the arrival of the Medical School, the internship quota has

Dr. N. Edd Miller
February 5, 1969
page three

61

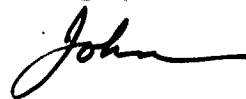
been increased from twenty-six to thirty-two, and the internship has been filled each year. We now have over 200 applications from 44 American medical schools for our internship class beginning in July. In that period of time, we have also established residency programs in Internal Medicine, General Surgery, Anesthesiology, Neurology, and Pediatrics, and these are staffed and running at present. On July 1, our residency programs in Orthopedic Surgery and Obstetrics and Gynecology will be activated. We have a residency in Ophthalmology as well. There are ample, well qualified applicants for each of these residencies. I would predict, therefore, that the advent of the medical school in Reno will make it feasible for house staff programs to be begun at the Washoe Medical Center. This would become a synergistic affair with the house staff programs lending strength to the medical school program, and with the medical school in the manner described above lending strength to the house staff program. The net effect would be to inevitably initiate a continued upgrading of quality of patient care, not only in that hospital but in the geographic area and spilling over into the rest of the state.

There is another effect that should not be discounted, although we as educators sometimes fail to recognize it. This is in reality the effect that one sees when a new industry is brought into a community and your medical school will be the beginning of a new industry, with new jobs, new investment, etc. Chambers of Commerce get very excited about the possibility of attracting a box factory with an annual payroll of so many thousands of dollars and with one hundred new jobs. The same excitement should surround your proposed venture many times over.

I have written at greater length than I intended, stimulated perhaps by my admiration for you as a man who, in my judgment, is among the best of the college presidents in the land, and my admiration and respect for the years of hard work and effort that Dean Smith and his colleagues have put forward under your guidance. I wish to be clearly on record as being strongly supportive of your effort, and willing to be cooperative and helpful in any way that I can.

With warmest personal regard, I remain

Sincerely yours,



C. J. Tupper, M.D.
Dean

CJT/bmg
cc: Dr. George Smith, Dean

STATEMENT ON HEALTH SCIENCES PROGRAM
FOR ASSEMBLY HEARING - FEBRUARY 10, 1969

Earl F. Price, Ph.D.
Acting Dean, College of Agriculture

Animal health is a demanding problem which has not been resolved in the State of Nevada. It is one of the most expensive costs of management to the agricultural industry.

Current University of Nevada facilities are inadequate to handle the present program. The complex animal health problems of today cannot be adequately nor effectively studied in the present 1924 structure and, therefore, the industry and staff have worked closely together in determining future facility needs for the Experiment Station.

Currently the College of Agriculture has ¹⁵~~fourteen~~ research projects with an annual expenditure in excess of ^{\$150,000}~~\$300,000~~ in the animal health-related fields. Project areas include reproductive physiology, blood diseases, radiochemical analyses, nutrition and metabolism studies, chemical residues, cancer research, and virus disease research. Four out of five dollars which are currently being expended on the present animal health programs come from sources other than State appropriations. The College of Agriculture is currently putting in seven full equivalent professional staff in these research areas. There are an additional three graduate assistants, and three professional technicians working on the animal health programs on a full time basis.

The requirements of the animal health research program for the foreseeable future are now being planned by a faculty committee. The facility requirements include 18,000 square feet of floor space needed to house the various research and teaching efforts. In addition an outpatient clinic

facility is planned at the Main Station Field Laboratory, a distance of approximately two miles from the planned Washoe Medical Center location.

The cooperation between the College of Agriculture and the faculty of the proposed Health Sciences Program is essential. A cross utilization of the various staff and facilities is currently underway, with the Experiment Station providing land and other resources needed for large animal health research, in turn the Health Science personnel providing technical expertise, equipment and other resources when needed.

With many of the problems of animal health and human health having much in common on a teaching or research basis, it is vital that the units of Experiment Station and the Health Science personnel work closely in facility and program development.

The Agricultural Experiment Station has available \$300,000 earmarked specifically for use by the Station in the development of the human-animal health laboratory.

