

3/26/72

Dear Phil,

Two different early mornings, when I awakened too early and too wide-awake to return to sleep, I wrote you one letter that was 7 pages long. Generally, having decided to reform my personal habits, I am able to return to sleep, if I still tend to rouse at the once-accustomed early hour of about 4. I am now averaging I think a good six hours of sleep, sometimes more. What was on my mind in each case was our medical problems. Gary and I have come to a parting that is even more painful for my wife than for me and there is no possibility of friendship again because it involves more than the breach of trust, as it does, but a conscious, behind-the-back act that was pointless and needless and one he knew would hurt us much. So, you are the only one in the field of whom I might have asked any questions. You don't know Gary. He is, by a large, a very decent young man and a clinical psychologist. Like most of us, he has his own emotional problems the nature of which he has never shared with me and when we had what is almost a father-son relationship I never pried. I think the thing he did that we regard as despicable is a consequence of one aspect of his emotional problems.

Nor have I ever asked you your training or role in your institution. It has been enough that when I asked you questions you made immediate, meaningful and solid response, as when I consulted you about "anxiety" and that blackout.

You will remember I asked if you could refer me to a forensic psychiatrist in this general area to use as an expert in our coming suit for damages against the government. It is, at best, a bad situation where it should be a good one, precedent having been established with the victory in our first suit. However, having obtained a new lawyer, not easy under our financial limitations or those of the law, which limit to approximately 20% of recovery and no retainer, he is doing next to nothing, none of the things he said he would, doesn't even respond to inquiries I make so I can do work for him without crossing him up, and has been, I think, rather seriously prejudiced by a selection of our medical records. This, essentially, is the problem I will undertake to encapsulate, where you may be able to counsel if not direct us to help if we need it. Remember, we can't pay for it if you have any such referral you can make.

I began to get a different understanding of my own anxiety this early spring or late winter. I had thought it was wife-oriented only, coming from and triggered by her inevitable reactions to the stimuli, especially helicopters. I sought a medical consultation at our cooperative, The Group Health Association, and asked for someone to finally take the time and go over anxiety with me and our medical records so I could help the lawyer. The second was ~~was~~ first ignored and then refused. The ~~second~~ ^{first} led to an appointment with a shrink who approved us for family therapy, I suspect an overdue thing and a very good idea. However, ~~it~~ ^{at} was accompanied first by such inefficiency and futility and then by such incredible (to me if not to you) preconceptions that we have gotten worse than nothing from it, merely more futility.

There was a rather long interval when I was my own lawyer, when the government was pretending to negotiate for several reasons while refusing to. During this period of time, having been recognized pro se by a federal judge, I sought access to our medical records to be able to correlate them with records I kept and prepare to give oriented and related material to a technical expert. I was refused. I made no real issue of it for several reasons, one being that closer to the time of need might be better and another being that we depend on them for our medical needs. And, I never wanted to be my own lawyer and felt that I might, eventually, find one, as I did. It may interest you in what will follow to know how: by asking the former adversary, the man who had been assigned the case when an assistant U.S. Attorney and been prejudiced by the government's file on it, to represent us when a long enough time had elapsed, under the law, for him to take the case without conflict. The man he has is his recommendation, but I trusted this young lawyer, my supposed enemy, that much.

Our new lawyer asked for our medical records. I don't know the nature of his request. He may have placed a ~~to~~ ^{to} ~~time~~ ^{time} limit on it, not understanding that an evaluation over a period of years is required, not just opinions for the years covered by the period of the suit. In any event, for that limited period of time, what he was given is quite incomplete and the most relevant to the damage done us is eliminated, or where it is medically incompetent and detached and prejudicial against us left in. We know of these

records only that he has let us know. First he wrote me that they were more likely to be used against us, and then in his office we got some understanding of what had been eliminated, in the files or from what was given him, and what he was given. It gives me a different insight into our problems, why we have them, and why the records were denied me when as a matter of law, under the unusual situation, I was entitled to them.

Unless some point is served by the kinds of details I had included in what I have discarded, I won't go into them, and although this coop now gets a large portion of its income from government-employee medical insurance, I don't think that is in this case a factor. I also don't think that the FBI pilched the missing records. You should understand that here it is not just what you know of my work and the attitude toward it that might impel what I reject. The government is really uptight about this suit because of its potential, a broadened precedent. The least of its hurt from the first was the first cost when it was used as precedent, \$5,000,000. I established a new principle and a costly one to government and to aviation in general.

What I do think is that GMA reviewed these records and saw a clear malpractice or negligence suit. In retrospect, with only what I have known of what they gave the lawyer, without my own contemporaneous records, I have little doubt that if I could file one it would succeed. I can't because we can't afford it and because we could not take the emotional cost. A year ago I would have thought that my wife only couldn't. So, although I don't think they will believe it, I haven't any intention at all of filing anything against GMA. But I do think they have grounds for fear, lacking belief in my saying - have no such intention, and I do think they want to hide the gross neglect and incompetence, and this without the malpractice may be enough to cause the present problems. Some of it is close to low-grade witchcraft.

In an April consultation with the g.p. referred to above, on anxiety, I asked him the first knowledge GMA had, for they never told me it had been diagnosed. He found a 1957 record, in medical shorthand, just a few words, but they are the classic symptoms and precisely oriented to what is now at issue in this suit, before there was any suit but two years after the beginning of the trouble with the helicopters. I have come to know these symptoms only through you and Gary, as you know.

