Q. ... July 8, 1976 in connection with the University of Rochester Oral History Project. Just to start off with a few basic questions: Are you a native Rochesterian?

A. No.

Q. Okay. Where are you from originally?

A. Born in Philadelphia and lived a long time in New York State ... er, Rome, New York.

Q. Up by Utica and so on.

A. Yeah.

Q. I see. Okay. Could you explain the nature of your occupation?

A. Well, I call myself an internist with a specialty in internal medicine with a sub-specialty of gastro and neurology.

Q. Okay.

A. Okay. For which I was trained in Chicago. And, some training in Vienna.

Q. I see. Okay. Could you explain very briefly, for the purposes of the layman, what those terms would mean.

A. Well, internal medicine is what is known as a specialty of diagnosis and treatment of medical conditions non-surgical.

Q. I see. Okay.

A. And non-obstetrics, and non-pediatrics. And gastro-neurology is a specialty involving the gastro-intestinal tract, which also includes the liver and pancreas.


A. And, my interest in those fields have been diagnosis treatment, practicing, teaching, and research.
Q. Okay. It outright . . . it opens up a series of questions, I think, by your (unintelligible) that we can get into.
A. Yeah.

Q. The most basic one: What are your connections? What are your general titles and so on? Are you connected with Strong and Genesee?
A. Yes. I'm a professor of medicine emeritus at the University of Rochester. I'm an emeritus head of the Gastro-Intestinal Unit of the University of Rochester Medical Department, and the emeritus Chief of Medicine at the Genesee Hospital which is affiliated with the University of Rochester Medical School.

Q. (Unintelligible)
A. So, it gives you . . .

Q. Okay. Do you also have a private practice?
A. Yes. And, I now have a private practice with . . . at the Genesee Hospital. I have an office there, and I have been working since I became an emeritus, not during all that time, with the Genesee Health Service at the . . . which is located at the Genesee Hospital. I helped them get that group started.

Q. Could you explain what the Genesee Hospital Health Service . . .
A. The Genesee Health Service is a group medicine endeavor which is part of the RHN group, which has received support from various foundation help. It got started . . . it has groups of internists, groups of pediatricians, some obstetricians, providing medical service in various methods delivery: One, prepaid; two, fee for service; medicaid; medicare; and so forth.

Q. Okay. I see. Is that specifically new to the City of Rochester or are there other comparable programs in the area?
A. Well, it's one of the . . . well, shall I say, one of the original groups and especially the original group relating to the Robert Wood Foundation, which is primarily interested in providing help in the delivery of medical care. And
A. (Continued) the man who's the head of this, which is Dr. James Block, is the head of the Rochester . . . of the Robert Wood Foundation to the delivery of medical care throughout the country with his main office at the Genesee Hospital with this group, and a branch office in Washington.

Q. Could you explain where you began to . . . when you came to Rochester, what were your purposes in coming originally?

A. Well, when I came to Rochester, I had a decision to make whether I was gonna stay in Chicago where I had been offered a position with the Michael Reese Hospital.

Q. I know that from Dr. Shapiro.

A. Yes. Yes.

Q. Right.

A. And, maybe the main reason for coming here were, the main reasons were, maybe, my family was here then, which shouldn't be taken into consideration but probably subconsciously is. Number two, there was a new medical school started, and I thought that I'd be able to work from the ground floor up instead of getting into established institutions, the University of Chicago, Michael Reese, and so forth.

Q. Then the new medical school has started up was . . .

A. Here. It already began. The first class was started in 1925 . . . was the first graduating class in '29. And, I came here in the later part of '29 and really began practice at the end of that time, probably . . . well, more realistically, in 1930.

Q. I didn't realize that you'd been here that long.

A. Yes.

Q. Oh, I see. I see. Okay.

A. I became an emeritus in 1970.

Q. Ah. Okay. That's the difference.
A. I'm an emeritus for six years already.

Q. Okay. Could you explain the nature of your private practice? Is it a general practice?

A. Well, I've always been interested in keeping away from a pure sub-specialty. Most people nowadays in gastro-neurology concentrate themselves, or their work, in the field of gastro-neurology. It seems to me too limited and keeps you from being a broader type of person. So, I'd tried in the beginning to practice broad internal medicine including primary care, heart, diabetes, everything. And, my rounding work in teaching was an addition to gastro-neurology and general internal medicine.

Q. Okay.

A. However, my research, although in the beginning it was involved with general medicine as I did work in tobacco smoking in 1938. I was probably one of the original people that showed some of the harm of smoking. And, but, gradually ... then I eventually became head of the gastro-intestinal unit here because of my past experience. And, then my research became mainly in gastro-intestinal work. And, we developed ... we have a foundation, The Segal Medical Research Fund, which was established at the Security Trust Company by friends of mine, which supplied some of the money. Some of money came from NIH, and from other grants. And, we had a laboratory set up here of which I was the director.

Q. Does the University of Rochester lab system ...

A. This is ... it's working for the University of Rochester. And, we were the first in certain areas. We were first in developing the ability to take color photography inside the stomach. Number two, we developed a ... what is known as a tubeless gastro-analysis, the ability to determine whether the stomach can make acid without invading the stomach with a tube. See? We developed that technique. And, we were the first to discover the multiplicity of
A. (Continued) enzymes of the stomach.

Q. I see. Is there a specific reason that you feel that those findings were able to be conducted at the University of Rochester? Is it the fact that it's well funded, or the fact that you had good people there?

A. Well, it's ... the reason the University ... in those days, the community hospitals did very little research. And, research was being carried on in institutions and medical centers. And, in order to ... if you're going to be in an university, you ought to have some talent in research, as well as teaching.

Q. That's true.

A. And, as well as the diagnosis and treatment of patients.

Q. Okay. It raises two questions, one that I had earlier that I'll impose now, and then, I suspect, of general interest. One of the things that you mentioned was the fact that in the late '30s you had an interest in tobacco research, cigarette smoking and the harm and so on, what made you get interested in a particular topic like that?

A. Well, because I noticed people who smoke had fatigue, their heart rate was rapid so I did a study on ... relating to fatigue, effect of the smoking on the heart.

Q. Okay. I see.

A. Yeah. And, that was published in 1938.

Q. It was one of the first incidents of tobacco ... 

A. Yes.

Q. I see.

A. I have done other papers ... research before then in Chicago, and also some clinical research here.

Q. Okay. I see. Another question I had that interested me: You are pretty well
Q. (Continued) rounded. You do research, you teach, private practice, you (unintelligible) and so on. What do you enjoy most?
A. Well, it's difficult to say. I enjoy them all.
Q. (Laughter)
A. And that's . . . I think, a bad thing, because it keeps you from knowing much more about less and less. So, you don't get as well known in one little field, as some people who work in one little area and they get better known. Although, without being modest, I'm known all over the world in the work that we've done, because I've been all over the world . . . relative to lecturing, and also work in Africa and Nigeria from 1962 through 1973 spending two to three months there every year, every other year, helping them develop a medical school which in an exchange program . . .
Q. I wasn't aware of this so please go on.
A. . . . an exchange program between the University of Rochester and the University of Lagos, supporting by the commonwealth fund. I went there to represent . . . to help them in the department of medicine. Other people from here went . . . physiology, and various other disciplines.
Q. I see.
A. And, this was started . . . I'm not going to go into the history of that. It's a very interesting history how this developed, but that's beside the point, at this time. So, I eventually became the coordinator of that. Other people had preceded me. And, helped to get the medical . . . the whole medical established.
Q. Was it a success?
A. Very successful. It ended . . . in 1973 is the last time I was there, and they asked me to come back again, but I said no, I'm not coming back, because you don't need me any more, and you're on your own. And, I think that was very pleasing to them, because I noticed that many people whom they would like to
A. (Continued) have left who had been there to help them, would not leave. So, I understood that. So, I'm in ... we've had many of their people come here to study a year, an academic year, and there's one man here right now who will be leaving in August, who's supported by the commonwealth fund in this program.