The joint sponsorship by all interested groups of the University in planning together to form a common effort in developing all phases of animal and human health as a center of excellence has great merit. The College of Agriculture is vitally interested in being a part of this joint effort.

9 nurse Kelly

STATEMENT ON HEALTH SCIENCES PROGRAM
FOR ASSEMBLY HEARING--FEBRUARY 10, 1969
REGENT FRED M. ANDERSON, M. D.

The Health Sciences Program will increase and augment the undergraduate and graduate program offerings present in the University in anatomy, biochemistry, biology, physiology, bacteriology, biomedical engineering, nursing, physical education, sociology, psychology, and human and animal related research through participation of faculty members in these areas with others in many departments in an interdisciplinary approach to the health sciences. Faculty members in existing departments will teach in the Health Sciences Program and faculty members who will be primarily in the Health Sciences Program will spend part of their time teaching in other departments, thus augmenting existing departmental offerings. This program will involve over 700 students in the University in the health related programs or in the College of Agriculture. It is not just a program for approximately 30 medical students. Who are these students who seek careers in the health sciences that will be helped by such a program?

Nurses

Physical Therapists

Biology and Biochemistry majors, bachelors or advanced degrees

X-ray Technicians

Dieticians

Laboratory Technicians

Speech Therapists

Rehabilitation and Occupational Therapists

Social Workers

Medical Science Writers

Medical Stenographers and Medical Records Librarians

Biomedical Engineers

Instrumentation Technicians

Health Educators - School teachers, etc.

Physical Education majors in areas of anatomy and exercise physiology.

Adequate opportunities for complete training for most of these are not offered in this State at this time. These students have difficulty in getting into many of these programs in out-of-state schools, with the additional difficulty of away from home costs for some and having to pay out-of-state tuition. Educational opportunities in these fields for young people of Nevada would be provided in the Health Sciences Program.

For several years Nevada has been a member of the Western Interstate Commission for Higher Education (WICHE) in large measure to try to provide better opportunities for medical, veterinary, dental and dental technology schools in other states. Nevada appropriates money to help with their education in the other states. The program has helped some students gain admission to these schools, but it is not completely adequate in this respect. Most of the Deans of the Medical Schools concerned stated that it will become increasingly difficult to admit out-of-state students. For example, the new University of California, Davis School of Medicine has had over 1,400 applicants, most of them from California students, for its 52 admission spaces in the class for the fall of 1969. Admission spaces are more readily available for the third year of the medical school in most schools because of easier training and handling of larger classes in the last two years and because

Statement on Health Sciences Program
Page 3
Regent Fred M. Anderson, M. D.

there is a 4 to 10 percent attrition rate during the first two years.

I would like to read part of a letter from Dr. Theodore Harwood, Dean of the North Dakota School of Medicine, who was one of the on-site consultants in the development and evaluation of our study, concerning transfer of students to the third year of a complete medical school.

We have 49 second year students in our class this year and 44 in the first year class. We have transferred to a great number of schools in the past few years and the enclosed list will give a detailed breakdown. Over the years, Northwestern has ranked first, Kansas ranks second, Harvard third, and Pennsylvania fourth in the number of transfers accepted. We have transferred to a large number of states.

I have been pleased that our students have done well after transfer. There is an occasional student who falls by the wayside but I believe that none failed through poor preparation.

I have gone over in detail the very thorough and complete survey made documenting the need for a medical school in Nevada. It satisfies my mind as to the desirability and feasibility of such a school.

Dean Theodore Harwood
University of North Dakota
School of Medicine

Another consultant has written:

Thank you very much for sending us a copy of the University of Nevada Medical Education Feasibility Study which we are having cataloged for our collection because it has such a wealth of information on health matters in Nevada in addition to the primary argument.

The Health Sciences Program which you advocate certainly seems the most appropriate to Nevada needs of the various plans you describe and the one most likely to give highest returns on your investment.

I am, of course, particularly pleased to see how well the scheme we are developing for regional medical library service meshes with the Health Sciences Program and hope both will be speedily implemented.

