FEDERAL BUREAU OF INVESTIGATION

RYMUR
(JONESTOWN)

BB-30 LAURENCE SCHACHT

BUFILE:89-4286
BULKY 2233

SUBJECT RYMUR

FILE NUMBER BUFILE 89-4286

SECTION NUMBER

SERIALS BULKY 2233

TOTAL PAGES 24

PAGES RELEASED 24

EXEMPTION(S) USED NONE

BB-30 PTMEMBERS - LAURENCE SCHACHT

PEOPLES TEMPLE MEDICAL SERVICES

P.O. BOX 893 GEORGETOWN, GUYANA

Lawrence E. Schacht, M.D.
Sharon R. Cobb, R.N., P.N.P.
Joyce A. Parks, R.N., P.N.P.
Dale Parks, C.R.T.T.

SUBJECT: A Proposed Procedure Which Would Allow Lawrence Schacht, M.D., to Fulfill the Requirements of Guyanese Law in Order to Become Licensed to Practice Medicine in Guyana, While at the SameTime Meeting the Health Needs of the Residents at the Peoples Temple Agricultural Project and the Needs of Others from the Surrounding Region

DATE: July 17, 1978

TO: Dr. Robert Baird, Ministry of Health

FROM: Lawrence E. Schacht, M.D.

copies to: Cde. Vibert Mingo, Minister of Home Affairs
Cde. Hamilton Green, Minister of Health
Rev. Jim Jones, Peoples Temple Agricultural Project

BB-30-a-1

I. INTRODUCTION

It is with sincere conviction and full concensus of the health team members at the Peoples Temple Agricultural Project that, in view of the many responsibilities I am carrying here, in addition to other considerations which I will outline in the succeeding sections of this document, an arrangement be made which would allow me to fulfill the requirements for licensing while being able to spend as much time as possible here at our clinic in the North West Region.

I will endeavor to outline in this document the unusual and extraordinary circumstances which prompt this proposal, as well as considerations that will convince you that such an arrangement will provide both the necessary and sufficient conditions for the fulfillment of internship and licensing requirements. I am certain that, after studying both the scope of my current responsibilities, as well as the nature and range of clinical experiences open to me here, you will judge my proposal reasonable, and in the best interests of the nation.

I would like to say that during the time that I have lived and served here in the North West Region (about one year), I have developed a special concern for the people here, and our health team has been able, with the assistance of professionals from your department, to identify some of the health problems here in this region. We are eager to learn more, and we are dedicated to doing all we can to help your department realize the goal of free health care for all citizens in this area.

II. CLINICAL EXPERIENCE AVAILABLE AT THE PEOPLES TEMPLE AGRICULTURAL PROJECT MEDICAL FACILITY: AN OVERVIEW

A. Our health team has been working steadily in cytopathology screening and we have turned up many cases of early cervical and colon carcinoma. We are continuing to employ preventive measures to detect early cases of prostate carcinoma, and to apply general medical principles and physical examination to insure the well-being of the people in the Jonestown community, as well as our many neighbors in the surrounding area who come daily to receive care at our clinic.

(Note: Just last week the health team identified two advanced cases of cervical carcinoma which could have been avoided and would never have reached such a late stage of involvement if simple "pap" screening had been done years before. Tragic cases like this show the desperate need for a physician in the North West Region. It is these moral, as well as professional considerations, that I wish to bring to your attention in proposing that my presence here is a vital factor. I could cite case after case.)

B. Our project health team is incorporating cardiovascular assessments in conjunction with pulmonary and respiratory specialists here.

C. Our geriatric services are considerable, as we have a complete program of daily geriatric care. The area of gerontology alone is quite demanding. For example, I am involved every day in the management of an acute situation regarding a geriatric patient.

D. Almost daily we are brought infants from the surrounding community who, because of the lack of a basic primary health care knowledge, have developed iron-deficiency anemias, including several cases of such severity as to have resulted in congestive heart failure. Several cases required referral to Georgetown for transfusions. Other hematologic studies are done to rule out cell anemia, etc.

E. We expect the few materials we are lacking for our blood bank to arrive very soon. At that point I will be critically involved in establishing and maintaining our blood bank services, in conjunction with our health team. Obstetrical emergencies as well as orthopedic and other trauma cases too often require transfusions, and enough time for the patient to be referred to Georgetown is not always available.

F. Ocular emergencies are dealth with quite frequently: removals of foreign bodies, corneal lacerations, and so forth. We frequently are confronted with chronic, disabling ophthamologic disorders in people from the Kaituma and other surrounding communities, such as glaucoma.

G. I am critically involved, also, in the health maintenance in our industrial and agricultural departments, and have a considerable interest in occupational medicine, and deal with many of the medical problems which arise there: protection from eye injury (in our mechanical department, especially), protection from loss of limb, or even loss of life. I frequently investigate methods and techniques to insure that bodily injury does not occur. And it has been due to our program in this area that serious injury and loss of life has been happily prevented.

H. We frequently treat helminthic infestations, amebiasis, trichuriasis, and ascariasis, all of which, as you know, are very common.

I. Cardiac arrhythmias are monitored in our Special Care Unit. We treat acute coronary emergencies frequently and manage chronic heart disease. We are following numbers of cases of congestive heart failure.

J. We do a considerable amount of gynecological screening, obtaining surface biopsies as well as recognizing indications for Shiller Tests and Punch Biopsies. Venereal disease (gonorrhea,

especially) have been treated here, and I can say with confidence that the problem of VD in the surrounding area has been without doubt effectively and appreciably reduced by our intervention.