Q. One of the questions that you could help me clear up in my own mind, what made the University of Rochester catch an interest to Nigeria?

A. Well, that came ... that resulted because the people who were interested in starting a new school in Nigeria ... there already was a first rate school in the (unintelligible) associated with the University of London, College of London. And, the three men who were all Nigerians, decided they'd like to have a school that was run by the Nigerians purely. Not by the British. Although independence had already occurred, they still ... decisions were made by a British commission. One of the men who helped make decision, is the professor of surgery here who was in London and now is the professor and chairman of the department of surgery. And, these individuals did not think they moved the way they should have promoted, and so one happened to become health ... minister of health, and the other one became head of surgery and the dean at the school. The other fellow, they had to make sciences and physiology ... 

Q. In positions to say something.

A. ... and they started ... there was a hospital being built, and they took over the hospital and used it for partly teaching, and hospital care, and they had to get a faculty within six months. So, they came, naturally, to the Washington to the international office of the American ... of the ... let's see. Shall we say, well, how shall we say this? The Association of American Medical Colleges. And, at that time, Henry VanZeldahide was the director. And, Henry VanZeldahide had worked in the University of Rochester. And, I believe
A. (Continued) he contacted William Lochvietz (spelling) here, who was the chairman of the Department of Physiology, who also was a Quaker and very excited about doing this type of work. And, he interested me. And, the people from Nigeria, four people from Nigeria, three being professional and one a lay person, visited with Lochvietz (unintelligible) and VanZeldahide, and February 1962, and this is how . . . and they went to the commonwealth fund and everything went along fine. They also went to other schools for help. They couldn't get all the help from here. They went to John Hopkins. And, a good deal of help came from the University of Toronto.

Q. I see. Does, do medical practices differ from country to country?

A. Well, yes, because diseases differ.

Q. Obviously. Sure.

A. Customs differ, and medical care, nutrition, especially in Africa, differ.

Q. I guess what I'm asking . . .

A. And, diseases of the tropics may vary. You have all the disease that occur in the temperate zone, but you also have some special diseases that do not occur here, but are beginning to occur here because of the world narrowing, really. Because of travel and so forth, and soldiers going all over . . . military.

Q. Was it difficult for you to acclimate yourself, I guess, to Nigeria?

A. No. Because I don't mind the hot weather, and the weather there was very hot. Well, it's hot . . . eighty-five to ninety, but with a high degree of moisture, that is, humidity was high. But, I didn't mind it. I always lost weight, but I enjoyed the esoteric medicine and helped to run the department of medicine at times, and I was offered the head of . . . the chairmanship of the department of medicine if I would stay two or three years, at least, and I declined it for good reasons.
Q. I would also imagine that it keeps your hand and many fingers in the pot here?
A. Yes.

Q. Keeps you broad minded and so on.
A. Yes.

Q. Sure.
A. And, it was very interesting. And, there was nostalgia for it after you leave.

Q. I can imagine. That's fascinating.
A. It's different. In other words, in this country, there are thousands of people that can do the work that you're doing. And, over there, at that time, there were only a few. So, you didn't have to be really great to do a great job.

Q. Is a program like that unique to Nigeria, or is it . . .
A. No. Other . . . oh, other universities have had similar programs, and (unintelligible) of course, in Nigeria was aided by Britain. Of course, it was part of Britain until it became independent. And then since then, there have been established six . . . there are five other medical schools in Nigeria and probably two or three more are beginning to be thought of. But . . . I wrote up the whole subject of medical education in tropical Africa. And, in 1974, there were twenty-six medical schools in tropical Africa. Now, by tropical Africa I mean, I will eliminate South Africa, and I eliminate Nige . . . er Algeria, Morocco, and so forth. And, I use that term, tropical Africa, instead of saying Black Africa because, I think, there's no reason why we should say Black Africa. We should say tropical Africa. And, we know what it means. We know the people who live in tropical Africa, so why . . . we don't say White United States, or White England or Britain, or White . . . see? So, this is a lot of nonsense what people are doing. And, as a matter of fact, this idea is not original with me. This idea is original with my wife. And, I agree with her.
Q. (Laughter) Okay. It's a racist . . .

A. It's a racial distinction and it has no place. It may have a place here, but we're white citizens, yellow citizens, purple citizens. But, Africa? It's a black civilization in tropical Africa . . . forget the word black. We should know it unless we're stupid. And we are stupid.

Q. (Laughter) Okay. I guess it's a good time to shift quietly back to Rochester.

A. Sure. Okay.

Q. What would you say is the state of Rochester's medicine, the city's medicine? Is it a good medical community?

A. I think the City of Rochester provides one of the best medicine in the United States at the cheapest rate. And, I would include . . . I don't know enough of all cities, but I would include Denver with that, and I would include Boston in the past. I don't know about Boston now. See? Boston in the past. No. I'm talking about medicine provided at the cheapest . . . I don't . . .

Q. For the city . . .

A. Good medicine, Boston is terrific. I don't mean that.

Q. No, I know what you mean.

A. At a economical level, now I think that Rochester's beginning to change, but by and large, now . . . take cities like New York, Chicago, Texas, Dallas, and all those, the price and the cost is exorbitant. It's always been.

Q. What would you attribute that to in Rochester?

A. In Rochester? The medical school here has played a great part, because the men came in . . . they're all full-time men not interested in money. And, they set a pattern of charging very little.

