

Held for Mr. Clegg

8/15/72

Dear Dr. Patterson,

This letter is for a limited purpose. I am aware that Dr. Birk has been referring my unanswered letters to you, that I have had no response from you, and I feel that for the most part they are out of your province or responsibility. So, it is not to complain about not hearing from you that I write. I have, in fact, recently written Dr. Birk about this.

At the same time, I do feel that there is little Dr. Birk could do that he has not to create additional problems for us within your competence and responsibility.

This morning we met with Dr. Ballantine. That I rather liked him and his manner are immaterial, but I did. I also found him direct, and this also I appreciate.

He says he cannot directly address what I feel must, what are termed "diagnosis" of us and what, as I have already indicated, I regard as little more than witchcraft. If my knowledge is limited to that which our lawyer had to communicate to us - and I recognize that this may be far from all - that is sufficient for me to address these things, in part as I have and in part in other ways. For the moment I ignore the anxiety, about which, to date, and after many months, nothing has yet been done, for if too late, it was scheduled and has been delayed by Miss Ingraham's illness.

These diagnoses, in my opinion, are of two kinds, those made, whether or not valid, and those not made and I believe to be valid. The latter refer to my wife. I would like to be able to hope that from the present procedures at least some of this may emerge. Frankly, I am surprised that no doctor of any discipline has not detected this, it is, to me, that obvious and I believe a jeopardy to the health of both of us.

I am said to be sch^{id}, paranoid, delusionary and if not certainly, possibly phobic to aviation. My wife is said to be certainly phobic to aviation, if I remember correctly. Without full awareness of the nuances of this word in your science, I would agree with it with regard to my wife. If I understood the full meaning, I might even regard it as an understatement. With regard to myself, I think from the dictionary meaning it is a considerable exaggeration. In my younger day I rather enjoyed flying. In more recent years I have not, have been a bit uneasy about it, but fly often, have never cancelled a flight because of weather and have knowingly and repeatedly flown into bad weather. I have even sat on or waited for planes for long periods of time while they were being repaired and continued with the flights, the last occasion being on my last trip, in May. So, while I do not regard this as a vital point, I intend it as a mean of evaluating what is termed "diagnosis". The "diagnostician" made no inquiry about my flying history, yet reached conclusions about it.

What concerns me most right now is what I regard of worse than dubious and what presents clear and present problems that must be approached in two areas: our health and ~~our~~ ^{our} legal situation. You agreed the two can't be separated, but I address them separately. Whichever is correct, these diagnoses cannot but influence our relationship with our lawyer and his ability to pursue our interests. As it now stands, he'd have to be a rare man not to have the most serious doubts about anything we might say, meaning me, because my wife will say little, and the case is in itself unusual enough without this inhibition and handicap.

How these alleged diagnoses can now be addressed in terms of the existing records I can't pretend to know. That last thing I expect of GHA is an admission that they were inadequately based or wrong, which happens to be my opinion. If the one scientific effort in this direction ever made, and that on my initiative when GHA was in my opinion negligent, has the validity I believe it enjoys, these medical opinions are diametrically opposite the evaluations. There were two readings by competent professionals and they are in accord. One used to know us and the conditions of our lives well and often wondered that these conditions, which included what he regarded as a certain amount of physical danger, did not cause any such medical conditions. He was pretty much restricted to that part of our lives after the troubles caused by helicopters and sonic boom, my work after the end of my farming.

2

How any medical man, trained in any aspect of medicine, can diagnose "delusions" with no knowledge of fact baffles me. There was no question of my thinking devils were inside my shirt, ghosts following me wherever I went, or anything like that. We were asked about our lives and we, probably mostly I, responded. I doubt there was even exaggeration, with this even less likely with my wife present. But if he kept any records at all of whatever led to this Salem-like medicine, I can and will confront them and without knowing what they are, go far out on a limb and guarantee you I will prove them redundantly. I don't think the practise of psychiatry can or should presume that all patients or prospective patients lead normal lives, are engaged in only normal pursuits, and that anything outside whatever any practitioner may consider normal is delusionary. This, I think without possibility of doubt, is what happened. It is subject to, what shall I call it faced with this gibberish in your files, subject to re-evaluation? If a layman can have an opinion on such matters, I also think it is the easiest to address. I want this. I would prefer to have to make no more than a simple request. I think in itself it impedes our medical care if not worse, and the other liabilities it imposes on us I think do not require further explanation. And I think it and the other similar things in the records may well have impaired the medical care of the past and has compounded our medical problems. I take the liberty of suggesting the integrity of GHA is also directly and fully involved in this matter, in all its aspects.

