USC
Project: CSWA
James Ludlum (Interviewed by Frances Feldman)

Moderator: This is an oral history interview with James Ludlum being conducted in his office on July 6, 1988 by Frances Feldman. Jim, tell me how you happen to get into your field of * welfare?

Respondent: Well I suppose it goes back to my strengths in law school - when I was at Harvard Law School, which was in the late 30's actually starting in 1936 and graduating in '39, it was a difficult economic time for the country and also for lawyers. The law school had a relationship with the Phillips book house, which was an old time agency if you might call it of Harvard volunteer group and - of course Phillips Brooks was one of the great ministers of the colonial time and they had various projects or committees in these various schools at Harvard. By friendships I became chairman my last year at the law school of the law school Phillips Book House committee and then in that connection I gazed in a variety of activities attempting to obtain places for students to eat. In those days, Cambridge was not a very good place for a poor student to find food and the university through the law school had no eating facilities. Our committee for example finally got some of the churches in the area to kind of have a cafeteria set up so that there would be a place for students to eat.

Moderator: So you were an early community organizer.

Respondent: Correct. Only partially successful and also another one of our projects was to arrange for books and the students who graduated or were going from one year to the next would give us their used books and then we would sell them at a discount to the students that came in the following fall. Harvard operated on an annual basis and there was no mid-semester and you came in around the first of October and then you stop late in June. So that was another major project and there are others. Well that was just the start of my interest in community problems. When I graduated from law school in 1939 and came to Los Angeles I had a number of friends from my Stanford days. I was an undergraduate at Stanford who had graduated earlier and had developed their basis in Los Angeles. Particularly a young lady by the name of Carol Mudd who later became Carol Mudd Sprague but the Mudd family were civic leaders in this area of the Harvey Mudd college, which is named after her father and they were socially concerned with the problems that our community was facing at that time which was very serious. Anyways Carol I think was either president or an officer of the children's bureau of Los Angeles which operated the * cottage. She asked me to go on the board of the children's bureau and this was before the war and which I did and when I became active in their problems and that was… an agency that dealt with temporary placement primarily but with the problems of children.

Moderator: *?

Respondent: I guess you're correct.

Moderator: I was there in 1939.

Respondent: You did and you did * in that group?

Moderator: Yes.

Respondent: I became interested in it and of course at that point they were being supported by the… what was then the community chest and helped them with some fundraising because that was the duty for anybody that was on an agency board to help support the community chest and its strange activities there because it is so badly split up into many community chest fundraising groups. When I was married in 1941 to a Boston lady who I had met back in law school why she came out here and she became part of the * cottage group and part of their group. In 1942 of course the war was underway and I listed as an officer in the navy and was gone for 3 years away in the service. When we came back to Los Angeles and located in Westwood again I was asked to come back on the board and I became quite active. As a result of that I became on the children's committee of the community chest part and it was quite active in those days because the problems for children were very critical. The one that I drifted towards well * with the other problems was the matter of the problems related with adoption and seemed to be related to the

fact that I was a lawyer, I guess. We created a sub-committee to deal with the adoption problems. At that time about 10 to 15% of the adoptions were done through agencies and the * were done privately whether you call it black market or gray market or private adoption. There was concern about what happened to those children and what protections that there were for them and a lack of supervision and control at the state level. So the committee worked with the private agencies.

Moderator: This was a committee of the welfare planning council?

Respondent: Correct. I guess the welfare planning council was supported by the community chest but was a separate entity at that point. I had forgot that it bounced back and forth.

Moderator: It had public as well as private agencies *.

Respondent: Correct. We were concerned with it both as a local problem and also as a statewide problem. As a result of that committee's activities there was a statewide committee organized under the chairmanship of Wesley Lafever and I became chairman of the local citizen adoption committee. We raised some funds not a large amount but it seemed to be a large amount in those days to do a study and make recommendations as to how to resolve this problem. We had an interesting time because we as citizens took different viewpoints in many

