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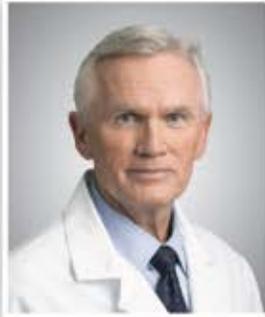
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FEATURES

58
**RACE AND
POWER IN
LAS VEGAS**

Six local Black leaders — a politician, a scholar, as well as activists and artists — engage in a wide-ranging, necessary, and overdue dialogue about racial justice in Southern Nevada

73
**WHAT DID
WE LEARN?**

After months of battling COVID-19, five medical professionals talk about the lessons of the pandemic, and what they might mean for the future

80
**TOP DOCS &
DENTISTS**

Whatever your ailment, from tooth to toe, we've got lists of healers who can help

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ALL THINGS

11 RACE
Notes on the dangers of mistaking symbolic change for real progress
By T.R. Witcher

14 DAY TRIPPIN'
For a change of perspective, visit the large, mysterious Blythe Intaglios
By Kris Saknussem



16 ODE
There's something to be said for soaking in a kiddie pool, and this is the guy to say it
By Andrew Kiraly

19 REVIEW
A new book ponders the end of time — using LV as a lens
By John Hay

22 ENTERTAINMENT
Looking back at *Ocean's 11* on its 60th anniversary
By Steve Bornfeld

28 FOOD
Chicken scarce in a pandemic? Guess I'm a vegan (for now)!
By Soni Brown

29 STREET FOODIE
There's more to Black cuisine than soul food (but the soul food is great, too)
By Brent Holmes



DEPARTMENTS

32 HISTORY
What Las Vegas can learn about rebounding from disaster by looking back at the 1980 MGM Grand fire
By David G. Schwartz

40 SOCIETY
A local gym specializes in helping veterans deal with their injuries — not all of which are visible
By Hayleigh Hayhurst

EXTRAS

6 EDITOR'S NOTE

96 SENSE OF PLACE
After years of discussion about the racial insensitivity of its mascot, UNLV removed its Hey Reb statue. What that means, and doesn't mean
By Frank Johnson

COVER

PHOTO ILLUSTRATION
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Editor's Note

HERE WE ARE AGAIN, AGAIN

I acknowledge this as a false belief, but tough times call for, uh, sometimes indulging a forgivable weakness for a little personal religiosity cooked up in your head. Mine is: Las Vegans are extraordinarily hospitable. It's in our DNA, it's a civic character trait, it's a native truth, it's nurtured into our collective nature by our marquee economic engine — put it however you want — and our sense of hospitality is embedded with values such as tolerance, acceptance, patience, even compassion. Yeah, I know I'm probably spiritualizing an industrial prerogative or maybe even abetting the internalization of capitalist voodoo or whatever, but I suppose there are worse things to base a metropolitan identity on.

I'm not going to offer that as a balm to the woes besieging the city right now, but it can't hurt to let a little higher awareness of that — hospitality as a meaningful value — drip into our bloodstream at this moment, what with the pandemic stomping back amid a cataclysmic vacuum of leadership and fresh outcry over racial wounds ignored for far too long.

They are not distinct and unrelated ills. In this issue, we attempt to address both. Our roundtable, "Every Voice: Race, Protest, and Power" features six local luminaries discussing racial justice in Nevada — from how to translate protest into policy to the massive enterprise of building true economic inclusion. And in our feature, "What Have We Learned?," we talk to five minds in healthcare about the lessons they've learned while working amid the pandemic. Many of their lessons are practical and concrete; others ring with richer, and sometimes poignant, human truths. These are not comfortable conversations, nor should they be. Which, I suppose, is a defining feature of the kind of hospitality I'm talking about: To allow others to feel safe and welcome, you often have to venture out of your comfort zone.

Andrew Kiraly
EDITOR

OH, YEAH, ALSO

1. Developed a habit of binge-watching noxious garbage TV as a desperate bulwark against the tentacles of our increasingly grimdark reality? Same. Speaking of, we'd like to remind you that 2020 marks the 25th anniversary of *Showgirls*, the 1995 box-office bomb about dancer Nomi Malone trying to hustle her way to the top in Las Vegas. 2020 also marks the release of **You Don't Nomi**, a documentary that examines the more-complex-than-you-think legacy of *Showgirls*. Read an interview with doc director Jeffrey McHale at desertcompanion.com.



2. Updated Back-to-School Supply List:

1. Fresh copy of *Dick and Jane Throw a Tantrum at Costco*. 2. New crayon color: Fragile White. 3. Opera glasses for socially distant test copying. 4. Clorox jeans. 5. Wall-size flow chart to keep track of school district's reopening plan. (*Scott Dickensheets*)

3. If you're a *Desert Companion* subscriber or Nevada Public Radio member, keep an eye on your email come August 20. That's when the first issue of **Fifth Street**, *Desert Companion's* new weekly email newsletter, is scheduled to hit your inbox. Replete with riffs, reflections, recommendations, and all the fine storytelling you expect from *Desert Companion*, it's our little way of saying, "As the demise of print media is only accelerated by the pandemic, yikes, we need to find another revenue model." Check in later this month at desertcompanion.com for information on how to subscribe.

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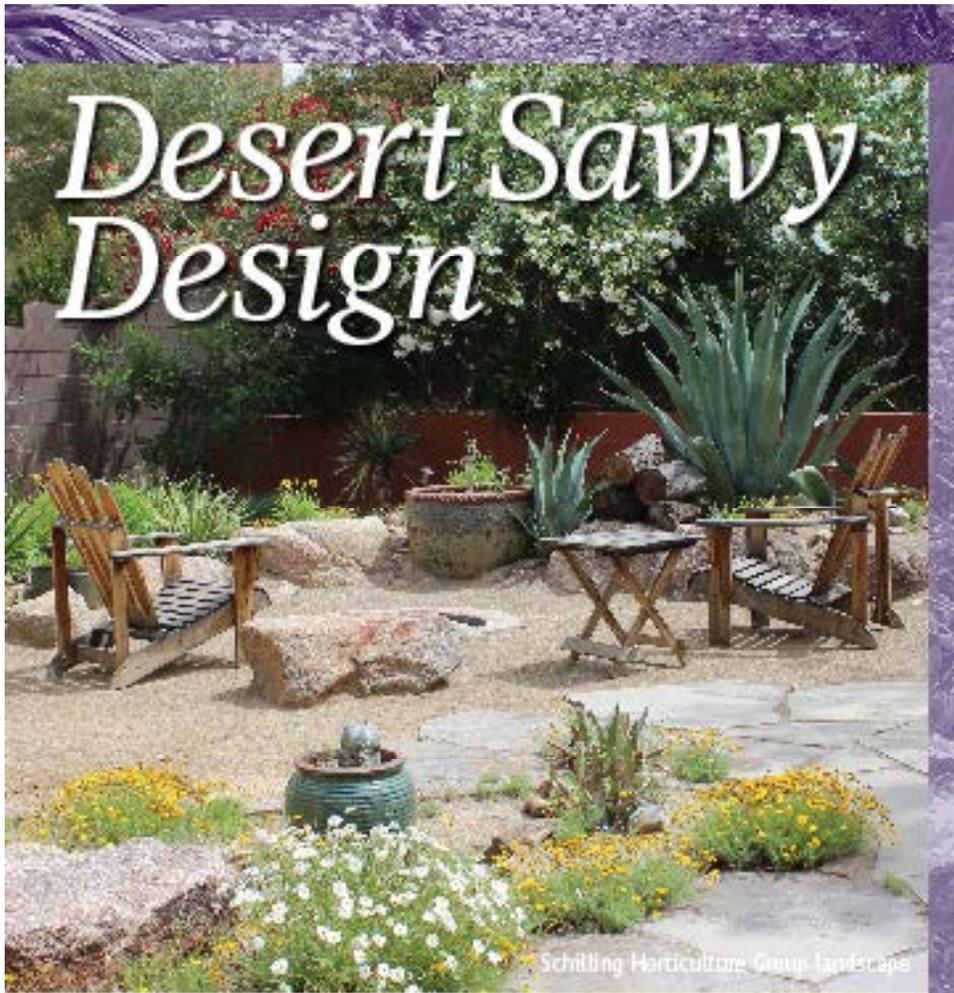
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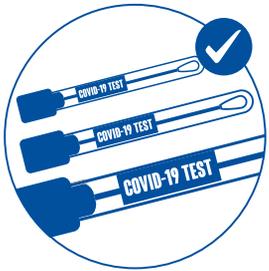


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ANNALS OF CHANGE

Different This Time?

As the movement toward racial justice gathers momentum, there's a danger of mistaking symbolic change for the real thing

BY **T.R. Witcher**

The June protest was small, maybe 100 people, held Downtown on the streetside patio of Jamaican restaurant Jammyland. Family members from across the country told harrowing stories of how their loved ones were killed by police.

It was, in its way, a modest protest — organizers had bottled water on hand, and everyone wore a mask. It was just a few days after the protests on the Strip that resulted in both a protester, Jorge Gomez, being shot and killed by Metro police officers, and a police officer, Shay Mikalonis, being shot in the head, allegedly by Edgar Samaniego. But the emotions were heavy.

As the crowd chanted the names of victims, many speakers fought back tears to tell the stories of those unable to tell their own. “We are fighting for you on the other side of the fence,” said Katrina Johnson, whose cousin was killed by police in Seattle three years ago. “We are fighting so your loved ones don’t die, so that you don’t die. So that you never feel the pain that we feel.”

SINCE GEORGE FLOYD'S death on May 25 in Minneapolis, we have seen

protests sweep the nation unprecedented since the 1960s. George Floyd’s face is being painted on murals around the world. What has changed now? Floyd is only the latest in a long line of Black victims of police violence: Michael Brown, Tamir Rice, Trayvon Martin, Philando Castile, Eric Garner. In Las Vegas, Byron Williams.

Why now? Part of it was the grisly spectacle — the naked indifference Derek Chauvin embodied as he pinned Floyd to the ground for almost nine minutes, and his colleagues stood by and did nothing. Part of it was the timing of similar tragedies — Ahmaud Marquez Arbery was gunned down by white vigilantes in Atlanta in February; Breonna Taylor was gunned down by Louisville cops executing a no-knock search warrant in March. Part of it was the exposure of a generation’s worth of limp “diversity training,” best exemplified when Amy Cooper tried to weaponize the cops on Chris Cooper, a Black birdwatcher in Central Park.

Throw in three-plus months of quarantine, three-plus years of Donald Trump, and 300-plus years of racial oppression, and here we are. According to

The New York Times, between 15 million and 26 million have participated in some kind of protest, making Black

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The largest protest actions in decades saw hundreds of demonstrators repeatedly take to the Strip to demand justice.

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Lives Matter the largest protest movement in American history.

Ideas floating around progressive circles for years are quickly becoming normalized. White privilege. Defunding the police. Ending mass incarceration. Universal basic income. Even, a little farther out there, abolishing whiteness itself as a category.

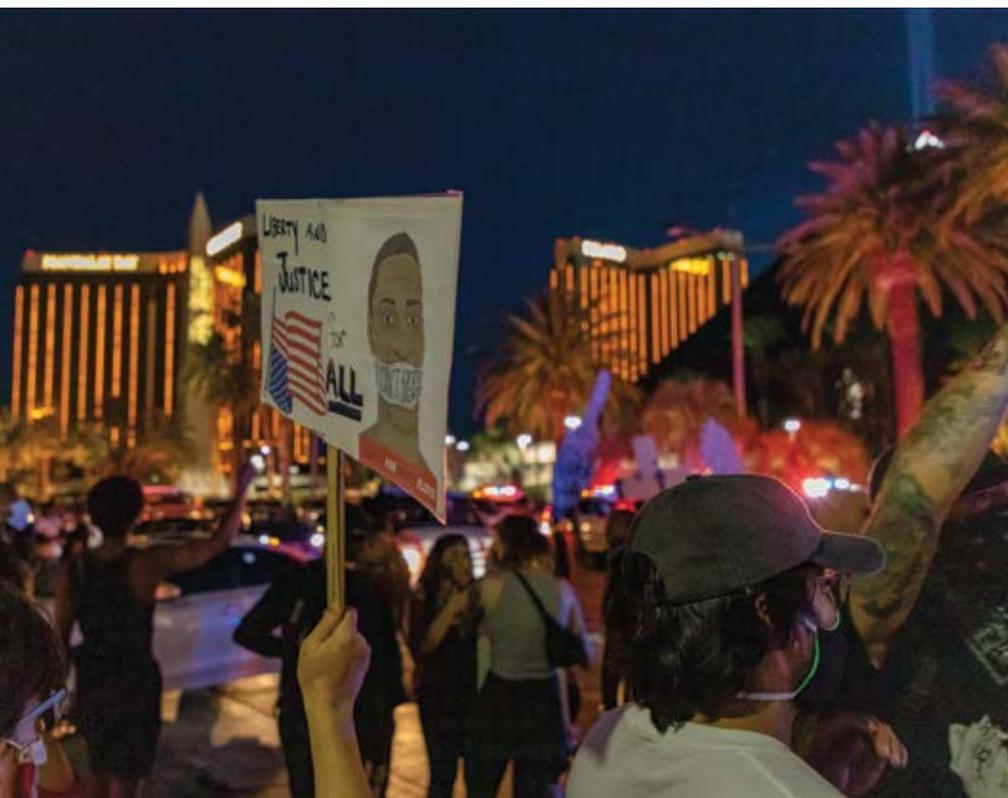
Seeing the reality of racism on TV or online is having a galvanizing effect on people, especially white people, many of whom are experiencing an “I didn’t know shit was that bad” moment. That’s good. What the larger society is starting to realize is that the problem of “race relations” is (and has always been) about the way white people have tilted every lever to their advantage, as well as their own profound and unresolved fears about Black people.

It’s a heady moment. It feels real, too, a moment that could sustain itself longer than just a moment. But I am concerned, in our spectacle-addled culture, that people will think some of the symbolic changes we’ve seen, such as the removal of offensive statues, are the change. I’m not saying they aren’t a start. If these gestures put enough psychic discomfort in the body politic, lasting change

may be possible. But if they ameliorate that discomfort too readily, too easily — post a BLM-positive message on Facebook and you’re good — then we’re apt to squander the moment. We’ll end up, for instance, celebrating the renaming of the NFL’s Washington Redskins and not give much consideration to life as it is lived on Native reservations. The fact that the March 1965 “Bloody Sunday” clash between civil rights protesters and Alabama state troopers on the Pettus Bridge in Selma, Alabama, was televised to millions of Americans helped pushed the Voting Rights Act through. White discomfort with the status quo is mandatory before there can be real change. But it’s not enough. What we need is white outrage at the status quo. And we need real, not symbolic, change.

What is real change? Legislative action. Laws or policies that would systematically close racial gaps in education, incarceration, police interaction, and income- and wealth-building. Even in fairly well-integrated Clark County, Black median income trails white median income by almost \$23,000.

I don’t know what those laws are. But city by city, state by state, we need to drill into the thicket of laws and policies we



have on the books that are contributing to our increasingly unequal world, and write better laws, and enforce them.

It's the difference between, as *The Atlantic* points out, social radicalism (a Black CEO is named at Company X) and economic radicalism (Black workers at the same company are paid the same as white workers).

The road from symbolic change to actual change won't be an easy one. The Black Lives Matter movement is strong because it's not centralized around a leader who can be targeted, marginalized, critiqued. It's diffuse and pervasive. Activists, journalists, politicians, corporate CEOs, regular people taking video with their smartphones — all of these people can take part in the movement, if only for a critical moment.

But this can be a liability, too. *New York Times* writer Jay Caspian Kang worries that "if white people keep coming to the protests, how do you prevent this Black protest movement from becoming a vehicle for white progressives to try to advance all their other hobbyhorses?" Fair enough, although this implies that there is a definitive goal of Black protest that can be hijacked. The diffuseness of Black Lives Matter means that the movement will likely have to decide what that goal is: specific reform to police departments and the criminal justice system or a broader agenda that engages the intersection of Black people with a host



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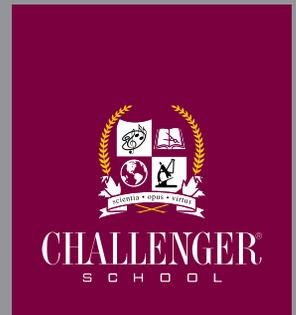
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of massive societal challenges, such as the climate crisis or increasing automation. Or is the goal to move beyond the hierarchical structures of capitalism itself?

If we're not prudent, these symbolic changes will herald only a generation of Central Park dog owners who wear Black Lives Matter T-shirts and know better than to call the cops on innocent Black people, but still inadvertently displace poor Black residents in gentrifying neighborhoods and still profit from access to greater capital — social, educational, and financial.

If the end game is reparations, let's have the debate. Author Nikole Hannah-Jones rightly notes that “this nation must move beyond slogans and symbolism,” but she argues that the real hurdle is mustering the political will. “The technical details, frankly, are the easier part.” I think she has it backward: The technical details will be the key to garnering the political will.

AT THE END of the June protest, we walked along Charleston Boulevard to Boulder Plaza in the Arts District. We chanted; the protesters at the front carried a sign, “Families are the front line.” Passing drivers honked their horns. The sun set, a few more speakers told their heartbreaking stories, and it was clear that, modest as it was, these folks would carry this ache with them the rest of their lives.

We should not be looking to return to the more comfortable days before George Floyd, before COVID-19, before Trump. Because those days weren't that great. And we shouldn't settle for hope and rhetoric. We should carry the ache, too, this year of utter heartbreak, and use it to decide what kind of nation and people we will be. American preeminence is no longer a guarantee. China will eventually surpass our economic reach. The United States' response to COVID-19 has been outclassed by dozens of other countries. If our diversity is indeed our greatest, most competitive advantage, it's time we did our damndest to make sure our most historically disadvantaged people, Black people, are made whole. The full equality of Black citizens, de facto and de jure, is the foundation with which we can build an America that we can be truly proud of. ♦



DAY TRIP

Strange Messages

A short drive away but a world apart: exploring the mysteries of the ancient Blythe Intaglios

BY **Kris Saknussem**

Blame it on the Hardy Boys. *The Mystery of the Desert Giant* got me interested in massive “geoglyphs,” and specifically the Blythe Intaglios. Carved into the Colorado Desert 16 miles north of Blythe, California, near the junction of Highway 95 and Interstate 10, these colossal cryptic figures fit into the peculiar category of earth art that's best and sometimes only truly viewed from the air (created before there was air travel). Think of the great Chalk Horses and Giants of England, and, of course, the best-known work, the Nazca Lines in Peru. (Closer to home and in time is the famous Spiral Jetty created by the late Robert Smithson on the shore of the Great Salt Lake. He had these much older and puzzling works in mind as inspirations.)

The Blythe Intaglios can also be considered in the context of Native North American earthworks such as the Plains Indians' medicine wheels and the Midwestern raised-earth configurations like the Great Serpent Mound in Ohio. The riddle, though, is that none of the Colorado River Native Americans have acknowledged construction of the Intaglios. No one has. Radiocarbon dating indicates creation between 900 BCE and 1200 CE, which makes them significantly old in world terms (the Nazca

INTAGLIOS: WIKICOMMONS



Lines have a similar age). The truth is, we don't know who made them.

We also don't know why they were made. As with similar baffling creations around the world, archaeologists, anthropologists, geologists, and astronomers have advanced many theories. The principal one is always magical-religious, communications or celebratory "offerings" to sky gods — or the ever-tempting "ancient astronauts." Getting more down to earth, there's the hypothesis that these works form some kind of primitive observatories. While there may possibly be some explainable astronomical elements to them, there's no professional agreement on this point, and still many questions. Why do they take the pictorial forms they do, which need to be seen from the air? Structures such



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as Stonehenge can be viewed and interacted with at ground level. They have much more obvious potential astronomical utility. How do you “work” a desert giant?

Other notions focus on geographic use (clues to flows of water, types of soil, navigational aids, etc.) or diagrammatic “theaters” for now lost-in-time ritual practices. The only point at all even remotely agreed upon by the experts is that the ultimate answer may be a convergence of reasons, a mingling of both sacred and highly practical motivations.

Native Americans in the region did know of the forms, but these enormous gravel pictographs were only documented with photos and geological surveys in 1932, when a pilot named George Palmer realized he was flying over something remarkable. He saw three human figures (the largest is over 170 feet long), two four-legged animals, and a spiral shape, which is a widely repeating motif in world mythology and art.

I’ve investigated the Intaglios from both airplane and helicopter, and I’ve made two extended pilgrimages on foot (highly recommended). Although surrounded by chain-link fencing for preservation, I still felt an uncanny psychological sense of presence and intentionality, both inviting and strange. No wonder the Hardys were intrigued. Even if you can’t fully grasp their design at ground level, I think this adds all the more to the magic of the creatures’ meaning and the mystery of their construction.

Complex artistic and practical challenges were overcome. The desert ground can be very hard. The summer temperatures sear, and winter can get raw. Then there’s the matter of materials at hand, the tools needed — and the necessary labor for the scale of endeavor. The great Paleolithic cave art and most of the petroglyphs around the world (including the brilliant examples seen in Utah) could’ve been created by individual artists. Not so with works like the Intaglios. Most importantly, there’s the problem of perspective, which remains a perplexing feat of vision, and highly counterintuitive.

A key related point that’s often overlooked (as the giant figures themselves were for long years) is that such art inherently required a plan. Even the most luminous of the cathedral cave scenes could’ve unfolded in an improvised, cumulative way. No one digs giant figures into the desert without some kind of pre-construction sketches. Think of the conceptual aspect. Think of the communal agreements needed. As compelling as these figures are in pure

visual terms, they represent profound design and engineering capabilities, and are also triumphs of social cooperation and project management over time, a dreamlike construction of some alternative idea of history before there was history.

In this complicated era, when far-ranging travel is tricky, it’s important to remember that curious places aren’t far away. The cul-

tural genius of the unknown creators of the Blythe Intaglios may have been leaving us a very topical message — to seek an aerial view not only of space and earth, but of time. ♦

Kris Saknussem is the author of the novels Zanesville and Private Midnight, the memoir Sea Monkeys, and the play/short film The Humble Assessment.

ODE

The Soaker

In praise of the cheapo kiddie pool

I don’t know why I didn’t get an inflatable pool earlier. Oh, wait, yeah I do — historically, I had a perpetual all-access family pass to my siblings’ suh-weet, brochure-ready backyard oases, proper pools resplendent with waterfalls, bubbling spas, beach entries, and cocktail grottoes — a privilege snatched away by the pandemic and relegated to the same purgatory of memory and longing where so much of our old normal life is now warehoused indefinitely.

But I didn’t just rush out and buy one. It took a little convincing. I had been harboring a kind of neurotic block against owning a cheapo kiddie pool, some knot of deep, class-based conditioning. On the one hand, I think I considered it frivolous, broadly unbecoming adulthood, declass , desperado posh, this idea of a grown-ass man nursing a tumbler of grocery-store ros  in three feet of water because lol loser can’t afford a real pool. It was the sort of thing, I secretly thought, you should only see on the cover of a rockabilly album. On the other hand, I suspect I had some long-forgotten revenant subscription to a principled disgruntlement (maybe punk rock, maybe puritanical) with the traditional forms of suburban comfort, whose mode has always entailed industrializing your personal environment — that is, enlisting outlandishly resource-gobbling systems to make our lives a little bit cooler, wetter,



funner. (Think of the elaborate machinery that runs our air conditioners, waters our yards, filters our pools, powers our digital home entertainment suites.) A cheapo kiddie pool was a venial gateway sin to a morally queasy realm.

I got over myself hella quick when it started getting hot. Thirty dollars later, I’m *chinchilliiiiiiing* in my backyard, feeling like I’m rightly participating in a revered Vegas ritual. Today I endorse buying a kiddie pool, and encourage all adults to do so. Here’s one little trick to getting over any feelings of juvenile atavism that may prick your overdeveloped conscience: Don’t think of it as a pool per se. Instead, think of it as an outdoor waterbed, or a pleasingly puffy chaise lounge that a race of mer-people gifted our species in a gesture of fraternity and goodwill. Better yet, a kiddie pool’s pleasures provide all the summery, evocative swoon of a legit in-ground pool without the expense and infrastructural intensity — the oneiric heave and sway of water hugging your body; lounging afterwards in your damp trunks in the skin-dazzling honey pockets of late afternoon warmth; that lazy, sun-drunk, waterlogged waddle to the fridge for another round of beers; that bracing blast of sunblock to your back as you prepare for another meditative soak. O portal to a parallel timescape of permanent three-day weekends, bottomless screwdrivers, and endless summer laze, cheapo kiddie pool, this ode is for you. **Andrew Kiraly**

POOL: COURTESY



WE ASKED POET
GREGORY CROSBY
TO RESPOND TO
THIS PHOTO BY
CHRISTOPHER SMITH,
TAKEN JUNE 19 ON
THE STRIP.

POEM

SONG FOR THE SHADE OF ELVIS ON JUNETEENTH, 2020

“The King?” There’s no such thing as *a good king*.
Isn’t that what the Revolution was
about (among other, terrible things)?
When you shook Nixon’s hand & gave the War
on Drugs your pill-popping, sequined seal
of approval, whose voices were singing
in the back of your mind, far & away
on a sweltering late summer night in
Tupelo? Whose voices? From what bodies
did those souls in their sufferance lift up
your heart until it was in your own throat?
Where do you suppose those bodies are now?
What dark, beating heart incarcerates them?
What throne? What pretender? *If I could find
a white man who had the Negro sound &
the Negro feel, I could make a billion
dollars*. Ghost, specter, possessor no
one (not even Public Enemy) can
exorcise, tell all the discarded lives
whose songs you sang in the innocence
that is not innocence, not now, not ever:
Are you lonesome, tonight? Are you?

-*Gregory Crosby*

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CULTURE



THE BIG PICTURE

Winding Down

In *Desert Notebooks*, author Ben Ehrenreich ponders the future through the lenses of climate change, the desert, mythology, time — and Las Vegas

BY **John Hay**

In January 2018, Ben Ehrenreich packed up his car and left his home in Joshua Tree to spend the next few months living in Downtown Las Vegas on a fellowship with the Black Mountain Institute. During his residence, Ehrenreich journaled his thoughts about life in the desert in the 21st century, and these thoughts became *Desert Notebooks: A Road Map for the End of Time* (Counterpoint, July 7, \$26). The fellowship seems to have been a mixed blessing; it gave him the resources he needed to write the book, but it also obligated him to live in a city that filled him with anxiety and despair.