Congratulations on completing this excellent study and best wishes for highly successful results.

Sincerely yours,
Louise Darling, Librarian
Biomedical Library, UCLA

Dr. Robert Aldrich, a former Director of the National Institute of Child Health and Human Development; and on-site consultant on numerous occasions has written:

Thank you for sending the documents developed as The Nevada Medical Education Feasibility Study. I am glad that it has now gone to the Board of Regents, and I sincerely hope that it will meet with a warm and friendly reception.

It happens to be my conviction that it is entirely feasible to develop a school of medicine on your campus in Reno and that a major part of this challenge is learning how to produce a new center for medical education in a relatively sparsely settled region at a time when national focus on rural areas has not been a prime objective, but really ought to be.

There are quite large numbers of people scattered around the country who are watching what you are doing with growing interest and attraction. From my perch the omens in the skies look good. I completely agree with the final recommendations and priorities in the development of your overall approach and am singularly delighted that you will not pursue the classical course of events which I am firmly convinced would not do the job that you need.

Dr. Robert Aldrich, Chmn.
Human Resources Study Center
University of Washington Medical
School
Seattle, Washington

Statement on Health Sciences Program
Page 5
Regent Fred M. Anderson, M. D.

Robert Evans, M. D., President of the Association of Hospital Directors of Medical Education and consultant to the President's Commission on Health Manpower, who also visited several areas of Nevada during the study, writes:

Thank you for the copies of the Educational Feasibility Study which I received a week ago. It is beautifully done and is a credit to your ability and dedication.

We have both felt that your ideas in relation to the master core curriculum are both novel and quite productive, and if there is any way we can help in this endeavor we should be happy to do so simply because we both feel strongly that a proposal such as yours shows real possibility of doing something about the supply of physicians in the United States.

*Read
me*

Robert Evans, MS
President
Hospital Directors of Medical
Education of the United States

NOW IS THE TIME FOR NEVADA TO ACT

At the present time it appears that there will be only one doctor in Hawthorne as of July 1, 1969, since one has just retired and one is leaving for specialty training. Following is a partial list of cities in acute need of one or more physicians at the present time: Hawthorne, Yerington, Tonopah, Austin, Empire, Lovelock, Sparks, Pioche, Elko, Winnemucca, Overton and Wells. Both Clark and Washoe County need more doctors of several types.

The Health Sciences Program in Nevada will help to supply this deficit. In North Dakota, made up mostly of rural communities, over 50 percent of the general practice physicians in practice attended the University of North Dakota School of Medicine, went elsewhere to complete their education and then returned to the State of North Dakota.

Regent Fred M. Anderson, M. D.

Thirty-four percent of the total practicing physicians in the state are graduates of this school.

Several hospitals throughout the State of Nevada will be used for teaching and training students and some students will even work and get instruction for a time in the smaller hospitals and even in doctors' offices. Wherever hospitals are used in this manner it has been repeatedly demonstrated that the scope and quality of patient care have improved. Others will speak to you about the V.A. Hospital.

During the next three years, approximately \$16 million will be spent improving and expanding Washoe Medical Center, Reno, from its present bed capacity of 450 to 750. The new addition will include many special features which can be used for teaching health science personnel such as physical, occupational and rehabilitation therapists, audio and visual testing areas, cardiac and surgical intensive care units and others. Other hospitals, such as St. Mary's with 292 beds and the Veterans Administration Hospital with 224 beds also have certain specialized areas such as stroke rehabilitation and intensive care units. In addition, there is the Nevada State Hospital with 564 beds. These, together with other hospitals in the State, such as Southern Nevada Memorial Hospital, Sunrise Hospital, Elko General Hospital, plus other hospitals which will be used to some extent, comprise a larger number of beds and a greater variety of cases than is available to many four-year medical schools.

A close relationship will be maintained between the Health Sciences Program and the continuing education of physicians in the State through the Title IX Program (Heart Disease, Cancer and Stroke) and the faculty of the Health Sciences Program can contribute materially to this. The program would also maintain a close relationship and helping hand to the development of internships and residency programs in qualified hospitals throughout the State.