K. All persons who come to the Peoples Temple Agricultural Project clinic (with appropriate history and physical findings) receive tuberculin testing. Appropriate X-ray studies are done, whether it be chest X-ray, skull or gastrointestinal series. (Note: I have some degree of proficiency in the area of interpretation of radiological studies, which, apart from my other responsibilities, is quite a task, as you can well imagine.) Biopsies are done here and referred to the central government laboratory for histiopathologic diagnosis. Among these are breast biopsies and, of course, biopsies of the cervix uteri.

Final Note: The above is presented as an outline of major clinical experiences, and is by no means exhaustive.

III. AMATEUR RADIO CONSULTATIONS

Daily consultations are made over amateur radio band on medical cases which require specialized consultation. I have obtained consults in almost every specialized area, including pediatric orthopedics, pediatric neurology, endocrinology, neonatology, rheumatology, oto-laryngology, ophthamology, neurosurgery, dermatology, and gastroenterology. I have spoken with some of the finest physicians in medical centers such as Massachusetts General Hospital (Boston). These consultations have included cardiologists and general surgeons. On five or six occasions I have consulted with hand specialists. I have consulted on numerous occasions in obstetrical emergencies, and have compared information on cytology specimens with physicians [illegible] Georgetown as well as in the United States and in other parts

of the world. This is a continual and daily process. The consultations have been valuable, even vital, in helping countless people who come to our medical clinic from the surrounding region.

IV. REFERRALS

As a general practitioner, I feel it is my responsibility to recognize both my abilities and limitations. I weekly refer many patients to specialists in Georgetown, whether it be to a gynecologist, general surgeon, pediatrician, or neurologist.

V. AN ADDITIONAL CONSIDERATION

Because of attempts to portray our work in a wholly false light by a group of individuals in the United States whose reactionary views are evident to those who have investigated their statements, it is particularly imperative that a physician be present here on the project. Of course, it is equally imperative that the physician be licensed. The critical point, however, is that absence of a physician here in Jonestown could be used by these individuals as a point of severe, even damaging criticism of the project, as well as reflecting negatively on Guyana. I am aware that these factors have already been brought to the attention of the appropriate officials. Nonetheless, I reiterate them since I feel that they constitute a critical factor in the presentation of this proposal.

VI. ADDITIONAL INFORMATION

I have in my possession slides and summaries of my work. I have shown the slides to Dr. Walter Chinn in Georgetown, and gave explanations. I have just one copy of these slides, but I will make them available to you upon request. Dr. Chinn was very kind and encouraging when I met with him, and I am sure he would be glad to give you his professional opinion on what I presented to him.

VII. CONCLUSION

It should be quite evident from the foregoing that because of my particular responsibilities and, further, because there is presently no physician in this area, that my continued personal presence here at the Peoples Temple Agricultural Project is not only desirable, but critical. It is also evident, I feel, that the particular situation here affords valuable and unique opportunities for my professional growth, and that it is indeed within the realm of possibility for me to fulfill the requirements of internship while continuing to participate in the ongoing medical program that we are carrying on here. This is not only my own personal judgement, but the combined conclusion of the entire health team here in the Jonestown community. Indeed, we can see no conceivable way in the immediate future that I could come to Georgetown for any extended period of time, due to the simple fact that I am managing so many chronic disorders and dealing with emergencies each day in which my continual consultation is required.

VII. RECOMMENDATIONS

It is therefore our desire to develop, with your co-operation, a plan that will enable me to work with doctors in the required areas of study withoug compelling me to be absent from the clinic for more than a minimal period of time.

VIII. PROPOSAL

I, THEREFORE PROPOSE THAT (as Dr. Chinn recommended) I be assigned to a preceptor/instructor for each of the particular areas of my internship, with whom I would meet in Georgetown for several days to establish procedures for supervision and reporting on my progress (while I am in the North West Region). The preceptor/instructor would supervise my work by correspondence and via radio contact which we constantly maintain with our headquarters office in Georgetown, and through which I would be able to transmit regular reports with minimal time delays. I would also suggest that physicians to whom I refer patients quite frequently might also be my preceptors, in that they know of my competency and are familiar with my interpretations and diagnostic ability. I would be able, under such an arrangement, to compose and submit case summaries briefly describing the particular disorders and the types of emergency and trauma cases I am confronted with, and how they are managed, especially prior to referral to the Georgetown area. I propse that, within these broad outlines, we should be able to agree upon an arrangement that will prove to be an effective means to enable the Ministry of Health to grant me the proper qualifications and licensing.

* DANGEROUS patient — ASSAULT TO CAUSE injury or disfigurement.
CAN we predict — The patient IN EAU. — we overpredict.
You MUST TELL THE PERSON you THINK he is dangerous. you also have to warn them you are going to commit them. (i.e. may lie TO you) Ex-Prisoners are more apt to be dangerous
Early TRIAD — FIGHTING — TANTRUMS — school truancy
DRUGS — PCP, speed ⊕ → violent (especially Schizo's)
Schizo's like to take this Shit. So get Drug history. their prognosis off Dope is Better than others (Schizos) who don't use them.
EtOH — also causes violence.

Violence in Environment is a Prerequisite. especially of unpredictable beatings — lead to Sudden unpredictable violence on the childs part later.
Developes ego-syntonic acceptance of violence (U.S.A common).
Perceived environmental stress — Parents & Spouses are afraid of the patient + DOC's don't believe this. Don't let tragedy happen eloc! IT is sometimes NOT provoked!
Case: Buy Shot his Mother. He had Subtly told about Mom's invasion of his privacy, + how he could Not tolerate this.
TAKE it Seriously Even if 14 % Says it.
* 7% who threaten to kill — either kill or Suicide

Predatory Agression — (usually for food). But Some people totally dehumanize others. pathologically.
MOST dangerous folk see others AS things only.
We Should check the patient's capacity to see other people as human + if he thinks violence is acceptable. = DANGEROUS
"only me + the world" Narcissistic

BB-30-64

Affective-agressive — overwhelmed c̄ RAGE,
Biochemically determined ?
(still must achumanize & have
Acceptance of violence)

often: Sex = violence
they attack "BAD (NON human) homosexuals"
Li+ may be of use c̄ these folk.

look at our own affective Responses: is these pathol.
TAKE your own fears seriously
" " " Anger "
ARE significant in Dx of potential for agression.

some schiz, make us feel
motherly; this is these Path (we hope?)