Like almost everyone these days, Ehrenreich can't shake the feeling that we are hurtling toward the apocalypse. Every time he checks the news, he sees another report about violent uprisings in the Middle East or disappearing glaciers in the Arctic Circle. "The plots of every science fiction novel published since the 1960s are unfurling all at once," he writes. Although composed before the emergence of the coronavirus pandemic, Ehrenreich's book resonates powerfully with our current moment, in which the prospect of a shining, prosperous future has, for many, been replaced by visions of ruins and wastelands. Perhaps it should come as

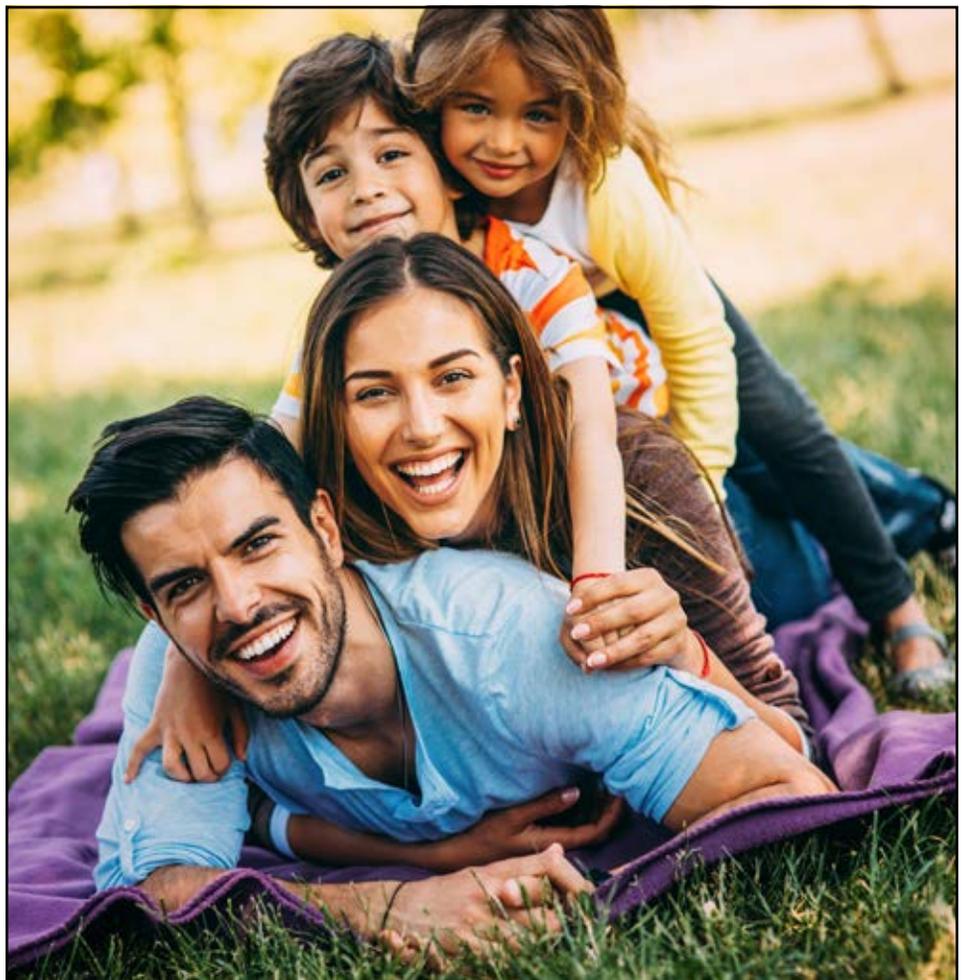
for example — or it could lead to a jail cell and deportation. Kagan, director of the Immigration Clinic and Joyce Mack Professor of Law at UNLV, describes both scenarios in *Battle*. The first involves a United States citizen and the second an undocumented immigrant who had lived and worked in Las Vegas for more than a dozen years when a faulty light provided a pull-over pretext.

As director of the Immigration Clinic, which aids undocumented immigrants in the fight referenced by the title, Kagan knows the value of illustrative narratives. “Details make it real. Details win these cases,” he stresses. This is why he and other clinic attorneys often have to torment the people they are trying to help, pulling stories of murders and rapes from them to impress a judge in a strip-mall courtroom. (“To be fair, Las Vegas is really a city of strip malls,” Kagan observes, a touch that lends the book an oh-yeah familiarity for any valley resident, native or immigrant.)

And by “judge” he does not mean an official of the judicial branch. Immigration judges are employees of the Justice Department, and prosecutors are from Immigration and Custom Enforcement. The whole process is rigged in favor of ICE, and Las Vegas has a poor record of granting asylum — just 7 percent. The national average is 34 percent. Meanwhile, Kagan notes, Nevada has more undocumented people per capita than

any other state.

Matters were grave enough before 2017, but the Obama administration, at least, focused on deporting violent criminals. But after a presidential campaign launched with anti-immigrant calumny, the Trump administration has done everything possible to expand deportation. Law-enforcement agencies in Nevada and elsewhere have



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helped by turning undocumented arrestees over to ICE. Infamously, it tried to undo Obama's Deferred Action for Childhood Arrivals program, which granted temporary legal status to some undocumented children. Kagan's deadline with University of Nevada Press left that issue before the Supreme Court, which this June halted the dismantling of the program. Even more infamously, the same administration that caged children also compelled them to represent themselves in deportation proceedings.

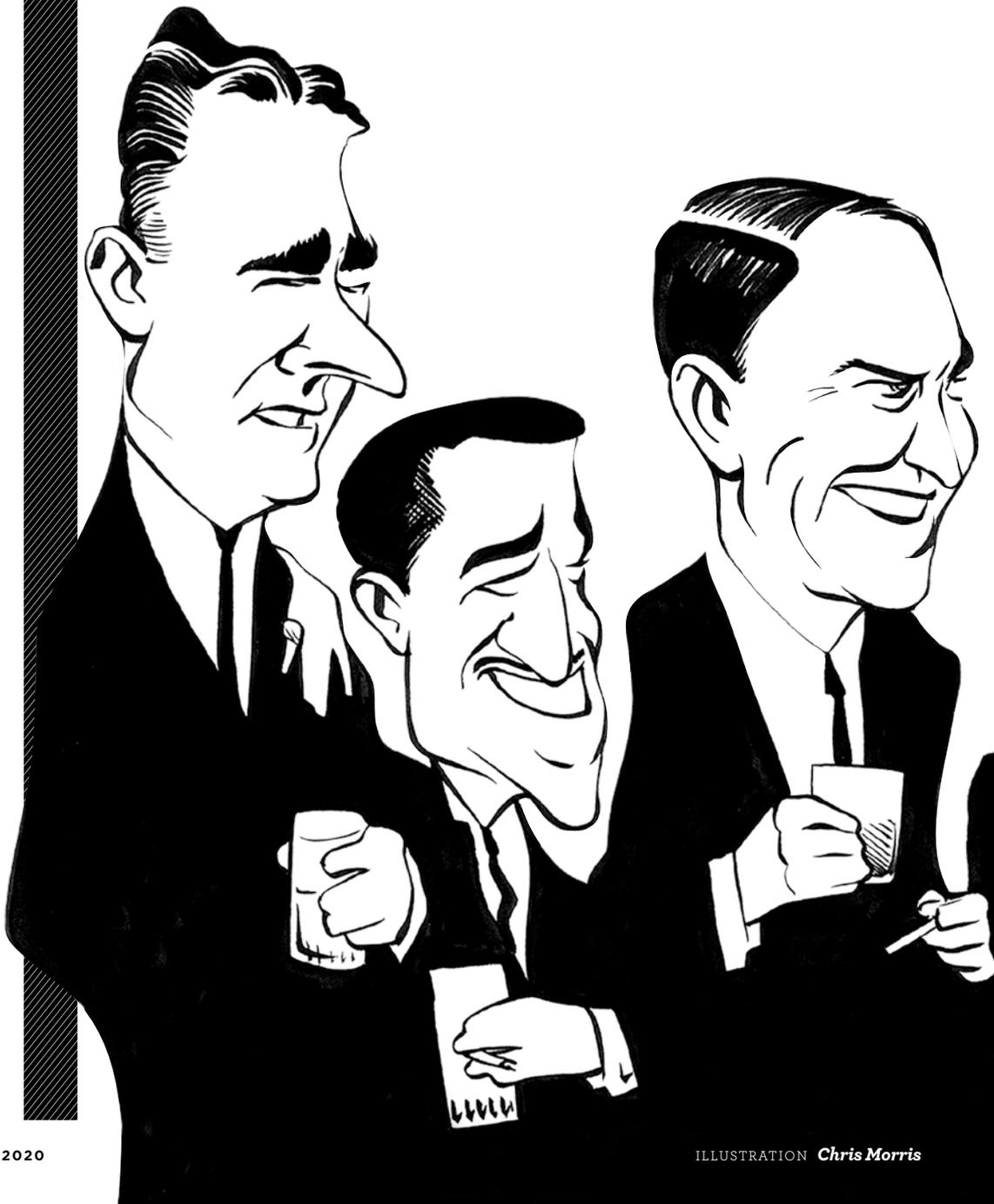
Along with the stories of several undocumented valley residents, Kagan tells some of his own. He and his wife have adopted daughters from Ethiopia. Hearing of Trump's election, one feared they, too, would be deported. After detailing a dreadful debate with an Uber driver, he provides a handy guide to refuting anti-immigration arguments: Yes, immigrants pay taxes; no, they do not get "welfare." And while he notes some failures, he celebrates Nevada's turn to more progressive immigration policies, including passage last year of "one of the most sweeping pro-immigration occupational licensing bills in the country," as well as the decision by both Sheriff Joseph Lombardo and the City of Las Vegas to halt ICE detainers.

Battle is a fairly short book, and you could wish for more heft, more examination of the history and depth of the United States' exclusionary and racist policies. But what makes it valuable is its focus on how those policies play out in one city — one that, for all its quirks, exemplifies the nation at large.

Clearly, the battle is nowhere near over, but recent skirmishes have offered some hope. Next objective: November 3. ♦

The Battle to Stay in America: Immigration's Hidden Front Line, by Michael Kagan, University of Nevada Press, \$27.95

ENTERTAINMENT
ONCE UPON A RING-A-DING-DING
On the 60th anniversary of Ocean's 11, the film that introduced Sin City's fizz to the world, a trip back in time
BY STEVE BORNFELD



“The Sands was built in 1953, but 1960 was the year Las Vegas popped.”

— Author James Kaplan,
Sinatra: The Chairman

Would this fly today?
Dino sings the opening bars of “Did You Ever See a Dream Walking,” the word “walking” pole-vaulting up several notes, per the beloved standard’s melody. Sorta.

“Did you ever see a Jew JITSU?...” Dino sings.

Frank’s hand shoots up: “Well, I did!” Enter faux-furious (and genuinely Jewish) Sammy, faux-restrained by Frank.

Sammy yells: “Be fair, that’s all I ask! Would you like it if I came out here and said, ‘Did you ever see a Wap-SICLE? Well, I did!’”

Frank attempts to croon an Al Jolson classic. “I’m Alabam-y-bound...”

Sammy interrupts: “You’ll go there by yourself! Leader or no leader, I ain’t goin’ wit’cha, baby! They gonna have to come up here to get me!”

When the world was younger than today — with all the playful innocence that implies, blissfully unaware of the tortured social/cultural growing pains yet to come — six words turned Las Vegas into *Vegas, baby!*: “The Rat Pack at the Sands.”

Otherwise known as Frank Sinatra, Dean Martin, Sammy Davis Jr., Peter Lawford, and Joey Bishop at the Sands.

That was six decades ago. And that was their shtick — Jewish, Italian, Black, and redneck jokes (plus a song snippet immortalized by a white-man-in-blackface superstar of his era) in about 90 seconds, just to start.

Audiences screamed (yes, in laughter).

In August 1960, their Rat Pack-edness (and the sights and sounds of classic Vegas) was immortalized with the release of *Ocean’s II* — the original that inspired four later films and became our global calling card. Crowds (including prez-to-be John F. Kennedy,

Lawford’s bro-in-law) streamed into the Sands’ Copa Room every time the gang (or some combination of them) came to town.

With due respect to Elvis, Liberace, and countless other superstars, it was these guys who turned this town into *THE TOWN*. And when they arrived for the January/February 1960 filming of the Vegas portions of *Ocean’s II* — while simultaneously wowing the Copa crowds nightly — they were elevated to legendary status in our collective memory.

Yes, they were of their time — imagine Frank’s “Swing, baby, swing!” ethos running smack into #MeToo today — but they were magic. As we grapple now with poisoned politics, racial strife, demonstrations, and a pandemic that crippled America and the globe, including our vaunted Strip, we could use their bursting-at-the-seams *spirit* — minus the cultural flaws and anachronisms — to reignite our own Vegas Vibe, hopefully soon.

So, through the magic of time-trippin’, we return you to the sunset of Eisenhower’s America and the sunrise of JFK’s Camelot — that historical sweet spot that launched the Rat Pack rocket to fame.

THE RUNDOWN

So ... what’s the plot?: WWII vets Danny Ocean (Sinatra) and Jimmy Foster (Lawford) enlist nine of their comrades from their unit in the 82nd Airborne to simultaneously rob five Vegas casinos — the Sahara, Riviera, Desert Inn, Sands, and Flamingo — on New Year’s Eve with military-style precision.

How ... exactly?: Josh Howard (Sammy) takes a job as a sanitation worker driving a garbage truck, while others get gigs at the various casinos. Sam Harmon (Dino) entertains in one of the hotel’s lounges (which is how we get Dino’s “Ain’t That a Kick in the Head”). Demolition charges are planted on an electrical transmission tower, and the backup electrical systems are covertly rewired in each casino to open the cages. At midnight, they blow the tower, the Strip goes black, the inside men sneak into the cages, hold up the cashiers and dump the bags of loot into the hotels’ garbage bins. Then Sammy’s truck picks up the booty and glides through the police blockade.

Snotty promotional tagline: “In any other town, they’d be the bad guys!”

Starring the Rat Pack with support from ... Angie Dickinson, Cesar Romero, Richard Conte, Akim Tamiroff, Henry Silva, Ilka Chase, Norman Fell, Patrice Wymore, Buddy Lester; and cameos by Shirley Maclaine (getting drunk and smoochy with



Dino), Red Skelton, George Raft, and Louis Prima and Keely Smith.

Low Rat on the Pack: Yes, the movie “starred” the Rat Pack (for the record, Sinatra preferred calling themselves “The Clan” and their live performances “The Summit”). But the opening animated credits has the movie “starring” Frank, Dean, Sammy, Peter — and Dickinson and Conte. Joey Bishop? Listed third down under the “also starring” title card in smaller font, even though he is the first character to appear in the film, and narrates, kicking off the action. Nor is he on the main poster, replaced by Dickinson. (Is it possible she had more sex appeal?) Plus, Joey — who also wrote most of the Rats’ Copa Room material — is saddled with one of filmdom’s worst character names: “Mushy.”

No Rat on the Pack: Up-and-comer Steve McQueen turned down a role in *Ocean’s* after being counseled by gossip queen Hedda Hopper to be his own man, not a Sinatra “flunky.” Smart.

Location, location, location: Despite its status as a totem of Las Vegas, *Ocean’s II* does not, in fact, show up in Las Vegas until one hour and three minutes in. Then Sin City takes over, with scenes shot at the casinos and on the Strip, as well as one lensed at the former Las Vegas Union Pacific Depot.

Work all day, sing all evening, carouse all night — repeat: Or so the legend goes, when the Pack Rats played the Sands while filming *Ocean’s II*. The truth, depending on the source, is more nuanced. One account insists Joey is the most obedient Rat, always punctual for the traditional 9 a.m. start; Lawford will only work mornings; Dino and Sammy show up midafternoon; and, finally, Frank ambles in at 5 p.m.

Coming up short: Wooden blocks had to be added to the pedals of the garbage truck for Sammy to reach them. However, one of the producers’ biggest headaches was persuading Clark County officials to

let them borrow one measly garbage truck.

Retroactive apology, anyone?: The infamous blackface scene. In the cab of the sanitation truck. Lawford, Dino, and Frank apply black shoe polish (for plot-driven reasons) while Sammy drives — and giggles. Frank: “What’s so funny?” Sammy: “I knew this color would come in handy someday.” Dino: “How do you get this stuff off?” Sammy: “Well, what I usually ...,” then realizes he’s being teased. “Ha ha ha.”

Cringe.

Crash or burn?: Originally, the script’s ending had the gang escaping with the cash in a chartered plane — that crashes. Deciding it was too downbeat, the writers rewrote it so the fellas lose the dough when it’s stashed alongside the corpse of one of their colleagues, to be collected after the funeral — except the corpse is cremated. So’s the dough. Cheerier, no?

WHOOPS!

When Dino performs “Ain’t That a Kick in the Head,” a trumpet solo is prominently heard. Check out the jazz combo backing him. See any trumpeter?

After the power goes out, an emcee at one of the casinos tells the orchestra leader to keep playing ... on a working PA system.

Dino’s character jokingly says he’d like to “repeal the 14th and 20th Amendments. Take the vote away from women and make slaves out of them.” Actually, he’s talking about the 13th (abolishing slavery) and the 19th (granting women the right to vote) amendments.

The wartime buddies are supposed to have served together with the 82nd Airborne during World War II — except that the Army was segregated during that war, which would have excluded Sammy’s character, who would have instead been with the 555th Parachute Infantry Regiment.

When Sinatra’s Danny asks the cashier for \$25 in chips, he hands over a single bill.

CRITICAL RECEPTION

The New York Times: “A surprisingly nonchalant and flippant attitude toward crime — an attitude so amoral it road-blocks a lot of valid gags — is maintained through *Ocean’s II*. ... Frank Sinatra, who is the power behind the picture, should have a couple of his merit badges taken away. ... There is no built-in implication that the boys have done something wrong. There is just an ironic, unexpected, and decidedly ghoulish twist whereby they are deprived of their pickings and what seems their just desserts.”

The Los Angeles Times: “(The movie) has a pretty good surprise twist at the finish and is, of its type, a pretty good comedy-melodrama.”

The Washington Post: “Nothing more than a whopping sick joke in Technicolor ... It’s a completely amoral tale, told for laughs.”

CLOSING CREDITS

One week after its nationwide release, *The Hollywood Reporter* declared *Ocean’s II* was Warner Bros’ (and Sinatra’s) most profitable pic to that point. And the Rat Pack’s familiar stomping grounds — that’s us — exploded. Las Vegas became *Vegas, baby!*

Lawford was the first Rat gone, dying on December 24, 1984, at age 61, of cardiac arrest complicated by kidney and liver failure.

Sammy left us on May 16, 1990, at age 64, of throat cancer.

Dino passed on December 25, 1995, at age 78, from lung cancer.

Lead Rat Frank died on May 14, 1998, at age 82, of a heart attack.

The last surviving and longest-living Rat, Bishop, succumbed on October 17, 2007, at age 89, from organ failure.

Sixty years after they gave Vegas an adrenaline injection that catapulted us into the stratosphere, we need that breezy pleasure rush shot back into our veins. ♦

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It takes an epic descriptive bank shot — imagine *H.R. Giger* making images of mythical ancient rituals as seen through the shimmering gray light of *Betelgeuse!* — to get anywhere close to KD Matheson’s art. Even then, you’ll fall short, so mantled is his work in mystery and otherworldly beauty — it’s “an encyclopedia of symbols,” as critic Dawn-Michelle Baude notes. Among other things, Matheson’s work proposes a surreal time slip between an unfathomably distant past and an unrecognizable future, neither one, perhaps, entirely human. Which makes his exhibit, *Diversion Immersion*, your first-class ticket on a strange new voyage. *August 26–November 7, Core Contemporary Gallery, 900 Karen Ave. #D222, corecontemporary.com Scott Dickensheets*

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FOOD + DRINK

RIBTASTIC

The barbecue at Annie's Kitchen has long been a delicious West Las Vegas culinary landmark. See page 29.

HOW WE EAT NOW

The Accidental Herbivore

Worried about meat supplies, we join the growing ranks of quarantine-minted vegans

BY SONI BROWN

Ditching meat wasn't in our plans for 2020. Yet now, months after panic purchases drove consumers to hoard toilet paper and stock their freezers with grocery buys, we've stopped eating meat. But our pandemic diet wasn't a typical vegan decision. It's more about trying to control one aspect of existence while outside our home a virus, news of police brutality against citizens, and other social maladies continue unabated. We are meatless for now. What people online refer to as *pandemic vegans* because we wouldn't be otherwise. Pandemic vegans still want animal products, but our coronavirus-related shopping patterns call for simple meals with fresh produce. With the times being what they are, simple is always better.

For my family, it started with the missing chicken. Online grocery shopping is now the default way I obtain groceries. Twice a month, I send an order into the ether, and somewhere, in a manner that only exists in my imagination, a machine similar to Rosie, the maid from *The Jetsons*, executes the list with military precision. No human interfacing is involved.

Yet order after electronic order got filled minus the chicken, the one animal protein we could afford that everyone would agree to eat. Beef prices were outrageous enough that restaurants were adding a surcharge for it, and we haven't been able to convince our son to eat pork since reading him



Charlotte's Web. Without chicken, we became accidental vegans.

At first, we panicked. Then we decided to embrace going meatless as the COVID-19 crisis exposed stress points in the U.S food markets. The virus caused temporary closures of numerous meatpacking plants and a slower pace of slaughter at others, which led to tightening supplies of some meat products. For foods that were available

on the shelves, the demand was 13 percent higher than that of the same period in 2019, according to the U.S. Census Bureau. Furthermore, consumers saw a rise in food prices. Data from the Bureau of Labor Statistics (BLS) found the food-price index increased 1.5 percent in April, following a 0.3 percent increase in March. Buyers of meats, poultry, and fish saw the index rise sharply, by 4.3 percent.

And these numbers don't show the vast variation in price changes across different products. Prices of ground beef rose by 4.4 percent, while prices of boneless stew beef fell slightly. That's why shoppers have had a hard time getting the meat they want, and why stores have put limits on the amount you can get at one time. I recall news reports that told us plenty of meat was warehoused in freezers, but I noticed the difference in our grocery bill and in the missing chicken.

We deliberated on eliminating meat during a family meeting. The children didn't seem to care — a good thing since they don't contribute to the household beyond being cute. One thing on which we all agreed was to avoid the mock meats. Our aim instead was to try to be happy creating colorful, nutrient-dense dishes made with vegetables, fruits, grains, legumes, nuts, and seeds. I hoped that providing mealtime consistency without worrying about wildly fluctuating meat supplies would offer a measure of stability in this increasingly unstable world.

Has it worked? It turns out that it can be hard to win over the family, a dinner of beans and rice settling uneasily in their stomachs, while cheesy pepperoni goodness stretches across a pizza on television. My preschooler asks for cereal and milk just as we sit down to a hot bowl of cornmeal porridge cooked in coconut milk and vanilla beans and sweetened with dark brown sugar. A lunch of fried cabbage over rice prompts the pretween to suggest a list of things he could sell if we're struggling for money. "Mom, I can sell my skateboards, scooter, and baseball gear, and the telescope you got me that I didn't really want," he says. Then pleads, "Can we please just get some Popeyes chicken?" So, meal-based stability has proven elusive.

I want my son's life to return to normal. We all want it. I know my pandemic veganism is my way of adjusting to a new idea of normal. My children's solecisms are reminders that change, no matter how well-intentioned, is probably not what helps people adjust in difficult periods. Still, no Popeyes yet. ♦

STREET FOODIE

Soul Food and Beyond

African-American cuisine and Black-owned restaurants jazz up the valley's food scene

TEXT AND PHOTOS BY **Brent Holmes**



Black culinary traditions are as significant a contribution to the history of American creativity as any made by the people of the African diaspora. Many flavors we perceive as central to American cuisine originated in kitchens run by Black people. If you've ever enjoyed a potato chip, you have indulged in a Black American delicacy as definitive as a Jimi Hendrix solo. Las Vegas may not be a soul food hub such as Houston, Atlanta, or even Washington, D.C., but it is a place of deep diversity, and many of the most beautiful expressions of Blackness in our valley can be found in its kitchens and dining rooms.

ANNIE'S KITCHEN Just north of U.S. 95 is a veritable ghost town hidden within our city. Once upon a time referred to as the Black Strip, the historic Westside is a beautiful neighborhood that has seen its wealth looted and its growth stifled. There is scant activity there, save Sunday mornings when the churches are in session. However, a regular hub of activity does reside within our metropolitan erēmus: Annie's Kitchen. This place has been making barbecue longer than Street Foodie has been on these streets. Well-smoked meat; skinny tamales rolled in foil and smoked like little cigars; deep, delicate collard greens; candied yams that feel as familiar as your granny's living room; and a sauce somebody put their foot in. I'll say this once as a friend: Get the ribs, get the brisket, and then get more ribs, all coated in a subtle, smooth sauce that provides the foundation for the classic soul food flavors you'll experience here. Little wonder that while the neighborhood struggles, Annie's Kitchen has been a West Side institution for decades. 1212 D St., 725-214-6062



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CEREAL KILLERZ



BIG JERK
CARIBBEAN

BIG JERK CARIBBEAN Here is Street Foodie's shortcut to the Caribbean. Drive south on the 15 to Silverado Ranch Boulevard, exit, and head east. When you see the sign for Big Jerk Caribbean, you've arrived. Now go in and order the ackee and saltfish and enjoy a rare treat. Ackee is a fruit native to Ghana, imported to the Caribbean along with more dubious cargo. When cooked, the fruit attains a velvety texture that almost melts on your tongue. Sauté it with salted cod, onions, and peppers, and you end up with enough contrasting textures and flavors that you may start plotting your own Tacky's Rebellion (look it up). For something more familiar, try the oxtail. Big Jerk's oxtail is made with love — but if love isn't enough, it's also coated in a rich brown sauce that carries its flavors to a higher plane. All that and they produce some of the more perfect Jamaican patties (think spicy Hot Pockets) in the township of Paradise. 430 E. Silverado Ranch Blvd. #100, bigjerkcaribbean.com

SIMPLY PURE VEGAN CAFÉ Black people are not a monolith. Our cuisine does have its proclivities, but there is more to our culinary identity than soul food. Simply Pure offers some of the valley's most dynamic vegan food. After seven years in business, chef Stacey Dougan must be doing something right. Street Foodie adores their spring rolls, which are brighter and fresher than any I have had in many Vietnamese restaurants. The vegan nachos grande are straight fire. No cheese or beef necessary for this complete nacho flavor. Wash it all down with the High Octane, a cleansing juice

concoction. *In the Downtown Container Park, simplypurelv.com*

YOURWAY BREAKFAST + LUNCH After beginning with a food truck called Gold Box, this crew of six young, born-and-raised Las Vegans moved into this brick-and-mortar in October. YourWay is a build-your-own breakfast spot focused on high-quality ingredients and swift service. Three eggs, a side of meat, hash browns or breakfast potatoes, and three unique toppings, ranging from bell peppers to chorizo, make for a mighty satisfying first meal of the day. The open kitchen lends a sense of immediacy to the food's preparation. Street Foodie recommends you sweeten the mix with a waffle — delightfully spiced, crispy, and light, they're waffle good. The goal for this founding group of friends is a franchise-like expansion. Street Foodie would be thrilled to see YourWays on corners around the valley. 6121 W. Lake Mead Blvd. #110, yourwayrestaurant.com

CEREAL KILLERZ These days, you may require a second breakfast or more than one dessert. Indeed, a high-carb diet may be the fuel you need if you're engaging in intense cardiovascular activities, such as taking long walks, perhaps while carrying signs protesting inequality, or dodging heavy police action. If so, all of the mono- and disaccharides are waiting for you at this wild cereal-themed sweets joint. Steel yourself for breakfast mutations like the Killerz Pop-Tart: strawberry ice cream, with strawberry cereal stacked high, riddled with fresh berries, and a

whole frosted strawberry Pop-Tart. Sure, there are more moderate choices, such as the Loxacado, avocado toast with smoked salmon — but, as Street Foodie says, lean into the crazy. Pack in bowl after bowl of the crunchy, sweet goodness your mother would never buy; there are more than 100 kinds here. Or get an iced coffee like the S'more Fire Thing. Toasted marshmallows and chocolate whipped cream, with that jolt of caffeine your tired, haggard body requires to feel alive. *In the Galleria Mall, Henderson, thecerealkillerz.com*

PANDORA'S BURGERS There are burgers and then there are burgers. The Pandora Burger is the latter, a monument to American gastronomy, one that Street Foodie has no interest in tearing down. A quarter-pound of beef with seasoning reminiscent of its creator's Louisiana roots, it's a sizable meal. As indomitable as your humble Street Foodie can be, he couldn't topple it in one sitting. Most oversize burgers are produced more for novelty than flavor, but Pandora makes every bite an earnest affair. Along with soul food standards such as catfish and hot links, the menu also provides more diverse fare. The stuffed turkey legs will keep even the most distracted diner's attention. And the peach cobbler should be taken seriously — get a second order to go. 3131 W. Craig Road #110, 702-636-9859 ♦

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HISTORY

IT TOOK A FIRE TO CHANGE US

Could the Strip become a model of safety in a post-pandemic world? The response to the 1980 MGM fire might offer some lessons

BY **David G. Schwartz**

Everyone who was in Las Vegas on the morning of November 21, 1980, remembers what they were doing when they heard that the MGM Grand was burning.