Q. Do you think that it's a trend that will continue?

A. No.

Q. No. That's too bad.
A. Well, because the government will make all those decisions eventually.
Q. Do you think that'll happen?
A. I do think it'll happen.
Q. I see.
A. Yeah. I don't know when, but it's going to happen. Because medicine is getting too complicated, too expensive. It's not the doctor's fault alone.
Q. What reasons would you attribute . . . that's kind of interesting. What reasons would attribute to the expense . . .
A. Well, if you look at medicine when I first began, there weren't many things to do, many tests. They were simple, inexpensive. But, look at all the new apparatuses. Think about all the sophistications, think about all the tests we do with all the complicated machinery, all the aid that is necessary. It costs a lot of money, so from a hospital bed of $8.00 a day, now the Strong is maybe over $200.00 a day, because of all those things. And, the other hospitals like the Genesee and General probably run $145.00 to $165.00 a day. What it costs the hospital. So, you see how complicated that it's getting to be.
Q. Another question that I had was, do you think that Rochester is over-staffed?
A. With doctors?
Q. Yes.
A. No, not with primary care doctors or pediatricians, or obstetricians, or nose and throat people, but over-staffed with surgeons.
Q. With surgeons.
A. Surgeons are the one . . . the only group that probably have more than there's work for, because many surgeons don't have so much to do. A few have a good deal of work. I'm not talking about the specialties like orthopedics, or the sub-specialties like orthopedics or neuro-surgery. They're not over-staffed. But, the general surgeons.
Q. The general surgeons, I see.
A. Yeah.
Q. Okay. Do you think that it's a good town to practice medicine in?
A. If you don't mind the weather, it's a good town.
Q. Oh! I know. (Laughter)
A. (Laughter) Okay. But I don't think that Rochester has a real future. It's a stable city, it's gonna remain that way. And, the population of the whole northeast will not increase. It'll go down. And that's the way it has to be. The trends of life.
Q. What do you think the future is?
A. The future? Oh, what do you mean by the future? How many years?
Q. Well . . .
A. Is the next fifty years alright? I mean, but it won't be exciting or growth the way it will be in the south or in Texas, or in the middle west.
Q. The sun belt, far west.
A. Or, not the midwest, I mean the far west. But still, it's exciting enough.
Q. Do you think, then, there'll be a corresponding shift of medical excitement and so on towards the west?
A. Well, there is already.
Q. Oh. See I don't . . .
A. Yeah, there is already. The schools like Stanford, UCLA, the Texas schools, are just first rate. The same class . . . the same standards as the schools in, like, (Unknown) Chicago, and the Northeast, Boston schools, Philadelphia.
Q. The John Hopkins.
A. The John Hopkins (unknown), so forth and so.
Q. Do you think those schools will hold their own?
A. Oh, yes. They'll hold their own. Yes. Because all the schools . . . it's
A. (Continued) difficult to say which schools are now the ten best schools. I think all that is a lot of nonsense. It's all nonsense, but that's the way people judge things; by reputation and prestige. If you're Harvard, you're always gonna be Harvard, even if you're not good. But, Harvard is good. But Harvard is good, but it is not that good. It's not that good. I think that the best teaching in the United States is done at the University of Rochester. But, I don't think it's the most . . . the best research or the greatest people in the world are only here. I don't mean that. The greater concentration of those people are in Boston and other cities. This is a smaller city.

Q. It's an important distinction, I think.

A. Yeah. But as far as the student goes, they get a terrific deal here.

Q. Okay. We'll shift then to your own education.

A. Yes.

Q. Okay. We'll shift back. Um . . . you're from where originally?

A. Well, I was born in Philadelphia, lived in Rome, New York.

Q. Right.

A. Yes.

Q. Now, you went to . . .

A. I went to, no. Then, I went to Syracuse and took pre-med there. And, then I was admitted to Harvard, but I had to go to summer school. It was only two years, but I couldn't afford it. So, I went to work and I thought it was too expensive for me, so I went to Syracuse. And, then I went to Chicago.

Q. Okay. About when were you in Chicago?

A. From 19 . . . I did pathology in '24 to '25, then I did medicine there as intern and resident at '25, '26, '27, '28. Then I did a research program, worked in the Nellis and Morris (spelling?) Institute, and also helped a man
A. (Continued) in his practice. Then I went for the academic years at the University of Vienna.

Q. Vienna. Okay. What made you go to Vienna?

A. Well, it was one of those things people did. There was a, like, one of the greatest centers in medical world at that time, which it is no more. It's really insignificant now. Oh, very great men were in Vienna.

Q. What would you study in Vienna?

A. Well, I did internal medicine.

Q. Internal medicine.

A. I studied with various individuals. I did some studies in gastro-intestinal work, too, and x-ray, but I also did work in the heart.

Q. What happened after Vienna?

A. Well, then I had to make a decision to stay in Chicago or come here.

Q. You could have stayed in Chicago?

A. I could have stayed in Chicago, but I . . . I told you why I came here.

Q. It would be with Michael Reese . . . you would with in Chicago?

A. I started with Michael Reese.

Q. I see. Okay.

A. Might have gone to the University of Chicago, I don't know.

Q. Okay. Are they any political or civic organizations and so on . . . outside activities, outside of the medical field, that you are interested in?

A. Well, yes, at one time. I've sort of dropped out from real political activities although my political opinions and thinking, philosophy, has not . . . have not changed. As a matter of fact, we organized . . . and I was one the main persons . . . what was known as the Rochester Group for Liberal Action in the '30s, which became involved with the union for democratic action. And, then for the American for democratic action. But the group gradually broke up, because they wanted to be involved with practical politics and democratic party, and they got
A. (Continued) older and they didn't want to buck the trend. And, they all gave up their fighting . . .

Q. Sort of laid down their arms.

A. . . . policy. They laid down their . . .

Q. I see. Are you a democrat?

A. Yeah. I'm enrolled a democrat. My wife is an independent.

Q. (Laughter) Okay. Okay.

A. But, I don't always . . . I don't vote purely democratically.

Q. No. I didn't think you did.

A. You know that.

Q. Sure.

A. But, I still am a member of the American ADA, and I went to their last conference in Washington.

Q. What made you interested in that type of . . .

A. God only knows.

Q. (Laughter)

A. People are that way. And, I had difficulty with the Monroe County Medical Society, because I was for group medicine, and they were against it. I was for Blue Cross/Blue Shield, and the Society was against it. And, to give you examples of . . .

Q. Okay. We were suggesting . . . .

A. I'll give you examples. When you first come here, they like to be nice to the young fellows. After you've been here a couple of years and the Monroe County Society put me on one of its committees; I've forgotten the name of the committee . . .

Q. Nice thing to do.

A. . . . and when they called me and said that we're gonna have a meeting on such
A. (Continued) and such a date, and you can attend. I said, sure. And, then the next day they called me, well, we cancelled the meeting. We already decided. So, I said, who decided? Well, we did. I said, what was the decision? The thing that they decided was not to allow indigent patients to be covered by Blue Cross, which I disagreed with. So, they took me off the committee and never was I put back in any committee of the Monroe County Society. Another example: the American Medical Association had decided to, what do you call it, to levy a $25.00 tax. There's another word for it, for all members of the AMA and the Monroe . . . New York State, Monroe County Society. And, they had a meeting at the Monroe County Society to decide whether we should go along with this pledge of $25.00. So, there was a fellow by the name of Simpson then who was a head of the St. Mary's Hospital Surgeon, and I think he was president of the Society. There was a lot of discussion going back and forth about whether the doctors wanted to spend $25.00. Doctors are . . . by and large, aren't very generous financially. And, so, I think the president, Dr. Simpson, was getting a little fed up with all the arguments about it. So, he said, well, I here . . . we here on the platform are the servants, and you are the masters. What do you want? See? So, I got up and said, well, I think we ought to have a democratic process here. Why doesn't . . . why don't the servants allow the masters to vote on this. He got very angry and he says, you are Unamerican. And, applause from all the St. Mary Hospital stooges of his, because he was a dictator at the hospital. The other fellows didn't have the courage to do anything. So, that's why . . . you can see why I never had an elected office in here. But, other things didn't disturb me. So, I've always been open minded, and once I've been in difficulty with the first professor of medicine for a couple of years, but he got over it, too.

Q. You're making a (unintelligible) but a, sort of, cause of link between political
Q. (Continued) activity and your interest in medicine.

A. Yes. Political ... I don't know whether it's really political activity. It's a principle of life ... 

Q. Okay, that too ... 

A. ... a policy of life. It's not political, really. I don't call it. If we're supposed to be democratic, let's be democratic in every organization. That's all that was my thinking. And, the AMA has never been democratic in the past, but maybe it's much better now. No, I'm talking about the past, and not today.

Q. You know, I'd be interested in your thoughts on that, though. Could you give me your opinion of the AMA over the years, sort of, so that we can cover ... 

A. Well, I think the AMA has tried to change realizing that new things must happen. And, I think they've improved a great deal. But, you want to remember the AMA, and the Doctor AMA, have a vested interest. And, when there's a vested interest, judgment fails. You can be pretty nice, but you can't have good judgment, because the subconscious doesn't allow you.