It may not be as simple with the allegations of schizophrenia and paranoia. I have only a general understanding of the medical meaning of these terms. If probably better than that of most laymen, I am aware that it must fall far short of medical understanding. And in most elements I would presume the person involved to be the least dispassionate source. Again the realities of our lives are involved and again their strangeness to the psychiatrist or psychiatrists. If without inquiry and in interviews on our initiative and for other purposes I find myself baffled that any diagnoses could have been reached with a decent logical or scientific basis, I find myself even more perplexed that they were and we were without treatment for these serious mental illnesses, especially me. I just don't see how these two contradictory positions can be simultaneously maintained by GHA, one that I am a very sick man and two that they ignore it and don't see to it that I get the medical attention for which we have paid for about 30 years.

I am not and will not be content to let the matter rest here nor will I be content with further delays. If I suffer these illnesses I want attention and that promptly. If I do not, I want the records corrected, regardless of whose ego may be affronted. If you think this an unreasonable or irrational position, I'd appreciate hearing from you on it and I would like to understand how it is. If these diagnoses are incorrect, as I believe, they have, inevitably, colored all medical attention subsequent to their recording and present hurtful possibilities to our future I should not have to explain. I think the responsibility is GHA's and the need clear and urgent. Aside from health questions, it should be apparent that any error here, no matter how slight, must adversely influence our relationship with our lawyer at the very least and under some conditions might be adversely misused against us in court.

I think the court situation gives you a possibility of making an evaluation of me and at least my desire to be honest. With no prior history and nothing at all suggestive of it in my life or that of any relative as far back as I can trace any in any branch, and with this "diagnosis" following the legal torts, which is what they are as a matter of established legal fact, and following immediately upon the forced ending of our farming, I would think I have a quite legitimate basis of using these records as a means of alleging further personal and medical damage. Because these "diagnoses" also preceded the appearance of my first book, they can't be attributed to any stresses in my or our lives that followed appearance of that book. In short, were I to allege this as a damage in court, I can't think of a defense against it from your records alone. Yet I have not and I will not because I believe it false and consequently dishonest.

Our previous meeting was under the worst of circumstances. You were new and rushed, I was wrought up by an intolerable situation that from do-nothingness remains intolerable and in much of which I feel you are not properly involved, and because there was too much that I felt had to be covered, I had to try to cover too much. I would like to have another

meeting with you in your proper role, as chief of psychiatry, not as surrogate for the medical director. You are one; you are not the other. I would like it to be limited to what I raise in this letter except to the degree you feel you must go into other areas. I would not think of even suggesting that a layman can limit one in your position and I recognize there may be what I might regard as departures that you might not, in such cases, if there are any, the scientific judgement, of course, must control.

But I don't want to go into with you what I do want to go into with others. I want to resolve the questions and problems within your competence, to the degree this can be done. I don't expect more than a beginning can be made in a single meeting. There may be other questions within your competence, and I can think of some, but I'd prefer to address as directly as possible and as rapidly as possible the limited things in the foregoing, whether or not I am schoid, paranoid, delusionary and phobic toward aviation. Once it is determined whether or not I am, then the course ahead should be clear enough.

