

7/26/72

Dear Mr. Clapp,

After leaving today, as best I could without being able to make prior appointments and during vacation period, I began a search for the kind of psychiatrist you will want in Baltimore and accepted as a witness in the ~~cases~~^{cases} there. You did not answer me on Rapaport, so I did rough checking on him the end result of which is that he is more or less a government expert, hence I stayed away from him. I saw several professional people, learned of others who are away, and have an immediate lead to follow. I will do nothing not subject to your approval and I will not commit you to anything.

As much as due care to rush-hour driving permitted, I thought about what I learned of the Group Health records, what they show and what they do not include.

To this day, despite what the opinions may indicate, Group Health has never given either one of us any psychiatric testing or evaluation, has made no personality index, etc. When we were referred to the Bethesda clinic, I volunteered to the interviewing psychiatrist that I had, on my own initiative, had an MMPI test. I gave the home address of the clinical psychologist. He was then at Mayo, working with the men who developed this basic and accepted test. More recently he had been dividing his time between the major clinic in Minneapolis, where he makes his living, and a sort of free clinic for the alienated young, where he had been working nights as of my last knowledge. When Dr. Heller wrote him, he sent me a carbon of his letter, one of the enclosures herewith. Driving, I wondered if he didn't have the original test results because he had sent them to me. This turns out to be the case and I enclose a copy herewith. I presume it means as little to you as it does to me, so I include his reading of the test and the independent one he obtained from another professional of greater experience, combined. If you want the entire letter, I will send it. I have eliminated what I could of personal things, including reference to a brilliant but insane mutual acquaintance. I have not eliminated anything on the test.

If you want, I'll dig further in this rather voluminous file of correspondence and get the date of the test itself. The reading was returned to me in November, 1969. I believe the time of the test was one in which there was no immediate pressure from anything helicopter-related. If it interests you, I can check this opinion. I think this may be a relevant distinction. And this psychologist knew none of the details of that trauma.

My reason for having this test at that time may bear on possible reasons for incompleteness in the GHA records. I had blacked out, not fainted, a more frightening experience than the records show. And they are incomplete where they exist. I am confident that on this, too, they are incomplete. Faced with indifference there, I consulted this psychologist and a friend who works in a distant psychiatric clinic. Their independent information (they are strangers to each other) was almost word for word, so clear are the medical possibilities. Epilepsy, amnesia and brain tumor are among those I remember. Both asked me to take a plane and go to them because they lacked confidence in any medical work that did not include the prompt and obvious work. I was without the means, so I pressed Group Health. And thus, also, the MMPI test, Group Health was quite unhappy about it and when I finally asked to see the medical director instead of hearing from him I heard from a psychiatrist named Hoffman. Of this also there seems to be no record, and after finding out what was involved instead of psychiatric examinations those indicated finally were made. I asked for a psych examination if Hoffman considered it necessary, he was head of that department and he made no such appointment, which I suppose is answer enough.

Other areas where GHA may be uptight are indicated in the incomplete records they gave you, that my wife at least is close to phobic and they did nothing about it; that they considered I might be or was both ~~schizoid~~^{schizoid} and paranoid and did nothing about it (there never was any psychiatric consultation not on my initiative); and what no doctor could possibly miss in the most casual examination of my wife's records if he was not negligent, that she was not taking the prescribed hormones and was not asking for renewals on the prescriptions. On this the consequences are obvious and should have been of particular concern with any trace on anxiety in either of us, as I later learned. This should

also have alerted medical people to the need for psychiatric consultation and advice because of the inevitable consequences.

In any event, you can from the enclosed decide for yourself whether I am correct in believing these GHA opinions are something less than pure science in referring to paranoia and schizophrenia as they do and then to be accompanied by no treatment. It is the only such test I can recall ever having had and I have no reluctance in taking any others. As for the snide remarks by those doctors who had no way of knowing whether what I said was true or not, for the most part definitive answers are in my possession and available. Now I did not go to doctors just to talk about those things. I was responding to their questions. Once the nature of my work became known, I was always asked about it. Some of the people got copies of my books to give to others. The reality is much more than these cracks reflect. We did get and tape record arcane threats, one of which was copied for voice-printing by a police department near you with which I worked and to which I supplied extensive information from inside one of the most extreme of the farout groups dedicated to violence, The Minutemen. It now comes back to me that I gave the FBI a two-inch thick secret manual on how to make bombs and bobby-traps for them to copy. My records will show got it and when, who returned it and when. This kind of patient occupation may be outside the experience of the average doctor, but it is hardly the proper basis for the kind of comment made or would seem to be the basis for medical treatment and attention. I think herein lies a problem with GHA, too, for those files were read when I was pro se, as a letter we got from you today says.

But if these opinions are valid, as I think they are not, and nothing like it exists in our previous records, then it is among the medical developments subsequent to the helicopters and prior to my first book on the Kennedy assassination, hence can't be attributed to that.

The doctor who saw my wife when she collapsed at the GHA lab and who told me there was the possibility if not the probability of a then ongoing stroke was NOT Dr. Ruckstuhl. She was not there at all. It was a neurologist named Vaid on loan from the National Institute of Health. There is no report of any kind from Dr. Vaid not of this incident except in a deprecating way, about what I alleged to be her condition the night before. This was one of the more frightening experiences of my life. I stayed awake all night, fully-dressed. I made contemporaneous, dated notes not only because of possible relevance to this suit but for the use of doctors if needed in emergency. My wife then was and remained in a daze, with no sense of direction or balance, unable or unwilling to lift her feet. For the longest time I could not leave her by herself. She walked into solid, visible objects unless guided. What is also missing from these records is Peter Taft's visit to the administrator of GHA while all this was going on to ask him to preserve all these records and my letter to him doing the same thing when the reaction was as obvious as it was. My wife has blocked all this from her recollection and has no recall of any of it. I have been given to understand that this is not an exceptional psychiatric reaction. The by-phone diagnosis is that the cause was psychiatric, not physical, the reason I didn't take her to the hospital. Nothing in the existing records attributes any physical cause to it. It was followed by no psychiatric attention. I can't not wonder if this omission after such an event does not account for the absence of the records, particularly when a lawyer asked for them to be kept during the neurological examination, before we took my wife to the general practitioner, Dr. Ruckstuhl, and when I then wrote to assure it.

There is an unwelcome Orwellian cast to all of this, putting me in the position of having to defend either my integrity and dependability of my rationality to my own lawyer.

And if, as I believe, there is all this mumbo-jumbo in our medical records now being used in therapy if it is wrong as I think this only test, the MMPI indicate, can you imagine the futility of the therapy? At last Friday's session, my wife and I independently got this impression not knowing the contents of the old records.

I am sorry to trouble you with a few minutes of reading, but I feel the record is necessary for the future and for your present evaluation.