It was the worst disaster in the city's history, and, at the time, the second-worst hotel fire in the nation's history. (The 1946 fire in Atlanta's Winecoff Hotel, which claimed 119 lives, had that dubious honor.) All told, the MGM Grand fire would claim 87 lives. Thursday night had ended normally. At 7:15 that Friday morning, a fast-moving fire erupted from the hotel's deli, racing through the casino and sending toxic smoke through the hotel tower. Most of the hotel's 2,000

rooms were filled with sleeping guests who, if they were lucky, were woken by shouting and banging.

That day saw heroism — helicopters from Nellis Air Force Base rescuing guests from the hotel's 26th-story roof, iron workers using their scaffolding to help others out of their windows, the 200 firefighters who battled the blaze. Yet there was also the sense that this tragedy was avoidable.

That the disaster may have been less deadly had there been fire-safety equipment provoked outrage.

"There was no alarm, not a thing, just panic," guest John

Pupich told the *Review-Journal*. Smoke detectors, fire alarms, and sprinklers had not been required by law when the MGM Grand had been built in 1973. As they stood in 1980, county building codes required all those fire safety features, but the building code was not retroactive, so the MGM only had sprinklers in its theater, kitchen, lobby, basement, and top floor.

This tragedy was also a public relations catastrophe for Las Vegas. The newest, most modern hotel was revealed as a death trap. Certainly images of black smoke billowing from the MGM Grand as guests desperately tried to

FLAME BLAME

The fire in the MGM Grand (now Bally's) led to changes in laws regarding fire safety.



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escape — some jumped or fell to their deaths — were not going to encourage tourists to make travel plans.

National press coverage was macabre. “A Life-and-Death Gamble at MGM Grand,” read the headline to a UPI wire story. “Gamblers all, some of them bucked impossible odds, betting their lives on the strength of a bedsheet and plunging to a loser’s death,” the article began. Fire Chief Roy Parrish did not help matters when he told a press conference that, all things considered, only one percent of the 8,000 human beings in the MGM Grand at the time died. When he got on the scene, he’d figured “hundreds” would be dead. News that personal items left behind when guests fled the blaze had been looted added insult to injury.

Within a week of the inferno, several multimillion dollar lawsuits had been filed, as other Strip hotel executives claimed that such a disastrous blaze could never happen at their resorts — though a quick check revealed that many of the city’s high rises lacked smoke detectors, alarm systems, and sprinklers.

For their part, MGM executives made it clear that the hotel would be reopened

by July 1, and they also announced the establishment of a \$1 million fund to assist employees who had been thrown out of work by the Grand’s closure. Other local businesses started a complementary relief fund, and labor unions and relief organizations distributed donations of food and clothing to both out-of-work employees and stranded tourists.

Even before survivors of the fire had left town, concerns about the economic impact of the fire blossomed. Las Vegas was already amid a recession, and 4,500 newly unemployed casino workers, as well as more than 2,000 rooms out of service, boded ill for the city’s recovery. Already, some were fretting about how the city could absorb the 55,000 conventioners slated to arrive for the Consumer Economics Show in a few weeks. And removing the MGM Grand from the tax rolls, experts thought, could subtract up to \$5 million from tax collections.

Looking to the future, the first instinct for both public officials and casino executives had been to deny that a problem existed. But with bad press continuing, it was impossible to deny. Governor Bob List convened a fire-safety commission chaired by Kenny

Guinn in December; by the end of

the month, it had gotten far enough along that it had already assembled a list of 11 ways existing hotels could be retrofitted.

By early February, the commission was prepared to file its report, which recommended adding some sprinklers, smoke detectors, and emergency stairwell lighting to existing high-rises. Some still protested that these measures might not be fully necessary, that they might be too expensive to enact. Although it seemed obvious that only retrofitting all hotels with sprinklers and other expensive safety systems would prevent another fire like that at the MGM Grand, the commission, bowing to pressure from the gaming industry, did not require it in existing structures.

DISASTER STRIKES TWICE

THEN, ON FEBRUARY 10, tragedy struck again. Eight guests died in a rapidly spreading fire in the Las Vegas Hilton’s East Tower. Fifteen hours later, Senate Bill 214, which required all hotels install sprinklers in all guest rooms and back- and front-of-the-house areas, was introduced in Carson City. Some still, however, argued that the state should continue to let local jurisdictions remain responsible for fire safety.

AFTERMATH OF A TRAGEDY

Below, burned slot machines line the floor of the MGM Grand after a fire, started by an electrical short, swept through the casino to the main entrance on Nov. 21, 1980, killing 87 people and injuring hundreds of others. Top right, firefighters remove the remains of one of the victims of the MGM Grand fire. Bottom right, hanging sheets from broken windows illustrate the panic that occurred when the fire swept through the resort, trapping hundreds on the upper floors of the 26-story hotel.



ASSOCIATED PRESS

But with the second high-rise disaster, the reality became clear: However expensive fire mitigation systems might be, they were cheaper than the alternatives.

“Before the Hilton fire, the Legislature was diametrically opposed to retrofitting with sprinklers,” said state Sen. Joe Neal, a cosponsor of SB 214. “After the Hilton fire, no one was opposed.”

By the time in early March that List’s fire safety commission delivered its findings, some casinos were already installing protective systems. On June 15, List signed a bill turning the commission’s recommendations into law, requiring that about 33,000 structures throughout the state undertake expensive retrofitting projects that would ensure that all buildings over 55 feet tall would have smoke detectors, fire alarms, exits, improved emergency lighting, and other safety improvements.

Beyond the economic impact of the fires — and the costs of retrofitting — was the emotional impact on potential visitors of hotels everywhere. The fires, combined with the collapse of a skywalk at the Kansas City Hyatt Regency that July, made many

guests fearful; according to news reports at the time, some avoided hotels whose design they perceived as dangerous or refused to stay in a room on an upper floor.

Las Vegas bore the brunt of the negative publicity from the fires and the ongoing recession. After a decade of successive increases, a record 11,941,524 visitors made it to Las Vegas in 1980. The numbers dropped the following two years, the longest and proportionally largest decline in visitation in Las Vegas history (so far).

Las Vegas reached a milestone on the road back on July 30, 1981, when the MGM Grand, after eight months and \$50 million of reconstruction work, reopened. Although Dean Martin was the featured entertainer for the reopening, the real star was the hotel’s new \$5 million, state-of-the-art fire suppression system. It featured a fireproof command center from which personnel monitored a computer capable of automatically activating 1,000 safety actions.

“This is the safest place in the world,” Martin reassured his audience. “I ordered smoked salmon for breakfast in my room and the sprinklers went off.”

FROM LAGGING BEHIND TO ‘SAFEST IN THE WORLD’

OF COURSE, REOPENING the MGM Grand didn’t immediately reverse the city’s economic decline, and it didn’t assuage the worries of all potential Las Vegas visitors. Retrofitting the state’s high-rises was not an easy or quick task; it was not until the third anniversary of the MGM fire that most structures were in compliance, and it took several more years for all of the Strip to pass muster.

But by 1983, Las Vegas was seen as taking the lead on fire safety. The Hilton and MGM fires had led to Nevada adopting what was called “the toughest safety code in the nation,” with individual casinos going above and beyond it to show their concern for guest safety.

Still, uneasiness remained. A February 1986 series of arson attacks at the Dunes, Holiday Inn (now Harrah’s), and Sands were mostly extinguished by sprinklers, but some felt that Las Vegas got lucky. The bankruptcy-prone Dunes, which had several times requested extensions for its

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retrofitting because of financial problems, had a main casino that still lacked sprinklers or an alarm system. The Marina Hotel had failed to install non-combustible panels on its exterior windows to prevent a repeat of the Hilton tragedy — in which flames jumped from window to window — and was headed to court. The Flamingo Hilton and Landmark were not yet compliant, but they were close to the finish line.

The litigation sparked by the MGM Grand fire dragged on for years; the hotel never quite recovered its pre-disaster momentum and was sold, along with the MGM Grand Reno, to Bally Manufacturing in April 1986. A few months later, with the completion of the necessary work at the Marina, Clark County Inspections Administrator Brad Remp announced that all resorts in the county were now fully compliant with all fire-safety ordinances.

“I would say,” he said, “the tourists that come here can be very secure in knowing that any major facility they stay in can be counted among the safest in the world.”

Media coverage of the December 31, 1986, fire in Puerto Rico’s Dupont Plaza

Hotel, which claimed 96 lives, reflected indirectly the work that had been put into improving safety for Las Vegas resorts. Only Massachusetts and Florida, it was noted, had laws as stringent as Nevada’s. Presumably these ordinances would prevent disasters like that at the MGM Grand — or at the Dupont Plaza.

‘IT HAS BEEN WORTH EVERY DOLLAR’

IRONICALLY, A SERIES of fires may have cemented the narrative that Las Vegas hotels were now fundamentally safe. On June 8, 1988, a housekeeper discovered a fire in a pile of linens on the 24th floor of Fitzgeralds (now The D). An employee quickly smothered the fire with a fire extinguisher; it never became intense enough to activate the sprinkler system. However, the alarms did trigger, and three floors of the hotel were evacuated, and play continued in the casino without interruption. A more serious September 1989 blaze at the Riviera, sparked by construction on the high-rise, led to the evacuation of 3,000 guests and caused

\$3.5 million in damage. Still, no one died, and though the fire was serious enough to halt gambling in the casino (which suffered water damage), most of the resort returned to operation within hours.

A *Review-Journal* editorial used the occasion to declare the retrofitting program, which had cost resorts more than \$200 million, a success. Although it had taken strict enforcement to bring the Strip into total compliance, “it has been worth every dollar, as the aftermath of the Riviera blaze showed,” the *R-J* proclaimed.

And visitors returned. Visitation to Las Vegas started rising again in 1983. From 1985 until 1990, the city added, on average, more than a million new visitors a year, bringing the total from less than 12 million in 1980 to almost 21 million in 1990.

FROM DISASTER, A LESSON

THE RETROFITTING AND recovery of Las Vegas after the MGM Grand fire can serve as a playbook for how resorts adapt and the town recovers from its current crisis. The immediate disaster and its economic

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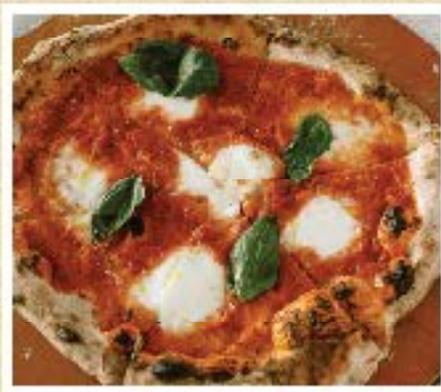
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impact were the worst of it, but the long-term implications were worrisome too: With public confidence shaken, there were real fears that tourists would stay away.

The February 1981 Hilton fire, which claimed fewer lives but garnered more national media attention, underscored the need for real action. The 1981 fire-safety legislation, though it was expensive, ended up giving resorts a blueprint for improving safety. Some found it onerous, others struggled to pay for it, but in the end the public demanded safety, and Nevada's leaders made the decision to embrace it.

With the state's resorts reopening during the pandemic, there are few certainties. Will tourists want to travel? Will they want to visit casinos? Will a spike in cases force a second closure? But there are general principles to be learned from the pain of the MGM Grand fire four decades in the past. Las Vegas is a city built on public relations. Coming back from the fire demanded that the city undertake costly, time-consuming retrofitting before it could be promoted as safe. The eventual adoption of fire safety in Las Vegas led to the city being hailed, within

a half-decade, as an example of responsible planning — two words not usually paired in discussions of Sin City.

So far this year, Las Vegas has suffered a calamity whose death toll and economic impact already dwarf that of the fire. But the lessons of that tragedy, painfully learned, can continue to point the way to the future.

While the first instinct may be to deny or minimize health and safety concerns about traveling to and vacationing in Las Vegas, ultimately the public will demand a response to those concerns. With the gaming industry already in recession in 1981, spending money on retrofitting was a huge financial burden — but one the industry accepted, after the Hilton fire proved the MGM Grand disaster was no fluke. For years, some hotel guests insisted on staying in rooms below the ninth floor, the highest elevation fire ladders could reach. It was only the existence of robust safety systems that proved themselves literally under fire at Fitzgeralds and the Riviera that fire became less of a concern.

It's not hard to imagine that the labor and effort it will take to make Las Vegas

appear healthy and safe should another viral outbreak occur here might eclipse the fire safety retrofitting of the 1980s. Certainly it would have an even bigger impact on how people live, work, and play in Las Vegas. So, in the new Las Vegas, expect stringent health measures. Expect messaging about how, while it's fun, Las Vegas is also safe and responsible.

After the fire, casino executives learned to rely on fire-safety experts, whose advice helped them make changes that restored public confidence. Post-pandemic, virologists and public health experts will likely play a similar role in Las Vegas.

History has one final lesson. The prognosis for Las Vegas looked terrible by 1981. But within two years, the city's recovery was well underway. By the end of the decade, the city — welcoming nearly twice as many visitors as before — was on the verge of even greater growth. ♦

Before becoming associate vice provost, gaming historian David Schwartz was the director of UNLV's Center for Gaming Research.

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In honor and recognition of Jan Jones Blackhurst's pioneering support of the LGBTQ Community, and keeping in mind the health and well-being of us all, The Center held an online celebration on May 7th to thank Jan for her unequalled commitment to LGBTQ people.

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SOCIETY

BUILDING MUSCLE, REBUILDING LIVES

Branded One CrossFit gym specializes in serving disabled veterans. But physical fitness is only part of the regimen

BY *Hayleigh Hayhurst*

Exercise was Jimmy Hardy's way of coping with the PTSD from his time in Iraq. "A lot of things that I did for fitness and stress relief was exercising and running," says Hardy, an Army veteran who deployed from Germany to Iraq in 2006 and 2008. After his four years in the service, he was put in the reserves from 2009 to 2013, and was assigned to a Las Vegas chemical unit.

His motorcycle was his other form of stress relief. In 2012, while Hardy was riding toward the intersection of Flamingo and Decatur, a car made a U-turn in front of him. Hardy hit the car's back panel on the driver's side at 52 miles per hour. He lost his right leg, suffered a compound fracture in his right arm, tore his stomach open, and punctured his liver and kidney.

"When I lost my leg, I lost the ability to vent (through exercise) and do those kinds of things. For the first couple of years, it was really hard for me to cope and I ended up gaining a bunch of weight," he says. "I did the last year and a half of the reserves as an amputee. I went into a darker place, mentally and physically. I got in trouble with the military because of my attitude. I didn't give up completely, because I still participated the best that I could, but at the same time I didn't have that 'care' attitude."

Hardy's first workout at Branded One CrossFit at age 32 was a reminder of what he had been missing. It wasn't easy.

"I wasn't able to do the workout on the first day. If I remember correctly, it was pull-ups and snatches, but I couldn't do any of those motions. I was still trying to learn my prosthesis." But the coach was able to adapt everything to Hardy's abilities and show him that he was capable of whatever he put his mind to.

You wouldn't expect such personalized attention at your average gym, but Branded One CrossFit is anything but average. At first glance, it looks typical

FEEL THE WARM

In the days before mandatory masks, Branded One CrossFit members warm up beneath the stars and bars.

enough: There are plenty of pull-up bars, rowing machines, and weights. But the walls are adorned with U.S. flags and military memorabilia, which reflect a deeper mission. Branded One is a gym that specializes in assisting service men and women with disabilities — not as a business model, but as a community service.

“I saw a need for a gym offering assistance for the mental and physical health of veterans with disabilities,” says owner Nick McCombs, who opened the gym in 2016. “Some of the members wouldn’t have been able to afford to come to a CrossFit gym because they may live paycheck to paycheck with the money they get from the government. It’s enough money to live, but just barely. It’s not enough for them to really take care of themselves.”

McCombs offers free memberships to service people, including law enforcement, firefighters, military, and first responders, whether they have a disability or not. “It’s not about the ability they used to have, it’s about where they are right now and keeping them safe,” McCombs says.

As a nonprofit, Branded One relies on community donations and paid memberships, which allows it to offer free memberships to service people. The free memberships account for about half of Branded One’s 100 memberships. The coaches create workouts that can be readily modified to fit all ability levels.

All members are expected to do the same “work-out of the day,” but for members with disabilities, modifications are usually a must. Hardy had gained about 40 pounds after his motorcycle accident, but after developing a modified workout regimen at Branded One, he saw his strength level go up and his weight go down.

.....
“It’s not about the ability they used to have, it’s about where they are right now and keeping them safe.”
.....

“When it comes to challenges of overcoming my physical disabilities, I always have an issue because I did these exercises, like push-ups, pull-ups, and running before I was an amputee. When I get in the zone, I always forget I have an amputation because I mentally go back to when I was in the military and was pushing through it. I will

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SAFE SPACE

Below, Nick Combs, Branded One's owner, fosters an atmosphere in which members such as Elizabeth Freeman, right, can work on injuries that aren't always visible.



try and do a squat or bend down for a push-up, and because I can't bend down on my right side, I kind of stumble."

Hardy persisted through the challenges, and today he calls his membership to Branded One a "gamechanger." "After just going for two or three weeks, they helped me adapt to a lot of the different exercises, which I thought were pretty amazing. (Coach) Jeremy Leonard showed me a level of competitiveness and what I can achieve."

Gym owner McCombs had that mental factor in mind just as much when he started the gym. He's aware of the high rate of suicide and prevalence of mental health issues in the veteran community.

For member Elizabeth Freeman, working out has been crucial in coping with the mental aftermath of military service. She joined the Air Force at 23 and was active

for six years, deploying as part of Operation Iraqi Freedom for nine months.

"I'm a 42-year-old female, but when I got out of the Air Force, I was 28. People don't want to believe that I am a veteran. I don't have any noticeable physical injuries. The majority of my injury is PTSD. I've had a lot of judgment in my life, even from other veterans." She was the first veteran to receive a membership from Branded One after McCombs

partnered with an organization in which Freeman was active, Team Red, White, and Blue, which encourages physical activity as a way of connecting veterans to their communities. Freeman has been going to Branded One ever since.

"What is nice about Branded One and Team RWB is that they aren't expecting you to be a broken-down veteran," she says. "They both understand that veterans suffer from invisible injuries. I don't feel judgment from people I meet in those organizations. Having the welcoming Branded One family really calms down the anxiety."

Hardy, too, still copes with PTSD and still has vivid nightmares about his time in active duty. "When I was in the military, I had a couple things go awry. It was hard for me mentally to get to trust humanity

again. I saw terrible things in war, and I started realizing that we are people and if these people are capable of these horrible situations, we all are."

A good workout can only do so much. Branded One and Team RWB typically also have a monthly social event outside the gym for members and veterans to connect with each other and feel more at home. The events help Hardy not only trust humanity again, but help him manage his PTSD, knowing that he has support from other members. These events have also helped Freeman break out of her shell, cope with her mental health challenges, and make new friends.

Inside and outside the gym, a sense of structure also seems important. Coach Leonard offers his support to members through fitness guidance and encouraging advice — and being a stickler for routine. He says he's seen members become more confident within just a few weeks, because they're sticking to a routine and seeing results.

"Schedules keep a lot of people sane because it keeps them accountable," he says. "I think that for the members, just being in a space that they feel at home in and knowing that other people in the room are going through similar things that they are can be comforting. We really try to make people know that they can just come in and talk." ♦

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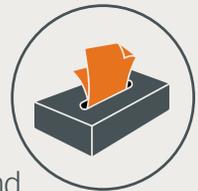
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- Cover your cough or sneezes with a tissue or sneeze into your elbow. Throw the tissue in the garbage and make sure to clean your hands afterwards.



- Don't touch your eyes, nose, or mouth, especially with unwashed hands.



- Practice social distancing by putting 6 feet of distance between yourself and people who don't live in your household.

- Avoid close contact with people who are showing symptoms of illness.

- Wear a face mask in public settings and when around people who don't live in your household, especially when other social distancing measures are difficult to maintain.



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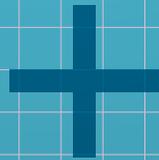
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Nevada Eye Physicians, formerly known as Nevada Eye and Ear, is a comprehensive eye care facility with locations across Southern Nevada including Mesquite and Pahrump. For over 20 years, our priority has been to deliver the highest quality personalized eye care to patients of all ages using the latest advances in technology.

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fatigue, forgetfulness, loss of smell, depression, and sleep disorders. Symptoms of late-stage Parkinson's disease include an expressionless face, soft voice and stooped posture, and an inability to walk.

The early symptoms and progression of Parkinson's are often different for every patient, making it challenging to diagnose. Dr. Farbman likens the evaluation of potential Parkinson's patients as putting together pieces of a puzzle. Parkinson's patients might fall, yet that symptom can be related to a number of other diseases. Ruling out other diseases helps ultimately form the diagnosis. Additionally, diagnostic testing may play a role in evaluating the disease. Sleep studies, swallowing studies and psychological testing also can assess the severity of the condition.

Dr. Farbman says several medications are available to manage symptoms, such as tremors and stiffness, in the early stages of the disease. Balance training, stretching and strengthening exercises, and aerobic activity are utilized to help to maintain a patient's function. Speech therapy is also often recommended. Deep brain stimulation, which is a surgical procedure, also may relieve symptoms. Dr. Farbman specializes in this modality, which through an embedded device and neurostimulator, deep brain stimulation is delivered to patients to improve their symptoms.

Dr. Farbman is very interested in clinical research around Parkinson's and is currently conducting a clinical study examining the link between a patient's genetic profile and their Parkinson's symptoms.

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IN LAS VEGAS, ANYWHERE BETWEEN 6,700 and 15,000 people are living with Parkinson's disease, a neurodegenerative disorder resulting from the loss of nerve cells in the brain that produce a substance called dopamine. According to the Parkinson's Foundation, incidence of Parkinson's disease increases with age, but an estimated one to two percent of people are diagnosed before age 50. Men are 1.5 times more likely to have Parkinson's disease than women.

Dr. Eric Farbman, a neurologist with Roseman Medical Group, the medical practice of Roseman University of

Health Sciences, specializes in treating patients with Parkinson's disease and other movement disorders, a class of neurological diseases that includes Parkinson's as well as Huntington's, dystonia, ataxias and tremors.

According to Dr. Farbman, early symptoms of Parkinson's disease can begin on one side of the body, with diminished fine motor control, or reduced foot or arm movement. Other symptoms include tremors, stiffness, posture imbalance, difficulty swallowing, constipation and urinary incontinence. Patients may experience slower movement and speech,



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Shepherd Eye Center has been proud to serve the communities of Las Vegas and Henderson since 1968. What started as one physician, Dr. John Shepherd, in one location, has grown to a practice of 17 ophthalmologists and 2 optometrists, providing care in 5 offices across the valley. Early on Dr. Shepherd pioneered new techniques and instrumentation that would improve the way cataract surgery would be performed. Today Shepherd Eye Center continues to provide care using the latest medical techniques and technology.

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"We are lucky to have had a leader like Dr. Shepherd that set the tone for the practice when it began," says Steven O. Hansen, MD, FACS, and president of Shepherd Eye Center. "By keeping his vision of always putting the patient first, we have been able to embrace the challenges and opportunities that have presented themselves over the last 50+ years and provide compassionate eye care for the whole family."

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Dr. Thomas Lambert is a cardiovascular surgeon and interventionalist. He received his medical license from Duke University. He had his Internal Medicine Internship at Vanderbilt University, his Cardiology Fellowship at the University of Texas and his Cardiology Clinical Interventional Fellowship at Cedars Sinai Medical Center in California. He has been in private practice for 27 years. He offers in office testing such as EKGs, echocardiograms, treadmill stress testing, nuclear stress testing, and vascular ultrasounds. Dr. Lambert believes in always putting the patients' needs first. He takes pride in the work he does and wants to make sure all his patients are thoroughly taken care of. He is very knowledgeable and takes the time to explain things to his patients. Dr. Lambert is always receiving praise from his patients as they value the time he spends with them as well as the attention and care they receive from him.

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Dr. Carlos Letelier has a passion for dental and medical excellence that's exemplified through his distinguished background and his education credentials. His dentistry studies began in Chile where he earned his DDS degree. He then went to Boston, where he enrolled in Tufts University School of Dental Medicine, graduating Summa Cum Laude with a DMD degree.

After that, Dr. Letelier went on to complete his surgical residency and graduate from UCLA Medical School with both an MD and an OMFS degree. In addition to becoming board certified in both oral and maxillofacial and cosmetic surgery, Dr. Letelier has taught in the OMFS residency program at Fresno University Medical Center. This year Dr. Letelier has been named a Castle Connolly Top Dentist. His expertise covers a broad range of oral surgery, from wisdom tooth extraction and dental implants to facial and dental trauma. He is a trusted oral surgeon in Las Vegas, NV as he's highly regarded for his treatment of patients with severe bone loss and missing teeth. Even today, Dr. Letelier continues to expand his knowledge by participating in specialty courses throughout the world. Additionally, he is a highly sought-after lecturer by his colleagues throughout the USA and other global locations.