* control the violent only with sufficient back up support !!
* men should be handled by ⊙ —
call in more than one security guard. !
* meet them in the waiting room, Don't wait in the office; greet them in waiting room if look explosive → hosp not as outpatient.
"you may say what you like you may not DO you like"

"you do not have permission to behave violently" !

BB 30-C

STANDARD FORM 171

PERSONAL QUALIFICATIONS STATEMENT

Office of Management and Budget Approved 30-R0387

1A. Kind of position (job) you are filing for (or title of announcement) PL-1 INTERNSHIP

B. Announcement No.

C. Options for which you wish to be considered (if listed in announcement)

D. Primary place(s) you wish to be employed GORGAS HOSPITAL

2. Home phone (including Area Code)

3. Office phone (including Area Code)

4. Name (Last) (First) (Middle) (Maiden if any) [X] Mr. [ ] Miss [ ] Mrs. and Address (Number, Street, City, State and ZIP Code)
Schacht, Laurence, Eugene
MED. Student Affairs - BLDG 53
RM 103 UCI - Medical Ctr.
101 City Drive South; ORANGE, CALIF. 92665

5. Legal or voting residence (State) California

6. Height without shoes 5 Feet 9 Inches

7. Weight 150 lbs.

8. Birthplace (City and State, or foreign country) USA, HOUSTON TEXAS

9. Birth date (Month, day, year) 10-2-48

10. Social Security Account Number 460 82 3698

11. If you have ever been employed by the Federal Government as a civilian, give your last classification series, grade, and job title.
NOT applicable (NA)
Dates of service in that grade
From To

12. If you are currently on a list of eligibles for appointment to a Federal position, give the name of the announcement, the name of the office maintaining the list, the date on your notice of rating, and your rating.
N.A.

13. Lowest pay or grade you will accept
PAY: 13,023.75 per year OR GRADE

14. When will you be available? June 1977

15. Will you accept temporary employment for: (Acceptance or refusal of temporary employment will not affect your consideration for other appointments.)

	YES	NO
1 month or less?		
1 to 4 months?		
4 to 12 months?	X	

16. Where will you accept a job?

	YES	NO
Washington, D.C.		
Any place in the United States		
Outside of the United States		
Only in (specify) GORGAS HOSP.		

17. Will you accept less than full time work? (Less than 40 hours per week) [ ] Yes [X] No

18. Are you willing to travel? (Check one) AS required

NO	SOME	OFTEN
	X	

19. VETERAN PREFERENCE. Answer all parts. If a part does not apply to you, answer "No."

	Yes	No
A. Have you ever served on active duty in the United States military service? (Exclude tours of active duty for training as a reservist or Guardsman.)		X
B. Have you ever been discharged from the armed services under other than honorable conditions? (You may omit any such discharge changed to honorable by a Discharge Review Board or similar authority.) If "Yes," give details in Item 37.		X
C. Do you claim 5-point preference based on active duty in the armed forces? If "Yes," you will be required to furnish records to support your claim at the time you are appointed		X
D. Do you claim 10-point preference? If "Yes," check type of preference claimed and complete and attach Standard Form 15 "Claim for 10-point Veteran Preference," together with the proof called for in that form. TYPE [ ] Compensable disability [ ] Disability [ ] Wife [ ] Widow [ ] Mother		X

E. List Dates, Branch, and Serial or Service Number of All Active Service (Enter "N/A" if not applicable) "N/A"

From To Branch of Service Serial or Service Number

DO NOT WRITE IN THIS BLOCK
FOR USE OF EXAMINING OFFICE ONLY

[ ] Appor. [ ] Nonappor. Material [ ] Submitted [ ] Returned Entered Register

Notations

Form Reviewed

Form Approved

Option	Grade	Earned Rating	Preference	Aug Rating
			[ ] 5 points (Tent.)	
			[ ] 10 Points Comp. Dis.	
			[ ] Other 10 Points	
			[ ] Disal.	
			[ ] Being Investigated	
Initials and Date				

ANNOUNCEMENT NO.

STATEMENT NO.

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY
Preference has been verified through proof that the separation was under honorable conditions, and other proof as required.
[ ] 5-Pt. [ ] 10-Pt. Comp. Disab. [ ] 10-Pt. Other

Signature and Title

Agency Date

[ ] Refer for medical action

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

Standard Form 171
May 1975 U.S. Civil Service Commission
171-105

BB-30-d

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE
• ANSWER ALL QUESTIONS CORRECTLY AND FULLY

21 A. Special qualifications and skills (skills with machines, patents or inventions; your most important publications (do not submit copies unless requested), your public speaking and publications experience, membership in professional or scientific societies, etc.)

B. Kind of License or Certificate (For example, pilot, registered nurse, lawyer, radio operator, C.P.A., etc.)	C. State or other licensing authority	D. Year of first license or certificate	E. Year of latest license or certificate	F. Approximate number of words per minute Typing	Shorthand
N/A	N/A	N/A	N/A	60	NONE

22 A. Did you graduate from high school, or will you graduate within the next nine months?

YES	MONTH, YEAR	NO	HIGHEST GRADE COMPLETED
X	6-67		

B. Name and location (city and State) of last high school attended: LAMAR HIGH School, HOUSTON, Texas.

C. Name and location (city, State, and ZIP Code if known) of college or university (If you expect to graduate within 9 months, give MONTH and year you expect degree.)

