Dr. Robert Hewitt

RH Well, I probably could start with Phoenix. About 1949 Jim Lowry who was then at the head of the Community Services Branch at NIMH called me at Ft. Worth, Texas, where I was clinical director of the Public Health Service Hospital and said, what I already knew, that they were opening a Mental Health Center at Phoenix, Arizona and that they didn't have a psychiatrist to head it up. He asked me if I would like to go out and see it, so I went out with Jim to Phoenix, that winter of 1949, after January sometime and we had a meeting out there. Shumacher was then in charge of the mental health program at the regional office for that area, he was in San Francisco, and he was there, Jim Lowry was there, Dan O'Keefe from headquarters was there and the staff that they already had collected for the Mental Health Center, that was Keith Perkins who was temporarily in charge who was a clinical psychologist, Loretta Anderson who was a public health nurse who had training in other areas in the mental health field, especially in communications area, Martley White who was a child psychiatrist and Kenneth Duffen who was a social worker and Clark Baine was a social worker. Clark Baine was a daughter of the then head of the, I believe, Council of State Government. Things were not well organized yet there and there was still unsureness as to what the program at that center was to be. Lowry wanted a community health center type of thing which was indicated by the fact that he had recruited clinical people for the job, the people who I enumerated were very well clinically trained and except for the nurse who had had some experience in public health, there was really noone who had had much experience in what might be called the community field and the field of,loosely, prevention, the building of mental health, so that in the background there was the idea that there would be some research done there, but it wasn't very clear, and to me it was indicated that it would be a community mental health center offering services to the community in such a way that we could introduce some community mental health service preventive programs, positive mental health, many other words have been used to describe this ethereal sort of thing.

EAR The Prince George's model wasn't discussed at all?

RH The Prince George's model was in the background. It was indicated that we would not exactly be following the Prince George's model, that we should get more over into the area of positive preventive

RH mental health. Then I agreed to go out there. I had had a short period of a couple of months experience with Mabel Ross at the Prince George's clinic and I was with Paul Emcough when he first really started that clinic by meeting with the Prince George's County Supervisors, or Commissioners, or whatnot and developing ideas of community support for the program. We began then, and where the program started sort of what individual people were doing in addition to administration, I wasn't doing very much in the beginning. Keith Perkins, a psychologist was going to work with schools and was looking for particular schools where he could organize groups of teachers and administrators for discussion groups to develop a better understanding of children's behavior, why and what, and to talk with them about their problems, their general problems and their individual problems relating to students. Then if there really was a situation where a student really needed clinical workup and perhaps treatment, Keith would make an appointment for that child for the teacher and for the parents at the center, and Mart White, the child psychiatrist, would see the child and Keith would do a workup, and other members of the staff the social worker's meeting with the family, and so on and so forth and sort of a standard workup sort of thing,as quickly as possible the relationship would be carried back into the school to be used as an example for the teachers and the principal in that school for not only this child, but also for other children, and supposedly then they would understand how to deal with similar problems. We started out with two particular schools and the nurse, Loretta Anderson, who had experience in Labrador as a Public Health Nurse and as a Mental Health Nurse in the old Grenfell project up there for a couple of years, and she also had two or three years experience in Haiti doing the same thing, so that she was interested in such things as well-child clinics, pre-natal clinics, relationships of young children and their mothers and how the mothers felt about the children, how they felt about being pregnant, the whole gamut of interests that women have when they become pregnant and then when they have children. So she went to the County and City Public Health Departments and organized in the beginning discussion groups with groups of mothers who had come to the public health clinics for their well-baby care or their pre-natal care, and this broadened out and eventually she had a group at a Yaqui Indian

RH cont. reservation also. The psychologist, Steve Perkins, participated with her in this endeavor and that was her principal area of operation. The top psychologist, Mart White, his time was pretty well occupied with seeing individual cases for consultation that would come out of either the school project or the public health project. Clark Baine, the junior social worker, wasn't there long after I arrived, she went some place else and was not replaced. Kenneth Duffin, the other social worker, developed a relationship with the local social work organizations like both private and public catholic social service, also the county social service department, etc.. and so then he worked with them in somewhat the same way as Anderson worked with the public health people and not exactly worked more individually with individual workers and then would see their difficult cases and also involve the other members of the staff. I saw some referrals and related, to some extent, ro the community and also I had developed some groups of parents of older children, of course, turned out to be mothers as almost always does, meeting at the center using films and other aids to develop, hopefully, some understanding of their problems, relating to their family life.