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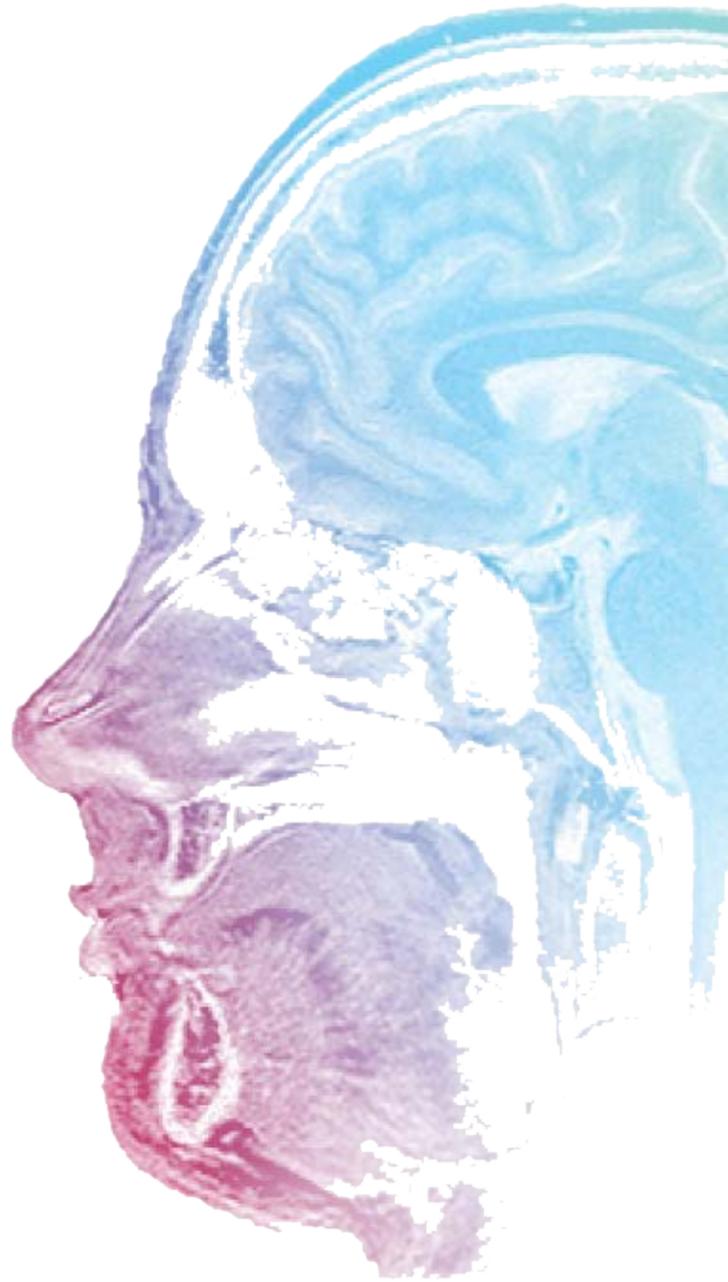
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EVERY
VOICE

*RACE, POWER,
AND PROTEST IN
LAS VEGAS*

A ROUNDTABLE ON RACIAL JUSTICE IN LAS VEGAS

photography by **BRENT HOLMES**

Widespread protests in the wake of the killing of George Floyd have sparked a national conversation about racism. On July 9, *Desert Companion* hosted a live Zoom event, “Every Voice: Race, Protest, and Power in Las Vegas,” a roundtable on racial justice in the valley.

How can street rallies translate into real change? What can be done to reform the police



and expand economic opportunity in communities of color? How does a movement evolve into a coalition that bridges the divides of race, class, and gender identity? These are just a few of the questions panelists discussed.

Moderated by writer and CSN English professor Erica Vital-Lazare, the 90-minute discussion included panelists Aaron D. Ford, Nevada attorney general; Tenisha Freedom, organizer and activist; Tyler D. Parry, assistant professor of African American and African Diaspora Studies at UNLV; Lance L. Smith, a multidisciplinary artist, illustrator, and teacher; and the Reverend Vance “Stretch” Sanders, Baptist youth pastor and president of All Shades United.

The following is a transcript of the roundtable discussion, edited for length and clarity. You can find a link to the recorded video of the Zoom event at desertcompanion.com.

ERICA VITAL-LAZARE: When we were thinking about how to home in on a theme for this discussion, we kept coming back to “What’s different?” How is this current civil rights movement, which feels so different, *actually* different in your personal experience? How does it compare to similar ones in the past?

AARON D. FORD: In the immediate aftermath of George Floyd’s killing, I didn’t think anything was different. I didn’t expect anything would be different. I thought it would continue to be yet another example of a Black man dying at the hands of police, and nothing happening. I have been, I hate to say the word “surprised,” but I have been surprised at where we are now, which is on the precipice of actual policies being implemented. But beyond implementation, being enforced. And on the precipice of laws being passed at a state legislative level that are seeking to address some of the concerns that have been raised from generations past.

What I am also surprised at and “happy” to see — I use the word happy in quotes, right, because who’s happy to talk about this in the context of another man’s killing? — but happy to see that law enforcement at the outset began to voice their outrage at what we saw in Minneapolis.

TENISHA FREEDOM: What’s different this time as far as after the George Floyd murder? I think that the video was so clear. The audio was so clear. It was something that was kind of broadcast as a horror film, broadcasted live across the country, and it was undisputable. I think that’s what led to some of the reaction and change and demands that are happening right now. This isn’t new. We’ve had four centuries of racial capitalism leading the country. We’ve had decades of police terror haunting our communities. But what’s changed is social media — videos being in the hands of everyone being able to record it and put it out quickly without it being edited. In these last few months, we’ve seen COVID change the dynamic of the economy and the way people are moving as well. We’re seeing so much corruption, so much poverty, so much of a division between the high elite and the wealthy and the poor. It’s starting to touch people that it’s never touched before. We’re seeing an uprising of people and the unity of people because of that.

TYLER D. PARRY: One thing that was distinct with George Floyd’s death is the sheer length of the video, what the public was able to see. Juxtaposing that with what happened to Byron Williams — that was filmed, too — but LVMPD only released part of the video for public viewing, and apparently showed a few people, including family members, the entirety of the video, which is where you hear him repeatedly say, “I can’t breathe,” multiple times. Whereas what we have with George Floyd is nearly nine minutes of prolonged pleading for the officer to get off of his neck, and the callous nature of other officers simply watching and, in fact, getting very disgruntled with the crowd that was forming around them. It was just a visual that most people were horrified by.

REVEREND VANCE “STRETCH” SANDERS: For the most part, not much has really changed. Yes, this feels different. Yes, the climate is different, but when I say not much has changed, I’m

meaning in the sense of it’s 2020, and we’re still saying Black Lives Matter. It’s 2020, we’re still asking and demanding Black power. It’s 2020, racist police officers and officers of color are getting away with killing Black, brown, oppressed people. It’s 2020, Black folks are still being lynched on trees. It’s 2020, we’re still being abducted, kidnapped with our organs missing. It’s the same old song, just a different tune. But what can be different this time is I do see a huge emergence of older people and young people who have taken to the streets, but also taken to the community to organize, because we understand that protesting is temporary, and protesting and mobilizing is something that we do to bring awareness. What’s going to really bring the actual change is the 365 (days a year) work, right? Giving folks knowledge of self, political education classes, and the community giving out resources to the people. That’s how essentially we bring change.

So I see where there’s a shift. I just hope that this shift is not temporary. Because right now, it’s cool to be an activist, everybody’s an activist now, everybody’s a community leader, everybody wants to be on panels and speak on behalf of work they’ve never really done. I just hope that spirit is not people just playing revolutionary dress-up or playing activist dress-up, but they really understand this is bigger than George Floyd.

VITAL-LAZARE: Lance, can you talk about the way this movement feels different, and how it is informed by the image of George Floyd in that street, Michael Brown laying for hours in the street. What impact does that have on the psyche of a nation, what impact does such imagery have on the psyche of Black people in particular?

LANCE L. SMITH: We understand this is psychological warfare. The torrent of images of Black death on our televisions are meant to destabilize us. I think it’s very deliberate. And when you think of things like, you talk about the lynching tree going from the tree to our streets, it’s just, again, visual representations of how we as Black people *do not matter in this place*. I think it’s important as an artist, and I see all of us as artists, to figure out ways to transmute those horrors. That’s the gift of us being able to create, being able to see the horror front on and being able to transmute it into something we can use for our power.

VITAL-LAZARE: Minister Stretch, you keep an eye on the movement nationwide. How does Black activism and Black life in Southern Nevada differ from that in the rest of the country, particularly where the movement is involved?

SANDERS: Vegas is a different city. You look at the history of not just the movement from Black Lives, but if you look at the history of the Vegas civil rights movement, other cities’ leaders back in the ’60s were ministers. Vegas was different. Their leaders were Bob Bailey, an entrepreneur; Charles Kellar, a lawyer; Dr. Charles West, who was a dentist; Dr. James McMillan, who was a doctor. Vegas’ leaders were people who owned their own businesses, people who were successful, not preachers or working-class folks. That same energy is transferred today. So you look at the leadership of Las Vegas now, it differs from a lot of the leadership in other places. Vegas considers leadership politicians, that’s their leaders. In Chicago, the leaders are the

“I hate to say ‘surprised,’ but I have been surprised at where we are now: on the precipice of actual policies being implemented.”

— Aaron D. Ford

people at the bottom of the barrel, the leaders are the people who run community centers. Those are the leaders in other cities as well.

It's definitely different, but that's not a bad thing. Because there's also room to grow a movement in Las Vegas. But because Vegas is traditionally not known for having a progressive movement, we're not going to have the same energy as L.A. or Detroit. And people are sometimes frustrated because they wish we would "Turn it up like Oakland!" Sometimes I do, too. And we wish that Vegas was like Detroit or Chicago, but it's not, because unfortunately people move here from all over. When we move here, we don't bring whatever skill or culture or knowledge that we have. We leave that back where we're from. And for those who were born and raised here, they didn't grow up seeing movements, they didn't grow up seeing struggle, so they learned about what they know from other places.

Vegas has a history of having *movement moments* but not a *movement*. So they protest and they shut down the Strip, but then after that, a year later, there is no result of that protest, there is no result of that energy. That's why it's so important because Vegas does not have a consistency of activism. We have to make sure those who are currently in activism are laying down the foundation.

VITAL-LAZARE: So, you feel like you're going back to the original ministry of movement, really replacing, or standing alongside, politicians and other activists in this movement, but you want to bring the ministry back into the movement? Is that your goal?

SANDERS: Not necessarily, because for me to bring the ministry to the movement means I have to force religion on people, and I think that people have the right to practice whatever spiritual practice they practice. For me, my movement is my ministry. But ministry also means serve, so it doesn't have to be a religious thing. My goal is to continue — there was a movement going on before there was a Stretch Sanders — so my goal is to make sure that we can sustain.

My mother always said it's not about what you obtain, it's what you maintain. And Vegas will brag about, "Oh we did that 20 years ago," but what are you doing *now*? We have a lot of leaders in Las Vegas who live off things they did 20 years ago, but if you ain't worked in 20 years, then it's like that work is kinda in vain. So if we get into the movement, there's no such thing as saying, "Oh, I used to be an activist." When you're in this life, you're in this life.

As far as standing with the politicians, I think we've tried that and I'm open to that, but I think it has to be the right politicians because we know that we have a whole lot of politicians that this is a career for them. So most, even all, the Black politicians, they've

sold us down a creek, they sold us out continuously. Now they're community leaders and now they're speaking out against what's going on, but they've been quiet about Byron Williams, they've been quiet about Tashii Brown Farmer. They were nowhere to be found then. But now that it's a global thing, now some of our Black elected officials want to play superhero. They were elected to represent us, and so I want to see the people stand together. If that includes politicians, obviously, then they will be welcome. But I want the people to stand together, and that means the sister who's on the corner, the brother who's selling dope, the grandmother who raised her grandkids.

We need to get to the people and get rid of some of the commercialization of the movement, because the Vegas movement to me is becoming very commercialized, because you got folks who are trying to co-opt, stop, hijack the movement, and turn it into something that it's not. I want to continue to keep this movement as authentic and as original as possible.

VITAL-LAZARE: Professor Parry, what are we doing now? What are activists old and new doing now? How does this *now* fit into the continuum of history, how does Las Vegas *now* fit within that continuum?

PARRY: I've been reaching out to educators in the Clark County School District. I was just curious, what is being done as far as pedagogical strategies that are being implemented within the classroom? What are the children learning? What are they learning about Las Vegas history? Because I can tell you as a person who went through the school district, most of what I learned about racism or discrimination within Las Vegas came from either discussing it with elders within the community, or learning it after I graduated from high school. Addressing anything about race or discrimination either within the United States or within the city itself was largely a side note in most of the curriculum.

The thing I'm worried about is, thus far from what I'm hearing from educators, is that very little has changed. There's an elective of African American studies that students can choose to take, but they're not entirely sure how much of this is actually addressed in U.S. history. And I understand that teachers are pressed for time, and they're following particular guidelines that come down from administrators and the higher levels. But I think that we have an opportunity now to at least introduce the idea that this needs to be addressed for young people, that they need to know about this.

Once I learned about a lot of these things after I graduated from high school, I became very resentful. People had lied to me. They were trying to cover it up. They didn't trust me with this type of knowledge. Something that I'm going to be pursuing is

“Police reform is the most basic request of this movement. Whose responsibility is it?”

— Erica Vital-Lazare

to try to form some type of alliance between educators within the K-12 CCSD system, and faculty, activists, or anybody who’s interested in aligning themselves, to introduce a curriculum that will talk about these things and discuss them and strategize how to help students understand the history of this city beyond just the tourism and the Mafia stories that we typically get.

I agree with the minister, Las Vegas history is unique. But at the same time, it mirrors many other parts of the country. You have students coming into my classroom thinking that racism only exists in the South. But at the same time, they’re coming from a city (in a state) that was called the Mississippi of the West and with pretty good reason. It wasn’t until 1971 when Black people could move out of the Westside.

This is not ancient history. I think students need to know and understand that. What we need to do is adjust the curriculums to meet the needs of this current movement.

VITAL-LAZARE: Tenisha, in your movement, how do you include education that’s a component in building awareness, also in building numbers for protest on the Strip?

FREEDOM: It’s important to note, like the professor did, that Las Vegas is not exempt from racism. In very recent years, Blacks were not allowed to frequent casinos. Even our entertainers weren’t allowed to perform in the same guise as white performers. Las Vegas Metro Police Department is not exempt from racism, is not exempt from saturating Black and brown communities, is not exempt from our youth being tagged and really targeted for felonies as gang members. The Las Vegas Metro Police Department is not exempt from murder and excessive force in our communities. So we have to know that Las Vegas is *not* unique in some of those areas of racism and oppression, as we want to put out there that it’s all about tourism. The tourism aspect is a reason why so little is known about what really happens here on some of those fronts, because there’s a lot of money there to hide it. A part of what we’re doing is exposing that it is here, but also exposing the politicians, or people that are in power and police that are not speaking on it, that are not pushing reform on it, that are not defunding these entities that don’t work to eradicate it. So we’re wanting to call out some of those names.

We have the attorney general with us as well. What stance is he taking? What areas can he use his power in to make sure that we’re united on some of these fronts, and using that power and position for the people’s voice? As activists in the community, we serve the people. We are the voice of the people. We try to push the people’s narrative, and we try to push the people’s agenda and our goals.

We know that CCSD does not have a mandatory Black history

curriculum in the schools. It doesn’t exist, so it is voluntary and optional if they even present any Black history to our children. So we have a couple of options. Either we demand that this curriculum is included, or we begin to organize our own schools and our own curriculums that include it.

One time, for Malcolm X’s (birthday), which is May 19, we went out into the community for Malcolm X Day, and we had books for the children, we had fruit, and we had some informational fliers on Malcolm X. And it just happened that a school bus got off. And this is a Black and brown neighborhood right in the middle of the Westside. All Black children getting off the bus, probably about 30 or 40 of them, and not one of them even knew who Malcolm X was. So we understand that’s on purpose, we understand that’s by design, that some of our Black liberation leaders are not known, and they’re certainly not taught in these school systems.

VITAL-LAZARE: I wanted to hear from you, Attorney General Ford, about police reform. It is the most basic request of this movement. Whose responsibility is it, what has to happen at every level to get more day-to-day accountability for institutionalized violence against Black people?

FORD: It’s everybody’s responsibility. Each of us has a role. We’ve heard the speakers before me talk about what they do relative to grassroots or being the voice of the people. I think people have several voices. I don’t think anyone has a monopoly on the way that they’re able to serve. I understand that some politicians in fact do nothing. Some do more than nothing. And part of my job as the top law enforcement officer in the state is to utilize the influence that I have in my position to be able to effectuate policy changes, but also the enforcement of those policies.

It’s not so much again the institution of a policy to de-escalate or the institution of a policy to take implicit-bias training or use-of-force training. That’s not the issue. The truth is, many of our departments have those, and they are state-of-the-art policies. But what’s *not* happening, though, is the enforcement of those from a disciplinary and oftentimes judicial enforcement perspective.

When I saw the killing of George Floyd, my immediate thought was, here we go again and nothing’s going to happen. That’s because I am conditioned at some level to believe that actual justice will not be made in any circumstances, and that helps contribute to the lack of trust between law enforcement and the communities they serve, particularly the Black community right now. It’s partially my responsibility as an individual who has a level of influence to be able to talk to and about police departments, but also to and about legislators, and also utilizing





“We don’t want reform. We want revolution. We want complete, total change.”

— Rev. “Stretch” Sanders

my statutory authorities and abilities given to me that I’m asking for that I have not yet received.

If, in fact, a police department is being alleged to be racially discriminating in the way that it enforces justice or enforces laws, then the attorney general’s office can be an entity that can operate in the oversight perspective. It can add an extra level of transparency. I don’t have that authority right now. The Department of Justice at the federal level has that authority, and I have asked — along with 17 other attorneys general across the nation — that Congress give us that authority under federal law. But I have also simultaneously asked that our state Legislature authorize that authority within *my* office, so I have belt and suspenders of sorts, if you will. There are additional opportunities that I think we all have vis-à-vis holding people accountable. We all have a role in this.

VITAL-LAZARE: Tenisha, Metro announced (recently) that it changed its policy on neck restraint technique to only allow it in life-threatening situations. So I wanted to know your thoughts on that and how grassroots organizing might have influenced that change in policy.

FREEDOM: We believe that grassroots organizing is a major influence on mainstream platforms or policy creations. We’ve seen that happen historically on many issues. People do set the tone for these discussions. Years ago, we weren’t hearing anything about defunding the police. It was kind of one of those “radical ideas” that was only talked about in a few groups that were more considered to the left. So now we’re seeing that, we’re hearing that every day, and now you can google “defund the police,” and it comes up as a very palatable discussion.

Although I’m not sure exactly what the attorney general’s powers are, but I do know these people rub elbows with each other, they go to dinner with each other, they go to lunch with each other. These conversations of what the people are demanding need to be top priority, then tuning in and then attending our protests, our gatherings, our forums, and saying, “Hey what do you guys want? What can we deliver to you?” Because they are supposed to be the people’s servants. We’re not seeing that. So, as far as the Metro initiating yet another law or another policy, they have a use-of-force policy, they have a don’t-choke-hold policy. But they seem to somehow be able to be immune to whatever policy or whatever procedures are in place. Like the attorney general said, there’s no accountability, and that we see over and over again.

We saw this week a budgeting forum where the governor took millions of dollars away from education again. And nothing taken away from police forces. So we hear it. However, we don’t

see the response that we’d like. What the people are demanding is that these people in positions of power and representatives of the so-called elite begin to speak out and share some of the narratives that we have, that they take a political stance in it, that they push the agenda.

Even in the know-your-rights types of forums. They hold these forums to bring the youth together, bring the community together so you know your rights, know how you should respond if the police is apprehending you or if you have an encounter with the police. The issue is that we know our rights, and the police know our rights, and instead they’re impeded and blocked and disregarded time and time again.

So our distrust with the police is a branch of it. But unfortunately, it escalates up the entire tree and down to the roots. The police are just the branch of enforcement, but we know who’s really pulling the strings: The people in these political offices that are simply not doing what the people are asking them to do. We want defunding, we want disarming, we want disbanding of the police, and we also want those resources redistributed to our communities.

What we can do from our end from the grassroots and organizing part of it is start to withhold *our* resources, so instead of begging them to redistribute the budget, we start impacting the budget. So that’s what we’re looking to organize, look at ways that we can impact the budget so our resources never even get into the state’s hand of control. We keep it in our hands for control.

VITAL-LAZARE: Minister Stretch, Tenisha is talking about defunding, disarming, disbanding. Is this part of your philosophy as well? Do you think that the type of revolutionary change that Tenisha is pointing toward is a solution?

SANDERS: I probably agree with 90 percent of the ideology that she has. We don’t want reform. We want revolution. The root word of revolution is *revolt*. To revolt means to break away. So we want abolishment. We don’t want a cleaner version. It’s like, almost, either be raped or be murdered. We don’t want those options. We want complete, total change. So I wholeheartedly believe, as a liberation activist, that if we’re going to bring change, the people got to have the power.

The police can’t police the police. Because there’s a silent code. It’s even like that with the politicians. They do rub elbows, they do go to lunch, they do have a code of conduct to each other. To Attorney General Ford’s point, I agree that we all play a role. But the issue is, those who are supposed to play roles who are in elected office positions are not playing *any* roles. I’m not saying every politician in the state of Nevada has to play a role, but what I’m saying is the masses of them who should be playing roles are

“It’s not always about looking for the state or anyone else to deliver these types of opportunities, but for us to create them ourselves.”

— Tenisha Freedom

not playing roles. They’re playing the role of, “I’m trying to get re-elected, so I’m gonna say what’s popular. I’m going to make sure I don’t be too radical or too Black.”

It would be so powerful if politicians would not only come out to the protests, but also come out when folks are giving out food and giving out resources. If I go to most of the Westside housing projects like Sherman Gardens and ask them, “Have you ever saw an assembly person in person? Have you ever saw the Attorney General in person, have you saw the Black councilman that’s supposed to be in this area?” They would say no. That’s problematic. So imagine how powerful, a councilman coming and bringing food every other week. You start changing the trajectory of the people and you start actually being a voice.

Just because you have a voice box don’t mean you have a voice. So you have people who have voice boxes, but they’re not using them. So you ended up in a position of power, but you’re not using that power. I think that so many of our elected officials, including Attorney General Ford, definitely have to step their game up. We commend them for speaking out now, but they’re still silent on Byron Williams. Sheriff (Joseph Lombardo) said on TV, “This is not Minneapolis.” Like hell it ain’t! This *is* Minneapolis. This is Baltimore. This is Chicago. This is Ferguson. The police terrorism has been going on in Las Vegas since the beginning of time. This is nothing new.

When our elected officials and some so-called leaders, when they get on TV and they say, “This is not Minneapolis, we’re going to be sure,” then you’re erasing history because Byron Williams was just killed in September for riding a bike! When a Black man rides a bike, he’s suspicious. But when a white man rides a bike in Summerlin, he’s bike-riding.

I can’t put all the pressure on Attorney General Ford. It’s also on community folks. It’s also on the pastors and the preachers and so-called leaders like the teachers. We’ve all got to step our game up, but particularly those who were supposed to be elected to be the voice of the people have to step it up. We all can agree that the politicians in Las Vegas and Nevada are definitely not as revolutionary, radical, and vocal as they can be. They were not speaking out about Byron Williams, they were not speaking out about Tashii Brown Farmer and Trevon Cole. They were not speaking out about so many others. That’s just the Black folk. We’re not talking about the Hispanic families that got killed. We can’t sit here and acknowledge George Floyd had been killed and everybody’s like well, this is a good time to celebrate Metro. No, Metro is the biggest gang in the state of Nevada. It’s not just us bullying and picking on Metro, but before you can clean up a wound you have to acknowledge who made that wound. What we’re looking for as different activists and revolutionaries is we need all of our people who are so-called leaders to be leaders.

When I look at panels such as the “Solutions, Strategies & Service Summit” (hosted by Clark County Commissioner Lawrence Weekly and moderated by rapper and entrepreneur Tip T.I. Harris on June 24 at Pearson Community Center), there were several activists who were on there listed as community leaders. What qualifies as a community leader? Because if that’s the case, are we paying for this? Is this like a membership, because these folks were *nowhere* to be found two months ago. Nowhere! But now that T.I.’s in town, everybody’s a leader.

We’ve got to do better. This is not a game. People are harassed. Phones are tapped. Houses are watched. We can be killed doing this work. We don’t like to have people who make a mockery of this. Yes, we all play a role, but play the role that you were elected for and put in a position to play.

VITAL-LAZARE: Who are the community leaders? What qualifies as a community leader?

SMITH: The thing that really kind of blows me away is that we’re not talking about racism as a social construct that gains capital. The invention of the police force was to police Black bodies, period. Attorney General, I thank you for all you do, but we can’t mince words here. It’s always life or death if you are a minority in this space. So when you ask what can you do, I totally agree with Tenisha and Stretch: It’s about making our own, and understanding that this system is *built to kill us*. Period. We can pontificate and try to be cute and dance around it. The attorney general knows that he’s indoctrinated in a system that’s built kill us.

FORD: Let’s be clear. Everyone has their experiences. I’m not originally from here. I’m from inner-city Dallas, Texas. I’ve had my fair share of negative experiences with law enforcement. I know my experiences, and I don’t run from it and I don’t shy away from it. I also know what my role is. And I utilize my position to effectuate policy change in the way that I think is appropriate. Is it going to please everybody? Absolutely not. Is it pleasing some of those on this screen? Clearly not. But does that deter me from doing what I think is most appropriate in the position that I hold? It does not, and it will not.

But I don’t purport to speak on behalf of other elected officials; I will speak on my own behalf and to say that absolutely indoctrination has occurred. Professor Parry talked about indoctrination in the educational system. Education has always been used to indoctrinate.

I’ve told the story several times before, when my young Black kid was taking a test in Texas, a multiple-choice exam that required him to pass to get to the next grade, and the question





“Once I learned about a lot of these things after I graduated from high school, I became very resentful. People had lied to me.”

— Tyler D. Parry

was multiple choice. Simply, what was the cause of the Civil War? Two answers he was able to get rid of. The last two answers were states’ rights and slavery. And, according to the Texas curriculum, the right answer was states’ rights, not slavery. Obviously, I was up in arms about that and explained to them this is no reason why that should be the more correct answer. It was the states’ rights to own slaves.

And so in the context of the worst, most racist institution of our country’s history, you can’t acknowledge that that in itself was the cause of the Civil War. It’s no wonder people say Black people are too sensitive when it comes to race. It’s indoctrination. Absolutely. Does the system indoctrinate? It absolutely does, but does it also take people inside the system to try to help undo it? I believe so. I believe that there are some of us who are being effective. For example, when I was in the state Senate, (we passed) laws that helped to remove the ability to racially profile and beyond that, to prosecute those who actually do it. That’s necessary, and it runs parallel with what’s happening at the grassroots level.

Not everyone looks to be seen, not everyone looks to be heard. Some folks actually just want to be in the background and do some work and effectuate the change in the best way that they can. And one of the ways to do that is to *vote*. Some of the people in our communities push back even on that particular concept. And when my grandmother and my great grandmother and my in-laws tell me about their struggles to vote in Texas, it appalls me that folks would pooh-pooh on the notion of voting when they were the ones that were having dogs sicced on them and water hoses turned on them.

Let’s be clear. I am the top law enforcement officer in the state. I wear a badge. I don’t run from it. And that does mean that I can’t do certain things in good faith — for example, appear at a protest when I have to enforce a law that says you’re not supposed to be in groups of 50 or more.

Now what I *can* do and what I *did* do in that context is put out a notice about what your rights are, relative to your interactions. To be sure, some people know their rights, but not everybody does. And so understanding that there are opportunities for us to educate, even in our positions of “power,” putting “power” in quotes because some folks don’t want to acknowledge it. There are still ways that we can influence what’s going on here.