cases than the professionals in the field about adoptions and about how the problems should be resolved. For example the agencies at that time concentrated on the adoptable child the white Anglo, *, blue eyed and fair skin child and what are their resources to that because that was were the demand was. Also had the * practice of requiring that the child be held for a good many month in a temporary placement prior to the time that the child would go with the adaptive parents. As a group of citizens we felt that wasn't solving the problem but it was expensive and we didn't agree with the social workers view point as to what was good for the child. Out of our working together we came up with a very comprehensive report on recommendations on legislations and also for the creation of a public agency here the county * of adoptions. Changes in the procedures by the agencies themselves and to define what was an adoptable or an unadoptable child with the trust that there wasn't an unadoptable child there was only a child that was hard to place. It was quite a significant change of philosophy in those days if I recall it and I tell you it took awhile to get accepted and we worked for several years on this project. We got the legislation through strengthening the requirements for protection for children. We worked on the changes of procedures and the encouragement of funding for the agencies so they could do the job and it led to the creation of the county bureau of adoption. If I recall it was Mrs. Debbs and her husband Ernie Debbs who became a supervisor and he was originally a city councilman and before that he was actually a legislator. I worked with him in Sacramento because I had become part of the legal service for the California hospital association. So I was active in the healthcare field as a professional attorney representing hospitals * because our offices

represented the bulk of the hospital as well as the association. So my interest sort of crossed over because adoption was also a problem from the hospital. We had a serious problem for example, which was brought to me by the Holy Family service by the sister… I forgot the name…

Moderator: Rosemary Margaret.

Respondent: No at the Holy Family. Anyways I forgot the name of the sister now but she came to me and said James since you are representing the health * we have a problem because many of the pregnant mothers that come to us from the Midwest and they are often under the age of 21 and 21 was the age of minority in California at that time. She said under the laws of California that mother cannot consent to her medical care and we have to go back to the current to get consent. The mother is very reluctant to do that in many situations and is there something that could be done so I talked it over with her and I suggested to her that we could change the consent laws in California since I had done that many times before for other types of purposes. For example dealing with medical care for members of the armed services who are injured or have accidents or problems and we have to deal with that. So I suggested that we change the law so that we could take care of this problem and design legislation, which would permit a pregnant minor to consent to her medical care without the approval of her parents. Of course this took care of the problem for the agencies that were taking care of them prior to delivery. That was fine and it completely changed the pattern but I was embarrassed later on with the California

Supreme Court in dealing with the problems relating to abortion, which was more than 20 years after that *. The rule that a pregnant minor could consent to an abortion and they used my * for a basis for * which certainly was not contemplated by us when we drew it at that time. The law is an unintended consequences followed in these situations. Anyways we went on with our project on the adoptions and there was a * in the children's services and they eventually became an adoption agency as well as having * services.

Moderator: After that time when you had to have * the children's * society and the * sons and daughters of the golden west so your legislation made it possible for others involved in * agencies.

Respondent: Correct.

Moderator: *.

Respondent: That is correct. The whole pattern then changed and the ratio of the private adoptions as against the agency adoptions swung the other way. I forgotten what the figures are now but it became a substantially higher percentage of agency adoptions. We had a long fight with the attorneys and the doctors who were engaged in adoption practices who had their own lobby and fought us on all our legislations and they were better funded in many respects than we

were. *. It was a very bitter battle and to a degree that the press wasn't entirely sympathetic with our position on that from a free enterprise viewpoint.

Moderator: You mentioned the * and I remember that when the committee was first established they were * against everything and the agency adoptions.

Respondent: Yes Ernie was himself.

Moderator: Because they had a job to teach children…

Respondent: In Sacramento.

Moderator: *.

Respondent: That is correct and it took a long time for them to swing over to the viewpoints but when they did they swung hard and of course Mrs. * became one of the active volunteers we had for many, many years. Well having sort of finishing up that project I became much more active in the welfare planning council and its activities and between the chairman and various 3 years as I recall. That was the first time that I was chairman and it happened again and I don't

know if anybody else ever became chairman twice or ever wanted too. Then got dealing with the total problems of the…

Moderator: Is that when * was…

Respondent: Yes * was there and so was a series of directors and it then became a problem with dealing with all the problems of the community. I think it was during that chairmanship that we had the Watts riots and that was quite an experience to the end. We certainly as a welfare agency group had * on our jobs in South East Los Angeles. * appreciated the nature of their problems or had services to the degree that services tend to follow the source of the fund and those agencies which were able to develop support and identify that * preferred in the allocation of funds. Our ability to relate to the problem of the Watts riots and fires and things, which came as a shock to us of the job that we had not done respectably. Of course that led to the many changes in the allocation of funds and the priority. It also led to the aggregation of the continued battle between agencies to a limited source of funding as to where those funds should go. It did encourage the better-staffed agencies to establish * in that area and helped in that. We then went into an area of time when they were dealing with the combining of the community chest into one nature funding sort and that was traumatic too for everybody. I went on to the board of the United Way which it was eventually called to be a member of the executive committee but at that time I was against * chairman of the welfare planning council. I dealt with the issue of the * of

the planning council from the United Ways which was a very serious philosophical problem as to whether or not the strength of the planning council could be maintained as an independent agency or whether it had to more closely identify with the funding side of it. The issue of course was if it became part of the United Way was it loose its economy and its ability to deal with those problems whether there might be conflicts with the existing agencies supported by United Way. We went through many traumatic * over that philosophical issue.