EAR How did the community take this new venture?

RH Well, we had a community board. The community was disappointed that we didn't go into specific treatment and just make appointments for people on that. In the beginning at least the schools were somewhat disappointed in that too that they couldn't refer or unload their problems and get rid of them. So that from that point of view the community was disappointed in how we operated and I wouldn't say that there was a tremendous amount of community interest. The Center was located in the Junior College there and we had tacit cooperation from the Junior College, no problems raised. It was a good place to be and the relationships were okey. One of our problems and real weaknesses was in the development of community relationships. None of us had had much experience and we had noone on the staff who really was an experienced person in this area. Another thing that came along was that Jim Lowry announced to us that the auspices of the Center were shifting from his division, Community Health, to John Clausen's auspices. I had known John, I was quite familiar with him and we were at ease with each other, there was no problem, but it was a complete shift and there was

RH cont. noone on the staff who really understood what John wanted or what John was talking about, and he understood this as well as we did and it was frustrating to all of us. Then we got a sociologist, Med Elliott, who came down and had just recovered from polio and all the drive that he had was going into making a good rehabilitation from polio and getting his exercises. He didn't have enough energy and I don't know if he had a real interest in the job as much as he would have had in other things to really involve us. So it seems it went along as a sort of separate thing and John came down, Dan O'Keefe was down, Felix was down, I suppose Joe Bobbitt was there, and we tried to develop some protocols and get the research monitored and so forth. I thought Med's interests were fairly pedestrian (I don't want you to publish that), as far as our program was concerned, other than that I don't know. He was interested in developing incidence, I think John was guiding him, mental health incidence, with mental illness, without having really any idea himself of what he was talking about. He talked about mental illness, and we didn't have too much of an idea either of the kinds of things we wanted to count. He had some maps and delineated some areas around this one school area that we were working directly with, and it never came to anything as far as I could see. There was no real coordination, and amongst our clinicians there was considerable antagonism to that approach. It was sort of a disastrous thing to shift from one orientation to the other. I think it was disastrous for John Clausen's program also and disastrous for what we were trying to do. But the other weakness, our community relations, we didn't keep the kind of records that anyone could write up what we were doing and that sort of thing of course has happened before, but there really no records.

EAR What would you say was the central reason, if there was one central reason, that it didn't make quite the success that everyone hoped, was it this split between community desire for services and perhaps the sorts of pressures that were coming from Central Office and from John Clausen for research orientation? Was it just personality?

RH I think that the two separate orientations, the one that John represented was an entirely different orientation, and then the orientation of the clinicians on the staff and also of the nurse, who was in public health, there was a complete lack of understanding.

RH cont. There never had been any real knowledge on the part of either side of what the other one...there was real knowledge, I suppose, but no real interest in what the other one was doing. That, and the fact that no good records were kept, it was sort of like, we did sort of run off in many directions without really defining goals or sticking to the planning, and all the people were kind of free lancers. It was a team in a way, but everybody there had been in an individual role in other places. We could have had an excellent treatment clinic, they were outstanding clinicians. We could have gone on with the other type of thing. There was more of dilletantism and exploring new areas and getting into programs of teachers and social workers and others and then seek success in a different direction and go off and try that one. It was exciting and interesting at the time, but probably not too productive.

EAR What precipitated the decision to close it down? Was it any one thing?