VITAL-LAZARE: Lance, I want to ask you about privilege and marginalization. What is the underlying idea of really representing all marginalized people within this movement, centering them, moving everyone toward lives of parity?

SMITH: When we think of the entirety of how the Americas was

built on the backs of trafficked Black bodies, there’s always been this sense of hierarchy. At the top, there’s someone to punch down at. Would we be marching the way we were if it were just about Breonna Taylor? When we think about the life expectancy of a Black trans woman being 35, we should have all been up in arms about those things. When you think about the way that the Black Lives Matter movement willfully ignores and often ostracizes LGBTQI people as if we had not been here from the start. So I think everyone is speaking from a place of privilege, but also we need to be transparent about the fact that if the most marginalized of us are free, then we’re all free. And just because you have a tier to sit on, please believe, this nation will figure out a way to take you down from it. So if you’re not for everyone, including queer people, trans people, non-binary people that happen to be Black as well, then you’re not for any of us.

We’re extremely fractured. We can’t even have the conversation. I’m not upset at the attorney general. He’s doing what he needs to do inside of the system that he’s working in. Again, we’re mincing words, and we’re not talking about real root — Black bodies in this place do not matter. Us walking outside, us literally breathing is violent. Is seen as violent. It’s not violent when a bunch of white guys go to a town hall with a bunch of guns. But as soon as one of us raises our voice, it’s violence.

I want to talk about erasure and not talking about Black women. We can focus our energy on what Black men are going through, not to say that it is not a plight, but Black women have to carry so much more. I don’t feel like they are protected. My question for everyone is how are we protecting Black women? How do we prioritize the Black women — not just our mothers and our sisters — but the Black women around us? How do we deal with colorism? How do we deal with all these hierarchical systems that make it so there are certain people who are always at the bottom, proverbially, and there are some people that are higher up? And how do we make it a line instead of a stair step?

I am angry, because I know the way that I show up in spaces is seen as a threat because I’m Black, but also seen as sometimes outside of the Black movement because I’m queer. Multiple things can be true at one time. I’m asking for everyone involved to acknowledge that those things are real, that a Black trans woman can be found at a river chopped into pieces and none of you will know her name.

SANDERS: I made a video recently because on my timeline I see folks that say, “Black lives can’t matter to a Black gay couple because they can’t even have biological children.” It really grinds my gears because that’s so wrong. Obviously, me being a Christian minister, we know in the Christian faith, homosexuality is not exactly welcome. I do catch a lot of flak because I do speak up

“We need to be transparent about the fact that if the most marginalized of us are free, then we’re all free.”

— Lance L. Smith

and defend LGBTQ+ lives. I believe that you have to stop picking and choosing the Black lives we’re going to accept. All Black life is valuable. As Black folks, we can’t pick and choose the Black life we think is valuable, because if we do, then we’re not really for Black lives.

Nobody talks about the fact that people like Marsha P. Johnson, who was a transgender woman who was found in a river back in ’92, and nobody has yet talked about that. And this was a time where being Black and trans was looked at like, “Yuck, get away from me.”

SMITH: It still is.

SANDERS: Exactly. And it’s not on Lance to call it out, right? It’s up to people like Attorney General Ford and Sister Erica and Tenisha. We have to stand just like when we say we want white folks to defend us when it comes to racism. We have to stand and tell our queer brothers and sisters, “You get back, we got this one.”

We all need to make sure that we hold each other accountable as family do. When family gets off the deep end, we have to call that out, and Lance is right: We do have to protect Black women. Black women are not seen as human, not seen as valuable, trans women the same thing. Until we correct those issues, the Black life is never going to matter. Black lives will never matter until it matters to Black folks.

So every Tuesday, my organization, we’re starting our community patrols. And I was messaged by politicians, who told me they thought I was trying to put together a militia. My question to them is why whenever we come together, it’s a negative thing, it’s a militia. You just got done telling me that you felt bad about the young Black girl who was lured away from the McDonald’s on MLK and Lake Mead, and was found miraculously in a sewer dead. You just said you were upset about that. Okay, here we offer to go do something about it, and then that’s looked down upon. The pressure is not going to be on the police. We tried them. It doesn’t work, right? The pressure can’t just be on the politicians. They’re overwhelmed. They got excuses. The community as a whole has to step up.

I believe that voting on a local level and a state level is definitely beneficial, and it’s definitely important. But if folks are going to the voting booths hungry, then to me it’s in vain. Yes, people need to vote, but we also need to be in the community and make sure people feel safe voting. Right? So that people are not being intimidated by white supremacist groups, people are not voting in bright lights at Pearson Center then getting home and lighting candles.

VITAL-LAZARE: Dr. King is one of my personal heroes. There is

a speech that’s not often mentioned of his, but it’s a speech that I revisit again and again, and that speech at the Riverside City Baptist Church on the Upper East Side (of New York) is “Beyond Vietnam: A Time to Break Silence” (April 4, 1967). He said, “A true revolution of values will soon look uneasily on the glaring contrast of poverty and wealth.” How can we foster Black wealth in Las Vegas, particularly in spaces where exclusion was deliberate and supported by policy? Professor Parry, what happened to the Westside over the past three decades? Economically, why is this district still in blight?

PARRY: There’s a long history within the Westside. One thing to understand about it, though, was during the 1950s and 1960s, it was a middle-class area. Money traveled within the community. In the common narrative of the United States, people talk about Black Wall Street, which is outside of Tulsa, Oklahoma, as one of these areas of Black achievement. The internal communities supported one another. And the Westside functioned as many Black neighborhoods did throughout the country in a very similar way.

After 1971, when the Fair Housing Acts were signed, you start to see the Black middle class moving out into the suburbs. That was their choice. That was perfectly reasonable because the legislation had changed. Now, what happens, though, is the way integration or desegregation has been done historically in the United States has always left communities behind. And what replaces the middle-class occupants is a heavier form of policing.

So it didn’t take very long, until about the mid 1980s, when crack cocaine comes into the Las Vegas so-called “inner city.” Much like it did in Los Angeles. The story of Los Angeles and South Central very much parallels what we know as the Westside today. Alongside that comes a heavy police force that’s not there to be of civil service. It’s there to intimidate, exploit, and bully the neighboring populations.

One thing that’s not often discussed is that when we talk about social distancing or the inability to gather in large crowds, Metro actually instituted that policy strictly within the Westside in the early 1990s. They wouldn’t allow more than *three* people together within that neighborhood. So, first you have economic deprivation, the introduction of drugs, and then heavy policing — essentially the stop-and-frisk policy that’s commonly associated with New York City. But it was very much in place within the Westside at this point.

So consider this entire history: From 1990 to 2011, a study was conducted that found that the LVMPD was the third-highest officer-related shooting per capita city within the United States. Think about what that does. Despite all the reforms that have been encouraged and conducted, despite all the changes that

continued on Page 94



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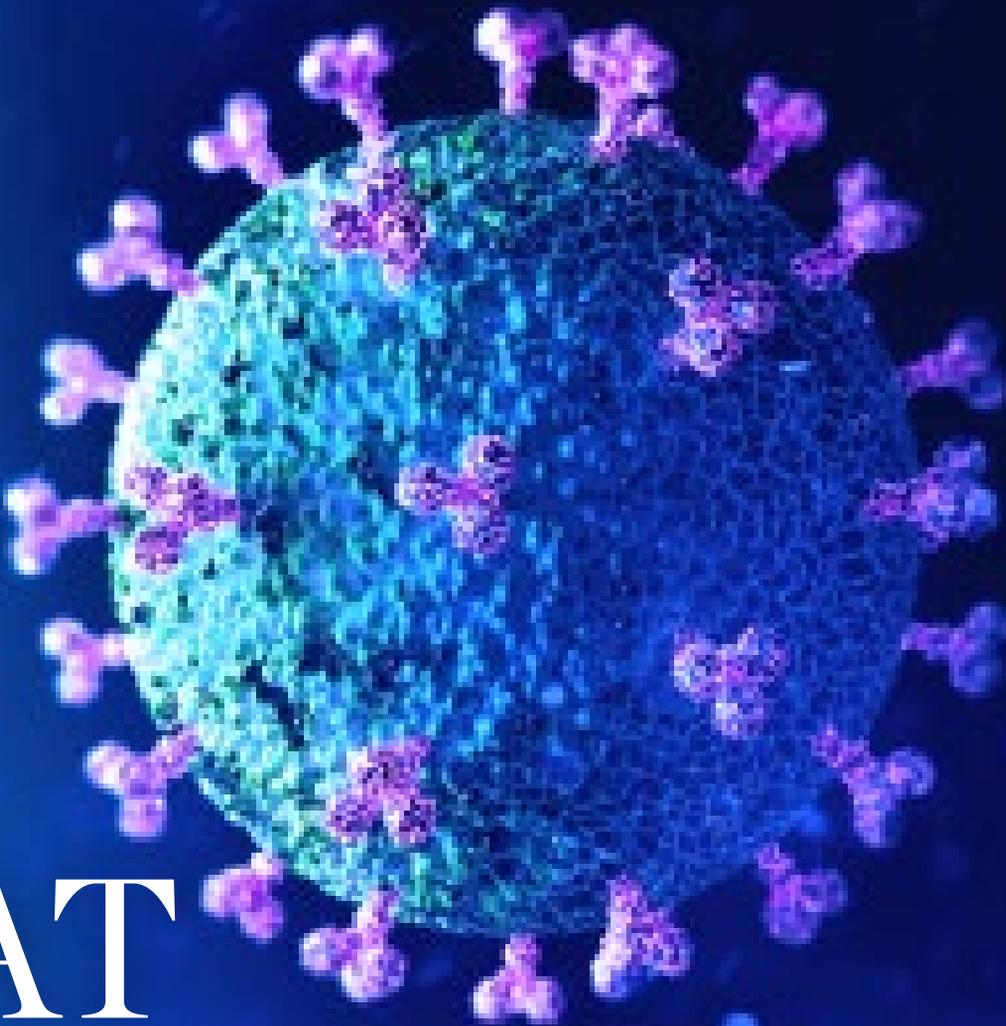
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WHAT HAVE WE LEARNED?

photography by **AARON MAYES**

*DOCTORS, SPECIALISTS, AND MEDICAL
STUDENTS SHARE THE SOMETIMES
DIFFICULT LESSONS THEY'VE LEARNED
IN THE AGE OF COVID-19*

Whether they're toiling on the front lines or helping from the sidelines, healthcare workers are navigating a strange new world in the pandemic age. We've all read stories about doctors and nurses working to exhaustion as COVID-19 strains our healthcare system. But there are other stories that, while less daunting and dramatic, tease out some nuanced lessons about public health and community welfare. We asked five people, from doctors to technical specialists to medical students, to express in their own words what they've learned during their work amid the pandemic. Answers have been edited for length and clarity.

GIGI GUIZADO DE NATHAN

STANDARDIZED PATIENT
COORDINATOR IN THE
CLINICAL SIMULATION
CENTER OF LAS VEGAS

What Gigi Guizado de Nathan has learned from the pandemic comes from her unique background. For some 20 years (10 in Las Vegas), she's educated standardized patients. What's that? Imagine a scenario in which a medical or nursing school student is being trained or tested through a simulated interaction with a patient — kind of like role-playing. Who plays the sick person? An actor, called a standardized patient. Guizado de Nathan got her formal education in acting and has continued to act alongside her day job overseeing the local SP program. In addition, she's bilingual, having been raised speaking Spanish.

The process started with all our events getting canceled one by one, because the learners could not congregate, for their own health. The university shut everything down. The Simulation Center was among the first invited to reopen, because healthcare education was considered essential. We need to be graduating as many healthcare workers as we can. That process must not be slowed down.

We went back to the drawing board and started to reimagine how we deliver a modality so based on human interaction, physical touch, being in the room with someone, and giving them feedback on the nuances. We needed a simulation about COVID-19. People had thought of that and written it, but it was intended for use with an avatar, AI, or mannequin. The thing that struck me about it was, I can look at this and reimagine it with a live human being, but also, what occurred to me, because of my perspective as a bilingual, bicultural person was, it was all geared toward native English speakers. In Las Vegas, we have a large percent of our population for whom English is not the primary language. And also, we invite people from around the world — our economy is based on tourism — who don't speak English as their first language. When the pandemic hits and you have a multilingual population and a virus that doesn't discriminate, how will healthcare professionals help them? So, I wrote a simulation to address that.

NECESSITY IS THE MOTHER OF INVENTION

Visually, it's not unlike what we're looking at right now — Skype or Zoom. The scenario is, a patient who is ill, a Las Vegas resident whose first language is not English, calls the UNLV School of Medicine COVID-19 call center, because they're sick. Assuming they have a medical interpreter, they have another person (a physician) come into the meeting and then the conversation continues with the interpreter. It becomes a three-way call. I train the bilingual standardized patient so the medical student can see how to engage that person effectively and have the skills they need to help that patient.

I've been pleasantly surprised and reminded of how much we can accomplish if we

set our minds to it. And, I've been pleasantly surprised by how well we're doing in this online environment. It's out of hardship, but I do believe that, moving forward, when maybe all this online work isn't required anymore, we might retain some of it because we found that it was useful.

**THERE IS EAGERNESS
TO HELP UNDERSERVED
POPULATIONS**

I have a collection of moments that stuck with me. In general, I was moved by how moved other people were by the recognition that we're all human and we don't all speak the same language and if we don't do this work, there will be undue suffering.

I did not limit it to Spanish. That's my go-to, because that's my skill set, but being well aware Las Vegas has multiple communities that speak a variety of languages, I reached out to my colleagues in the simulation center and we were able to translate it to Tagalog (a Filipino dialect).

At a staff meeting I asked, "Is there anyone among us that could help?" and

people immediately volunteered their family members. I couldn't even offer them a guarantee they'd get paid. (I asked the director of finance if they could, and she said yes, eventually.) But even under those circumstances — outside their comfort zone and they may not get paid — they jumped on board without a second thought and were proud to do so. It touched their heart, and they couldn't have been happier to be there. *Heidi Kyser*

DR. DEREK MEEKS

MEDICAL DIRECTOR, EMERGENCY
DEPARTMENT, BOULDER CITY
HOSPITAL

Dr. Derek Meeks is a 23-year resident of Southern Nevada. He serves as a trustee on the Clark County Medical Society board and is vice dean of Touro University Nevada College of Osteopathic Medicine. He is a medical provider for Envision Emergency Medicine Physicians group, which oversees roughly half of the ERs in the valley.

“

We learned that we need to be more self-reliant and much better prepared for similar pandemics. We were not ready for this pandemic.

”



Dr. Derek Meeks



Cassandra McDiarmid

BE PREPARED EARLY AND OFTEN

We learned that we need to be more self-reliant and much better prepared for similar pandemics. We were not ready for this pandemic. There were so many shortages, which put us and the patients at risk at times. We were so short on PPEs (personal protective equipment).

People did inventories in their hospitals, and they started making decisions right then about how we are going to utilize the limited number of PPEs, realizing that the whole country is going to be demanding whatever's left from the companies that make these. So many of the PPEs and other things were built in other countries that were also facing similar problems, so they didn't really want to sell them to us. That led to a huge shortage. If you didn't have a

great stockpile, you were at risk.

People didn't know how to use them: Do you change it after every patient? Do you change it once a shift? What do you do? What do you need? Do you need masks, eye protection, caps, foot protection? This stuff was all unclear, and there definitely was too few of these as well as ventilators.

EDUCATE NON-COVID-19 PATIENTS ON THE BIG PICTURE

Patients actually stopped coming to the ER out of fear of catching the disease. At times they even stopped coming when they had an actual really serious condition, like a stroke or a heart attack, which was probably worse than if they would have caught COVID.

I had a patient who came in a couple days late for a stroke. I had patients who came in a couple days late for a heart attack. They

normally would have come in, but they were so scared of COVID. The longer you wait, the more irreversible damage is going to occur. It broke our hearts to see people wait for something that they didn't even really need to be concerned about. Because your likelihood of catching the coronavirus in the ER is so remote since we're all using masks — the patients and the doctors — and we're social distancing. It was just heartbreaking to see stuff like that.

The result of these patients not coming to ER resulted in shifts being cut for staff, nurses, and physicians. The hospital's losing a lot of revenue, and it happened also with doctors' offices. The last stats I saw is that they're seeing about 50 percent less than their normal patient loads. So they're having to cut staff and questioning if their practices will survive. So my fear is that if this continues and practices close,

our medical shortage could reach really disastrous levels.

What I've been hearing is that doctors who were closer to retiring are saying, "This is now my time to retire," whereas they may not have retired for another three to five years. I have one in our practice who hasn't gone to work. He's a bit older, but still a great doctor and able to practice. And he hasn't come to work at our place or in other places Downtown because of the coronavirus.

FORTIFY YOURSELF FOR ISOLATION

It's been really lonely. When you're exposed to a patient as a physician or a health provider, and you know that patient has the coronavirus, you then have to decide how will you interact or distance to keep your family safe. What do you do when you go home? What I would do is I'd shower and bring an extra pair of clothes and change my shoes before I left work. And then I'd come home and I'd isolate myself. I secluded myself on one side of the house, my spouse on the other.

When my kids came with their families, I couldn't see them. My daughter had been out of the country with her family for a few months. When they returned, her kids (ages 3 and 5) started to run up to me to hug me because that's what they're used to doing. Their parents had to grab them and stop them. That was extremely heartbreaking because they didn't understand. For two weeks I couldn't see them.

You're in there seeing patients. It's stressful because you worry about everything you touch, everything you breathe in. You're worried about how you're taking care of these patients, where we don't have a clear-cut pathway. So you're stressed, and then you come home and you're alone. It's hard.

Paul Szydelko

CASSANDRA MCDIARMID

MEDICAL STUDENT AT
TOURO UNIVERSITY

As is the case with all of us, the pandemic happened while Cassandra McDiarmid was making other plans. She was in her second year of

medical school at Touro University, pursuing a focus on OB/GYN, when the outbreak hit and shutdown began, disrupting her medical education. But the pandemic didn't disrupt her will to help. With fellow Touro students Parisun Shoga and Ashlie Bloom, McDiarmid launched #MedReady (tun.touro.edu/medready), a website that organizes volunteers to offer free K-12 tutoring; medical undergrad and Medical College Admission Test tutoring; and community help such as senior grocery pickup and COVID-19 screening assistance. The site also includes a news and research section, "Getting It Right," which features weekly capsule summaries of the latest research on the novel coronavirus and COVID-19.

HELP HOWEVER YOU CAN

It's interesting, because if (the pandemic) happened two years from now, I would be out there right now, I'd be in my first year of residency, I'd be in the hospitals working and taking care of people. But we were just finishing up our second year of medical school, and so, unfortunately, we had not yet had any clinical experiences. So we weren't really able to go into the hospitals and help out in that sense. So we had to come up with other ways to help, like provide volunteer opportunities. Actually, a lot of my classmates — and a lot of the class below mine who were just finishing their first year — reached out to ask what they could do. Could we put them in touch to help volunteer and help out the community? Obviously, we are future physicians going into healthcare, and part of that is you want to take care of people, you want to give back, you want to help out in anyway that you can.

RESPOND TO NEEDS THAT HIT HOME

Part of the reason we offer K-12 tutoring is because my boyfriend's parents and sister are teachers, and a lot of our classmates are married to teachers. We saw what was happening in education at the time when all the schools were shutting down, and they were trying to figure out how to do distance learning. Just knowing that there are parents out there who aren't able to help their kids out with schoolwork at home — maybe it's a subject that they don't understand — and then hearing from the teachers about how

they want to be able to help every student, but it's hard because you can't give that individualized time to 30-40 students all at once during the week. It's just too difficult. We wanted to provide help with that.

THERE'S NO SUCH THING AS TOO MUCH INFORMATION

Another part of our website that we have is an information corner. We have a Twitter account, and our students are going through articles and they're doing research, they're checking their facts, they're making sure that everything is accurate before they share it. But just finding another place to put accurate information like that — you can never have too much. Not everyone knows how to look through the research, how to do fact-checking. Scientific papers can be dense. That's why we wanted to have our students go through and put that information into a common vernacular so that everyone can understand.

Part of the problem is a lack of trust among people. And it's true, the information that came out in the beginning is not the same as the information that is factually accurate that's coming out today. People think, "Oh, well, they said this six weeks ago, and today, that's not the case anymore." But that's what science is. A lot more research is being done on the virus, and that's why the information is changing. For some people, it's kind of hard to understand that, yes, what they told us six weeks ago was accurate six weeks ago, but as we're continuing to learn, things are changing. For instance, the coronavirus infectivity rate has increased because the spike protein on the virus has actually mutated, which enables it to more easily infect us. So the virus itself has changed. Things are changing, and the information being given is accurate at the time it's being given. Yes, it will contradict some of the older information, but it's because we've learned more. **Andrew Kiraly**

DR. RAKESH KALRA

PRACTICE MANAGER,
INTERMOUNTAIN HEALTHCARE

With 10 Intermountain Healthcare (formerly HealthCare Partners) practices around Southern Nevada under his purview, Kalra, like



Dr. Rakesh Kalra

“

What's hard is the unknown. We're on the front lines, so we're scared for ourselves, our families, and you have to stay positive to take care of patients.

”

most physicians, had been watching the coronavirus closely since the beginning of the year. When it came to the U.S., he says, his company immediately turned their clinics inside-out, changing indoor operations to protect both caregivers and patients from contracting the virus, while setting up outdoor stations for people who feared they had it. Kalra himself was on the front lines, doing nasal swabs and personally calling all the patients who tested positive.

PREPARE FOR THE WORST

We weren't prepared to go to this extent. It helped to turn our operations around, but (nobody was) anticipating this type of pandemic. The major lesson is, this is a serious virus. When it first came on board, we were thinking it was similar to the flu, but it's really serious. It's taken over 10.5 million people, 500,000 lives (to date). Personally for me, even one life is

devastating. So, imagine, a half a million, it's just unthinkable.

We're already focusing on the next crisis, because we're anticipating this flu season to be devastating with the coronavirus. So, we're turning our clinics inside-out to take care of those patients. We're actually building permanent structures to continue drive-up testing and have rooms available outside to treat patients with respiratory symptoms. We're focusing on PPE. We were lucky that we did not have a shortage within in our company, but we want to be well-stocked, because we feel the next season, coming in a few months, will be just as bad as it was back in March.

HEALTHCARE WORKERS NEED MENTAL HEALTH SUPPORT

What's hard is the unknown. We're on the front lines, so we're scared for ourselves, our families, contracting the virus, and

you have to stay positive to take care of patients. They're already concerned, so if we're negative, it's not going to be a good experience for them.

My personal frightening experience was, a family member who was asymptomatic got coronavirus. We often preach about wearing a mask and staying away from patients unless you're taking care of them, but when it hits home, it's harder to deal with. It's more easily said than done, and it's frightening. My family member was sick. I have young children in the home, and we had to have them wear masks, we were wearing masks, isolating (the sick person) in a room, and that really has an impact on everyone emotionally and mentally. It was hard. So, seeing that firsthand, I was able to relate better to patients' fear.

... AND PATIENTS NEED IT, TOO

We've dealt with many patients, unfortunately, whose spouses passed away and who also tested positive, so we kept in close touch with them. Both would come in at the same time, test positive, and one would pass away, and the other would get well. It was really tough with one patient — she needed clearance to get back to New York and bury her husband. It was very tough working with them and supporting them. **HK**

CORIE NIETO

DIRECTOR OF TELEHEALTH SERVICES, NEVADA HEALTH CENTERS

Corie Nieto has been involved in the telehealth industry in the state since 2010 and has been instrumental in starting two telehealth programs from the ground up. After implementing virtual methods for patients to see providers from one of 18 NVHC locations, three mobile programs and 25 schools, she was just getting ready to introduce the healthcare organization's direct-to-consumer service through smartphones, tablets, and desktop computers when the pandemic hit.

PUT MORE RESOURCES INTO TECH

(Before COVID), next on our (telehealth) strategy was to launch our direct-to-con-

sumer campaign, which is our providers seeing patients (via the internet) in their homes. Up until March, we had developed all the clinic algorithms: What's appropriate to see at home? What can you effectively treat? We were just getting ready to launch that program when COVID hit. Holy cow! For the months of March and April, I didn't sleep! Within a week, we launched our program. March 16 was our go-live date. We went from 200 telehealth visits a month to almost a thousand visits a month overnight. We have gone from a handful (about 12) of virtual providers to every single provider (close to 100) in our organization.

Prior to COVID, there were a lot of obstacles. There were providers who just aren't interested in doing this. There are patients who aren't interested in doing this. You can train hands-on, you can train through video, you can train through documents. If people aren't motivated, it can be difficult to do that. Once COVID hit, I couldn't manage the requests: "Can I be next for training? I want to go live tomorrow." There was absolutely no resistance from the providers and no resistance from administration. And what's really crazy? No resistance from the patients. The patients were saying, "God bless you. Thank you for doing this. This is an amazing program. What would we do without this?"

STOCK UP ON TECH GEAR

So not only are you looking for PPE and sanitizer wipes, but you're looking for webcams. And they were sold out! You could not get a webcam if you tried. You have two or three providers in an office, all doing virtual care. Well, now they need headsets, because otherwise you're hearing three conversations and there's not privacy for those patients in their virtual appointments. Well, you couldn't get a headset! So we're moving doctors so that we can get them a private place because we can't offer a headset and it's just coming out the speaker. We fortunately had quite a few laptops in the organization, so we're dedicating a laptop or two per front-office person or provider so that we could manage it from a technology standpoint.

Our (telehealth) vendor is able to assess the bandwidth connectivity rates of all of our participants. Prior to the pandemic in February, 83 percent of all the sessions

on our video-conferencing platform had connection speeds of 350 kilobytes per second. That's (a baseline). If you get below 350 kilobytes per second with our platform, you start getting poor audio and poor video. So 83 percent of the sessions were above that in February. For the month of April, 45 percent were below that. Because everybody was at home and everybody was drawing bandwidth, we lost capacity for all these patients to connect.

CAPITALIZE ON THE MOMENT

Anybody in the telehealth field is very passionate about what we can do — increasing access to care, reducing cost, all those things — but has constantly struggled with acceptance and changing the culture across the board — patients, providers, and administrators.

COVID, having forced patients, providers, and administrators to use telehealth, has given us, the telehealth industry, the kick-start to make them try it. We knew if we could get patients to try it, if we could get providers to try it, they would recognize the amazing benefits that telehealth has for our patients. Patients would recognize this is so much easier, so much better. Patients like that the provider is completely dedicated to them during that encounter and sometimes feel like (it is) more dedicated than an in-person appointment.

All the positive things of telehealth are being (showcased). It's not just Corie spouting it out anymore. It's "I have experienced it and I like it and I'm going to do it going forward." That is a positive consequence about what has happened because of COVID.

We need a NVHC tech squad. We can have open house or have videos on how to make the technology work because that will be our biggest restriction going forward, which is amazing. It's not culture anymore. We've moved the needle on acceptance for this type of care and excitement for this type of care, so now we just need to fix the technology, fix the bandwidth to make sure we can have good solid connectivity with our patients. **PS**



SHUTTERSTOCK



Top Doctors & Top Dentists

*The valley's best physicians and dental professionals,
as chosen by their peers*



HOW THE TOP DOCTORS ARE SELECTED

Castle Connolly Top Doctors is a healthcare research company and the official source for Top Doctors for the past 25 years.