The University of Nevada has a chance to develop these programs at this time because of several generous offers:

(1) Mr. Howard Hughes has offered \$6 million in up to \$300,000 per year for a period of twenty years. If this gift is not used for this program, this money will not be available for other programs in the University.

(2) Mr. H. Edward Manville, Jr. has predesignated a \$1 million gift for this program and is working out details for additional funding of a Professorship in the Health Sciences Program, if this program goes forward. Both of these would be lost if it is not developed.

(3) The Commonwealth Fund has tentatively approved a sum of \$418,000 for planning and development of curricula, if the program is allowed to develop; it will not be given if the program is dropped.

(4) The staff of the Kellogg Foundation has conducted an on-site visit and a grant from that Foundation will be recommended by the site visitors if the program meets legislative approval.

(5) A National Library of Medicine grant of \$15,000 per year for five years

for the development of a Medical Science Library is based on the development of the Health Sciences Program.

(6) The Luke B. Hancock Foundation grant of \$60,000 has been awarded to develop teaching programs in Anatomy, Pathology and Biochemistry.

(7) Federal matching funds are for construction or renovation on a basis of 2 Federal: 1 State for teaching areas; 3 Federal: 1 State for medical library areas; 1 Federal: 1 State for research areas are available at the present time and site visits have been made.

For medical education in general during the past ten years, federal funds have provided gradually increasing amounts that now approach 54 percent operating funds for medical schools on the average. There is every indication that this level will be held for the future. The funds we have available could be used to obtain these grants and matching funds for a good deal of operational costs.

The Board of Regents has approved the use of \$300,000 from sale of right-of-way land to the State to be matched with a similar amount from the National Institute of General Medical Science for the construction of a human-animal health related research center. The Public Health Department is planning a joint development of a diagnostic virology laboratory in conjunction with the University. These developments have long been wished for by the College of Agriculture. This, together with other facilities in the College, will have a very important relationship to all people in the State of Nevada for the health of both commercial animals and pets in Nevada.

The development of Health Sciences Program will provide a nucleus for the continuing education of doctors, nurses, technicians and other members of the health field throughout the State, using such teaching aids as open and closed circuit TV, prepared slides, motion pictures and other teaching aids, visiting lecturers and panelists throughout the state.

ASSEMBLY BILL NO. 33—MR. CAPURRO

JANUARY 21, 1969

Referred to Committee on Education

SUMMARY—Provides compulsory education for handicapped minors.
(BDR 34-493)

EXPLANATION—Matter in *italics* is new; matter in brackets [] is material to be omitted.

AN ACT relating to education; providing for the education of physically and mentally handicapped minors; and providing other matters properly relating thereto.

The People of the State of Nevada, represented in Senate and Assembly, do enact as follows:

SECTION 1. NRS 387.123 is hereby amended to read as follows:

387.123 1. For making the apportionments of the state distributive school fund authorized and directed to be made under the provisions of Title 34 of NRS, "average daily attendance" means the 6 months of highest average daily attendance for the current school year of:

(a) Pupils in grades 1 to 12, inclusive, of the public schools plus six-tenths of the pupils in the kindergarten department of the public schools.

(b) Physically or mentally handicapped minors receiving special education pursuant to the provisions of NRS 388.440 to 388.540, inclusive.

(c) Children detained in detention homes and juvenile forestry camps receiving instruction pursuant to the provisions of NRS 388.550 to 388.580, inclusive.