Moderator: *.

Respondent: I finally personally and this eventually became the conclusion of the group. That * and the assurance of continued support through United Way and the ability to perhaps through the involvement with the United Way volunteers would be in the best interest of the community. We could influence their decisions as to funding and distribution of the funds that we could work with them and more clearly identify in the community problems so that those volunteers would become related to the agencies as well as just a fund raising. There is always the economy between those who raise the funds and go door-to-door or go to company to company and those who send it. In dealing with Frank * he was with his view points that if we had a stronger relationship between the two groups that we would develop a multiplier fact. The funds would be more efficiently spent by identifying those programs and supporting the programs, which was most needed were the changes in the community character. That

philosophically I think that is his sound but you always deal with the people problem. It was implementing any philosophy such as that because my experience has been over the many years both with the health care field and with the welfare field that it is easy to identify with a particular project or cause but it is extraordinarily difficult to get people dedicated to the big problems. Particularly cutting up the pie or dealing with new problems and how you coupe with them and the problem that we struggle with during that period of time and I am sure continues because it is easy to have a front door to the * of the sun but it is very hard to have a back door where you eliminate * and we struggle with that. We knew there were agencies that were not that needed who were becoming obsolete when you put it in program or they were higher priority. Or ability to establish a priority system, which didn't just add to the burden of a total fund but * a sense of priority was never resolved.

Moderator: *.

Respondent: Yes of course that was a part of it of what we intended to receive because at that time there was a big shift that followed the Johnson administration and the war on poverty that he designed. There was a tremendous flow of public funding for the welfare program. I had the interesting experience in the war of poverty as announced by Johnson when it was to create local agencies. I think it was for 6 hours, maybe not that many but I was chairman of the local poverty agency, which was created and the lawyer supervisor didn't like that because they wanted to

control it so I was removed. Not for cause but politics, I guess within a very short time. Personally I have felt that the war on poverty was a tremendous opportunity for the local communities to use discretion and have a lot of discretion as to identify in priority to using the funds with a whole new source of funds that we never had before. So we were very concerned about the public role and these new public resources that came as a result. Unfortunately it followed a practical pattern of government programs becoming * and very controlled program wise as people developed bureaucracies and that sort of thing under it. The potential on the war on poverty as a concept was never realized. It did a lot of good but it gradually became put into pockets and the * would be used * and * and that sort of thing and was gradually lost. It has been my experience in dealing with welfare programs where you develop new programs that you start out with a lot of enthusiasm and you get a lot of interest. It is possible to recruit very innovative, creative, dedicated people but as it gradually matures and stabilizes then you tend to loose that kind of interest and enthusiasm and it becomes more of a bureaucracy than it does to have the creativeness from when you start.

Moderator: People don't sustain their enthusiasm.

Respondent: No that is correct and particularly our volunteers their ability to identify with one child or one patient or one disease is great but they are * the total project. It is difficult and we had that very specifically with dealing with healthcare planning in the 60's because like I said

my * is in the health field. We were very concerned in the 60's about the pattern of construction of hospitals and the availability of facilities. What we had after the war was a great shortage of physical facilities for hospitals and there was funding to the federal government for what they call * program. *. That was very affective in developing a long range of plans of developing needs as our community expanded very rapidly in size. The unintended consequence can come back to that law and when you develop a 5 year plan as to * promoters identify that need and wanted to build a * hospital with a * or 99 bed hospital whether it was in south east Los Angeles or San Fernando valley particularly down in Orange county to search a group of doctors who wanted to make money at both the hospital and their practice. Some of them had been * out of the good hospitals in down town and were establishing themselves elsewhere. We were having a growth of the wrong kind of institutions in the wrong places and we were trying to figure out how to get control over that. We started out with a voluntary planning process and trying to avoid the bureaucracy concept of a license. We got support from the welfare planning council and developed a separately funded by a grant from blue cross insurance company and people that were concerned about what this is going to do to both * and quality of care. We developed our voluntary health-planning agency and about that time the federal government appropriated its funds to health care planning and acquired the states to develop their own program and California developed its health-planning program. I was very active of that and I guess I was chairman of that at one point and got more interested in it in looking at it from a viewpoint of the hospitals and just seeing how it worked. We were faced with the issue as to whether or not we