Castle Connolly’s established nomination survey, research, screening, and selection process, under the direction of a doctor, involves many hundreds of thousands of physicians as well as academic medical centers, specialty hospitals and regional and community hospitals all across the nation.

The online nominations process — located at castleconnolly.com/nominations — is open to all licensed physicians in the United States who are able to nominate physicians in any medical specialty and in any part of the country, as well as indicate whether the nominated physicians is, in their opinion, among the best in their region in their medical specialty or among the best in the nation in their medical specialty. Once nominated, Castle Connolly’s physician-led team of researchers follow a rigorous

screening process to select top doctors on both the national and regional levels.

Careful screening of doctors’ educational and professional experience is essential before final selection is made among those physicians most highly regarded by their peers. The result: Castle Connolly identifies the top doctors in America and provides you, the consumer, with detailed information about their education, training, and special expertise in its paperback guides, national and regional magazine “Top Doctors” features, and online directories.

Doctors do not and cannot pay to be selected and profiled as Castle Connolly Top Doctors.

Physicians selected for inclusion in this magazine’s “Top Doctors” feature also appear online at castleconnolly.com, or in conjunction with other Castle Connolly

Top Doctors databases online on other sites and/or in print.

Castle Connolly was acquired by Everyday Health Group (EHG), one of the world’s most prominent digital healthcare companies, in late 2018. EHG, a recognized leader in patient and provider education, attracts an engaged audience of more than 53 million health consumers and more than 780,000 U.S. practicing physicians and clinicians to its health and wellness websites. EHG combines social listening data and analytics expertise to deliver highly personalized healthcare consumer content and effective patient engagement solutions. EHG’s vision is to drive better clinical and health outcomes through decision-making informed by highly relevant data and analytics. Healthcare professionals and consumers are empowered with trusted content and services through the Everyday Health Group’s flagship brands, including Everyday Health®, What to Expect®, Med-Page Today®, Health eCareers®, PRIME® Education and its exclusive partnership with MayoClinic.org® and The Mayo Clinic Diet®. Everyday Health Group is a division of J2 Global Inc. (NASDAQ: JCOM), and is headquartered in New York City.

TOP DOCTORS 2020

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The 268 best physicians in Southern Nevada, as chosen by their peers

HOW TO USE THIS GUIDE

Medical specialties are listed alphabetically. Doctors are listed alphabetically beneath those specialty areas, with subspecialties below that. Note that some physicians may require referrals.

ALLERGY & IMMUNOLOGY

JIM CHRISTENSEN, MD
OptumCare Lung & Allergy Care
4750 W. Oakey Blvd., #1A,
702-724-8844 x3
Asthma & Allergy, Urticaria, Pediatric Allergy & Immunology

JOEL KATZ, MD
Allergy & Asthma Center
2625 Box Canyon Drive
702-360-6100
Food Allergy, Immunotherapy, Insect Allergy, Asthma

DAVID H. TOTTORI, MD
Tottori Allergy & Asthma Associates
4000 E. Charleston Blvd., #100
702-240-4233 x3
Asthma & Allergy, Food Allergy, Eczema

CARDIAC ELECTROPHYSIOLOGY

ROBERT LEWIS BAKER, MD
Nevada Cardiology Associates
3121 S. Maryland Pkwy., #512
702-796-7150
Sudden Death Prevention, Radiofrequency Ablation, Atrial Fibrillation

ARJUN V. GURURAJ, MD
Nevada Heart & Vascular Center
3150 N. Tenaya Way, #320
702-240-6482 x2
Arrhythmias, Catheter Ablation, Heart Failure, Atrial Fibrillation

NIUTON KOIDE, MD
HealthCare Partners Medical Group
3131 La Canada St., #140
702-933-9400
Arrhythmias

FOAD MOAZEZ, MD
Nevada Cardiology Associates
3150 N. Tenaya Way, #460
702-233-1000
Arrhythmias, Pacemakers/Defibrillators

CARDIOVASCULAR DISEASE

SEAN S. AMELI, MD
Ameli-Dadourian Heart Center
400 S. Rampart Blvd., #240
702-906-1100
Cholesterol/Lipid Disorders, Echocardiography-Transesophageal, Preventive Cardiology, Hypertension

RICHARD CHEN, MD
Nevada Cardiology Associates
3121 S. Maryland Pkwy., #512
702-796-7150
Coronary Artery Disease, Interventional Cardiology, Angioplasty & Stent Placement, Echocardiography-Transesophageal

BERGE J. DADOURIAN, MD
Ameli-Dadourian Heart Center
400 S. Rampart Blvd., #240
702-906-1100
Peripheral Vascular Disease, Interventional Cardiology

VANESSA GASTWIRTH, MD
Nevada Cardiology Associates
3150 N. Tenaya Way, #460
702-233-1000

SAMUEL E. GREEN, MD
Nevada Cardiology Associates
3150 N. Tenaya Way, #460
702-233-1000
Nuclear Cardiology, Echocardiography-Transesophageal

THOMAS L. LAMBERT, MD
Cardiology Specialists of Nevada
3150 N. Tenaya Way, #135
702-598-3999
Interventional Cardiology, Heart Failure

CHILD & ADOLESCENT PSYCHIATRY

DEBORA A. BARNEY, MD
Center for Emotional Health
6284 S. Rainbow Blvd., #110
702-257-0140 x200
Autism Spectrum Disorders, Depression, Anxiety Disorders, Mood Disorders

CHILD NEUROLOGY

MONICA M. CHACON, MD
Neurology Center of Nevada
2380 W. Horizon Ridge Pkwy.
702-247-9994 x415
Neurophysiology, Epilepsy

COLON & RECTAL SURGERY

OVUNC BARDAKCIUGLU, MD
UNLV Medicine
Department of Surgery
1707 W. Charleston Blvd., #160
702-671-5150
Minimally Invasive Surgery, Colon & Rectal Cancer, Robotic Surgery, Hemorrhoids

LESLIE K. BROWDER, MD
Women's Cancer Center of Nevada
3131 La Canada St., #241
702-693-6870
Microsurgery, Pelvic Floor Disorders, Diverticulitis, Crohn's Disease

DERMATOLOGY

ALAN J. ARNOLD, MD
Couture Dermatology & Plastic Surgery
2615 Box Canyon Drive
702-998-9001
Mohs Surgery

MIRIAM BETTENCOURT, MD
Advanced Dermatology & Cosmetic Surgery
861 Coronado Center Drive,
#100, 702-257-7546
Melanoma, Mohs Surgery

MICHAEL G. BRYAN, MD
Las Vegas Skin & Cancer Clinics
880 Seven Hills Drive, #260
702-588-6730
Hair & Nail Disorders, Mohs Surgery, Cosmetic Dermatology

VICTORIA G. FARLEY, MD
Vivida Dermatology
6460 Medical Center St., #350
702-255-6647
Cosmetic Dermatology, Dermatologic Surgery, Acne & Rosacea, Psoriasis

DOUGLAS FIFE, MD
Vivida Dermatology
6460 Medical Center St., #350
702-255-6647
Mohs Surgery

LIONEL J. HANDLER, MD
Strimling Dermatology, Laser & Vein Institute
10105 Banbury Cross Drive,
#350, 702-243-6400
Pediatric Dermatology, Laser Surgery, Cosmetic Surgery

ROBERT B. STRIMLING, MD
Strimling Dermatology, Laser & Vein Institute
10105 Banbury Cross Drive,
#350, 702-243-6400
Mohs Surgery, Laser Surgery, Cosmetic Dermatology, Varicose Veins

CANDACE THORNTON SPANN, MD
Couture Dermatology

& Plastic Surgery
2615 Box Canyon Drive
702-998-9001
Hair Loss in Women, Acne, Facial Rejuvenation, Botox

DEVELOPMENTAL-BEHAVIORAL PEDIATRICS

MARIO J. GASPAR DE ALBA, MD
UNLV Ackerman Center
630 S. Rancho Drive, #A
702-998-9505
Autism Spectrum Disorders, ADD/ADHD

DIAGNOSTIC RADIOLOGY

RAJNEESH AGRAWAL, MD
Desert Radiology
2020 Palomino Lane, #100
702-759-8600
Neuroradiology, Interventional Radiology

PAUL BANDT, MD
Desert Radiology
2020 Palomino Lane, #100
702-759-8600
Interventional Radiology, Nuclear Radiology

ASHOK GUPTA, MD
Desert Radiology
2020 Palomino Lane, #100
702-759-8600
Abdominal Imaging

DIANNE MAZZU, MD
Desert Radiology
2020 Palomino Lane, #100
702-759-8600
Body Imaging, Mammography, Ultrasound, CT Scan

RAJASHREE C. VYAS, MD
Desert Radiology
2020 Palomino Lane, #100
702-759-8600
Pediatric Radiology, Musculoskeletal Imaging

ALAN WEISSMAN, MD
Desert Radiology
2020 Palomino Lane, #100
702-759-8600
Cancer Imaging, Musculoskeletal Imaging, Nuclear Medicine

LISA K. WONG, MD
Desert Radiology
2020 Palomino Lane, #100
702-759-8600
Pediatric Radiology

ENDOCRINOLOGY, DIABETES & METABOLISM

W. REID LITCHFIELD, MD
Desert Endocrinology
2415 W. Horizon Ridge Pkwy.,
#100, 702-434-8400
Diabetes, Thyroid Disorders



QUANG T. NGUYEN, DO
Las Vegas Endocrinology
229 N. Pecos Road, #100
702-605-5750
Hypertension, Metabolic Syndrome, Nutrition & Obesity

FREDDIE G. TOFFEL, MD
2700 E. Sunset Road, #D34
702-736-2021
Diabetes, Hormonal Disorders

FAMILY MEDICINE

KIMBERLY ADAMS, MD
Total Wellness Family Medicine
5225 S. Durango Drive
702-253-9355
AIDS/HIV, Adolescent Medicine, Sports Medicine, Chronic Illness

HERVE BEZARD, MD
Family Doctors of Boulder City
895 Adams Blvd., 702-293-0406

MICHAEL GUNTER, MD
Canyon Trails Family Practice
7455 W. Washington Ave., #445
702-804-5138
Primary Care Sports Medicine

SUNGWOOK KIM, MD
Brighton Family Medicine
1720 W. Horizon Ridge Pkwy., #140, 702-566-5445

SHARI KLEIN, DO
8571 W. Lake Mead Blvd., #100
702-545-0283
Concierge Medicine

DARREN RAHAMAN, MD
Nevada Health Centers
1799 Mount Mariah Drive
702-383-1961

LARA WENNER, MD
HealthCare Partners Nevada
3960 W. Craig Road, #101
702-473-8380

GASTROENTEROLOGY

TAREK AMMAR, MD
Comprehensive Digestive Institute of Nevada
8530 W. Sunset Road, #230
702-483-4483
Endoscopic Ultrasound, Pancreatic & Biliary Disease, Colon & Rectal Cancer, Digestive Disorders

GREGORY M. KWOK, MD
Gastroenterology Associates
6950 S. Cimarron Road, #200
702-796-0231
Gastrointestinal Functional Disorders, Gastroesophageal Reflux Disease (GERD)

WAI LI. MA, MD
GI Excellence
9260 W. Sunset Road, #203
702-476-2822

FRANK J. NEMEC, MD
Gastroenterology Associates
6950 S. Cimarron Road, #200
702-796-0231
Gastrointestinal Functional Disorders, Digestive Disorders

CHRISTIAN DIAZ. STONE, MD
Comprehensive Digestive Institute of Nevada
8530 W. Sunset Road, #230
702-483-4483.
Inflammatory Bowel Disease/ Crohn's, Colitis, Digestive Disorders, Colon & Rectal Cancer

NICHOLAS A. TIBALDI, MD
Southwest Medical Associates
4750 W. Oakey Blvd.
702-877-8330. *Hemorrhoids, Crohn's Disease, Irritable Bowel Syndrome, Ulcerative Colitis*

GERIATRIC MEDICINE

ESTEBAN HENNINGS, MD
Humanitas Primary Care
3201 S. Maryland Pkwy., #414
702-685-7700

HAND SURGERY

ANDREW J. BRONSTEIN, MD
Bronstein Hand Center
10135 W. Twain Ave., #100
702-458-4263
Wrist Reconstruction, Elbow Surgery, Pediatric Hand Surgery, Carpal Tunnel Syndrome

DAVID FADELL, DO
Hand Surgery Specialists of Nevada
9321 W. Sunset Road
702-645-7800
Trauma, Arthritis, Elbow Surgery, Shoulder Surgery

WILLIAM T. STEWART, MD
Desert Orthopaedic Center
2800 E. Desert Inn Road, #100
702-731-1616
Arthroscopic Surgery, Sports Medicine, Joint Reconstruction

JAMES VAHEY, MD
Hand Center of Nevada
8585 S. Eastern Ave., #100
702-798-8585. *Hand & Upper Extremity Surgery*

HEMATOLOGY

RUSSELL GOLLARD, MD
OptumCare Cancer Care
3175 St. Rose Pkwy., #200
702-724-8787

CLARK S. JEAN, MD
Comprehensive Cancer Centers of Nevada
7445 Peak Drive, 702-952-2140
Hematologic Malignancies, Leukemia & Lymphoma

INFECTIOUS DISEASE

BRIAN J. LIPMAN, MD
10001 S. Eastern Ave., #307
702-909-7170
AIDS/HIV, Pneumonia

RONALD A. SHOCKLEY, MD
Infectious Disease Partners
3483 S. Eastern Ave. Floor 2
702-309-2311
AIDS/HIV

INTERNAL MEDICINE

VALERIA ASIMENIOS, MD
Southwest Medical Associates
4835 S. Durango Drive
702-877-5199

LAWRENCE S. COPELAND, MD
653 Town Center Drive, #101
702-243-7483
Concierge Medicine

RAMA HAROUNI, MD
University Medical Center - Quick Care
9320 W. Sahara Ave.
702-383-3850
Preventive Medicine

REZA MOJTABAVI, MD
Avencia Medical Center
3150 N. Tenaya Way, #240
702-445-7770

MOHAMMED NAJMI, MD
Medical Group at Sun City
2440 Professional Court, #110
702-240-8155
Chronic Illness, Eating Disorders, Nutrition

RUSSELL N. NEIBAUR, MD
Concierge Care Physicians
2450 W. Horizon Ridge Pkwy., #150, 702-990-0622

CANDICE H. TUNG, MD
Jerry Schwartz & Associates
7395 S. Pecos Road, #102
702-737-8657
Concierge Medicine, Diabetes

JOHN A. VARRAS, MD
UNLV Medicine
1707 W. Charleston Blvd., #230
702-671-5060
Weight Management, Diabetes, Heart Disease, Preventive Medicine

RAJI VENKAT, MD
Dignity Health Medical Group
10001 S. Eastern Ave., #101
702-616-5801 x1

SANDHYA WAHI GURURAJ, MD
UNLV Medicine
1707 W. Charleston Blvd., #230
702-671-5060
Preventive Medicine, Hypertension

INTERVENTIONAL CARDIOLOGY

JOHN B. BEDOTTO, MD
HealthCare Partners
Sunset Cardiology
9280 W. Sunset Road, #320
702-534-5464

JAMES A. LALLY, MD
Heart Center of Nevada
700 Shadow Lane, #240
702-384-0022
Arrhythmias

SANJAY MALHOTRA, MD
Nevada Heart & Vascular Center
4275 Burnham Ave., #100
702-240-6482 x2

CRES P. MIRANDA, MD
Nevada Heart & Vascular Center
3150 N. Tenaya Way, #320
702-240-6482 x2
Coronary Angioplasty/Stents, Preventive Cardiology

JANMEJAY J. PATEL, MD
HealthCare Partners
Medical Group
3131 La Canada St., #140
702-933-9400

MATERNAL & FETAL MEDICINE

WILSON H. HUANG, MD
High Risk Pregnancy Center
2845 Siena Heights Drive, #350
702-382-3200
Prematurity/Low Birth Weight Infants, Ultrasound

BRIAN K. IRIYE, MD
High Risk Pregnancy Center
2011 Pinto Lane, #200
702-382-3200
Prenatal Diagnosis, Ultrasound, Diabetes in Pregnancy, Multiple Gestation

PATRICIA PIERCE, MD
High Risk Pregnancy Center
2011 Pinto Lane, #200
702-382-3200
Pregnancy-High Risk, Ultrasound

STEPHEN M. WOLD, MD
High Risk Pregnancy Center
2011 Pinto Lane, #200
702-382-3200
Pregnancy-High Risk

MEDICAL ONCOLOGY

FADI S. BRAITEH, MD
Comprehensive Cancer Centers of Nevada
3730 S. Eastern Ave.
702-952-3400
Gastrointestinal Cancer, Lung Cancer, Breast Cancer, Colon & Rectal Cancer

KHOI M. DAO, MD
Comprehensive Cancer
Centers of Nevada
10001 S. Eastern Ave., #108
702-952-3444
*Hematologic Malignancies,
Colon Cancer, Lung Cancer*

OSCAR B. GOODMAN, MD/PHD
Comprehensive Cancer
Centers of Nevada
9280 W. Sunset Road, #100
702-952-1251
*Genitourinary Cancer, Prostate
Cancer, Bladder Cancer*

REGAN HOLDRIDGE, MD
Comprehensive Cancer
Centers of Nevada
1505 Wigwam Pkwy., #130
702-856-1400
*Breast Cancer, Lung Cancer,
Colon Cancer*

H. KESHAVA-PRASAD, MD
Comprehensive Cancer
Centers of Nevada
3730 S. Eastern Ave.
702-952-3400
*Leukemia & Lymphoma, Lung
Cancer, Palliative Care*

EDWIN KINGSLEY, MD
Comprehensive Cancer Centers
of Nevada
3730 S. Eastern Ave.
702-952-3400
Hematologic Malignancies

ANTHONY V. NGUYEN, MD
Comprehensive Cancer
Centers of Nevada
1505 Wigwam Pkwy., #130
702-856-1400
*Gastrointestinal Cancer, Lung
Cancer, Anemias & Red Blood
Cell Disorders*

RUPESH J. PARIKH, MD
Comprehensive Cancer
Centers of Nevada
10001 S. Eastern Ave., #108
702-952-3444
Hematology

WOLFRAM E. SAMLowski, MD
Comprehensive Cancer Centers
of Nevada
9280 W. Sunset Road, #100
702-952-1251
*Melanoma, Sarcoma, Kidney
Cancer, Merkel Cell Carcinoma*

HAMIDREZA SANATINIA, MD
Comprehensive Cancer
Centers of Nevada
9280 W. Sunset Road, #100
702-952-1251
Hematology

JAMES D. SANCHEZ, MD
Comprehensive Cancer
Centers of Nevada
7445 Peak Drive, 702-952-2140
*Leukemia & Lymphoma, Lung
Cancer*

NICHOLAS J. VOGELZANG, MD
Comprehensive Cancer
Centers of Nevada
3730 S. Eastern Ave.
702-952-3400
*Prostate Cancer, Mesothelioma,
Kidney Cancer, Genitourinary
Cancer*

ANN M. WIERMAN, MD
3150 N. Tenaya Way, #200
702-749-3700
*Breast Cancer, Lymphoma, Lung
Cancer*

NEONATAL-PERINATAL MEDICINE

ELMER S. DAVID, MD
A Las Vegas Medical Group
4043 E. Sunset Road
702-733-0744
Neonatal Nutrition

NEPHROLOGY

ADIN BOLDUR, MD
Kidney Specialists
of Southern Nevada
500 S. Rancho Drive, #12
702-877-1887
Hypertension, Kidney Failure

JAY K. CHU, MD
Kidney Specialists
of Southern Nevada
500 S. Rancho Drive, #12
702-877-1887

RADHIKA R. JANGA, MD
Nevada Kidney Disease &
Hypertension Centers
6970 W. Patrick Lane, #140
702-732-1586

BINDU KHANNA, MD
Kidney Specialists
of Southern Nevada
500 S. Rancho Drive, #12
702-877-1887
*Fluid/Electrolyte Balance,
Glomerulonephritis*

LAWRENCE M. LEHRNER, MD
Kidney Specialists
of Southern Nevada
500 S. Rancho Drive, #12
702-877-1887
Kidney Disease-Chronic,

DEEPAK NANDIKANTI, MD
Kidney Specialists
of Southern Nevada
500 S. Rancho Drive, #12
702-877-1887

CHIDI C. OKAFOR, MD
Kidney Specialists of Southern
Nevada
500 S. Rancho Drive, #12
702-877-1887
*Hypertension, Dialysis Care,
Dialysis-Peritoneal*

SYED I. SHAH, MD
Kidney Specialists of Southern
Nevada
500 S. Rancho Drive, #12
702-877-1887
Transplant Medicine-Kidney

MARWAN TAKIEDDINE, MD
Nevada Kidney Disease &
Hypertension Centers
2450 Fire Mesa St., #110
702-853-0090
*Hypertension, Cholesterol/Lipid
Disorders*

VINCENT YANG, MD
Kidney Specialists
of Southern Nevada
7316 W. Cheyenne Ave.
702-877-1887
*Diabetes, Hypertension, Kidney
Disease-Chronic, Kidney Stones*

NEUROLOGICAL SURGERY

DEREK A. DUKE, MD
The Spine & Brain Institute
861 Coronado Center Drive,
#200, 702-896-0940
*Brain & Spinal Surgery, Spinal
Surgery*

JASON E. GARBER, MD
Las Vegas Neurosurgical
Institute
3012 S. Durango Drive
702-835-0088
*Spinal Surgery, Minimally Invasive
Spinal Surgery, Spinal Surgery-Com-
plex, Peripheral Nerve Surgery*

RANDAL PEOPLES, MD
Las Vegas Neurosurgery
& Spine Care
8285 W. Arby Ave., #220
702-737-7070
*Pediatric Neurosurgery,
Pain-Back & Neck, Spinal Cord
Injury*

MICHAEL E. SEIFF, MD
The Spine & Brain Institute
8530 W. Sunset Road, #250
702-851-0792
*Brain & Spinal Surgery, Chiari
Malformations, Minimally
Invasive Surgery*

NEUROLOGY

SAMIR BANGALORE, MD
Nevada Neurosciences Institute
3006 S. Maryland Pkwy., #765
702-961-7310
Epilepsy

JEFFREY L. CUMMINGS, MD
Cleveland Clinic Lou Ruvo
Center for Brain Health
888 W. Bonneville Ave.
702-483-6000
*Alzheimer's Disease, Clinical
Trials, Neurodegenerative
Disorders*

SHANKER N. DIXIT, MD
Neurology Center of Las Vegas
2480 Professional Court
702-405-7100. *Clinical
Neurophysiology, Stroke, Epilepsy/
Seizure Disorders, Headache*

ERIC FARBMAN, MD
Roseman Medical Group
5380 S. Rainbow Blvd., #120
702-463-4040. *Parkinson's
Disease/Movement Disorders,
Huntington's Disease, Deep Brain
Stimulation, Alzheimer's Disease*

LE HUA, MD
Cleveland Clinic Lou Ruvo
Center for Brain Health
888 W. Bonneville Ave.
702-483-6000
*Multiple Sclerosis, Neuro-Immuno-
logy*

ZOLTAN MARI, MD
Cleveland Clinic Lou Ruvo
Center for Brain Health
888 W. Bonneville Ave.
702-483-6000
*Movement Disorders, Parkin-
son's Disease*

CHRISTOPHER MILFORD, MD
Silver State Neurology
2585 Montessouri St., #100
702-272-0694
*Clinical Neurophysiology,
Electromyography (EMG)*

MARWAN N. SABBAGH, MD/PHD
Cleveland Clinic Lou Ruvo
Center for Brain Health
888 W. Bonneville Ave.
702-483-6000
*Alzheimer's Disease, Memory
Disorders*

DYLAN P. WINT, MD
Cleveland Clinic Lou Ruvo
Center for Brain Health
888 W. Bonneville Ave.
702-483-6000. *Neurodegenera-
tive Disorders, Neuro-Psychiatry,
Cognitive Impairment-Mild,
Behavioral Neurology*

NUCLEAR MEDICINE

BHARAT R. MOCHERLA, MD
Las Vegas Medical Research
8530 W. Sunset Road, #300
702-750-0222
PET Imaging, CT Scan

OBSTETRICS & GYNECOLOGY

NADIA A. GOMEZ, MD
Women's Healthcare
of Las Vegas
3196 S. Maryland Pkwy., #209
702-944-2888
*Gynecology Only, Minimally
Invasive Surgery, Robotic
Surgery, Tubal Ligation Reversal*



JOHN V. MARTIN, MD
Women's Health Associates
of Southern Nevada
2050 Mariner Drive, #120
702-255-2022
Pregnancy

DONNA M. MILLER, MD
For Women OB/GYN
861 Coronado Center Drive, #131
725-777-0414
*Pregnancy-High Risk, Pap Smear
Abnormalities, Menopause Problems*

EDMOND E. PACK, MD
Women's Health Associates
of Southern Nevada
2580 St. Rose Pkwy., #140
702-862-8862
*Minimally Invasive Surgery,
Endometriosis, Gynecologic
Surgery, Robotic Surgery*

PETAR PLANINIC, MD
UNLV Medicine Women's
Healthcare Center of Las Vegas
3196 S. Maryland Pkwy., #209
702-944-2888

TAMMY REYNOLDS, MD
Women's Health Associates
of Southern Nevada
2050 Mariner Drive, #120
702-255-2022

K. WARREN VOLKER, MD/PHD
Healthcare Partners
9260 W. Sunset Road, #100
702-255-3547
*Gynecology Only, Minimally
Invasive Surgery, Pelvic Surgery*

OPHTHALMOLOGY

MARK W. DOUBRAVA, MD
Eye Care for Nevada
The Lakes Business Park
9011 W. Sahara Ave., #101
702-794-2020
*LASIK-Refractive Surgery,
Cataract Surgery, Corneal
Disease & Surgery, Cornea
Transplant*

EMILY FANT, MD
Shepherd Eye Center
3575 Pecos-McLeod
Interconnect
702-731-2088

JEFFREY HART, MD
Center for Sight
5871 W. Craig Road
702-724-2020

RODNEY HOLLIFIELD, MD
Retina Consultants of Nevada
653 N. Town Center Drive, #518
702-369-0200
Retina/Vitreous Surgery

JAY K. MATTHEIS, MD
Wellish Vision Institute
2110 E. Flamingo Road, #211
702-733-2020. *Dry Eye Syn-
drome, LASIK-Refractive Surgery,
Cataract Surgery, Glaucoma*

WILLIAM N. MAY, MD
Wellish Vision Institute
10424 S. Eastern Ave., #100
702-733-2020. *Cataract
Surgery, Dry Eye Syndrome*

STEVEN N. MONTGOMERY, MD
Shepherd Eye Center
3575 Pecos-McLeod Interconnect
702-731-2088

TIMOTHY PEROZEK, MD
See Right Now
653 N. Town Center Drive, #212
702-982-1360. *Glaucoma,
Diabetic Eye Disease/Retinopa-
thy, Intraocular Lens Replacement*