2. The state board of education shall establish uniform rules to be used in calculating the average daily attendance of pupils. In calculating average daily attendance of pupils, no pupil specified in paragraphs (a) [(b)] and (c) of subsection 1 shall be counted more than once. *Each pupil specified in paragraph (b) of subsection 1 shall be counted twice.*

3. The state board of education shall establish by regulation the maximum pupil-teacher ratio in each grade, and for each subject matter wherever different subjects are taught in separate classes, for each school district of the state which is consistent with:

(a) The maintenance of an acceptable standard of instruction;

(b) The conditions prevailing in such school district with respect to the number and distribution of pupils in each grade; and

1 (c) Methods of instruction used, which may include educational tele-
2 vision, team teaching or new teaching systems or techniques.
3 If the superintendent of public instruction finds that any school district
4 is maintaining one or more classes whose pupil-teacher ratio exceeds the
5 applicable maximum, and unless he finds that the board of trustees of
6 the school district has made every reasonable effort in good faith to
7 comply with the applicable standard, the state board of education shall
8 reduce the average daily attendance for apportionment purposes by the
9 percentage which the number of pupils attending such classes is of the
10 total number of pupils in the district, and may withhold the quarterly
11 apportionment entirely.

12 SEC. 2. NRS 388.250 is hereby amended to read as follows:

13 388.250 All employed children of this state between the ages of 14
14 and 17 years shall attend part-time classes established in their respective
15 school districts, unless they shall have completed the eight grades of the
16 prescribed grammar school course, or the equivalent thereof, and are
17 excused from such attendance by authority of the boards of trustees of
18 their respective school districts for any of the following reasons:

19 1. That the distance between the place of employment and the school
20 building is so great as to make part-time school attendance impossible or
21 impracticable.

22 2. That the student is bound to an apprenticeship under a satisfactory
23 contract.

24 3. That the student is excused from attendance at regular school in
25 accordance with the terms of NRS [392.050] ~~392.060~~ to 392.100,
26 inclusive.

27 SEC. 3. NRS 388.450 is hereby amended to read as follows:

28 388.450 1. Subject to the provisions of NRS 388.440 to 388.540,
29 inclusive, the board of trustees of a school district [may] shall make such
30 special provisions as [in its judgment] may be necessary for the education
31 of physically or mentally handicapped minors.

32 2. The board of trustees of a school district [may] shall establish
33 uniform rules of eligibility for instruction under the special education pro-
34 grams provided for by NRS 388.440 to 388.540, inclusive. The rules and
35 regulations shall be subject to such standards as may be prescribed by the
36 state department of education.

37 SEC. 4. NRS 392.050 is hereby repealed.) *delete*

STATEMENT ON HEALTH SCIENCES PROGRAM
FOR ASSEMBLY HEARING - FEBRUARY 10, 1969

David L. Roberts, M.D.

I stand before you not as an educator, for they have preceded, and will undoubtedly follow, this presentation.

I stand before you not as a duly accredited member representing organized medicine, for I have not been so appointed.

But I do stand before you as an individual who is committed professionally to the sciences and art of medicine and as a physician who has been deeply involved with the problems and programs of medical education as a former State Director of the Mountain States Regional Medical Program.

I do not presume to present an argument for the need of medical education in its broadest concept. It is beyond my comprehension to imagine the need for such persuasion. The medical community of Nevada, and especially of Las Vegas and Reno, has approached a crossroad of challenge and need for the past many months. The level of medical practice and the ability and training of the practitioner have steadily climbed. However, the private sector of medicine is not able to support and sustain those facilities which are needed to promote continued excellence of training of members of the health profession, whether it be refresher education or basic (entry) education.

Nevada as a State must be interested in new and innovative design - of necessity - in order to obtain maximum benefit for less than maximum cost. Nevada is now in a position to produce such a program. The concept of a

health science division is a far cry from the stereotype of medical education. A coordinative and structional discipline to involve the multitude of professions that contribute to total health care is an exciting and a challenging concept. A total lack of such coordination exists in conventional medical training programs. The need for team medicine will become increasingly apparent in the day of shortage and specialization. For Nevada to lead in such a program is not folly. The obvious benefit of training of persons for the health profession can be estimated. The indirect benefit of enhanced educational program for those already in full time employment is less tangible. But it is no secret that public pressure for upgrading of skills of the health professional will increase in the months and years to come. Such educational benefit cannot readily be imported from our neighboring states. I have already alluded to the inability of our own private sector to directly provide such leadership. A division of health sciences would seem to be a most obvious source of such strength.