would go to a strict control over both budgets and the specific of their needs. Originally we tried to do it with public pressure by exposing the issue and getting publicity about it developing facts and figures. We were too late and we lost that battle and had to go back to the legislator to get greater control on the hospital construction and develop a specific * law. We never went to budget control, which most of the other states did. We are also dealing with the issue of cost control and the cost of healthcare. We spent a long time struggling with that problem and came up with the concept of what we call the goldfish bowl for the hospital healthcare institution and require full disclosure of their operating statement on a public basis. It was quite effective and other states went to budget control whether it was bureaucracy established or approved by major expenditures. California didn't and never has a question of argument * to which process was the best and historians will tell us the best way to go. During the 60's and into the 70's we fought those battles * control of healthcare cost and the availability and access took care of that issue. We never got control of the * and our problem was the fact that the * on the news for physical facilities and healthcare as protection for the 5 or 10 years. It takes that long to design, build and have them placed to a major healthcare facility. It indicated a rapid expansion of need for healthcare. What happened was in part was the pattern of healthcare changed very rapidly in the late 70's and into the 80's, which wasn't officiated so that the use of healthcare facilities changed as they eliminated the ammonias and all the things that used healthcare facilities are… types of surgeries change, the * change like for example the OB went from 14 days to about 48 hours and a lot of other procedures went the same way. So suddenly the demand for healthcare facilities

dropped very much, which then was aggravated by what happened with Medicare and Medical in 75 and 76 when we had a great surge of demand. This indicated that it was going to grow but by the 80's that surge tapered off and went the other direction so we ended up with a widely over expanded healthcare system for the state and the nation. Interestingly enough the pattern here in California was quite different than it was in the rest of the country. We had about a 2-day less length of * that we would have in *.

Moderator: What accounts for that difference do you know?

Respondent: Well we speculated on that. I always thought and I don't know that anybody can document it one way or the other but it was a result of the war. During the war we were badly understaffed with facilities. As a result California and a few other western states primarily even though we hadn't built the facilities because we were * had changed the pattern of care patients and we developed the concept of early ambulation. It comes back to your OB * that is 14 days. What they found is that if you got the mother up quicker and onto her feet and active she wouldn't have to stay as long and she got well quicker. Well this is true of all types of surgery and that is by the concept of early ambulation we * in our state and actually got a better result from the healthcare point of view. It took a long time for the rest of the country to adapt to that and our doctors were trained that way and our units related to that and it didn't change we stayed ahead and even is true now there is a difference in the length of the stay in California and

the west from the rest of the country. As a result though the shorter length of stay was a more expensive length of stay on a * basis another words you intensify the amount of care during the time that the patient was there so your * is much higher. Most payments were made on a * basis and not on a case basis. As a result we are always pointed out as being the highest cost state next to Alaska in the union. *.

Moderator: Not as many days.

Respondent: Not as many days so it sort of worked its way on and we always thought is was better care for the patient. Planning went ahead related to the United Way and they sponsored it but * off the planning function and * so the impact going back to your question about the impact upon the government program * a major impact upon the government program just as I was giving an example of healthcare and it was * in other areas as well. In this area in Los Angeles we have a community that is wide spread and there is no identifiable small power structure to make decisions as there is in like Philadelphia or even Boston or New York. From both communities we have a family * by hereditary and function where decisions are made and you can identify where those decisions are made. In Los Angeles this is not * with a mobile population and we don't have a small group that identifies with a power structure of Government and private sector *. So we have always had a problem in making tough decisions and * those decisions * but it was through probably the United Way and its planning arm that we were able

to concentrate some degree of decision making and to make tough decisions. We have always lacked that ability and felt that we were a little jealous of our eastern friends who * power structures * but this in my judgment is getting even worse in this area. In the heavy outlined suburban communities and you have Orange County and this is a continuation of Los Angeles and the ability to identify those people who get together in a room and make it a tough decision is almost impossible. We have lost that whole generation of leadership that was able to do certain things and bring about certain things and right now as you look through the communities as I do at my tender age of 73 I can't identify that kind of power structure, which we need. How we would restructure it now I don't know but hopefully * of the United Way will take care of it. We have never been properly funded and we have not had * discretionary funding to staff the new * and of course now when we are dealing with the values of the gangs and the drugs and the sort of problems that we don't have the resources to * and *.