	Dates attended From	Dates attended To	Years Completed Day	Years Completed Night	No. of credits compl. Semester hours	No. of credits compl. Quarter hours	Type of degree (B.A., etc.)	Year degree
SANTA ROSA JR. COLLEGE, SANTA ROSA, California	'70	'72	2		57		A.A.	1972
UNIV. of CAL. at Berkeley	'72	'73	1			33		

D. Chief undergraduate college subjects	No. of credits compl. Semester hours	No. of credits compl. Quarter hours	E. Chief graduate college subjects	No. of credits compl. Semester hours	No. of credits compl. Quarter hours
FINE ARTS (UNIV. of HOUSTON)	28		MEDICAL SCHOOL -		
PREMEDICAL Sciences.	57	33	UNIVERSITY of CALIFORNIA		
			AT IRVINE.		

F. Major field of study at highest level of college work: MEDICINE

G. Other schools or training (for example, trade vocational, armed forces, or business) Give for each the name and location (city, State and ZIP Code if known), or school, dates attended, subjects studied, number of classroom hours of instruction per week, certificates, and any other pertinent data

N/A

23. HONORS, AWARDS, AND FELLOWSHIPS RECEIVED

Honor Student at Santa Rosa Jr. College + at Berkeley.

24. LANGUAGES OTHER THAN ENGLISH

List the languages and indicate your knowledge of each by placing "X" in proper columns	Reading Excl	Reading Good	Reading Fair	Speaking Excl	Speaking Good	Speaking Fair	Understanding Excl	Understanding Good	Understanding Fair	Writing Excl	Writing Good	Writing Fair
SPANISH			X			X			X			X

25. REFERENCES. List three persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 20, EXPERIENCE.

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Number, Street, City, State and ZIP Code)	BUSINESS OR OCCUPATION
DR. Carlton D. Goodlett	1360 Turk St, San Francisco Ca. 94115	Doctor
Timothy O. Groen	P.O. Box 433 San Francisco, Calif.	Attorney at Law
Sharon Amos	P.O. Box 15247 San Francisco Calif. 94115	Social worker

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PLEASE BE SURE TO READ ATTACHED INSTRUCTIONS BEFORE COMPLETING ITEM 20

EXPERIENCE (Start with your PRESENT position and work back. Account for periods of unemployment in separate blocks in order.)

May inquiry be made of your present employer regarding your character, qualifications, and record of employment? ☒ Yes ☐ No
(A "No" will not affect your consideration for employment opportunities except for HEARING EXAMINER positions.)

Dates of employment (month, year)	Exact title of position	If Federal service, civilian or military grade
Summer 1971 To PRESENT TIME	N/A	Civilian

Salary or earnings	Avg. hrs. per week	Place of employment	Number and kind of employees supervised	Kind of business or organization (manufacturing, accounting, insurance, etc.)
Starting $ per Present $ ~ 250.00 per week	60	City UKIAH State CALIFORN.	N/A	MASONITE CORP.

Name of immediate supervisor

Name of employer (firm, organization, etc.) and address (including ZIP Code, if known)

Area Code and phone No. if known

Reason for wanting to leave: Returned to Fall classes.

Description of duties, responsibilities, and accomplishments: AT MASONITE — worked with lumber in a factory manual labor.

Summer 1970 worked in FLORDS SMORECTTE, RESTAURANT on STATE STREET, OWNER MR. HOBBY. 1.75/hour wage

For agency use (skill codes, etc.)

2 Dates of employment (month, year)	Exact title of position	If Federal service, civilian or military grade
From Summer '72 To Summer '73	occasional garden work	N/A

Salary or earnings	Avg. hrs. per week	Place of employment	Number and kind of employees supervised	Kind of business or organization (manufacturing, accounting, insurance, etc.)
Starting $ per Final $ per	1 or 2	City: Berkeley State: Calif.	N/A	Private Home

Name of immediate supervisor

Name of employer (firm, organization, etc.) and address (including ZIP Code, if known)

Area Code and phone No. if known

Reason for leaving: Went to medical School.

Description of duties, responsibilities, and accomplishments:

Took care of the grounds on a part time basis.

Also while in college worked as a tutor in Chemistry & Mathematics & on the Santa Rosa Junior College Ground Maintainence Team in 1971 & 1972.

For agency use (skill codes, etc.)

3 Dates of employment (month, year)	Exact title of position	If Federal service, civilian or military grade
From To		

Salary or earnings	Avg. hrs. per week	Place of employment	Number and kind of employees supervised	Kind of business or organization (manufacturing, accounting, insurance, etc.)
Starting $ per Final $ per		City State		

Name of immediate supervisor

Name of employer (firm, organization, etc.) and address (including ZIP Code, if known)

Area Code and phone No. if known

Reason for leaving

Description of duties, responsibilities, and accomplishments

HAVE NOT worked in THE LAST FOUR years since being in medical School & prior to that was part time as described above. Never was FIRED OR HAD TO QUIT ANY JOB except WHEN I HAD TO RETURN TO School to CONTINUE my education.

For agency use (skill codes, etc.)

IF YOU NEED ADDITIONAL EXPERIENCE BLOCKS USE STANDARD FORM 171-A OR BLANK SHEETS
SEE INSTRUCTION SHEET

ATTACH RECENT PHOTOGRAPH
(REQUIREMENT)

Mount Zion Hospital and Medical Center
Post Office Box 7921, San Francisco, California 94120
Telephone (415) 567-6600 Ext. 2401

MZ

GRADUATE TRAINING PROGRAM – FIRST YEAR
1977/1978

(This application may be used to apply to more than one program; indicate preference by numerical rating, i.e., 1st choice, 2nd choice, 3rd choice.)