My reactions may be subject to misinterpretation, but that I shall have to risk. However, I think you should be aware that perhaps my reactions are not abnormal. For example, there is no possibility of doubt that the records as made available to our lawyer are not only incomplete but are incomplete in what I regard as a culpable manner. If I can't provide a positive explanation of the fact, there is no doubt that I can establish the fact of some of the omissions, for there were witnesses in addition to the records I made. There are corroborative records in correspondence, and if that has disappeared from GHA files I am certain this has not happened with my own. And in one case it was done in the most prejudicial manner possible. All evidence of immediate neurological examinations of my wife when she collapsed in the GHA lab early in the morning in about February of 1964 seem to have received the Orwellian memory-hole treatment. What remains is another prejudicial record made by Dr. Ruckstuhl. What this does not show, from what we understand from our lawyer, is that while my wife could talk and seem to respond, she was and has ever since been "but of it," as the young ones say today. She then had no or next to no recollection of the previous night. But I had to stay awake all that night, and when I took her pulse and temperature I recorded them. How else was I to inform a doctor in the morning? If I did not anticipate the collapse that happened, I did have to anticipate answering questions I alone could answer, and my concern was such I would not dare trust my memory. Dr. Ruckstuhl seemed to resent my wanting to inform her. There is no record of her having the results of Dr. Vaid's examination immediately prior to her seeing my wife. She could not possibly have had them and have written honestly the words I understand are in her report. To this day my wife has no recollection of any of that. For the longest period thereafter, including inside the GHA building and in the presence of our then-lawyer who has since moved to the west coast, could not only not walk properly but could not walk straight. This also is susceptible of proof, for when I had to leave home, I had to leave someone with her. So, regardless of whatever snide and unbelieving remarks you may find in the records, fact is beyond question. However, with so inadequate a record as we now understand exists, what ensued that I regard as witchcraft can seem to have that much basis. I think if it does not present any jeopardy to my wife, you can satisfy yourself on this score by your own interrogation and inquiry. No matter how meager the record you may have, it should indicate the kind of incident not easily forgotten.

I do not want to have to continue writing such letters, to you or to anyone else. I think you can understand that having to ~~do~~ is adverse to the interest of my own health and an unnecessary, really intolerable, in my view, imposition on my time, for which I have other needs. I would like to believe that we are at or near the point where it will not be necessary. If we do not soon come to that point, I will have to consider other means of resolving an intolerable situation. I do hope this does not become necessary.

Should you see me, it would be more efficient for me if you could make it for early in the morning, which would give me the rest of the day for other work in Washington.

Sincerely,

Harold Weisberg

Afterthought about my wife, which also relates to the foregoing:

She lacks faith in doctors now and just doesn't communicate with them. She has not always been this way. It should have been obvious to those doctors who saw her. I have heard her make it explicit to two therapists and it is has not been secret from me. It is one of the reasons I have sought to inform doctors, who can't very well operate in an informational vacuum. This, of course, involves her attitudes, and I can pretend no scientific expertise in these matters. However, I can recall enough specific occasions and her reactions to them and enough of what she regards as medical indifference to in her mind justify this as, to a large degree, it does with me. If you want specification on this, I will be glad to provide it. But what I think you should consider in evaluating the foregoing and my efforts to inform doctors seeing her when I was there is the position in which this puts me. If I remained silent, the doctors got nothing of what led them to self-deception or error. If I tried to inform them, I was some kind of nut.

It has for several years been at the point where she even asks me to make her medical appointments.

I am confident that the doctors ask her, as they ask me, how I feel at the beginning of each appointment. I am also confident that her response is that she feels the same as usual or that she is o.k. But any examination of her refills on Fiorinal or Emperin #3 should tell any doctor otherwise. If, as I believe, I am correct in this, I would assume that the resultant record shows in one form or another that she is in good health whereas this has not been true for years.

If there should not have been reasonable doubt about this in the minds of GHA doctors beginning when she was told to stop working, for which, if there is any physical basis, I am unaware of it, then at the very latest at the time I first saw "r, Casey I believe there was and should ~~have~~ ^{have} been in her records what I think is reasonable basis for any competent medical person to have been unwilling to accept this representation.

If you ever see her, I think you can learn these things for yourself.

There should be other touchstones in the record. GHA did a hysterectomy on her. Any examination of her thereafter indicated prescriptions or the lack of them, I would imagine, and should have been a red flag to anyone paying serious attention to her records. Especially to the gynecologist, but if on such matters a layman can have a valid opinion, I would think to anyone of medical competence. And in context, may I not ask if not especially to a psychiatrist? On my initiative, she saw several.

Harold Weisberg