Moderator: *.

Respondent: I was on the board and I was never identified specifically with that and in fact it was a very innovative program and very effective and I have often thought when we had to come back to that with the problems that we have now I guess they are to a degree using some of that *.

Moderator: Using some of it but again you see that is an area where there is a lot of documentation that has not been accessible to people who * in that field.

Respondent: Yes. Well we dealt with that in the children's services as to whether or not a philosophically and socially you should intervene just in to the family situation for example as to how aggressively the social workers should be. Should she be * or should she really get aggressive and that was a very great battle and it went on and as they shifted to the concept that they had to be more than just nice and you had to make tough decisions.

Moderator: *.

Respondent: Correct. Well I didn't get deeply involved in that except to observe it and also got into the issue of a * more intervening tactics with the agencies and going back to the children's bureau that was one of the programs that they inaugurated long after I was on the board. I always thought they were doing a very innovating job and that is the role of the private agency is to try and experiment and create prototypes and to a degree and coming back to the question of influence on the governmental agency and the public agency. That was part of the concept of bringing the United Way and the * council together is to enhance the * effect of what the private agencies did on the knowledge that they didn't have the resources to solve the problems which they had. The bulk of the funding was going to come from the public group but

the more effective use was the private funding resources upon the final results to be most effectively done by putting those 2 groups together.

Moderator: Are you still connected with any of the voluntary agencies like United Way?

Respondent: No I went off the United Way I guess about 3 years ago off the board. I have a mandatory rotation process, which I firmly believe in and they choose not to bring me on in the year's gap, which they have the right to do. That is fine and I have served my time but I of course watch it very carefully. I am still very active in the healthcare field dealing with the healthcare group but as far as United Way and the * council I have no connections anymore.

Moderator: You have mentioned to me on the telephone your involvement with the trauma centers. Would you say a few words about that?

Respondent: Well I sure can and I could talk for hours about the trauma center problems. The trauma centers developed as a concept in Southern California and in Orange County and the doctor down there who is very strong for the concept of having a few areas with all the equipment and personnel needed to deal with negative trauma. The concept is that it is more important to get the patient to the right place or to get them to the wrong place in a shorter period

of time. You know we talk about the golden hour, which is the first hour after the trauma dealing with an accident case which is the critical period whether it is an hour, hour and half or 30 minutes nobody knows but that is the concept. The concept was also that you would have surgeons like anesthesiologist on location and not on call that would be there immediately available and then you would have the backup specialist and that sort of thing. All of this developed in Orange county first in this area and then there was * to do it for Los Angeles county about 7 years ago as I recall. The county was broken up into districts on the concept that you would have a trauma center within 20 minutes of every place in Los Angeles County. The hospitals really got into a real * amongst themselves as to who would be designated as the trauma centers for these areas and it became both political and (sp). At that time it was believed that this would be a source of important patient by volume and that if you had enough of a volume you could economically support a trauma center and that everything was going to be fine. Well the allocations were made and that was I guess about 18 to 20 trauma hospitals designated and at the same time there were 73 emergency care hospitals. You had to be an emergency care hospital to also be designated as a trauma hospital but the basic emergency care hospitals did not meet all the criteria of the trauma hospitals. This program went in * the paramedic runs which was the primary source of the major cases and they were required to go to the trauma hospital. Well as time went by the experience was depending upon the area of the hospital that it was in that the type of patient that the trauma hospital received was the very seriously injured patient that took a lot of care. A large number of them and particularly in certain areas were patients that

have no financial resources and even under government programs. The financing for our healthcare changed so that the medical program, which covered a very substantial number of these patients was cut way back on the payment schedule so that it was an automatic loss even under Medical. The insurance carriers were also cutting back on the method of payment and so was Medicare so gradually or quite rapidly a matter of fact certain hospitals in areas found that they couldn't carry the burden of the loss. What was to be a profit item or at least a break-even item turned out to be a very substantial loss item. Some of the hospitals had even appreciated it and * times it wouldn't even come in at all. The first major hospital that dropped out was Daniel Freeman because they couldn't afford to carry a debt in the * area and then the designation of their attachment area they had picked up clear down into western avenue and into south east Los Angeles and got a large number of dope, alcohol and gun shot wounds, which are very difficult to handle. The burden upon their medical staffs became such that they couldn't have the backup here for them. They would bring in a neurosurgeon or an arthropod in the middle of the night that works 8 hours on a difficult case and doesn't get paid and it disrupts his entire practice for the following day it was… had it repeated itself or something they couldn't carry. A system has deteriorated so that other hospitals have dropped out now out of the trauma system itself. Other areas of the county such as the Santa Clarita county area like Northridge Holy Cross hospital and out that way they have a different population support and so the trauma centers are a very important part of their service. They bring in a substantial number of their patients * many of them can pay or they can make their way out of it. In the healthcare point of view they also find