Later my wife suffered some indescribable frightening reactions, none physical, and I tried to cope with this, faced with medical indifference. I took her to a shrink (in this case the word is a complement), who saw us for an hour on this. At the end of that hour he had not detected that my wife was by then ~~was~~ well into withdrawal on this, had already forced most if not all of the extremely disagreeable things she suffered from her mind (completely by today), but he did decide we are both phobic to aviation. (You may recall how I was rushed onto the plane when you were at the airport with me and the warning of the storm the plane had just come through. You know I got on that plane, and I tell you it was the roughest ride and the most frightening I've ever had. So, while it would be quite helpful in this suit to actually be phobic toward aviation, I also give you my belief that while uneasy about it, something never discussed with the shrink, I never have cancelled a flight and have sat for hours while planes were repaired and then taken down. I am without doubt that my wife is, was before then, and that it doesn't take a shrink to know it.) He did not stop there. I am delusionary (which may not have been him or may have been him and ~~was~~ a later one), Paranoid and schizo. All in an hour, all without any testing. No testing to date, by the way. and at the time I had the blackouts, Gary took an EEG, got a reading separate from his own, and both coincide. I am the opposite of paranoid and not in ~~any~~ any measurable way outside of norm - all very healthy. I have this EEG chart and the readings.

You should also know that this was before my first book and after the liquidation of the firm, so if true it can't be attributed to this new work and writing. The delusions alleged of a later date - and although there are no more than a couple of references, there are reflections of its influence on other doctors - ~~have to do with~~ ^{INCLUDE} the realities of my present work, ~~not in fact~~, and became delusions simply because it was beyond the experience of the doctors. They all, as I guess all doctors do, began by asking, either what I do or, if they knew me, how my work was coming. To give what I think might amuse you a bit in this grim recounting, there was a doctor I saw for the first time on a hot day when I'd gone to Washington and also gotten my plane ticket for a trip to H.O. I was wearing only sandals, shorts and a sport shirt. I had the picket in my shirt pocket. Where else was I to put it?

He asked me what I did and I told him. He was fascinated. He said he would like very much for his father to meet me because his father felt exactly as I wrote about the JFK assassination. I said bring him up. He asked for and I later gave him -free - a set of my books. He asked me about Garrison, I responded truthfully and told him I was going to H.O. the next week. All true. Now I went to see him about what I had come to recognize as an emotional problem and under the regulations -all is bureaucracy today - to ask about a psychiatric referral. His record of the interview, rather brief, make no reference to the latter or to his negative advice, that it would lead to a futility (here he was right for later I ignored his advice), and he has a crack about an airline ticket in my pocket and my having said I was going to H.O. Medicine, Phil? I think it is the reflection of these dubious earlier records he read before he saw me, the way it works there.

Naturally, these alleged "diagnoses" at the very best must make my lawyer apprehensive about me. It is my material, my word, my representation, my records, that he is taking to court. Here, aside from the poisoning of all medical attention, that I think the real damage to us lies from this witchcraft. So, the first thing I did was to write the medical director when I couldn't get to see him and put it simply: if I suffer these things, why have I not been treated, why am I not not treated? I pay \$850+ a year, how about the medical attention your own records show I need and has never been suggested or offered and, to the contrary, refused when I sought it for other reasons? I said as an alternative, I wanted a real evaluation so if there is error, it can be rectified. Well, that took the roof off. They have been sweating and giving me a rough time since. They make and withdraw promises, offer and withdraw services, but the one thing they won't do is anything that can cast any doubt on the "medicine" as they practise it. Those are ~~the~~ holy. In response to the last letter I wrote one yesterday but today decided not to mail it. It reminded them of serious error in earlier physical diagnosis of both Lil and me -sometimes ask me to tell you of the one on Lil, for I think it will open your eyes about medicine in allegedly backward countries- in my case two successive errors that led to much cost and pain, for it caused adhesions in the shoulders that had to be broken over a three-month period.

I am to finally have a conference with the new chief shrink and the medical director and in thinking it over I decided to let it await that, despite the fact that this will mean two professional words against mine if it is a hassle and has consequences. I was foresighted enough to suggest, when they began to indicate such a meeting would come, that to eliminate any confusion or faulty recollection, we revert to the old manner of psychiatry and tape record it, offering to bring my own if they are not without them. This was ignored in the response.

Meanwhile, it also turns out that never having mentioned anxiety to either of us, they did diagnose it as "acute" with both of us not less than 10 years ago. And the things that my records show happened to Lil are, if inadequately, more than indicated in their records. But in all cases they did nothing. He^s dizziness, he lack of sense of balance, he inability to walk st aight periodically, are in the records and nothing was done. If there was even physical testing, I am aware of none. This pretty clearly means negligence, ^{it} and the lack of any psychiatric consideration - ever -I think tell you enough if not about their probable fear of malpractice or negligence action, then enough about their unwillingness. I am less troubled than they think about the diagnosis of more serious mental illness to me. Too many people criticize me for the opposite of paranoia, including people in the field, like Gary, and I know how I live. Unless it means something quite different than its lay meaning, I wouldn't give it a second thought. I doubt the schizo, and their not even making a psychiatric referral at any time after this, including when I asked for it, is enough answer to me. More, although I would regard it as false, I would also regard it as helpful rather than hurtful in our litigation except as it could related to my credibility.

Even psychiatric clues on Lil are included in what they did nothing about, like indications of depression, withdrawal, etc., and all predictable under the circumstances.

So, I wonder what if anything I can get GHA to do since they interpret their rules and regulations and with their hangups about any real psychiatric workups. I don't know if you can help generally on this or if you consider their hangups, assuming the dependability of my reflection of them, insurmountable. and I also say at some point need a really good psychiatrist who would not be unwilling to confront such black-magic medicine as this seems to be to me. If you can't help, please don't worry. Gotta get to other things, so best to you both.