The resources of such a division of health sciences should not be restricted to a geographic area of the line of sight from the ivory tower of the administration building, but may be utilized on a statewide basis through existing state societies of nursing and medicine, the University of Nevada System, the envisioned community colleges, the federal programs of Manpower Training, Comprehensive Health Planning, and Regional Medical Programs.

The time for involvement is now. The argument is not of Las Vegas versus Reno, but Nevada and her needs.

MAYOR
JOHN DI GRAZIA
Superintendent of
Finance and Revenue

JUNE CHAMBERS
City Clerk

COUNCILMEN
FRIEDA B. HOLLIBAUGH
Supt. Health and
Sanitation

CHARLES M. NANNINI
Supt. Streets and
Public Works

JOE QUILICI
Supt. Public Safety

ANDY VAUGHT
Supt. Water and
Utilities

City of Wells

OFFICE OF CITY CLERK

76

279 Clover Avenue WELLS, NEVADA 89835 Phone 752-3355

December 23, 1968

Dr. Fred M. Anderson
1350 Frederick Lane,
Reno, Nevada

Dear Fred:

For the past year, since Dr. Stephens left, Wells has been trying to find a qualified Doctor who would be interested in coming to Wells to practise. We have a well furnished Medical Center, but no Doctor.

It has occurred to me that perhaps you with your wide range of contacts, may be able to help us solve our problem, either by advising us as to what steps we might take which would put us in touch with doctors who might be interested, or by possibly giving us the names of doctors you think might consider coming here to practise.

We feel that this is a good location for a doctor because it is so far from medical help. People in Wells must travel 188 miles to Salt Lake or 120 miles to Twin Falls, or 50 miles to Elko to receive the care of a doctor.

Anything at all you can do to help us find a doctor for Wells will be very greatly appreciated.

Sincerely

John Di Grazia
Mayor, City of Wells.



VETERANS ADMINISTRATION
CENTER
RENO, NEVADA 89502

June 26, 1968

YOUR FILE REFERENCE:

IN REPLY REFER TO: 454(00)

Colonel Thomas W. Miller
1419 South Arlington Avenue
Reno, Nevada 89502

Dear Colonel Miller:

The establishment of a medical school in Reno, Nevada, would be of considerable benefit to the Veterans Administration Center in Reno and the veterans it serves through the medical programs. Some of the benefits which would accrue include:

1. Recruiting for personnel in the various health services field would be improved. A medical school seems to attract more competent people in the medical fields. This would give us the opportunity to improve our staffing both in number and in quality of personnel.
2. In an association among a medical school and one or more hospitals, there is inevitably offered more facilities for specialized medical procedures. This stems from both the availability of qualified health personnel and from funding of equipment and space.
3. We would anticipate not only being able to recruit more personnel as indicated above, but the opportunity for self-improvement of our present personnel because of the availability of an academic setting. No doubt our Board Certified physicians would obtain faculty appointments in these specialities. This in itself would, of course, give them more incentive for advanced training and learning.
4. We would anticipate becoming a teaching hospital in affiliation with the medical school. As such our teaching program consisting of students, interns, and resident physicians would be under the supervision of a Deans Committee. This, too, would provide a setting for improved quality of medical care.

Include Zip Code in your return address and give veteran's social security number.

Show veteran's full name and VA file number on all correspondence. If VA number is unknown, show service number.

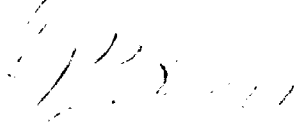
Colonel Thomas W. Miller

5. I think it is evident in the VA Hospital system that teaching hospitals require and thus obtain greater funding per patient day. Because of the specialized procedures indicated above, it is necessary to obtain expensive equipment and at times to provide more space.

6. The staff of our hospital is conducting a limited amount of research at present. The atmosphere and facilities of a medical school in the community would, no doubt, increase the amount of medical research being done. The research accomplished in the Veterans Administration and at this hospital has already improved patient care. Additional research by health sciences personnel would, no doubt, create additional benefits in health care.