2nd Categorical Medicine
1st Categorical* Medicine
___ Categorical* Psychiatry
___ Categorical Pediatrics
___ Categorical* Diagnostic Radiology
___ Categorical* Obstetrics/Gynecology
3rd Categorical* Surgery
___ Categorical Pathology
___ Categorical* Radiation Oncology

PERSONAL DATA

Name SCHACHT (last name) LAURENCE (first name) EUGENE (middle name)

Address for Correspondence MED. STUDENT AFFAIRS BLDG 53 RM. 103 UCI-MED. CENTER 101 CITY DR. SOUTH

ORANGE (City) CALIFORNIA (State) 92668 (Zip) Current Telephone (714) 634-5176 (Area Code)

Permanent Address 518 E. PINE ST.

SANTA ANA (City) CALIFORNIA (State) 92701 (Zip) Permanent Telephone (714) 836-9489

Place of Birth HOUSTON, TEXAS Date of Birth 10-2-48 Citizenship/Visa Status U.S. CITIZEN

Marital Status SINGLE Name of Spouse ___ Ages of Children ___

Next of Kin: Name E. L. SCHACHT Relationship FATHER

Address 155 E. 38th NEW YORK, N. Y. 10016 Telephone ( )

SCHOOLING

Premedical School SANTA ROSA JR. COLLEGE AND UC BERKELEY Years of Attendance 2 and 1 respectively

Medical School UCI CALIFORNIA COLLEGE OF MEDICINE Years of Attendance 2

Name of Dean STANLEY VAN DER NOORT M.D. Year of Graduation 1977

Clerkships Served at Mount Zion: Dates NONE Department ___

MISCELLANEOUS

Previous Graduate Training (i.e., Internship, Residency - indicate type of training, dates of service, and institution.)
NONE

Special Training or Research Experience WORK DONE TO HELP COORDINATE AND PLAN A LARGE AGRICULTURAL AND MEDICAL PROJECT IN SOUTH AMERICA.

Future Specialty or Sub-specialty Goal INTERNAL MEDICINE (TROPICAL INFECTIOUS DISEASE)

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY

Application Received ___
Application Acknowledged ___
Acknowledged Complete ___
☐ Dean's Letter
☐ Reference Letter

Interviewed on ___
Interviewer ___
Evaluation Received ___
Externship ___

1st choice	
2nd choice	
3rd choice	
Dean's Letter	
Ref. Letter	
Dept. Interview	
Chief	

BB-30-e-1

DEPARTMENT OF GRADUATE MEDICAL EDUCATION
1411 East 31st Street
Oakland, California 94602

HOUSE STAFF APPLICATION

NAME: LAURENCE EUGENE SCHACHT PRESENT PHONE NO. (714) 634-5176

PRESENT ADDRESS:

PERMANENT ADDRESS: MED. STUDENT AFFAIRS, BLDG 53 RM. 103 UCI-MED. CTR. 101 CITY DR. SOUTH ORANGE, CALIFORNIA 92668

BIRTH DATE: 10-2-48 CITIZEN OF: U.S.A. MARITAL STATUS SINGLE CHILD.: NO. 0

MEDICAL SCHOOL: UC IRVINE , CALIFORNIA COLLEGE OF MEDICINE 1975 TO: JUNE 1977
(name) (Dates Attended)

FIRST YEAR (INTERNSHIP) PROGRAMS

[ ] Categorical Medicine [ ] Categorical Surgery

[3] Categorical*Medicine [ ] Categorical*Surgery

[2] Flexible-A (Med/~~Psych~~ Peds) [1] Flexible-B (Surg/G.P.)

[ ] Categorical*Psychiatry

If more than one program is selected, please indicate order of preference, 1, 2, 3, etc.

DO YOU PLAN RESIDENCY TRAINING? [ ] NO [X] YES INTERNAL MEDICINE
(Specialty)

Internship applicants should request that a Dean's letter be sent directly to us from their Medical School as well as 1 or 2 letters from faculty members. A personal interview is not required but is desirable both for applicants and the hospital.

ADVANCED (RESIDENCY) PROGRAMS

SPECIALTY DESIRED: YEAR OF TRAINING:

DATE AVAILABLE TO START:

INTERNSHIP: DATES: TO
(type) (Name of hospital)

PREVIOUS RESIDENCY TRAINING:

CALIF. LIC. NUMBER: OTHER:
(State) (Number)

NAME AND ADDRESSES OF THREE REFERENCES:

1. J.G. TILLES MD. CHAIRMAN DEPT OF MEDICINE UCI. BLDG 53, UCI-MED. CTR. 101 CITY DR. SOUTH ORANGE, CALIFORNIA 92668
2. DR. CARLTON B. GOODLET MD 1360 TURK ST., SAN FRANCISCO 94115
3. TIMOTHY O. STOEN ATTORNEY AT LAW, P.O. BOX 933 SAN FRANCISCO CALIFORNIA

DATE: 11-3-76 SIGNATURE: Laurence E. Schacht

the reverse side you may include information on awards, scholarships, fellowships, ·iety memberships, etc. which may be helpful in evaluation of applicants.

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completed application may be returned in the enclosed self-addressed envelope.