Q. Sure. Sure.

A. And, therefore, same as the unions. They can't have good judgment by and large, except if they have exceptional people. And, the AMA occasionally has had exceptional people, but by and large, they're not exceptional. I mean, when I say exceptional, I don't mean they're not bright, they're not good, but they're not able to go beyond their vested interests and think objectively, which is difficult for all of us.

Q. Okay. That's interesting. I could just, sort of, sit here and mull these things over with you. Are there any civic organizations and so on? Do you actively ... you know, are there outside societies, for instance ... Why don't we approach it from this angle ... What professional organizations,
Q. (Continued) which I imagine are many. So, if you just want to, sort of, characterize . . .

A. That I belong to?

Q. Yeah.

A. They're mainly now medical. I belong to the Rochester Academy of Medicine, of course, I'm now an emeritus, probably. I belong to the Monroe County Society, the AMA, all as life members. And, of course, those are . . . and I belong to the American Gastro-Neurological Association, and the Escopic Association. I belong to the American Association of Scientists. I belong to the Association of Professors of Medi . . . er, University Professors, and so forth. All relating to . . . and, I told you, I don't belong or I'm not active in the democratic party, although I'm registered as a democrat so I can participate in their primaries.

Q. Is there a reason that your wife maintains an independent status?

A. Because that's where she is.

Q. (Laughter)

A. (Laughter) She's an artist, and she has an artist's temperament. And, that makes decisions a little different from people who are not artists. They're different people. I won't say that too out loud. (Laughter)

Q. (Laughter) Okay. Look, this was a (unintelligible) probably. I should relate something into the tape and then . . .

A. And stop.

Q. Okay.

END OF TAPE 1, SIDE 1, INTERVIEW 1
Q. This is Brian Mitchell opening side two. Okay. There would be one question, Dr. Segal, that I'd like to ask you, and we can move on to just some general questions.

A. Surely. Sure.

Q. There is feeling that there have been, not only in Rochester, just in general, that if you're Jewish, you face certain anti-Semitic impulses from various angles. Would you care to comment on that?

A. Well, I don't like to restrict myself to one ethnic group. And, I think that's what's wrong with this country. I would... if you will ask me was there prejudice or anti-feeling amongst the various minority groups who weren't members of WASP or something of that nature, I would answer that in the affirmative, but I will not discuss one ethnic group. And, at this school, there was definite prejudice or feeling... or... against people of various ethnic groups. All of them. If you're Jewish, or Catholic, or Italian, or black, or so forth, and so on. I wouldn't have been surprised, I wouldn't be surprised if there were a quota. But, I can't say there was. I don't have the statistics or the figures. All I can say is that you can feel certain things that many people were conscious of whether you were an Asian, or whether you were this or that, which more or less has faded away.

Q. You think it's breaking down?

A. Oh, yes. Faded away. I don't think anything can all be gone... can all be gone, because some of the men who always had this are still alive, but they're very few. But, among the younger people, I think this is almost non-existent.

Q. Why do you think it broke down?
A. Well, I think so many things have happened in this world as a result of prejudice, and there's superior intelligence, I think, in the universities and medical profession, and they saw the degradations of it, and the unfairness of it. And, that had nothing to do with their political thinking, and nothing to do with whether they were conservatives or liberals, they became more humanistic. And, that's why I think they began to say to themselves, this is all wrong.

Q. It's probably a good point to get off and specifically into semitic subject in which the general contemporary truce.

A. Yes. Yes. Yes.

Q. What do you think the '60s did to American colleges . . . American college society, for lack of a better term? For the kids in the colleges in the '60s.

A. Well, of course, you realize in the '60s there was a good deal of violence, and the Viet Nam war, and all these things had a good deal . . . and the reasons for the violence, well, I think, were logical, were reasonable, except that violence doesn't get you anywheres, except to get you attention, and you quit it as soon as you can. And, I think, which the students now have learned that violence isn't a way to work up their future. Because, with the violence, they had nothing constructive. There were so many constructive things that they could think about, and they haven't yet come to that. There's no great new ideas yet.

Q. So, you don't think it was a terribly productive period?

A. Well, I think it was important, because . . . I think it was very important, because it told the people in power, the establishment, that something is wrong. See? Something is wrong.

Q. That's important.

A. It made a point, see? And, off the record, you had to mind even if it's on
A. (Continued) the record, but it's what's happened to all the minority groups. In the beginning, they had . . . but most of them have grown out of this a little bit. And, now, black people must also, although I think they were right . . . they had reason for their violence, but they're not gonna win unless they put away their violence and begin to understand that you can go on this way forever.

Q. It raises an interesting question: You had a great deal of experience with the Nigerian situation you mentioned earlier, with white - black relations. Why do you think the future is in America for those relations?

A. Wait a minute, between . . . you said Nigerians, it wasn't Nigerians . . .

Q. Okay. Between white - black . . .

A. Well, that has nothing to do with Nigerians. What do you mean by Nigerians?

Q. You mean in Africa?

A. Yeah.

Q. You use Nigerians . . . now, wait a minute. Now, shut it off.

Q. What I should have done, then, is restrict it simply to just a general question.

A. Yeah.

Q. What do you think the future of white - black relations is in America?

A. Well, that's a very difficult question. I think if we get good leadership . . . fellows like Jackson in Chicago who now realized that it's time to begin to educate themselves as to their future possibilities, because they have intelligence which rank with the intelligence of any people. Maybe they don't have the largest number because of the disadvantages they have. And after all, there is a genetic situation that takes years to develop. Let's not kid ourselves. But, that doesn't mean that they don't have great people. They have men that are just as smart as anybody else in the world. And, with education and different . . . and their understanding and opportunities, which
A. (Continued) I think, I hope the white people will give them eventually, which they're not receiving because of the white people in this country, certain groups of them, still have a long ways to go to understand the problems of other people.

Q. Okay.

A. But, I'm hopeful. That's all I can say.

Q. To focus it more locally, now you've lived . . . regardless of all the traveling you've done, you've lived in Rochester for a long time.

A. Yeah.

Q. Ten years ago, there was a series of relatively large-scale riots in Rochester.

A. Yes.

Q. Why?

A. Well, because those that . . . the psychology of the times . . . look at all the witch hunting many years ago. Look at all the hysteria in Europe. These things happen. It's a psychological thing; it's like an infection. It spreads.

Q. Do you think that it was a passing phase?

A. It's a passing phase? Yes.

Q. You don't think that there was probably potential for large-scale rioting, say, in the seventies?

A. No. I don't think so, although I think, terrorism is a new phase with a very small number of people, which of course, in a complicated society will be difficult to control for a long time.

Q. Do you think that terrorism will continue to be a large, or relatively large-scale problem?

A. I think so for some time.

Q. Yeah. What did you think of the Uganda incident?

A. Well, this is . . . truth is stranger than fiction. And, there's a book was
A. (Continued) once written by a person who said, truth is stranger than fiction. This is so remarkable, so . . . it's a legend, really. It can never happen again. The circumstances . . . there's so many elements that made this possible.

Q. If Idi Amin wasn't the Ugandan president . . .

A. Yes. Yes.

Q. Yeah, I see.

A. Well, if the Israelis hadn't trained the people in Uganda and Tebbe; they didn't know . . . they had not known all about the airport and the situation there. And, the thinking of the people there, they never could have pulled this off. But, as it's a remarkable, remarkable . . .