I trust the above information will be of full value to you in your presentation. There are many, many side benefits which would also occur. However, I think most of them would come within one of the six major points I have discussed.

Sincerely yours,


G. B. LAPPIN
Center Director

DISABLED



VETERANS

NATIONAL SERVICE OFFICE
VA Regional Office
1000 Locust St., Rm. A. 216
RENO, NEVADA

R E S O L U T I O N

WHEREAS, establishment of a Medical School in Northern Nevada will be instrumental in upgrading the Veterans Administration Hospital, and

WHEREAS, the absence of a Medical School in Northern Nevada might result in down grading the Veterans Administration Hospital, and

WHEREAS, establishment of a Medical School will benefit the State of Nevada as a whole,

NOW THEREFORE BE IT RESOLVED, Disabled American Veterans, Department of Nevada, go on record as favoring the establishment of a Medical School by the University of Nevada.

May 18, 1968
Unanimously approved:


Department Commander

Attest:


Department Adjutant

WHEREAS the Nevada State Medical Association has long supported the need for continuing education of health personnel, and

WHEREAS the Nevada State Medical Association has voted to further support the concept of continuing medical education through the regional medical programs, and

WHEREAS the Nevada State Medical Association has supported the concept of graduate medical education, now

THEREFORE BE IT RESOLVED that the Nevada State Medical Association expresses support of an undergraduate medical facility in Nevada (School of Medicine) as the third portion of the total concept of medical education, and

BE IT FURTHER RESOLVED that the Nevada State Medical Association recognize the development of such a facility is the responsibility of the Board of Regents and the University of Nevada and the Legislature of the State of Nevada for organization and financial support.

While in annual session the House of Delegates of the Nevada State Medical Association adopted the foregoing resolution on November 11, 1967, without dissent.

The Executive Committee of the Nevada State Medical Association reaffirmed this position at the time of the subsequent annual session, November 6, 1968, again without dissent.

This is the stated official position of the Nevada State Medical Association.

2/10/69

February 10, 1969

Statement of
Paul J. Kowallek, M. D., Chief of Staff
VA Hospital, Reno, Nevada

To
Joint Session of the Nevada Assembly
Committee on Ways and Means
Committee on Education

The Veterans Administration is well aware of the fact that excellence in any discipline is enhanced when that discipline is extended into the field of teaching its own particulars to others.

The official mission of the Veterans Administration includes teaching of medical and para medical personnel.

Should a health science facility be opened at the University of Nevada the Reno VA Hospital will be made available to it for teaching purposes.

Those VA Hospitals which are affiliated with medical schools receive the majority of financial support and the most modern equipment. Those VA hospitals which are not so affiliated do not do nearly as well in fund allocation. Consequently, we have a much more difficult time in recruiting top flight personnel.

It is one of the long range plans at the Reno VA Hospital to begin a training program for resident surgeons and internists. Without affiliation with a medical school-health sciences complex it would be virtually impossible to begin such a program since one simply cannot recruit the proper type of student physician without an academically oriented environment.

MEDICAL SCHOOL AT UNIVERSITY OF NEVADA
A.B. 130

RESOLUTION ADOPTED BY THE AMERICAN LEGION

WHEREAS, a medical school at the University of Nevada, in Reno, would benefit the veterans of this State; and

WHEREAS, medical students may be available to assist the staff of the Veterans Administration Hospital, situated in Reno, and, in turn, the hospital would be benefited thereby; therefore,

BE IT RESOLVED, by The American Legion, Department of Nevada, and 49th Convention, at its regular meeting of July 21, 1968, go on record as favoring the establishment of a medical school at the University of Nevada, in Reno, and that a copy of this resolution be sent to the Board of Regents of said University.

Unanimously Passed and Adopted
at Carson City, Nevada,
July 21, 1968.

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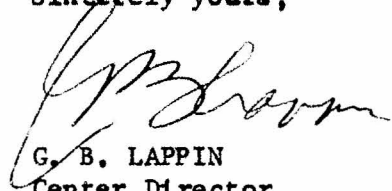
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G. B. LAPPIN
Center Director