UNIVERSITY OF CALIFORNIA SAN FRANCISCO
SCHOOL OF MEDICINE
SAN FRANCISCO, CALIFORNIA 94143

Application for Clinical Training Programs

Please Type

Name SCHACHT, LAWRENCE EUGENE Department MEDICINE

Birthplace HOUSTON Birthdate Oct. 2, 1948 Position: First year Post M.D. Primary care

Resident

Starting Date JUNE 20th 1977

Present Mailing Address MEDICAL STUDENT AFFAIRS BLDG 53, rm.103 UCI MED. CTR 101 CITY DRIVE SO. ORANGE CA. 92668

Permanent Mailing Address

Telephone Numbers: Home (714) 836-9489

Hospital Social Security No. 460-92-3698

Military Status PENDING CHANGE FOR ~~HEALED~~ DISABILITY Licensed to practice Medicine in State of License No.

EDUCATION:

High School LAMAR HIGH SCHOOL, HOUSTON Dates 9-64 to 6-67

University SANTA ROSA J. C. (2 years), UC BERKELEY (1 year) Dates 71 to 75 Degree AA

Other Dates Degree

Medical School UCI- CALIFORNIA COLLEGE OF MEDICINE Dates AUG. 75 to JUN. 77 Degree M.D.

Internship Hospital Chief of Service Dates Specialty

Residencies (if any)

Hospital Chief of Service Dates Specialty

Hospital Chief of Service Dates Specialty

PREVIOUS EMPLOYMENT (Professional or Scientifically related)

Place Dates Duties

Place Dates Duties

Scholastic Societies

Honors and Awards

Previous Research and Scientific Investigations

Publications:

Describe career goals or professional plans for the future (continue on other side of page if necessary).

MY ULTIMATE GOAL IS TO SERVE AS A MISSIONARY DOCTOR. THE PEOPLE'S TEMPLE CHRISTIAN CHURCH HAS A RAPIDLY DEVELOPING AGRICULTURAL AND MEDICAL MISSIONARY PROJECT IN SOUTH AMERICA AND I WILL BE WORKING THERE WHEN I COMPLETE MY TRAINING. I AM GOING TO DO A RESIDENCY IN PRIMARY CARE (FIRST CHOICE) OR INTERNAL MEDICINE (SECOND CHOICE) AND WILL SPECIALIZE IN INFECTIOUS DISEASES AND WILL BECOME COMPETENT ALSO WITH OCCUPATIONAL AND PROTEIN-CALORIC DEFICIENCY ASSOCIATED DISORDERS.

List names and addresses of three to five faculty in clinical and preclinical department, preceptors, including the Chairman of your department for the specialty to which you are applying. These physicians should be familiar with you and your work. You are required and expected to solicit these letters yourself. Letters should be addressed to the Chairman of the Department.

1. J.G. TILLES M.D. CHAIRMAN DEPT. OF MEDICINE , BLDG 53 UCI-MED.CTR. 101 CITY DR. SO. ORANGE CA 92668
   Name — Title — Address
2. B. FELSHER M.D. DEPT. OF MEDICINE , HEPATOLOGY, LONG BEACH VETERANS ADMINISTRATION HOSP. LONG BEACH CA.
   Name — Title — Address
3. T. CESARIO M.D. DEPT OF MEDICINE , BLDG 53 UCI-MED. CTR 101 CITY DR. SO. ORANGE CA 92668
   Name — Title — Address
4. Name — Title — Address
5. Name — Title — Address

BEFORE YOUR APPLICATION CAN BE CONSIDERED YOU WILL NEED TO REQUEST A LETTER FROM THE DEAN OF YOUR MEDICAL SCHOOL, INCLUDING YOUR CLASS STANDING, IF KNOWN.

Applicants are invited, if they desire, to indicate membership in their minority group _____

10-20-76
Date

Lawrence E. Schacht
Signature of Applicant

ATTACH RECENT PHOTOGRAPH HERE

Return completed application to:
Chairman of Department to which you are applying
University of California San Francisco
San Francisco, California 94143

NOTE: If you are applying to more than one department you will need to complete a separate application for each department.

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4.			
5.			

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San Francisco, California 94143

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ANSWER ITEMS 26 THROUGH 36 BY PLACING AN "X" IN THE PROPER COLUMN	Yes	No
26. Are you a citizen of the United States? If "No," give country of which you are a citizen.	X	
Before answering these questions read Items 27 and 28 in the attached instructions. 27. Are you now a member of the Communist Party, U.S.A., or any subdivision of the Communist Party, U.S.A.?		X
28. (a) Are you now, or within the last ten years have you been, a member of any organization, or group of persons, including but not limited to the Communist Party, U.S.A., or any subdivision of the Communist Party, U.S.A., which during the period of your membership you knew was advocating or teaching that the government of the United States or any political subdivision thereof should be overthrown or overturned by force, violence, or any unlawful means?		X
28. (b) If your answer to (a) is in the affirmative, did you, during the period of such membership, have the specific intent to further the aims of such organization or group of persons to overthrow or overturn the government of the United States or any state or any political subdivision thereof by force, violence, or any unlawful means?		X
29. If your answer to 27 or 28(a) above is in the affirmative state the names of such organizations and the dates of your membership in each in item 37.		
30. Within the last five years have you been fired from any job for any reason?		X
31. Within the last five years have you quit a job after being notified that you would be fired? *If your answer to 30 or 31 above is "Yes," give details in Item 37. Show the name and address (including ZIP Code) of employer, approximate date, and reasons in each case. This information should agree with your answers in Item 20, EXPERIENCE.*		X
32. Have you ever been convicted of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? (You may omit: (1) traffic violations for which you paid a fine of $50.00 or less, and (2) any offense committed before your 21st birthday which was finally adjudicated in a juvenile court or under a Youth Offender law.)		X
33. While in the military service were you ever convicted by general court-martial? N/A *If your answer to 32 or 33 is "Yes," give details in Item 37. Show for each offense: (1) date, (2) charge, (3) place, (4) court, and (5) action taken.*		X
34. Does the United States Government employ in a civilian capacity or as a member of the Armed Forces any relative of yours (by blood or marriage)? (See Items 34 and 35 in the attached instruction sheet.)		X
35. Do you live with, or within the past 12 months have you lived with, any of these relatives who are employed in a civilian capacity? *If your answer to 34 is "Yes," give in Item 37 for such relatives: (1) full name, (2) present address (including ZIP Code), (3) relationship, (4) department, agency, or branch of the Armed Forces. If your answer to 35 is "Yes," also give the kind of appointment held by the relative(s) you live with or have lived with within the past 12 months.*		X
36. Do you receive or do you have a pending application for retirement or retainer pay, pension, or other compensation based upon military, Federal, civilian, or District of Columbia Government service? *If your answer is "Yes," give details in Item 37.*		X

