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government generally.
It includes, however, within it a subset which is the interest groups that were involved in any particular governmental dispute. Now, I did not know at that time more than the interest groups that were involved in asbestos litigation or asbestos difficulties at that time.
So, attentive public is a wide term. It's really by opposition to inattentive.
Q. As you just said, a small proportion of the American public is attentive?
A. In that sense that pays regular attention to American government.
Q. So, prior to 1979 -- correct me if I'm wrong -- you're telling me that you did not know more than the interest groups who were having a dispute over this issue of asbestos?
A. Absolutely, correct.
Q. But you knew more than the public who generally reads the newspapers and pays attention to these disputes in the media?
A. Right. Correct.
Q. 1979 at Yale, just summarize for

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me please what you learned at Yale regarding this issue of the dangers of asbestos and how the disputing groups resolved those issues?
A. Those years that I was the head of the Center for Health Studies, were ones in which I was paying special attention to all of the areas in which health was being challenged and health improvements were being advertised as possible. We paid attention to the world of work. We paid attention to the world of physical environment. We paid attention to personal habits like smoking.
All through that time, I was in contact with the environmental health group at Yale. For instance, they were part of our audience at our regular weekly seminars. We had a seminar for two years on regulation, regulation and the world of health. So, that's where the regulation of coal came up, and in connection with that, with air pollution, so came up the discussions of connections, claims about cancer and also with respect to smoking.
So, you can imagine by this time it was widely accepted that there was a multiplicative connection between asbestos and

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smoking. So, any discussion of smoking would have also involved the discussion of asbestos that goes way back. People who were involved with tobacco regulation would go back to the Surgeon General's report as one basis, and then secondly, they would go back to Selikoff's work and bring up the interaction between smoking and asbestos.
So, in many ways, to the extent asbestos was connected to the world of work and threats to health or air pollution and threats to health, contamination, all of those ways were ones that were part of the subject matter of that research group, and at the same time, I was the editor of the Journal of Health Politics, Policy and Law. So, articles were coming in that I would have to decide where they would be evaluated, raised at this time. Not all the time, not dominantly, but some of the time were about the same subject of the nonmedical care determinants of health that fell under the environmental and occupational field.
Q. During your time at Yale, have you taught specific classes where you discussed

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the topic of asbestos?
A. I've taught for some time a course on health, on Welfare State politics. Sometimes only on health and healthcare politics, and in Welfare State health politics, I would have used at that time asbestos as an example of by that time an accepted carcinogen as one of the areas that raise questions about what form of regulation made sense for.
Q. Was that one of many examples?
A. Yes, there was not an area of my concentration at that point.
Q. When did asbestos become an area of your concentration?
A. Well, in part, this is relevant to the sequence here too. In 1985, I was made a fellow of the Canadian Institute for Advanced Research. That was a fellowship which gave me for five years complete freedom to do whatever I wanted to do, but the unit to which I was assigned or the unit that gave me the fellowship was called the Population Health Group in the Canadian Institute for Advanced Research.
That group was sixteen scholars;