Q. Do you approve of it?

A. I . . . 100% I approve of it, although it's wrong to invade another country, it's right to do something when a country is wrong. And, when lies are involved, and when the situation is being maneuvered by men who are unscrupulous and unreasonable.

Q. Okay. Good answer. One of the, since we don't have too much more time, one of things I'd like to get into was your feelings on . . .

A. Well, I'd rather do this: if . . . I'd rather give you some other time at another time.

Q. That would be fine.

A. Why don't we do it that way?

Q. Okay.

A. And cut it here.

Q. This will be the end of our first interview.

END OF TAPE I, SIDE II, INTERVIEW I
Q. I see. Okay.
A. Is it working?

Q. It should be. This is Brian Mitchell interviewing Dr. Harry Segal at the University of Rochester Medical Center, Strong Memorial Hospital, on July the 13th, 1976, in connection with the University of Rochester Oral History Program. This is our second interview. About ready to begin, Dr. Segal?
A. Yeah. Surely.

Q. What I thought we'd do today, Dr. Segal, is discuss a variety of topics that interested me from the first interview that we didn't really have time to get into too deeply. At the close of our interview after the casset recorder had been shut off, one of things that interested me was a short discussion we held on the Sidney Hillman Foundation. Would you care to get into that? First, explain its purpose.
A. Well, Sidney Hillman is a foundation of the Amalgamated. I guess you remember, he was a very prominent man and was head of the Amalgamated.

Q. For years.
A. And, if you remember, he was a man . . . when Roosevelt ran for president and said, I don't remember the exact statement, but it was . . . do you remember what it was?
Q. I . . . now I . . .
A. . . . with Sidney.

Q. Clear it with . . . that's right.
A. Clear it with Sidney.

Q. Clear it with Sidney.
A. That's right. It just came back to me, yes. He was a fine gentleman. So,
A. (Continued) they were interested in providing some type of program for their members.

Q. Is that a program (unintelligible)?

A. Well, of course, (unintelligible) in that group they were doing something along that line, and I can't tell you exactly. But, I know, the Hillman ... the Amalgamated started a program in various cities, New York, and so forth and so on, the details of which ... for each city, I do not know.

Q. Sure. Sure.

A. However, when the Rochester branch of the Amalgamated began thinking about starting such a plan ... want to shut it off a minute? Mr. Abe Chapman and Alice Grant interviewed me relative to my ideas concerning the possibility of the establishment of such a program and the protocol for such a program. And after some discussion, we thought it'd be better that the Rochester plan have a panel in which qualified physicians would be able to see their ... the members of the Amalgamated so that the individual members would have a broad choice of physicians. And, it would not be limited at all unless somebody was not, shall we say, qualified to provide, well, shall we say, adequate medicine. And, Dr. Robert Berkman ... I mean, Burton, B-u-r-t-o-n, was appointed as the first director. And, he has done a wonderful job. Of course, the ... they have an advisory committee ... a trust of the members, I suppose, of the members of the board of the Amalgamated. Then they have an advisory committee of physicians. They had to get permission, at least, they wanted to have this done without any animosity relative to the Monroe County Society ...

Q. Do you think that's the reason they contacted the society originally?

A. And, well ... and, they wanted it okayed, and after a good deal of back and forth discussions, they compromised with having an advisory committee of
A. (Continued) doctors with four chosen by the Amalgamated and four chosen from a list of candidates provided by the Monroe County Society. And, these... go ahead.

Q. There is a question I have: What would be the benefit of the Monroe County Society submitting a name... a list of names to the group?

A. Well, the idea is they don't... so they feel they're participating.

Q. I see. Sure.

A. And, that's good. Because, it's very... it's of great interest to learn that these members of the Monroe County Society, some of whom were rather conservative, and so they were against the idea, began to understand it better. And, they became enthusiastic supporters.

Q. I see.

A. And that was very interesting. After they understood that the Amalgamated was not trying to take their bread and butter away from them. Or to destroy their vested interests.

Q. The defensive action was almost a reflex action trying to protect their interests.

A. Yeah. At first.

Q. Sure.

A. The natural thing, and nobody can have any, well, shall we say, censor them for that. That's a natural thing provided they do it in an honorable way.

Q. Sure. Okay. Well, what happened to the plan?

A. Well, the plan is active, and the members are receiving excellent diagnostic care. And, the Amalgamated pays for special tests, pays for consultations, and I don't know whether they pay for the drugs completely, but I know that they supply drugs at the headquarters... at the Amalgamated headquarters.

Q. I see. Are there any improvements in the plan that you foresee, or you recommend?
A. Well, times have changed. And, this plan can not go on, because of the new methods of the delivery of medical care. And, it involves HMO plans, group medicine. And, in the City of Rochester, you have two groups providing prepaid plan . . . prepaid medicine. The Joe Wilson Center, sort of under the direction of the Blue Cross/Blue Shield, and the RHN group which has six or seven divisions in this city. So, therefore, the Amalgamated is considering now . . . providing comprehensive care for their members and the families . . . the members and their families. And, they're now in the stage of discussion. And, I believe they have a grant which has provided them with the resources to study the, shall we say, the desirability and the feasibility of joining some prepaid plan, or having their physicians from the panel become a loose HMO group to provide this care. This is not yet been settled.

Q. Okay then. Am I right in interpreting the Amalgamated as a union that's moving slowly in this field? Cautiously but deliberately?

A. They're definitely moving deliberately, and I think they have been very cautious but I think, they're caution . . . the caution is still there, but they're accelerating the pace.

Q. Okay then. Also, one final question: do you think that they will eventually join with another local plan?

A. I don't know what they'll do, but I know they will eventually provide comprehensive care in one way or another.

Q. In a related field, that raises a couple of interesting questions that relate to the University. I . . . the procedures and so on that they're presently studying in the Amalgamated plan are . . . are part of the 1199 Program. What do you think of the union like 1199? Do you think it has a substantial . . .

A. Now, explain 1199. Refresh my memory a little on that.

Q. Okay. The 1199 is the service workers' union for the University and the River Campus. It's the non-medical component of the . . .
A. Yeah. And the one that was just instituted a year ago after this great conflict.

Q. The ... 

A. Okay. Yes. And which was defeated at the Genesee Hospital.

Q. Okay. It raises a couple of questions: first of all, what do you think the benefit of a union like that would be? What do you think of unionization in the parallel medical fields and so on?

A. Well, I have come to my philosophy about unions. I was always for unions, because they were being exploited, and they were not getting a fair deal. And, I said when I worked and ... I didn't work with unions, but when I was fully behind them, that the time will come when the union will develope so much power that I may have to be against them. They'll become the new robber barons. And this is what's happened with many unions, as far as I'm concerned. And, I also think some unions, not all, I think that the Amalgamated is a good union. I don't think the Teamsters is a good union. Okay?

Q. Okay.

A. Or other unions that are run by vested groups.

Q. The NBC News Union is one.

A. Yeah. And, so forth and so on. But, I think the Amalgamated is a good union. And, I'm still for good unions. Now, the other thing that worries about new unions ... it becomes a vested interest of people, because if you look at developers of unions and organizers, some of them become head of four or five little unions, and they have a salary of over $100,000.00. Now, whom are they for? See?