HELGA F. PIZIO, MD
New Eyes
2020 Wellness Way, #402
702-485-5000. *Cataract Surgery,
Intraocular Lens Replacement,
Eyelid Surgery/Blepharoplasty,
LASIK-Refractive Surgery*

GRACE S. SHIN, MD
Ideal EyeCare
6028 S. Fort Apache Road, #101
702-896-2020
*Pediatric Ophthalmology,
Cataract Surgery, Glaucoma,
Macular Disease/Degeneration*

SURJEET SINGH, MD
Nevada Eye Physicians
1505 Wigwam Pkwy.
702-819-6640. *Cataract Surgery,
LASIK-Refractive Surgery,
PRK-Refractive Surgery*

MATTHEW SWANIC, MD
Las Vegas Eye Institute
9555 S. Eastern Ave., #260
702-816-2525
*Cataract Surgery, Corneal
Disease, Glaucoma, LASIK-Re-
fractive Surgery*

ALLEN BRADFORD THACH, MD
Retina Consultants of Nevada
653 N. Town Center Drive, #518
702-369-0200
Retina/Vitreous Surgery

TIMOTHY H. TWEITO, MD
Nevada Retina Center
6980 Smoke Ranch Road, #110
702-732-4500
*Diabetic Eye Disease/Retinopa-
thy, Retina/Vitreous Surgery,
Retinal Disorders*

KENT L. WELLISH, MD
Wellish Vision Institute
2110 E. Flamingo Road, #211
702-733-2020
*Corneal Disease & Surgery,
LASIK-Refractive Surgery, Cataract
Surgery, Dry Eye Syndrome*

JASON CRAIG WICKENS, MD
Retina Consultants of Nevada
653 N. Town Center Drive, #518
702-369-0200
*Retina/Vitreous Surgery,
Macular Degeneration, Trauma*

C. EDWARD YEE, MD
Las Vegas Ophthalmology
2980 S. Jones Blvd., #A
702-362-3937
*Corneal Disease & Surgery,
LASIK-Refractive Surgery,
Cornea Transplant*

MEHER YEPREMYAN, MD
Retina Consultants of Nevada
653 N. Town Center Drive, #518
702-369-0200
*Retinal Disorders, Retina/
Vitreous Surgery*

ORTHOPAEDIC SURGERY

HUGH BASSEWITZ, MD
Desert Orthopaedic Center
2800 E. Desert Inn Road, #100
702-731-1616
*Spinal Surgery, Spinal Disc
Replacement, Scoliosis*

GREGORY T. BIGLER, MD
Knee & Shoulder Institute
9499 W. Charleston Blvd., #200
702-933-9393
*Shoulder, Knee Surgery, Arthroscopic
Surgery, Arthritis, Sports Medicine*

ANDREW CASH, MD
Desert Institute of Spine Care
9339 W. Sunset Road, #100
702-630-3472
*Spinal Surgery, Minimally
Invasive Spinal Surgery*

ROBERT JEFFREY GRONDEL, MD
Orthopaedic Institute
of Henderson
10561 Jeffreys St., #230
702-565-6565
*Arthroscopic Surgery-Shoulder,
Sports Medicine, Cartilage
Damage & Transplant*

STEVEN R. HOER, MD
Orthopaedic Institute
of Henderson
10561 Jeffreys St., #230
702-565-6565
Joint Replacement

ERIK N. KUBIAK, MD
OptumCare Orthopaedics
and Spine
4750 W. Oakey Blvd.
702-724-8877
Reconstructive Surgery

MICHAEL MIAO, MD
Desert Orthopaedic Center
2800 E. Desert Inn Road, #100
702-731-1616
*Arthroscopic Surgery, Sports
Medicine, Reconstructive Surgery*

JASON H. NIELSON, MD
Children's Bone
& Spine Surgery
1525 E. Windmill Lane, #201
702-434-6920
*Pediatric Orthopaedic Surgery,
Pediatric Sports Medicine,
Dance Medicine, Arthroscopic
Surgery-Hip*

BERNARD C. ONG, MD
8551 W. Lake Mead Blvd., #251
702-796-7979
*Joint Replacement, Sports
Medicine, Fractures, Knee
Reconstruction*

DEIRDRE D. RYAN, MD
Children's Bone
& Spine Surgery
9050 W. Cheyenne Ave., #110
702-998-5200
*Neuromuscular Disorders,
Trauma, Foot Deformities*

ROMAN SIBEL, MD
Orthopedic Foot
& Ankle Institute
3175 St. Rose Pkwy., #320
702-997-9833
*Foot & Ankle Deformities, Charcot
Foot, Clubfoot, Diabetic Leg/Foot*

DAVID G. STEWART, MD
Children's Bone &
Spine Surgery
1525 E. Windmill Lane, #201
702-434-6920
*Pediatric Orthopaedic Surgery,
Scoliosis, Fractures-Complex &
Non-Union*

MICHAEL D. THOMAS, MD
Nevada Orthopedic
& Spine Center
7455 W. Washington Ave., #160
702-258-3773
*Pediatric Orthopaedic Surgery,
Scoliosis, Spinal Deformity*

TROY S. WATSON, MD
Desert Orthopaedic Center
2800 E. Desert Inn Road, #100
702-731-1616
*Foot & Ankle Surgery, Ar-
throscopic Surgery, Sports
Injuries-Foot & Ankle, Dance/
Ballet Injuries*

JOSEPH YU, MD
Total Sports Medicine &
Orthopedics
10105 Banbury Cross Drive,
#445, 702-475-4390
*Sports Medicine, Joint
Replacement, Shoulder & Knee
Surgery, Cartilage Damage*

OTOLARYNGOLOGY

CHRISTINE MIRABAL, MD
Ear, Nose & Throat
Consultants of Nevada
3195 St. Rose Pkwy., #210
702-792-6700
*Ear Disorders, Nasal & Sinus
Disorders, Throat Disorders*

MATTHEW NG, MD
UNLV Medicine
5380 S. Rainbow Blvd., #324
702-992-6828
*Neuro-Otology, Skull Base
Surgery, Otology, Acoustic
Neuroma/Schwannoma*

SEAN D. PALACIOS, MD
Nevada Ear & Sinus Institute
3692 E. Sunset Road
702-735-7668
Neuro-Otology, Hearing & Balance Disorders, Skull Base Tumors, Sinus Disorders/Surgery

WALTER W. SCHROEDER, MD
Ear, Nose & Throat Consultants of Nevada
3195 St. Rose Pkwy., #210
702-792-6700
Head & Neck Surgery, Nasal Surgery, Throat Disorders

ROBERT C. WANG, MD
UNLV Medicine
3150 N. Tenaya Way, #112
702-671-6480
Head & Neck Surgery

RANDALL T. WEINGARTEN, MD
Southern Nevada ENT
10410 S. Eastern Ave., #110
702-617-9599
Head & Neck Surgery, Thyroid & Parathyroid Surgery, Sinus Disorders/Surgery

LARRY YU, MD
Ear, Nose & Throat Consultants of Nevada
3195 St. Rose Pkwy., #210
702-792-6700
Nasal & Sinus Disorders

OTOLARYNGOLOGY/FACIAL PLASTIC SURGERY

SINA NASRI-CHENIJANI, MD
Lubritz & Nasri Physicians
3150 N. Tenaya Way, #340
702-804-4729
Head & Neck Surgery, Facial Plastic & Reconstructive Surgery, Voice Disorders, Thyroid & Parathyroid Surgery

ROBERT J. TROELL, MD
Beauty By Design
7975 W. Sahara Ave., #104
702-242-6488
Facial Plastic Surgery, Eyelid Surgery/Blepharoplasty, Rhinoplasty, Reconstructive Plastic Surgery

PAIN MEDICINE

DANIEL L. BURKHEAD, MD
Innovative Pain Care Center
9920 W. Cheyenne Ave., #110
702-684-7246
Pain-Chronic, Pain-Interventional Techniques, Sciatica

HO VIET DZUNG, MD
Innovative Pain Care Center
9920 W. Cheyenne Ave., #110
702-684-7246
Pain-Back & Neck

MICHAEL J. MCKENNA, MD
McKenna, Ruggeroli & Helmi
6070 S. Fort Apache Road, #100, 702-307-7700
Pain-Chronic, Pain-Cancer, Pain-Back, Head & Neck

ANTHONY RUGGEROLI, MD
McKenna, Ruggeroli & Helmi
6070 S. Fort Apache Road, #100, 702-307-7700
Pain-Musculoskeletal, Pain-Interventional Techniques

PEDIATRIC CARDIOLOGY

RUBEN J. ACHERMAN, MD
Children's Heart Center Nevada
3006 S. Maryland Pkwy., #690
702-732-1290
Neonatal Cardiology, Arrhythmias, Fetal Echocardiography

WILLIAM J. CASTILLO, MD
Children's Heart Center Nevada
3006 S. Maryland Pkwy., #690
702-732-1290
Fetal Cardiology, Echocardiography

WILLIAM N. EVANS, MD
Children's Heart Center Nevada
3006 S. Maryland Pkwy., #690
702-732-1290

ALVARO GALINDO, MD
Children's Heart Center Nevada
3006 S. Maryland Pkwy., #690
702-732-1290
Interventional Cardiology, Cardiac Catheterization

GARY A. MAYMAN, MD
Children's Heart Center Nevada
3006 S. Maryland Pkwy., #690
702-732-1290
Fetal Echocardiography

ABRAHAM ROTHMAN, MD
Children's Heart Center Nevada
3006 S. Maryland Pkwy., #690
702-732-1290
Interventional Cardiology

PEDIATRIC GASTROENTEROLOGY

HOWARD I. BARON, MD
Pediatric Gastroenterology & Nutrition Associates
3196 S. Maryland Pkwy., #309
702-791-0477
Inflammatory Bowel Disease, Eosinophilic Esophagitis, Gastrointestinal Motility Disorders

ELIZABETH MILETI, DO
Pediatric Gastroenterology & Nutrition Associates
3196 S. Maryland Pkwy., #309
702-791-0477

REBECCA L. SCHERR, MD
UNLV Medicine

1524 Pinto Lane Floor 3
(709) 660-8658
Nutrition

PEDIATRIC HEMATOLOGY-ONCOLOGY

ALAN IKEDA, MD
Cure 4 The Kids Foundation
1 Breakthrough Way
702-732-1493
Bone Marrow Transplant, Sickle Cell Disease, Gene Therapy, Stem Cell Transplant

PEDIATRIC INFECTIOUS DISEASE

DAVID DI JOHN, MD
UNLV Medicine
1524 Pinto Lane Floor 3
(709) 660-8658
Vaccines, Travel Medicine

PEDIATRIC NEPHROLOGY

MICHAEL O. AIGBE, MD
Children's Nephrology Clinic
7271 W. Sahara Ave., #110
702-639-1700
Kidney Disease, Kidney Failure, Hypertension

PEDIATRIC PULMONOLOGY

CRAIG T. NAKAMURA, MD
Children's Lung Specialists
3006 S. Maryland Pkwy., #315
702-598-4411
Asthma, Lung Disease, Sleep Disorders/Apnea, Cystic Fibrosis

DAVID P. PARKS, MD
UNLV Medicine
1524 Pinto Lane, Floor 3
(709) 660-8658
Lung Disease, Cystic Fibrosis, Pneumonia

PEDIATRIC SURGERY

NICHOLAS F. FIORE, MD
Pediatric Surgery Associates
653 N. Town Center Drive, #412
702-233-8101

MICHAEL SCHEIDLER, MD
UNLV Medicine
3121 S. Maryland Pkwy., #400
702-650-2500
Trauma

PEDIATRIC UROLOGY

CLARE CLOSE, MD
Close Pediatric Urology
2653 W. Horizon Ridge Pkwy., #100, 702-220-4006
Congenital Anomalies-Genitouri-

nary, Fetal Urology, Hypospadias, Undescended Testis

ANDREW H. HWANG, MD
Las Vegas Pediatric Urology
653 N. Town Center Drive, #407
702-728-5686
Transplant-Kidney

JAMES C. PLAIRE, MD
Children's Urology Associates
6670 S. Tenaya Way, #180
702-369-4999
Undescended Testis, Incontinence, Congenital Anomalies-Genitourinary

PEDIATRICS

JAMES A. BAKERINK, MD
Wee Care Pediatrics
4785 S. Durango Drive, #101
702-889-8444
Newborn Care, Preventive Medicine, Adolescent Medicine, ADD/ADHD

BLAIR DUDDY, MD
Southwest Medical Associates
2704 N. Tenaya Way
702-877-5199
Diabetes, Nutrition

PAMELA GREENSPON, MD
Desert Valley Pediatrics
10105 Banbury Cross, #370
702-260-4525
Nutrition, Newborn Care

KAMI LARSEN, MD
Nevada Health Centers
98 E. Lake Mead Pkwy., #103
702-868-0327

BEVERLY NEYLAND, MD
UNLV Medicine
1524 Pinto Lane, Floor 3
702-944-2828

RYAN M. NISHIHARA, MD
Meadows Pediatrics
9030 W. Cheyenne Ave., #120
702-436-7337
Adolescent Medicine

WESLEY ROBERTSON, MD
Sunshine Valley Pediatrics
7455 W. Washington Ave., #300
702-363-3000

LAURA H. WEIDENFELD, MD
Sunshine Valley Pediatrics
9091 W. Post Road
702-363-3000

PHYSICAL MEDICINE & REHABILITATION

BEVINS K. CHUE, MD
Rehabilitation Specialists of Henderson
1669 W. Horizon Ridge Pkwy., #100, 702-386-1041
Arthritis, Musculoskeletal Disorders, Neuromuscular Disorders



ANDREW B. KIM, DO
Desert Orthopaedic Center
2800 E. Desert Inn Road, #100
702-731-4088
*Musculoskeletal Injuries,
Musculoskeletal Disorders, Pain
Management*

NIANJUN TANG, MD
Centennial Medical Group
4454 N. Decatur Blvd.
702-839-1203
Pain Management

PLASTIC SURGERY

HAYLEY BROWN, MD
Desert Hills Plastic
Surgery Center
10001 S. Eastern Ave., #406
702-260-7707
*Facelift, Blepharoplasty,
Breast Augmentation, Breast
Reduction*

ARTHUR M. CAMBEIRO, MD
SurgiSpa
2370 W. Horizon Ridge Pkwy.,
#130, 702-566-8300
*Facelift, Liposuction & Body
Contouring, CoolSculpting,
Breast Augmentation*

MICHAEL C. EDWARDS, MD
Plastic Surgery Vegas
8530 W. Sunset Road, #130
702-822-2100
*Breast Cosmetic &
Reconstructive Surgery, Breast
Augmentation, Breast
Reduction, Breast
Reconstruction & Augmentation*

W. TRACY HANKINS, MD
Hankins & Sohn Plastic
Surgery Associates
60 N. Pecos Road
702-948-7595
*Cosmetic Surgery-Face &
Breast, Liposuction & Body
Contouring*

TERRENCE B. HIGGINS, MD
Plastic Surgery Vegas
8530 W. Sunset Road, #130
702-822-2100
*Liposuction & Body Contouring,
Cosmetic Surgery-Breast, Facial
Rejuvenation, Microsurgery*

CHRISTOPHER KHORSANDI, MD
VIP Plastic Surgery
2779 Sunridge Heights Pkwy.,
#100, 702-608-1318
*Cosmetic Surgery, Breast
Augmentation, Hand Surgery*

JOHN M. MENEZES, MD
UNLV Medicine
1707 W. Charleston Blvd., #190
702-671-5110
*Craniofacial Surgery, Cosmetic
& Reconstructive Surgery*

STEPHEN M. MILLER, MD
8435 S. Eastern Ave., #100

702-369-1001
*Cosmetic Surgery-Face &
Breast, Liposuction & Body
Contouring, Hair Restoration/
Transplant*

JOHN J. MINOLI, MD
Smith Plastic Surgery
7650 W. Sahara Ave.
702-838-2455
*Facial Plastic Surgery,
Rhinoplasty, Eyelid Surgery/
Blepharoplasty, Botox*

JEFFREY J. ROTH, MD
Las Vegas Plastic Surgery
6140 S Fort Apache Road, #100
702-450-0777
*Botox, Breast Augmentation,
Breast Cosmetic Surgery,
CoolSculpting*

LANE SMITH, MD
Smith Plastic Surgery
7650 W. Sahara Ave.
702-838-2455
*Breast Augmentation, Facelift,
Liposuction & Body Contouring,
CoolSculpting*

SAMUEL SOHN, MD
Hankins & Sohn Plastic
Surgery Associates
60 N. Pecos Road
702-948-7595
*Cosmetic Surgery-Breast, Body
Contouring after Weight Loss,
Cosmetic & Reconstructive
Surgery, Botox*

PSYCHIATRY

ALISON NETSKI, MD
6375 W. Charleston Blvd.
702-671-6475
*Psychosomatic Disorders,
Geriatric Psychiatry, ADD/
ADHD, Psychiatry in Physical
Illness*

DANIEL SUSSMAN, MD
4205 Mont Blanc Way
702-493-5203
*Psychoanalysis, Geriatric
Psychiatry*

PULMONARY DISEASE

JOHN B. COLLIER, MD
Comprehensive Cancer
Centers of Nevada
3150 N. Tenaya Way, #125
702-869-0855
*Critical Care, Lung Disease,
Sleep Disorders/Apnea*

Wael Eid, MD
United Critical Care
6040 S. Fort Apache Road,
#100, 702-476-4900
*Asthma & Emphysema, Chronic
Obstructive Lung Disease
(COPD), Interstitial Lung
Disease, Sleep Disorders/Apnea*

NANCY HOLDER, MD
United Critical Care
6040 S. Fort Apache Road,
#100, 702-476-4900
Critical Care, Sleep Medicine

JOAQUIM TAVARES, MD
United Critical Care
6040 S. Fort Apache Road,
#100, 702-476-4900
*Chronic Obstructive Lung
Disease (COPD), Lung Cancer,
Critical Care, Asthma*

GEORGE S. TU, MD
Comprehensive Cancer
Centers of Nevada
3150 N. Tenaya Way, #125
702-869-0855
*Sleep Disorders/Apnea,
Emphysema, Pulmonary Fibrosis*

RADIATION ONCOLOGY

MICHAEL J. ANDERSON, MD
Comprehensive Cancer
Centers of Nevada
10001 S. Eastern Ave., #108
702-952-3444
*Head & Neck Cancer, Prostate
Cancer, Brachytherapy,
Intensity Modulated
Radiotherapy (IMRT)*

ANDREW M. COHEN, MD
Comprehensive Cancer
Centers of Nevada
7445 Peak Drive
702-952-2140
*Breast Cancer, Lung Cancer,
Prostate Cancer, Image Guided
Radiotherapy (IGRT)*

DAN LEE CURTIS, MD
Comprehensive Cancer
Centers of Nevada
655 N. Town Center Drive
702-233-2200
*Prostate Cancer, Brachytherapy,
Head & Neck Cancer, Cosmetic
Dermatology*

GREG A. DEAN, MD
Radiation Oncology
Centers of Nevada
3980 S. Eastern Ave.
702-463-9100

FARZANEH FARZIN, MD
Comprehensive Cancer
Centers of Nevada
3730 S. Eastern Ave.
702-952-3366
*Breast Cancer, Intensity
Modulated Radiotherapy
(IMRT), Stereotactic
Radiosurgery*

CARLOS ALBERTO. LOPEZ, MD
Radiation Oncology
Centers of Nevada
624 S. Tonopah Drive
702-463-9100
*Intensity Modulated Radiotherapy
(IMRT), Stereotactic
Radiosurgery*

RAUL T. MEOZ, MD
Comprehensive Cancer
Centers of Nevada
9280 W. Sunset Road, #100
702-952-1251
*Brachytherapy, Stereotactic
Radiosurgery*

SUSAN A. REISINGER, MD
21st Century Oncology
3006 S. Maryland Pkwy., #100
702-894-5100
*Breast Cancer, Stereotactic
Radiosurgery, Brain Tumors,
Prostate Cancer*

MICHAEL T. SINOPOLI, MD
Comprehensive Cancer
Centers of Nevada
7445 Peak Drive, 702-952-2140
*Prostate Cancer, Lung Cancer,
Breast Cancer, Stereotactic
Radiosurgery*

RITCHIE STEVENS, MD
Radiation Oncology
Centers of Nevada
3980 S. Eastern Ave.
702-463-9100
*Brachytherapy, Prostate Cancer,
Gynecologic Cancers*

BEAU JAMES W. TOY, MD
Radiation Oncology
Centers of Nevada
624 S. Tonopah Drive
702-463-9100
*Stereotactic Body
Radiotherapy, Image Guided
Radiotherapy (IGRT)*

PAUL TREADWELL, MD
21st Century Oncology
3006 S. Maryland Pkwy., #100
702-990-4767
*Pediatric Cancers, Breast
Cancer, Gynecologic Cancers,
Hodgkin's Lymphoma*

REPRODUCTIVE ENDOCRINOLOGY/ INFERTILITY

JEFFREY FISCH, MD
Green Valley Fertility Partners
2510 Wigwam Pkwy., #201
702-722-2229
*Infertility-IVF, Menstrual
Disorders*

EVA D. LITTMAN, MD
Red Rock Fertility Center
9120 W. Russell Road, #200
702-749-4834
*Infertility-IVF, Preimplantation
Genetic Diagnosis, Egg &
Embryo Freezing*

JOHN PHELPS, MD
UNLV Medicine
Women's Healthcare, Ob/Gyn
3196 S. Maryland Pkwy., #209
702-944-2888
Infertility, Gynecologic Surgery

BRUCE S. SHAPIRO, MD/PHD
Fertility Center of Las Vegas
8851 W. Sahara Ave., #100
702-254-1777
Infertility-IVF

RHEUMATOLOGY

NEIL BRAUNSTEIN, MD
Southwest Medical Associates
4750 W. Oakey Blvd.
702-251-3670
Autoimmune Disease, Fibromyalgia

MICHAEL E. CLIFFORD, MD
7151 Cascade Valley Court, #103
702-944-5444
Fibromyalgia, Rheumatoid Arthritis, Lupus/SLE, Osteoporosis

EWA OLECH, MD
Access Health
Rheumatology Consultants
7200 Cathedral Rock Drive, #110, 702-489-4838
Rheumatoid Arthritis, Lupus/SLE, Inflammatory Arthritis, Clinical Trials

SPORTS MEDICINE

TIMOTHY JAMES TRAINOR, MD
Advanced Orthopedics & Sports Medicine
7195 Advanced Way
702-740-5327
Arthroscopic Surgery, Shoulder & Knee Surgery, Shoulder Arthroscopic Surgery, Fractures

RANDALL E. YEE, DO
Advanced Orthopedics & Sports Medicine
7195 Advanced Way
702-740-5327
Arthroscopic Surgery, Cartilage Damage & Transplant, Knee Surgery

SURGERY

JAMES DEE. ATKINSON, MD
Surgical Weight Control Center
3802 Meadows Lane
702-313-8446
Bariatric/Obesity Surgery, Laparoscopic Surgery-Advanced, Minimally Invasive Surgery

ANNABEL BARBER, MD
UNLV Medicine
3150 N. Tenaya Way, #112
702-671-6480
Robotic Surgery, Colon & Rectal Cancer & Surgery, Gastrointestinal Surgery, Endocrine Surgery

PANKAJ BHATNAGAR, MD
Advanced Laparoscopic & General Surgery
6240 N. Durango Drive, #120
702-791-7855
Laparoscopic Surgery-Advanced

PETER A. CARAVELLA, MD
Las Vegas Surgical Associates
8930 W. Sunset Road, #300
702-258-7788

SOUZAN EL-EID, MD
Comprehensive Cancer Centers of Nevada
9280 W. Sunset Road, #100
702-255-1133
Breast Cancer & Surgery, Cancer Surgery

DANIEL KIRGAN, MD
UNLV Medicine
Department of Surgery
1707 W. Charleston Blvd., #160
702-671-5150
Cancer Surgery, Breast Cancer & Surgery, Melanoma, Sarcoma

DEBORAH ANN KUHL, MD
UNLV Medicine
Department of Surgery
1707 W. Charleston Blvd., #160
702-671-5150
Trauma, Critical Care

ALLAN DAVID MACINTYRE, DO
Desert Surgical Associates
3131 La Canada St., #217
702-369-7152
Bariatric/Obesity Surgery, Robotic Surgery, Trauma/Critical Care, Minimally Invasive Surgery

IRWIN B. SIMON, MD
Vegas Valley Vein Institute
2450 W. Horizon Ridge Pkwy., #100, 702-341-7608
Minimally Invasive Vascular Surgery, Vein Disorders, Varicose Veins, Hair Restoration/Transplant

DARREN W. SOONG, MD
Surgical Weight Control Center
3802 Meadows Lane
702-313-8446
Bariatric/Obesity Surgery, Laparoscopic Surgery-Advanced, Minimally Invasive Surgery

CHARLES R. ST. HILL, MD
UNLV Medicine
Department of Surgery
1707 W. Charleston Blvd., #160
702-671-5150
Cancer Surgery, Gallbladder Surgery, Hernia

FRANCIS W. TENG, MD
Advanced Surgical Care
3150 N. Tenaya Way, #508
702-838-5888
Bariatric/Obesity Surgery, Minimally Invasive Surgery, Laparoscopic Surgery, Robotic Surgery

MARGARET A. TERHAR, MD
Comprehensive Cancer Centers of Nevada
3006 S. Maryland Pkwy., #270
702-369-6008
Breast Disease, Breast Surgery

THORACIC & CARDIAC SURGERY

QUYNH FEIKES, MD
Cardiovascular Surgery of Southern Nevada
5320 S. Rainbow Blvd., #282
702-737-3808
Cardiothoracic Surgery, Endovascular Surgery, Esophageal Surgery

JUAN ENRIQUE. MARTIN, MD
Cardiovascular Surgery of Southern Nevada
5320 S. Rainbow Blvd., #282
702-737-3808
Robotic Cardiac Surgery, Heart Valve Surgery-Aortic, Minimally Invasive Surgery

MICHAEL G. WOOD, MD
MountainView Cardiovascular & Thoracic Surgery Associates
3150 N. Tenaya Way, #260
702-962-5920
Cardiac Surgery-Adult, Heart Valve Surgery, Thoracic Aortic Surgery, Heart Valve Surgery-Mitral

UROGYNECOLOGY/FEMALE PELVIC MEDICINE & RECONSTRUCT SURGERY

GEOFFREY C. HSIEH, MD
Women's Cancer Center of Nevada
3131 La Canada St., #241
702-693-6870
Urogynecology, Pelvic Reconstruction, Incontinence-Urinary, Pelvic Organ Prolapse Repair

UROLOGY

SCOTT BARANOFF, MD
Las Vegas Urology
9053 S. Pecos Road, #2900
702-735-8000
Impotence, Incontinence, Urologic Cancer, Kidney Stones

JOSEPH V. CANDELA, MD
Las Vegas Urology
7500 Smoke Ranch Road, #200
702-233-0727
Urology-Female, Urologic Cancer

SHELDON J. FREEDMAN, MD
653 N. Town Center Drive, #308
702-732-0282
Erectile Dysfunction, Vasectomy-No Scalpel, Kidney Stones, Prostate Cancer

VIJAY GOLI, MD
Las Vegas Urology
7500 Smoke Ranch Road, #200
702-233-0727
Kidney Stones, Incontinence-Male & Female, Minimally Invasive Surgery, Prostate Cancer-Cryosurgery

O. ALEX LESANI, MD
Las Vegas Urology
7150 W. Sunset Road, #200
702-233-0727
Reconstructive Surgery, Robotic Surgery, Urinary Reconstruction

LAWRENCE H. NEWMAN, MD
Las Vegas Urology
7150 W. Sunset Road, #201
702-316-1616
Bladder Surgery, Prostate Benign Disease (BPH), Erectile Dysfunction, Kidney Stones

SARAH RYAN, MD
Urology Specialists of Nevada
2010 Wellness Way, #200
702-877-0814
Urology-Female, Incontinence

MICHAEL P. VERNI, MD
Urology Center
653 N. Town Center Drive, #302
702-212-3428
Pediatric Urology, Endourology

JASON ZOMMICK, MD
Urology Specialists of Nevada
58 N. Pecos Road
702-877-0814
Prostate Benign Disease (BPH), Vasectomy & Vasectomy Reversal

VASCULAR & INTERVENTIONAL RADIOLOGY

STEVEN H. DAVIS, MD
Red Rock Radiology
7130 Smoke Ranch Road, #101
702-304-8135
Angioplasty & Stent Placement, Chemoembolization & Tumor Ablation, Radiofrequency Tumor Ablation

AARON PETERSON, MD
Red Rock Radiology
7130 Smoke Ranch Road, #101
702-304-8135

VASCULAR SURGERY

EARL COTTRELL, MD
General Vascular Specialists
7200 W. Cathedral Rock Drive, #130, 702-228-8600
Endovascular Surgery, Varicose Veins

BRUCE HIRSCHFELD, MD
General Vascular Specialists
7200 W. Cathedral Rock Drive, #130, 702-228-8600
Endovascular Surgery, Varicose Veins

HOW THE TOP DENTISTS WERE CHOSEN

.....