Your Statement cannot be processed until you have answered all questions, including Items 26 through 36 above. Be sure you have placed an "X" to the left of EVERY matter (or) above, either in the "Yes" or the "No" column.

37. Space for detailed answers. Indicate Item number to which answers apply.

Item No.	
	N/A

If more space is required, use full sheets of paper approximately the same size as this page. Write on EACH sheet your name, birth date, and announcement or position title. Attach all sheets to this Statement at the top of Page 3.

ATTENTION — THIS STATEMENT MUST BE SIGNED

Read the following paragraph carefully before signing this Statement

A false answer to any question in this Statement may be grounds for not employing you, or for dismissing you after you begin work, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All statements are subject to investigation, including a check of your fingerprints, police records, and former employers. All the information you give will be considered in reviewing your Statement and is subject to investigation. A false answer to items 27 or 28 could deprive you of your right to [illegible] when you [illegible] to the activities described above.

CERTIFICATION	SIGNATURE (Sign in ink)	DATE SIGNED
I CERTIFY that all of the statements made in this Statement are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.	Lawrence E. Schacht	Sept 17, 1976

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SOUTHWARD'S HOSPITAL AND MEDICAL CENTER
450 Stanyan Street • San Francisco, California 94117 • (415) 668-1000

Application for Internship/Residency from _____ to _____.

INTERNSHIP (PG1) (Please indicate 1st and 2nd choices)	RESIDENCY
1st FLEXIBLE (R-9)	Residency applying for
CATEGORICAL:	PG2 ___ PG3 ___ PG4 ___ PG5 ___
2nd Medicine	
Surgery	

TO BE COMPLETED BY ALL APPLICANTS (Please print or type):

Personal

Name SCHACHT, LAURENCE EUGENE (Last, First, Middle) Birth Date 10-2-48

Social Security Number 460-82-3698

Address:

Present 318 E. PINE ST. SANTA ANA, CALIFORNIA 92701 Phone (714) 836-9489
Number Street City State/Zip Code

Permanent MED. STUDENT AFFAIRS, RM.103 BLDG53, UCI MED CTR. 101 CITY DR. SOUTH, ORANGE CA92668 Phone (714) 634-5176
Number Street City State, Zip Code

If not a U.S. citizen, do you have legal right to remain and work in the U.S.? _____ permanent _____ temporary

List health problems which might interfere with your performing assigned duties NONE

Military Status

If you have active, reserve or National Guard status, when do you expect to be called?
NOT APPLICABLE - DO NOT EXPECT TO BE CALLED.

Do you receive V.A. benefits? NO

Education

Premedical Education SANTA ROSA JR. COLLEGE / UC BERKELEY Graduation Date 1972 / - Degree A.A. / -

Advanced Work _____ Degree _____ Year _____

Medical School UCI-CALIFORNIA COLLEGE OF MEDICINE Degree M.D. Year 1977
Name Address

Name of Dean STANLEY VAN DEN NOORT M.D.

Hospital, Research and Practical Experience ASSISTED COORDINATION OF LARGE SCALE AGRICULTURAL AND MEDICAL MISSIONARY PROJECT IN SOUTH AMERICA.

Memberships in Scientific or Professional Organizations _____

Other

Papers Written NOT APPLICABLE

Do you plan to specialize? YES What specialty? INTERNAL MEDICINE (TROPICAL I.D.)

Reason for applying at SMH & MC YOUR FLEXIBLE TRAINING PROGRAM IS MOST APPROPRIATE TO MY GOALS.

Are you applying through NIRMP? YES

BB-30-f-1

REFERENCES (Names and addresses of three: one medical school instructor, director of interns if applicable, and one of your choice):

J. G. TILLES MD, CHAIRMAN DEPT OF MEDICINE UCI, BLDG 53, UCI-MED. CTR. 101 CITY DRIVE SO. ORANGE, CALIF. 92668

DR. CARLTON B. GOODLETT MD, 1360 TUCK STREET, SAN FRANCISCO 94115

TIMOTHY O. STOEN ATTORNEY AT LAW, P.O. BOX 933 SAN FRANCISCO CALIFORNIA

TO BE COMPLETED BY RESIDENT APPLICANTS:

Internship _____
Name of Hospital Address

Type _____ From _____ To _____

Chief of Service _____

States in which licensed and date California _____ License No. _____
_____ License No. _____
_____ License No. _____

National Board Exam _____ Narcotics License No. _____
Date and Results

TO BE COMPLETED BY FOREIGN GRADUATES, INTERN AND RESIDENT APPLICANTS (Supply supporting documents):

Do you possess a valid license in the country from which you graduated? _____

E.C.F.M.G. Certificate No. _____ Year Issued _____

Are you eligible to undertake an Internship or Residency in the State of California? _____

California State Board Exam-FLEX (Intern and Resident Applicants) _____
Date and Results

California License No. (Resident applicants) _____

ADDITIONAL COMMENTS:

10-20-76
Date

Lawrence E. Schacht
Signed

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Examinations (i.e., ECFMG, National Boards, FLEX, State Boards — list dates passed, and if applicable, list State; submit copy of ECFMG certification with application.)