Q. Just protecting their salaries.

A. They're protecting themselves.

Q. Sure.

A. And, if a hospital would give ... any group would give the working man a fair
A. (Continued) deal, he would be better off because he wouldn't have to pay all this money towards salary. The point is that most, probably many hospitals and many small groups have not been, shall we say, farsighted enough to understand this. Now, the Genesee Hospital has been farsighted. And, you can see they've treated their people, even before the unions, very well. And therefore, they didn't go for the union.

Q. Okay. Do you think, then, that's probably the reason why they didn't go for the union?
A. Yes. Yes.

Q. They've been treated fairly?
A. They've been treated... and it's a smaller place. And, you get to know everybody.

Q. And, you think that's the reason of the difference, if you will, between Genesee and ...
A. Yes. It's a little different. Yeah.

Q. Do you think a major institution like the medical center here at the university, a union like I199 has it's place?
A. Well, I think it could have it's place if they also use some judgment in their demands. Because look at the difficulties in the time the hospitals are being cut mercilessly, see? They ought to take this into consideration. I know it'll hurt them, but they can be hurt more by attrition. Because, as people no longer, or lose... I mean, become older, they won't replace them. And, in the end there will be less work in these hospitals. This is the thing that is short sighted.

Q. The key to the union's success in a major institution like the U. of R. would be responsibility.
A. Responsibility... and to understand the other side is a responsibility of the university to understand their side.
Q. I see. I see. One final question on this: what do you think of professional organizations, say nurses organizing?
A. Well, I have no objection to nurses organizing. I would object to physicians organizing with a union.
Q. Okay. Could you state your reasons?
A. Well, yes. Because, I still have that old-fashioned idea that physicians are partly ... are not just purely commercial. They ought to have a professional feeling and a feeling for people. Their profession is a humanitarian one. And therefore, I think, if they can accomplish the same thing if they have breadth and understanding. And, to do it with more dignity. I realize that's difficult.
Q. Well, for instance, in a complex budgetary situation like any university's hospital faces today, do you think that the individual physician has any power of his own?
A. Well, at the university, I think that the physicians have very little power. I think even teachers have very little power.
Q. And graduate students. (Laughter)
A. And graduate students have little power. In the University of Rochester, because of the organization here, it's a top-down organization. And, these are run by brilliant men, no ... don't get me wrong.
Q. Sure.
A. And, they mean to do good, but other people believe their methods are not of the highest order.
Q. Okay then. Moving on to a related topic: I know you've had a tremendous interest in national health insurance. Could you explain that interest and to characterize it, develope it for us for awhile?
A. Yes. Well, for some reason or another, I always felt that group medicine would be the medicine of the future, because medicine was getting complicated. And,
A. (Continued) fifty years or so ago, you could do medicine with one little black bag and a little Ford or even a horse and buggy, almost. But, it's getting so complicated, and it's become so complicated that it's out of the reach of one person. So, if a... if people would work in group, they could sort of help each other out in the more difficult cases, and maybe, make it less expensive for individuals and for people to have medical care. I'm talking about medical care in a... not in a preventive sense, more or less, but in a therapy and diagnosis.


A. It goes back further, but in... it went back even before then. A doctor McCelvy who was one of the teachers at Sara Lawrence in economics and now is a Cornell, or maybe she's already an emeritus Cornell, and I were together, we were interested. And, we suggested a stamp plan to provide medical care. This is many long years ago. And, it was turned down.

Q. Could you explain what that type of plan involved?

A. Well, for people who didn't have money, they could use stamps and pay their bills.

Q. Oh, I see.

A. And, the doctors would turn them in and get the fee. They'd have a certain standard fee. They just could charge any rate they pleased. That was turned down by a fellow by the name Falk, F-a-l-k. He was advisor to McNutt, who was one of the secretaries at that time. And, he turned it over to him. Well, then I thought more about it by myself and medicine was getting sort of expensive and out of reach, and there wasn't enough insurance. And, I used to see people with catastrophic illnesses, and it was really difficult for the middle-class person. In the old days, they used to say the poor could get
Interview with Dr. Harry Segal

A. (Continued) medicine, and the rich could get medicine, but of course, the rich always got better medicine.

Q. (Laughter)

A. (Laughter) But the poor didn't have to pay for it. That didn't mean that it was as good as the medicine as the people that paid for it received. And, I can come to that and tell you what has happened at the univer... at the hospitals as a result of that. Now, they've changed that whole system.

Q. Sure.

A. So, it occurred to me that if we could work out some type of plan based on this stamp plan... So, I called it a bank certificate plan that individuals who made "x" amount of income a year, they'd have one type of book. A person who made very little, would have another type of book. And, the middle class would have another type. So, the individuals who made less than $4,000.00, individuals from $6,000.00 to $12,000.00. People from $12,000.00 to $20,000.00. And, so forth and so on. And, they would be taxed, and they could use these certificates to pay the physicians fees. In addition to paying a small fee each time they went to the patient... went to the doctor so it would not be a sort of a well, let's see... what's the word I want? Nobody would take advantage of the plan. Now, a person who didn't have the money, that's a different ballgame. Even that individual might pay 50¢. An individual with the second group might pay $2.00 or $3.00.

Q. In addition, are they being taxed?

A. Yeah. In addition. They would pay $2.00 or $3.00 for a call.

Q. The government would be the sponsor.

A. Well, I thought it could be a... didn't have to be the government. It could have been an insurance group. It could have been New York State.

Q. Oh, I see.
A. I was gonna start in a small way to see how it would work.
Q. I'd be a little shakey about New York State, though.
A. Yeah. Well, now it would be, see? But, New York State might at that time, have started it. But, an insurance group could have started it in a small . . . as a pilot experiment.
Q. Pilot project. Sure.
A. Yeah. And, it also took care of catastrophic illnesses. And, if you went . . suppose you had to go into a nursing home, you would have to pay so much a week depending upon your status, and so forth and so on. I can give you a copy of the thing if you wanted to read it.
Q. Sure.
A. I have one. It's very definitely explained. You'd have to read it.
Q. Well, that's why I'm not raising too many questions. I'm trying to assimilate as you go along.
A. Yeah.
Q. Okay. The idea, though, is they pay some fee each time they go in.
A. Yeah. Some fee, so they'd feel that they weren't getting everything free, and they would think first before they went to the doctor. Not that, maybe that isn't the best idea, but I think it's not a bad idea.
Q. It avoids the (unknown) idea.
A. Yeah.
Q. Yeah. I see. So, the idea, then, is that the care would be provided, the person would be protected and not charged . . .
A. Sure. He could afford it. Well, the Joseph Wilson Center charges now.
Q. They do?
A. Sure. They charge $2.00 or $3.00 for every call. Now, we have to check on that to be sure, but if you look at what the university has sent you, you'll
A. (Continued) find out just what they charge. The RHN plan, I don't think charges anything, but therefore, the plan will cost a little bit more. And, they're gonna lose, maybe, individuals or patients because they won't go into this in detail. They won't notice that the Joe Wilson will cost them more.

Q. I see. Did you actively write up this plan?

A. Oh, yes. This plan was written up and was submitted to the Harper's, and submitted to the New England Journal of Medicine. And, an editor of the Life Magazine asked if he was interested in this, and it was rejected by both. And, the Life was not interested. They said, "not timely" at that time.

Q. I see.

A. And, because this was just the time after the Harry Truman defeat on national health insurance by the AMA.

Q. The AMA attacked . . .

A. Yeah. So, they didn't want to be attacked by the AMA, I imagine. I'm not gonna say this for sure.

Q. This must've been in the early '50s.

A. Yeah. Well, Truman became president and the second term was '48, if I remember.

Q. Forty-eight to '53.

A. So, that's maybe why I became working on it, to see if maybe they would accept something of this nature. But apparently, that socialized medicine swept the country that there was a smart idea of the AMA in order to kill it.