If you had a patient in need of a dentist, which dentist would you refer them to?"

This is the question we've asked thousands of dentists to help us determine who the topDentists should be. Dentists and specialists are asked to take into consideration years of experience, continuing education, manner with patients, use of new techniques and technologies, and of course physical results.

The nomination pool of dentists consists of dentists listed online with the American Dental Association as well as all dentists listed online with their local/regional dental societies, thus allowing virtually every dentist the opportunity to participate. Dentists are also given the opportunity to nominate other dentists that they feel should be included in our list. Respondents are asked to put aside any personal bias or political motivations and to use only their knowledge of their peer's work when evaluating the other nominees.

Voters are asked to individually evaluate the practitioners on their ballot whose work they are familiar with. Once the balloting is completed, the scores are compiled and then averaged. The numerical average required for inclusion varies depending on the average for all the nominees within the specialty and the geographic area. Borderline cases are given a careful consideration by the editors. Voting characteristics and comments are taken into consideration while making decisions. Past awards a dentist has received

and status in various dental academies can play a factor in our decision.

Once the decisions have been finalized, the included dentists are checked against state dental boards for disciplinary actions to make sure they have an active license and are in good standing with the board. Then letters of congratulations are sent to all the listed dentists.

Of course there are many fine dentists who are not included in this representative list. It is intended as a sampling of the great body of talent in the field of dentistry in Nevada. A dentist's inclusion on our list is based on the subjective judgments of his or her fellow dentists. While it is true that the lists may at times disproportionately reward visibility or popularity, we remain confident that our polling methodology largely corrects for any biases and that these lists continue to represent the most reliable, accurate, and useful list of dentists available anywhere.

DISCLAIMER This list is excerpted from the 2020 topDentists™ list, which includes listings for more than 150 dentists and specialists in Southern Nevada. The complete

database is available at usatopdentists.com. For more information, call 706-364-0853; write P.O. Box 970, Augusta, GA 30903; email info@usatopdentists.com, or visit usatopdentists.com. topDentists has used its best efforts in assembling material for this list but does not warrant that the information contained herein is complete or accurate, and does not assume, and hereby disclaims, any liability to any person for any loss or damage caused by errors or omissions herein whether such errors or omissions result from negligence, accident, or any other cause.

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TOP DENTISTS 2020

.....

*The 150 best dentists
in Southern Nevada,
as chosen by their peers*

*denotes cosmetic
dentistry services

DENTAL ANESTHESIOLOGY

AMANDA J. OKUNDAYE

8855 W. Flamingo Road
310-486-6656
anesthesiabydramanda.com

ENDODONTICS

BENJAMIN J. BARBORKA

Las Vegas Endodontics
6655 W. Sahara Ave., #A-106,
702-876-5800
lvendo.com

W. SCOTT BIGGS

Micro Endodontics of Las Vegas
4450 N. Tenaya Way, #240
702-463-5000
lasvegasendo.com

WILLIAM D. BRIZZEE

Las Vegas Endodontics
6655 W. Sahara Ave., #A-106,
702-876-5800
lvendo.com

MATTHEW O. COX

8460 S. Eastern Ave., #B
702-492-6688
coxendo.com

WILLIAM J. DOUGHERTY, JR.

Sunset Endodontics
54 N. Pecos Road, #B
702-436-4300
sunsetendo.com

JOHN Q. DUONG

Lakeview Dental
2291 S. Fort Apache Road, #104,
702-869-0001
karentrandds.com

DAVID C. FIFE

Fife & Steffen Endodontics
1975 Village Center Circle, #110
702-360-2122
drdavidfife.com

ADAM GATAN

Seven Hills Endodontics &
Microsurgery Center
2810 W. Horizon Ridge Parkway,
#200, 702-384-0053
lvrootcanal.com

CHAD R. HANSEN

Las Vegas Endodontics
6655 W. Sahara Ave., #A-106,
702-876-5800.
lvendo.com

DARIN K. KAJIOKA

Endodontics of Las Vegas
9750 Covington Cross Drive,
#150, 702-878-8584
endodonticsoflasvegas.com

RONALD R. LEMON

University of Nevada Las Vegas
School of Dental Medicine
4505 S. Maryland Parkway
702-744-2731
unlv.edu/people/ronald-lemon

JASON T. MORRIS

Nevada Endodontics
2510 Wigwam Parkway, #200
702-263-2000
nevadaendodontics.com

KATHLEEN F. OLENDER

Desert Dental Specialists*
7520 W. Sahara Ave.
702-384-7200
dentalimplants-lv.com

DOUGLAS R. RAKICH

Endodontic Associates
6950 Smoke Ranch Road, #125
702-869-8840

DANIEL I. SHALEV

Nevada Endodontics
2510 Wigwam Parkway, #200
702-263-2000
nevadaendodontics.com

RYAN C. SHIPP

Shipp Endodontics
9053 S. Pecos Road, #3000
702-798-0911
shippendodontics.com

GENERAL DENTISTRY

STANLEY S. ASKEW

Island Dental Center
9750 Covington Cross Drive,
#100, 702-341-7979
islanddentalcenter.com

STEVEN A. AVENA*

3117 W. Charleston Blvd.
702-384-1210
stevenavenaddds.com

ERIC AVITIA

Aary Dental
7945 W. Sahara Ave., #101
702-363-0421.
aarydental.com

STACIE BAALBAKY

Elite Family Dental
7835 S. Rainbow Blvd., #28,
702-898-8448
elitefamilydental.com

WILL BAALBAKY

Elite Family Dental
7835 S. Rainbow Blvd., #28,
702-898-8448
elitefamilydental.com

PETER S. BALLE

Balle & Associates*
2801 W. Charleston Blvd., #100,
702-877-6608. balledds.com

Laurie S. Bloch-Johnson

Exceptional Dentistry*
9501 Hillwood Drive, #A
702-463-8600
drlauriesmiles.com

DERRYL R. BRIAN

Nevada Trails Dental
7575 S. Rainbow Blvd., #101,
702-367-3700
nevadatrailsdental.com

PAMELA G. CAGGIANO

Excellence In Dentistry*
321 N. Pecos Road, #100
702-732-7878
pamelacaggianodds.com

COLIN M. CAMPBELL

St. Rose Family
& Cosmetic Dentistry*
780 Coronado Center Drive,
#110, 702-387-5900
strosedental.com

SANDRA CHAN

Moore Family Dentistry
10624 S. Eastern Ave., #N
702-407-6700. lvsmiles.com

ASEEM CHAWLA

Bella Smiles Las Vegas*
6040 S. Rainbow Blvd., #B-2,
702-307-7777
bellasmileslv.com

GUY L. CHISTECKOFF

Island Smiles Cosmetic
& Family Dentistry*
8940 S. Maryland Parkway,
#100, 702-270-6501
islandsmiles.org

STEPHEN H. CLARK II

2820 E. Flamingo Road, #B
702-732-2333
stephenclarkddslv.com

KENNETH M. COX

6615 S. Eastern Ave., #106
702-735-3506

CHRIS S. COZINE

8579 S. Eastern Ave., #A
702-739-8289
cozinedental.com

TODD L. DAVIS

Sunstone Dental Care
1701 N. Green Valley Parkway,
#7-A, 702-837-6555
sunstonedental.com

MARK DORILAG

Green Valley Dental Group
710 Coronado Center Drive,

#100, 702-260-0102
gvdentalgroup.com

JASON L. DOWNEY*

8876 Spanish Ridge Ave., #100,
702-871-4903.
smileslasvegas.com

MARK D. EDINGTON

Modern Dental Care*
9895 S. Maryland Parkway, #A,
702-372-4039
moderdentalv.com

DONALD J. FARR

2458 E. Russell Road, #B
702-798-4595
donaldjfarredds.com

BARTON H. FOUTZ

Foutz Family Dentistry
2510 Wigwam Parkway, #100
702-792-5929
foutzdental.com

JAMES B. FRANTZ, JR.

Green Valley Dental Group
710 Coronado Center Drive,
#100, 702-260-0102
GVDentalGroup.com

GLEN GALLIMORE

702Dentist
3455 Cliff Shadows Parkway,
#130, 702-839-0500
702-dentist.com

IRWAN T. GOH

Smiles by Goh*
2653 W. Horizon Ridge Parkway,
#110, 702-732-3754
smilesbygoh.com

CHAD N. GUBLER

Gubler Dental
11221 S. Eastern Ave., #200,
702-558-9977
gublerdds.com

STEVEN L. HARDY

Paradise Family Dental
6825 Aliante Parkway
702-294-2739
drstevehardy.com

GEORGE HAROUNI*

731 Mall Ring Circle, #201
702-434-9464
georgeharouniddds.com

GREGORY M. HEIDEMAN

6950 W. Smoke Ranch Road,
#150, 702-304-1902
hdentalcare.com

EMILY R. ISHKANIAN

Flores Family Dental
6536 N. Decatur Blvd., #120,
702-242-3373
floresfamilydental.com

BRIAN R. KARN

Encore Dentistry*
9406 W. Lake Mead Blvd., #105
702-331-9966.
drkarn.com

THOMAS P. KEATING

Keating Dental*
880 Seven Hills Drive, #240
702-454-8855
keatingdds.com

JAMES G. KINARD*

2780 W. Horizon Ridge Parkway,
#20, 702-719-4700

WILLIAM P. LEAVITT

University of Nevada Las Vegas
School of Dental Medicine
1001 Shadow Lane, #SLC-D 260
702-774-2641
dentalschool.unlv.edu

TON V. LEE

Summerlin Smiles
9525 W. Russell Road, #100
702-579-7645
summerlinsmiles.com

ROBIN D. LOBATO*

9061 W. Sahara Ave., #101
702-877-0500
drlobato.com

NICHOLAS E. LORDS

Rainbow Park Dental*
2950 S. Rainbow Blvd., #200,
702-227-6510

SPENCER LUTH

Luth & Heideman Dental Care
6950 W. Smoke Ranch Road,
#150, 702-304-1902
lhdentalcare.com

KENT A. LYSGAARD

Lysgaard Dental
2911 N. Tenaya Way, #101
702-360-9061. drlysgaard.com

DAVID L. MAHON

Siena Dental
10075 S. Eastern Ave., #107,
702-567-0000
sienadental.com

RONALD R. MARSHALL

6891 W. Charleston Blvd.
702-255-6768. rrrsmile.com

GEORGE J. MCALPINE

University of Nevada Las Vegas
School of Dental Medicine
1707 W. Charleston Blvd., #290,
702-671-5130
unlv.edu/dental

D. KEVIN MOORE

Moore Family Dentistry
10624 S. Eastern Ave., #N
702-407-6700
lvsmiles.com

E. ORLANDO MORANTES*

3412 N. Buffalo Drive, #107
702-794-0820
morantesdds.com

JOHNNY E. NASSAR

Smile Design Center
10120 S. Eastern Ave., #375,
702-361-9611
smiledesigncenterlv.com

WILLIAM G. PAPPAS

7884 W. Sahara Ave., #100
702-367-7133

SAM PARTOVI

Desert Smiles Dental
10175 W. Twain Ave., #120
702-202-2300
desertsmilesdental.com

MARIELAINA PERRONE

2551 N. Green Valley Parkway,
#A-405, 702-458-2929
drperrone.com

JAMES B. POLLEY*

1875 Village Center Circle, #110
702-873-0324
dentalsummerlin.com

JOHN M. QUINN

Smiles for Life Family Dentistry
8930 W. Sunset Road, #190
702-795-2273
lvsmilesforlife.com

RICHARD A. RACANELLI

Stunning Smiles of Las Vegas
6410 Medical Center St., #B
702-736-0016
lvstunningsmiles.com

CRAIG R. ROSE

Rose Family Dentistry
8490 S. Eastern Ave., #C
702-914-0000
rosefamilydentistry.com

DAVID B. SANDQUIST

Sandquist Dentistry*
2650 Lake Sahara Drive, #160
702-734-0776
sandquistdds.com

DOUGLAS D. SANDQUIST

Sandquist Dentistry*
2650 Lake Sahara Drive, #160
702-734-0776
sandquistdds.com

TAMMY SARLES

8650 Spring Mountain Road
702-869-0032

NATHAN D. SCHWARTZ

Henderson Family Dentistry
537 S. Boulder Highway
702-564-2526
hendersonfamilydental.com

A. THOMAS SHIELDS

Shields Family Dentistry
653 N. Town Center, #508
702-228-8777
shieldsfamilydentistry.com

PATRICK A. SIMONE*

70 N. Pecos Road, #A
702-735-2755
patricksimonedds.com

SUSAN S. SMITH*

8275 S. Eastern Ave., #101
702-967-1700
susansmithdds.com

ZACHARY SOARD

Dentistry for Families
1306 W. Craig Road, #H
702-633-4333
dentistryforfamilies.com

STEPHEN W. SPELMAN

Spelman Dental Care*
3450 S. Hualapai Way
702-871-6044
stephenspelmandds.com

BRADLEY S. STRONG*

2931 N. Tenaya Way, #200
702-242-3800
bstrongdds.com

RONALD R. TAYLOR

Las Vegas Dental Care
3505 E. Harmon Ave., #A
702-605-1819
dentistrylasvegasnv.com

MICHAEL J. TOMITA

Island Dental Center
9750 Covington Cross Drive,
#100, 702-341-7979
islanddentalcenter.com

KAREN T. TRAN

Lakeview Dental
2291 S. Fort Apache Road, #104,
702-869-0001
karentrandds.com

TERRIE X. TRAN

All Smiles Dental
10545 S. Eastern Ave., #140,
702-492-9399
allsmilesbydesign.com

JAMES J. WHITE*

1140 N. Town Center Drive, #170,
702-562-8833
jameswhitedds.com

JOHNATHAN R. WHITE

Aesthetic Dentistry*
8084 W. Sahara Ave., #G
702-823-3000
jbwhtedds.com

BRAD A. WILBUR

Green Valley Dental Center
275 N. Pecos Road
702-896-8933
gvdentalcenter.com

DERREK A. YELTON

2625 S. Rainbow Blvd., #D-103,
702-365-1743

**ORAL AND
MAXILLOFACIAL
SURGERY**
MICHEL DACCACHE

1701 W. Charleston Blvd., #520,
702-750-9444. nevadaoms.com

MARK I. DEGEN

Red Rock Oral and Maxillofacial
Surgery Centre
4730 S. Fort Apache Road,
#390, 702-253-9090
redrockomsc.com

JOHN J. DUDEK

Mountain View Oral Surgery
6970 Smoke Ranch Road, #150
702-259-6725
mtvieworal.com

JESSE J. FALK

Canyon Oral & Facial Surgery
6200 N. Durango Drive, #100
702-867-2763.
canyonofs.com

RYAN GIBSON

Gibson and Leavitt Oral &
Maxillofacial & Implant Surgery
670 S. Green Valley Parkway,
#115, 702-685-3700
ryangibsonoralsurgery.com

STEVE J. HUANG

Henderson Oral Surgery &
Dental Implant Center
1701 N. Green Valley Parkway,
#2-E, 702-270-2999
oralsurgeryhenderson.com

GREGORY J. HUNTER

Nevada Oral & Facial Surgery
6950 Smoke Ranch Road, #200
702-360-8918
nevadaoralandfacialsurgery.com

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EVERY VOICE

Continued from page 70

have been instituted or spoken about since 2011 or 2015, we have an entire generation of Black men and women who have learned to distrust the police because they never saw the police as allies to them. They saw them as a restrictive force that was essentially there to prey upon them. So, first the money's taken away. And then, the police force with guns and systemic racism comes into the community. And the predominantly white police force at this time essentially institutes generations of distrust and systemic racism against one section of the city.

VITAL-LAZARE: Attorney General Ford, how do we get to eradicating racism through economic inclusion?

FORD: One of the recurring themes is that this is systemic. This isn't just about cop training and not just about police interactions. And frankly, it's not just about the criminal justice system. It's beyond that, and what Mr. Parry just spoke about, you combine that with redlining in housing; with educational opportunities that are diminished; with economic opportunities and with employment opportunities that have, generally speaking, not been afforded to African Americans on a fair basis. You combine all of these systems, not to mention the political system, which in and of itself has institutionalized racism, engaged in it and ingrained in it. This is a dynamic problem. Anyone who says there's one answer to fix this is not really looking at the entire picture. It's systemic, and it's going to require a dynamic solution to this problem.

And I'm going to digress to talk about something Lance mentioned, which is the protection of *all* lives, trans lives in this context, trans Black lives in this context. Recognizing that again from my role as the top law enforcement officer in the state, I have something purely within my jurisdiction. And that's the law. That's me being able to file lawsuits. Or to push back against federal actions, for example, that attempt to discriminate. And go to court, and win in court, and to set standards in the law that if they are not met, there's recourse that can be brought to bear. No one else, I believe, on this panel has that ability. And again, this is what I'm talking about when I say we all have a role to play.

VITAL-LAZARE: Lance, does economic



Attorney General Aaron D. Ford

inclusion help bend that long arc toward justice, so that it completes the job of eradicating racism?

SMITH: I deeply feel that racism will disappear when it's not profitable, and it will always be profitable. Especially in this nation. I don't know about the idea of *eradicating* racism. I think there are deep-seated things we have to address. But just like with anything, addressing a deep wound like racial disparity in this country — it was brought forth by death, and there will have to be more death for it to stop, unfortunately. But economics and racism go hand in hand. They feed on one another. I have a strong belief that most things are energy. White supremacy is energy. And what does it eat? Poor people, Black people, brown people. That's what it eats. So how do we address that energy? How has that energy made us as individuals who were brought here

by force in many ways turn our backs on one another?

VITAL-LAZARE: Tenisha, I want to end our time together with you. You espouse a radical ideology. It is needed against oppression. What does that look like? Is there a place in your approach for neighborhood redevelopment, let's say, on the Westside? Is that part of economic revolution?

FREEDOM: Yes, absolutely. Malcolm X spoke about it in (his) "The Ballot or the Bullet" speech. He spoke about using Black nationalism and using Black internationalism to create some of those self-help programs. In economics as well, he spoke about us creating businesses, creating employment, creating our own opportunities. So it's not always looking for the state or anyone else to deliver these types of opportunities, but for us to create them ourselves, empower

COURTESY OF THE OFFICE OF THE NEVADA ATTORNEY GENERAL

ourselves to determine what our narrative is, our goals, and then actually design those programs that are of true liberation, not just the illusion of liberation.

I do believe that the attorney general and others in positions of power can put pressure on one another and on their constituents to support the narrative of the people. However, the people need to continue to organize and not rely on these positions of power as the only ways to get things done.

We know that the American Civil Liberties Union, for instance, is sitting on stories that have happened in the last few weeks of protesters here that have been attacked and terrorized by the police in our community. Our most recent protest on July 4, we were denied water. We can't have water out here. Those are the type of stories that I wish that the attorney general and those in power would listen to and work on changing, in their positions of power in the areas that they're able to change and not allow those sort of attacks to happen.

FORD: Absolutely, and I didn't know that. For that type of story, you absolutely should reach out to me. You claim that I rub elbows. That ain't entirely accurate, but I can rub some elbows when it comes to having conversations about that type of atrocity that's taken place. I'm sorry to cut you off, but that made my jaw drop to say that you were denied water. Ridiculous.

FREEDOM: The professor mentioned the crack coming into our communities. I think that we need to be clear, and it's been proven, that this didn't just happen. This was a state-designed and carried-out program that purposely occurred to oppress our people in these particular communities. So we need to stop being liberal on some of our terminology with, "Oh this just kind of happened." We see these sort of state attacks that are purposeful. They happen to our communities to keep the foot on our necks, so to speak, to keep us oppressed, to keep us in a position of being in an undeclared war against our people. So we believe that we should solve our problems with self-determined goals.

Some of our ancestors did fight to vote, but some of us, our ancestors, also actively fought for liberation. So, unfortunately, we don't push "vote or die." We push "organize or die." And what we mean by that is just organizing the people. We believe that the people have the ability to put together goal-oriented, self-reliant

ways of getting our agendas and our needs met without waiting for the state to do it.

SMITH: Tenisha brought up ancestors. One of the things I hope, for any of the Black people hearing the sound of my voice: I want them to understand that their ancestors went through a lot of pain, and that pain is in our bones. But through all of the horrors of being brought here, and slavery and redlining and overpolicing, there was always resistance. And that is the thing that we need to remember always. Even in the face of abject horror or annihilation, there's always resistance. ♦

SENSE OF PLACE

Continued from page 96

fixtures made it especially hard to see on that side of campus at night. Hence, dark side.

During my undergrad years, 2011-2016, there were a number of attacks on students walking on the dark side of campus at night, many of whom were women. The student government and student organizations lobbied for years to get more lights on campus, and in 2018 UNLV installed 19 high-tech light poles with cameras and police call boxes, with plans to eventually install 100. The community pressed its case over and over until the university finally responded and took action to protect its vulnerable students.

The Angelo and Frances Manzi Courtyard in front of the alumni center, where the statue used to stand and where I'm currently standing, is technically where the dark side and the rest of campus meet. It's not as pitch black as "the dark side," but the thing is — all of UNLV is pretty dark at night. The new light fixtures can't really make me feel safe. They can't erase the shared cultural memory students and faculty have of the attacks. And they certainly aren't helping to dismantle rape culture, which is truly the root cause of the problem. Of course, they can't do those things, they're just lights.

Still, UNLV hasn't just thrown its hands up and told its students that the problem is too big. The same semester they installed the call boxes, campus police also started offering a free women's self-defense course every semester. UNLV police are also now available to escort folks to their car at night. They come to introductory classes to tell new students about apps like bSafe and other best practices for staying safe on campus at night. There's so much that needs to be done, and a lot that might not be possible, but

the university has made promises to invest in the long-term work that is necessary to ensure the safety of UNLV students.

I approach the pedestal and the tree pot. I want to sit at its base and think. But I can still imagine the Rebel statue, and I refuse to sit at the feet of a Confederate soldier, even the ghost of one. So I circle it. It takes less than 10 steps. I think of how small the statue really must be. To be gone all of a sudden, like it was never there. I think of how easy it was to remove the statue, and conversely how hard it will be to make UNLV feel safe, let alone welcoming, for its Black students. There are far too few Black studies courses and too few Black professors to teach them. There are too many police officers outside most major buildings on campus and at nearly every event, despite the size of attendance. There are periodically graffiti found in the library or student union that say "Kill the Blacks." There was a statue of a Confederate soldier I passed every time I walked onto campus. They have painted his face all around UNLV, even on our clothes. From my first day here, there has always been something telling me I'm an unwelcome guest, that I should go.

So, what of all of this? What of the statue's removal? What does it mean that UNLV has only now made the decision to remove Confederate imagery from its campus? What distinguishes this moment from the others in which the university was petitioned to address the problematic nature of the mascot? What does it say about the machinery of the university and its leadership that this level of oversight has been the standard? Where else and to whom has the university's negligence done harm? How can that harm be addressed?

I don't know all the answers. These questions are for the administration and leadership of UNLV. What I do know, though, is that the UNLV community — students, faculty, alumni, everyone — has to recognize that the removal of the Hey Reb statue, like the installation of the lights on campus, is only the beginning of a process of reckoning, not the culmination of one.

I slide my headphones back up over my ears and press play. I'm going to take another lap between the student union and *The Flashlight* before I head to my car. When I walk away from the pedestal, and the alumni center, I look back, trying to see if it'll start to look normal, not like there's a shadow of something there. I turn away without expectation. UNLV is still dark. It still feels haunted. I'm not sure when that will change. ♦

THE DARK SIDE OF CAMPUS

What the removal of the Hey Reb statue means — and doesn't mean

BY **Frank Johnson**

Tonight, I take a walk I haven't taken in a while. I park my car on University Avenue, just east of Maryland Parkway, and cross the street onto UNLV's campus. I veer left in the parking lot and walk in front of the art building and follow the path as it bends right at the entrance to the Richard Tam Alumni Center. I have taken this walk hundreds of times in the last nine years, but I haven't been here since April. Tonight, something is different. The pedestal in front of the alumni center has a clumsily placed tree pot on it. The Hey Reb statue is gone.

The recent decision to take down the Hey Reb statue comes amid the removal of Confederate monuments across the nation, and only after the resurfacing of conversations and critiques at UNLV that are as old as the mascot itself. In case you don't know, Hey Reb is a rebel of the U.S. Confederacy. He was adapted in 1983 from UNLV's original mascot, Beauregard, a wolf dressed in a Confederate soldier's uniform. As a student, I of course loathed the mascot. I hated how

long it had been allowed to remain the symbol of my university, which boasts the most diverse student body in the nation.

I've heard about the statue's removal, but I want to see for myself. I take my headphones off because it feels darker than usual and something is unsettling me. It's not just that I want to be sure I can hear the police approaching if they should pass by and consider me suspicious, though that is part of it. At night, UNLV can feel spooky, even haunted. Somehow, the absence of the statue makes me feel some *other* presence. I try to shrug off the jitters, but I remind myself that my fears aren't entirely irrational.

It's quite common for students or faculty to refer to the location of a class or event on campus as being on the "dark side." The "dark side" refers to the side of campus north of Harmon, where the STEM and fine arts buildings are, along with the Cottage Grove parking garage. The density of trees and lack of light

continued on Page 95



HEY REB COURTESY UNLV

BAZAAR MEAT

BY JOSÉ ANDRÉS

“Best steakhouse in America...”

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