that by having the experience with these difficult cases it keeps their medical * and it is a good educational tool and it is fine from that point of view. They are willing to subsidize it up to a point for that purpose but what has happened is the state cut backs on what we call medically imaging and adult funding, which formally was under Medical. Those patients under medically imaging adult can go to a private hospital and get Medical benefits but the state 3 years ago terminated that program and that quorum and paid an equivalent of 70% to the county of Los Angeles in this case to take responsibility of those patients. Those patients then went off the Medical * and became a program for the county and the county did not incorporate any of those funds for the private hospitals so in affect cut the private hospitals out of that source of fund. Then the state cut back on the funding to Los Angeles county so now the 70% is now down to about 52% so the county did not have the funds to maintain an * and keep of the trauma beds for transfer from the hospital. So they refused to take transfers from the private hospitals so the private hospital didn't get paid in the first place and secondly after it took the patient and stabilized the patient so they could be transferred the county did not have the available beds to take those patients. So it was a double whammy on the private hospitals to take…

Moderator: So you went back to square one.

Respondent: We are behind square one because of the sources that were there available even prior to the trauma program are gone. So the philosophical decision that the hospitals are going

through right now today is to whether or not the trauma * should continue at all. That is dealing with the priority issue is it more important to save a 100 patients to a trauma system or a 1,000 patients through an emergency care system that is in jeopardy? It is a decision that we always make and it is a tough one and it is bad either way but we have never been able to effectively make priority decisions in healthcare. We * care in a variety of ways but not in an up front rational way we do it in a variety of ways.

Moderator: We are going to have to wait and see what happens.

Respondent: That is correct and that is for the future.

Moderator: Have you been subject of other *?

Respondent: No. Not in this field. I have for other purposes but not…

Moderator: Nothing that would bare our interest.

Respondent: No I did a history of blue cross for example on a taped interview because I was a general council for Blue Cross for 28 years.

Moderator: Is that interview something that would be available to us to add to our library?

Respondent: Well Blue Cross has it.

Moderator: So you have no objection.

Respondent: No I don't. No.

Moderator: Because there is a lot of interest in that kind of healthcare.

Respondent: Sure.

Moderator: Do you happen to have a biographical statement that would be available for us?

Respondent: Sure. I will give you the long one or the short one, whichever one you want.

Moderator: I would rather have the long one. Also if you have a photograph that you could put in that file.

Respondent: Okay we will get that for you.

Moderator: Looking back over the years that you have been involved as a volunteer and in some ways as a successful *. Do you have any papers or records of your experiences?

Respondent: Well I am going to write a book but I am accumulating material and I haven't written it in this form. I have written probably 75 or 100 articles and I have accumulated those and written one book in form consent for the American * Association but part of this * activity and with my personal experiences I want to do and I am accumulating things but most of my writing has been on specific topics in the healthcare field. I have always tried to write for the * person because I write for hospital executives.

Moderator: I think that would be an interest to people in the * healthcare like our students who look for this kind of material. Will you have any of the materials for example in relation to the * committee?

Respondent: I am afraid that those are all gone. We have moved since then and nothing like a move to destroy records.

Moderator: Well at this point where you feel that you could relinquish the materials that you have that you are using would you be willing to turn them over?

Respondent: I would be glad to, sure. For example I have done a lot of work in the medical malpractice field from the * point of view and I have accumulated a lot of material, which I am giving to USC but it is going to a medical school. I am doing a project with Dr. * to develop what we call a healthcare priorities for the 1990 and we are developing a citizens committee to do that and we are not that far along on it. We want to raise a million dollars to do the job and we have the first 100 thousand but we have a little bit to go.

Moderator: Now this is also a volunteer type of thing.

Respondent: Oh yes.

Moderator: So you are still active as a volunteer.

Respondent: Oh I am still a volunteer. That's right.

Moderator: So I think that we could see from your participation that there are things that volunteers could do that * cannot.

Respondent: Absolutely. On the other hand I have a philosophical approach to volunteers and staff and that is that volunteer work never rises above the level of its staff.

Moderator: I think that is right. Thank you.

[End of recording]