Q. Okay. We can get a couple of questions in that we can raise: First of all, just a brief . . . quickly, why did the AMA tag Harry Truman's medical plans as socialized medicine?

A. Well, they were against any plan that might be under the edicts of the government. They were really anti-government. And, they were not a progressive group. The AMA . . . I can't be . . . I can't be . . . Come in.
A. (Continued) Well, let's have this off the record for just a minute.

Q. Sure. Suppose I were to pose a question relative to the future, and I asked you whether you thought that in time the United States would go for socialized medicine. First, what do you think of the term socialized?

A. I don't like the term socialized, as a matter of fact. It's not a socialized country, and you can't socialize one part of a country. You can talk about national insurance plans, and things of that nature. It's a . . . so, I think that it is a term that should be used to provide adequate and comprehensive medical care to all the citizens of the United States at a price that the citizens can afford.

Q. Okay. If you were to suggest a plan now that would be feasible, what plan would you suggest? Would you still base it on income?

A. I think I would use income somewhat, because I believe . . . I myself believe in competition. And, I believe in free enterprise which we don't have too much of when people in free enterprise get too powerful. And, therefore, I would like to see competition between the government and private insurance people somehow, if that could be worked out. Without monopoly of either side. Because I think it's always good to have yardsticks, because bureaucracy occurs in private businesses as well as in government because individuals get a vested interest, and they want to have Parkinson's Law . . . and they pay . . . use Parkinson's Law and they expand, so they become more important and develope a real important . . . er, influencial bureaucracy.

Q. Do you think that eventually some sort of plan could be worked out? Do you think, in other words, that the medical system that we have today will change, and if so . . .

A. There's no doubt that there's gonna be a change. The final form, I do not know yet. And, as a matter of fact that a Doctor Francis Keller and I are now
A. (Continued) studying the possibility of working out a plan that we might wish to submit to various people, insurance companies, the government, and so forth. Or, just submit it to a professional journal, and see the type of reception it gets. And, bring up to date some of thoughts that we've had in the past that must be changed with the changing climate.

Q. Well, very briefly, what would be your and Dr. Keller's (unintelligible)?

A. What would our plan be?

Q. (Affirmative response)

A. Right now?

Q. (Affirmative response)

A. It's in development.

Q. (Laughter) You did it again!

A. It's true. We're working on it.

Q. Sure.

A. And, we don't know. I gave her a large box of literature on medical and all the things, and she is taking this back to California and will study it. And then, she and I will get together again and spend a week either here or in California pulling the material together and writing out a plan. I have suggested that she be the senior author, because she's gonna do most of the work and this will do her . . . be more important to her than it will be to me. See? Because she's active yet and any boost that she can get in her professional work, I'm all for.

Q. Okay, then. So, concluding and summarizing, you feel that national health insurance, some modified form of it, has a place and that's eventually where America is heading?

A. Yes.

Q. Okay. A couple of other . . .

A. But, when we say national, it doesn't necessarily mean government.
Q. That's important.
A. But it may be . . . have to be government.

Q. There is one small question that I have relative to that: Insurance companies are regulated by the government, do you think that a plan that would pit, say, insurance or banking or whatever, versus . . .

A. Well, so is the stock market been regulated by the government. So many other things are regulated by the government, but these fellows seem to get friendly. Period. And, I worry about that. You know, not meaning anything. You become a friend, you go to dinner with each other, and your subconscious gets to working . . . he's a friend of mine. You'll bend over backwards. And, you won't be objective any more. Although you'll still be honest, as far as any body can be honest.

Q. That's a good answer.
A. See? That's what worries me. And, if you look at . . . well, I'll give you an idea right now: In t.v. advertising, t.v. advertising is supposed to be controlled by . . . is it F.C.C.? Well, they don't control it. They're too friendly. They shouldn't have on the air . . . they shouldn't have all these vitamins. They shouldn't have all these laxatives. They should stop that, because they're harmful. And, they don't anything about it. Or, they do something . . . it's like slapping one on the hand, see, but not raising any blistering.

Q. What for instance . . .
A. This is what worries me.

Q. You had an interest in the '30s . . . in 1930, you published a thing on the tobacco industry. What did you think . . .

A. No, I didn't publish anything on the tobacco industry. I talked . . . I only published the effect of cigarette smoking on the heart and the metabolism.
Q. True. I should have been more specific. Okay. At any rate, you have an
interest in something like that. Now, when the, I'll say, middle '60s, the
surgeon general came out with the little thing on each cigarette package, do
you think that type of response is worthwhile? Do you think that did anything?
A. Well, all I can tell you is that the statistics tell us that there are less
people smoking. But, unfortunately, the young people are beginning to smoke,
but I don't know the statistics. I . . . they vary. If you read this person,
I mean, this report, they say that everybody . . . because of the younger
people taking up, there's just as many. But, I do know that women have a much
more difficult time to stop the habit than men.
Q. No kidding.
A. Oh, yeah. Yeah. Definitely. And that's been shown.
Q. I guess I'm asking if that response was forceful enough. Do you think they should
have gone much farther? I don't know what they would have done.
A. Well, that becomes a philosophy. Doesn't a person have a right to commit
suicide by eating anything he wants and smoking anything he wants, as long as
he doesn't offend or injure his neighbor. You know who first said that, Wasserman,
in one of his books. Nobody should have anything against you as long as
you don't offend the notion of your neighbor. In other words, you shouldn't
be going around naked in your yard, because that would offend the notions of
your neighbor. And, this is what smoking . . . if you want to smoke, you can
advise a person not to, but you can't stop him. But, if smoking was like, say
heroin where you're gonna begin to steal and kill people for it, then you
have a right to do something about it.
Q. Okay.
A. Or alcohol where you kill people when you're intoxicated. You have a right
to do something about it. But, you're not gonna kill anybody by smoking a
A. (Continued) cigarette except yourself. You have that right. It's a free
country, they say.

Q. Good philosophy. Okay. A couple of questions related to what we've been
talking to: One of things that's constantly coming across is that your inter-
est is partly provoked because you realize medicine is becoming so terribly
complex.

A. Yes.

Q. Well, that brings up the question of medical research. Do you think that
medical research is as productive in . . . as society becomes more complex
as it was, say, in pre World War II?

A. Well, research is a very expensive thing.

Q. That's my point.

A. Very expensive, but if we didn't have basic research, people working purely
from research without any idea of ever getting anything commercial, or to
benefit human beings, it would pay. Because if you look at all the applied
research that has done good, take the polio, it's gone. Why is it gone?
Because of basic research developing means by which one could grow the virus.
So . . .

Q. I suppose you could apply that to cancer . . .

A. You can apply it to cancer. We'll never cure cancer unless we have basic
research of individuals who are just purely scientists . . . pure scientists.

Q. Is the government . . . financially, in a financial sense, is the government
responsible for those kinds of . . .

A. Well, they have been, but they're beginning to think of applying . . . applying
it. I know there's a lot of research going on, and a lot of people have
been in research because it's glamorous, and they never should be in research.
They should be out doing something else. And, therefore, a lot of money has
Q. Do you think it takes a certain type of person . . .