NATIONAL BOARDS PART I PASSED OVERALL SCORE 600.

Academic Honors

Past Military Experience (indicate dates of service, branch and rank)

Current Military Status

HEALTH STATEMENT

Current State of Health VERY GOOD

List any major illnesses, past or present:

Illness	Dates
APPENDICITIS	1965
INFECTIOUS HEPATITIS	1968

REFERENCES

No applicant will be considered for Graduate Training at Mount Zion Hospital and Medical Center without a completed application on file. This consists of:

1) Dean's Letter;
2) ONE letter of recommendation from an Instructor or a Clerkship Supervisor;

A transcript, from your Medical School, will be accepted, but it is not required. As we require only one informative reference letter, please restrict the number of letters sent to Mount Zion.

ADDITIONAL INFORMATION

Please use a separate sheet to provide us with any information you would like to add to your application.

Signature of Applicant Date Submitted 10-20-76

INSTRUCTIONS

I. Deadlines

Completed Application Deadline ..... DECEMBER 16, 1976

Interview Deadline ..... DECEMBER 16, 1976

Early deadline dates enable us to adequately evaluate all applicants. Neither applicants nor reference letters will be accepted after the deadline date of December 17th; nor will interviews be scheduled.

II. Application Form

- Complete the application form in duplicate, and forward one copy to your Dean's Office.
- Please type or print clearly.
- Be sure to indicate the Graduate Training Program to which you are applying. If you are applying to more than one program, be sure to indicate 1st choice, 2nd choice, etc.
- Mail the application to:

Medical Staff and Education Office
Department "M"
Mount Zion Hospital and Medical Center
P.O. Box 7921
San Francisco, California 94120

III. Interviews

Interviews will not be scheduled until the completed application form has been received by the Medical Staff and Education Office. In addition to this, some Departments may require that a reference letter be on file prior to the interview. Interviews are scheduled in the mornings, and are conducted on most week days. For more specific information, please communicate with the Medical Staff and Education Office. We would appreciate a few days advance notice of your arrival in San Francisco, as interviews are difficult to arrange at the last minute.

IV. Beginning Date

The beginning date for all first year Graduate Training Programs is JUNE 24, 1977.

HOSPITAL SELECTION FORM

NAMES AND ADDRESSES OF HOSPITALS WHERE COPIES OF DEAN'S LETTER ARE TO BE SENT. INDICATE DEPARTMENT OR PERSON (PLEASE PRINT LEGIBLY)	DATA TO BE SENT TO HOSPITALS: Transcripts Yes	Transcripts No	Class Ranking — Check data desired for each hospital.
NADINE FOREMAN, MD. DIRECTOR of CLINICAL SERVICES & MEDICAL EDUCATION HIGHLAND GENERAL HOSPITAL, RM 4213 1411 E. 31st ST. OAKLAND, California 94602	X		Cumulative Yearly 19/64 (1 2 3); Class Quarter; Numerical
HARRY WEINSTEIN, MD, DIRECTOR of MEDICAL EDUCATION. MEDICAL STAFF & EDUCATION office. DEPT. "M". ST. ZION HOSPITAL & MEDICAL CENTER P.O. Box 7921 SAN FRANCISCO, Calif. 94120	X		Cumulative Yearly 19/64 (1 2 3); Class Quarter; Numerical
CHAIRMAN HOUSESTAFF COMMITTEE SAN FRANCISCO GENERAL HOSPITAL 1001 POTRERO AVENUE ROOM 2A21 SAN FRANCISCO, Calif. 94110	X		Cumulative Yearly 19/64 (1 2 3); Class Quarter; Numerical
DEPARTMENT of MEDICAL EDUCATION SAINT MARY'S HOSPITAL & TRAINING CENTER 450 STANYAN STREET SAN FRANCISCO, California 94117	X		Cumulative Yearly 19/64 (1 2 3); Class Quarter; Numerical
Harold I. Griffeath, M.D. Chairman, Dept. of MEDICINE. CHILDREN'S HOSPITAL of San Francisco P.O. Box 3805 San Francisco, California 94119	X		Cumulative Yearly 19/64 (1 2 3); Class Quarter; Numerical
TRACY E. STREVEY, JR. M.D., ASSISTANT DIRECTOR of MEDICAL EDUCATION GORGAS HOSPITAL Box "O", BALBOA HEIGHTS CANAL ZONE CENTRAL AMERICA	X		Cumulative Yearly 19/64 (1 2 3); Class Quarter; Numerical
CHAIRMAN of THE DEPT. of MEDICAL EDUCATION POSTGRADUATE TRAINING UNIVERSITY of THE WEST INDIES MONA 7 KINGSTON, JAMAICA	X		Cumulative Yearly 19/64 (1 2 3); Class Quarter; Numerical

HOSPITAL SELECTION FORM

(2)

NAMES AND ADDRESSES OF HOSPITALS WHERE COPIES OF DEAN'S LETTER ARE TO BE SENT. INDICATE DEPARTMENT OR PERSON (PLEASE PRINT LEGIBLY)	DATA TO BE SENT TO HOSPITALS: Transcripts Yes	Transcripts No	Class Ranking — Check data desired for each hospital.
~~NADINE FORM~~ DIRECTOR of MEDICAL EDUCATION			Cumulative Yearly (1 2 3); Class Quarter; Numerical
CORNWALL HOSPITAL MONTEGO BAY, JAMAICA	X	f+4	Cumulative Yearly 19/64 (1 2 3)