A. It takes a certain talent to be a researcher. I think anybody with intelligence can be a doctor, as long as he's intelligent, and a decent human being. But, to be a researcher, that's a special gift, as is being a mathematician, or to be an expert chess player, or a musician. You either have it or you don't have it. No matter how bright you are. You can learn to play the piano beautifully, technically, but you won't be a great musician. And, I've heard pianists playing with beautiful technique, but they weren't musicians. And, the same with research.

Q. Good answer. University major medical research done? I'm not really sure.

A. Does this university?

Q. Does the U. of R.?

A. Oh, U. of R. is a major institution in research.

Q. For any special fields? Cancer . . .

A. Well, in various . . . many areas. And the University of Rochester not only . . . it's a good teaching institution.

Q. A point you brought up last time.

A. Yeah. Which we brought out before. And, it has some very first rate people here. And, we also have some people who are not first rate.

Q. Do you think it has any outstanding weaknesses? Is there any area that you'd like to see (unknown) up?

A. Well, everything . . . every person . . . now, this is cliche, has weaknesses. Right?

Q. Right.

A. Let's shut it off.

Q. Yeah sure.
Q. All right. Switching topics just a bit, I'd like to ask you some rather
general questions relating to contemporary problems and issues and so on.
I'd like to just start with some questions on Israel. First of all, what
do you think is the future of Israel?
A. Well, I don't know the future of Israel. All I know . . . I go to history.
Every country, I mean, the past Israel countries have always been destroyed.
And that has been their own fault. And, I believe it's been due to their
fanatic religious activities, like the (Unknown) Jews are the greatest harm
to the country of Israel.

Q. Okay. Do you think that Israel is a country based on a kind of fanaticism?
A. No. No. I think that Israel is a wonderful country, and because of being
a democratic country, they have to allow these people because of the numbers
in order to have a coalition government. People who, I believe, have no
logic in their dealing with worldly things. A lot of them are nice people.
That isn't wrong. But, they're fanatics, and I think they're dangerous. I
think any fanatic, whether he's religious or in business or in government, is
a dangerous person. And, there are too many of them. And, they're nonpro-
ductive. The (Unknown) Jews. They don't go to the army, or the men don't
work much. They just sit and pray. That's fine. It keeps their back muscles
in good shape, because they shake a lot.

Q. (Laughter) Okay. Let's see. What was my question now? Okay.
A. Now, I'm not against individuals for (Unknown). I know wonderful (Unknown)
Jews. I'm against the total movement, don't get me wrong. I don't generalize
it.

Q. No. I think you mentioned a distinction, and I think it should come across.
A. I know some wonderful (Unknown) Jews. That's how they believe, alright. See?

Q. Okay. What do you think of Israel's present policies. For instance, visa vis,
say, the Arab nations. Do you think they have a successful policy? Can they
Q. (Continued) pursue the type of things...
A. No. I think that Israel... they're making some mistakes.
Q. You do.
A. I think they're making mistakes, because they should talk with the Palestinians. It doesn't do any harm to talk with anybody, even if one is a murderer. You may change them. But, not talking, you're certainly doing yourself harm, and you're only making them feel more hostile to you. You talk to everybody.
Q. That's a good answer. Okay. I'll ask a question that's been subject to a variety of advances in the Jewish Community. Do you think that Judaism, as Judaism throughout the world, could survive if there wasn't an Israel as a homeland.
A. I'm not interested in Judaism, so I... frankly. I'm not interested in any religion. I'm only interested in people surviving, see?
Q. Okay. That's what I'd like to bring out. That's good. Okay. Okay. To shift the focus a little bit, what do you think of the United Nations? Do you think it's done its job?
A. I think the United Nations is a menace.
Q. You do?
A. Yeah. Because of the way it is set up. How can you have groups like Third World get together, and without reason or logic have a greater number of votes than the United States has? Little, tiny countries. Now, I think the United Nations should have had a structure similar to the United States. Should have had a Senate where every country had one vote. Then they should have had representative by population. See? Then they could see... they might have had a compromise between these two groups. But, the way it's set up now... of course, I may be wrong. But...
Q. It's an interesting thought. Sure.
A. This is my thought. I'm for having a United Nations, but the United Nations has failed so far . . . so far.

Q. Do you think there's any chance of resuscitating it?

A. I don't know. I doubt, now, that it could be really revived because of the hostility . . . hostility between Russia and the western capitalistic democracies. Now, if Russia would assume a different attitude, and the western capitalistic countries would assume a new attitude, both have to assume a new attitude, something could be saved. Then, they could get to the Third World and show them, at least try to reason with them. But, now, the Third World knows that they have Russia hating the United States, and the United States and western European countries scared of Russia, which I don't think they have to be. And, therefore, they take advantage of this. The same with the OPEC countries. If the European countries and the United States would, sort of, work together and help each other out, and Canada, and all these countries, give oil to each other. They don't work together. Look at France has worked for itself.

Q. The common market has to be improved.

A. The common market hasn't even worked yet. But, the trouble is, the human beings we have are defects.

Q. One more set of questions, then. Questions, I think, you'll probably be interested in. Population of the world keeps increasing. It's going to keep increasing probably.

A. Yes. Yes.

Q. It's increasing primarily, although in other countries it's increasing in substantially the Third World. It's gonna increase the problems of the Third World, it's also potentially disruptive situation. What are your thoughts on that? What do feel about population control?
A. Well, I believe population should be controlled. It's difficult to say, look at the wonderful people who have come to this country being the eleventh child, being the fifteenth child, and so forth. We probably would have lost some geniuses. But on the other hand, that was alright for the past, but with the overwhelming increase in population without the resources being able to keep up with it, we have to use some judgment in controlling the population.

Q. Do you think that world food supplies and so on, to keep the population going, the whole system (unintelligible) can keep up with the population?

A. Of course, we never know when somebody may come up with some new ideas, and if possible, somebody may come up with a new method of getting proteins and so forth, and so on. But, with our present technique, we're gonna be in real difficulty. As we know already. Look at all the people that starved when there was a drought in Africa, in tropical Africa.

Q. Do you think the Paul Aller (spelling?) type books have their place? (Unintelligible) and so on. The population . . . the pessimistic population group that says that we're on the brink of starvation, and the world's systems' are gonna break down and so on? Do you perceive that for the future of the world?

A. I'm not a prophet, and it's very difficult. But, I think there's a big danger if . . . If we go along with tremendous increase in population . . . just take . . . look at India. Just take India itself. Take Pakistan. See the people who are starving there. Well, if you don't control that . . . that's well, I suppose that's an indirect way of conserving population, by letting them starve.

Q. I suppose.

A. It's a cruel way. It's a cruel way.

Q. One (unintelligible) question.

A. Okay. Come in.
Q. Is society too complex?
A. Is what?
Q. Is society too complex?
A. Of course it's complex. Well, what are you gonna do about it?
Q. There's no way to, you know, get back to nature and so on? It's a basic question, but really it's really I'm looking for a philosophical answer.
A. Yes. Yes, there's a way to handle it. There are definite ways to handle it, but that means people being willing to cooperate with other groups and not think of their own vested interests as first.
Q. Okay.
A. That's the whole thing. And, I can end by saying that where vested interests, I think I mentioned that to you, long pervails, all judgment fails.
Q. That's a good place to end.
A. And, that's a parody, or whatever you want to call it, from Goldsmith. You know what Goldsmith said a long time ago; where commerce long pervails, all honor fails.
Q. ... fails. That's right.
A. And you can take ...
Q. Thank you, then.
A. Okay.

END OF TAPE II, SIDE I, INTERVIEW II