HR I don't know whether any of the archives are in existence, but I think we got a letter from John saying that they talked it over, and unless there could be a marked change, that they would close the clinic, that was probably in January, and they thought they would close it by next fall. We talked it over and didn't see any possibility of doing it any other way with the staff we had, so I told John I could see what he wanted to do and I thought if he wanted to do it in that area, which probably may not have been the best area and so far from his headquarters, he could have done much better near his own, that he'd have to get a different staff. The staff that was there couldn't do it. Dan O'Keefe came down and wrote a story of theCenter and we talked it over, and all the individual people had roles in that community. I was anxious to get out of there myself. I wasn't interested in staying any longar and wanted to get where the kids could go to grade and high school all in one place, so I was interested in moving up to the Washington area. Perkins had done such a good job with the schools that the school district hired him right away to continue what he was doing with the schools that he had been working in. In addition he organized a private psychology clinic to broaden out what he was doing in another school, so that part of the program went on. While Loretta Anderson wanted to stay on and continue what she was

HR cont. doing and she had had a good relationship with the University of Arizona at Tampee which was only a few miles away and she became a Dean of their Nursing School, where she wanted to try administration. She's already retired from there and Perkins is partly retired. Mark White went to Florida, Coral Gables, as Professor of Child Psychiatry on the staff of Southern Florida University Medical School and I went to Bethesda. Duffin came to California and got into the system here and he's been the most financially successful, he got into real estate and is a millionaire. When I got to Bethesda Seybolt called me up and wanted to talk to me about being Assistant Director of the Clinical Center. I took the job and we had a year to go before it opened, I continued there till 1955 and Bob Felix asked me to consider taking the place of the man who died who had been in charge of the hospital at the Institute, I don't remember his name, that had enough of administration at the clinical center, it was all operating that. It had been fun to organize and get it going, but the day to day operation and administration is not thrilling and I went over there, then the Mental Health Project Branch program was coming along, Title V, and we organized a staff. Are you interested in the staff or other people?

EAR Yes, please. I was just looking for where Bob said that..it's March 1955 and Dr. Southard reviewed the Community Services Branch activities and he reported that the Branch has been successful in recruiting for all budgeted positions, both in the field and headquarters, and he introduced Dr. Robert Hewitt, who recently joined the staff of the Community Services Branch to direct the hospital consultation services. That's the March Council meeting. I should have mentioned it. I have all the Council meetings from year one for the first 25 years.

RH I was for three years at the Clinical Center. Then the first person I recruited was Ruth Knee, the social worker, a psychiatric social worker who was in community services, I believe she was in Charlottesville, and Tersa Morgan, who was a well trained psychiatric nurse. I recruited her to this Mental Health Project Grants Group, the hospital consultation services, that is, and my old buddy who was chief psychologist in the VA, I recruited him but don't remember his name. He was interested in changing jobs because his things had more or less come to a standstill. His wife was the executive sec. of the American Psychological Association, and that was our staff.

RH cont. What the previous man had done was go to hospitals, at the request of the hospitals, and did a hospital survey. His staff had been a nurse, O'Connor, and she's retired, so we went ahead and did some hospital surveys and broadened it to not only survey the hospitals but also to survey the total mental health program of the state, it wasn't just a hospital survey. Then the Mental Health Project Grants came along and we took that over and made project grants and organized a review committee. I think Dale Cameron was the first chairman of the review committee and quite a few people are still around on that review committee. They made grants to state hospitals for the purpose of improving what they were doing but those projects were supposed to have some research ideas in them, even though they never could be defined as research. Many of them were very loose projects, but they were stimulatory and that gave me the idea of developing hospital improvement grants. My first idea was about $100,000 for each state hospital. We were trying to improve state hospitals, which was our original goal, in our hospital consultation group. Our real goal was to improve the status and operation of state hospitals so that this idea of $100,000 for each state hospital that could qualify became the HIP Grant program, the hospital improvement grant program and that came into being just about the time I retired in 1961. In the meantime the Mental Health Project Grants Program had operated for about five years.

EAR What are some of the things that you can recall that might be illustrative of the impact that the Title V projects had on the total mental health program?

RH I was just trying to think while I was talking about that, and nothing really comes to mind particularly right now.

EAR You spent a year in Europe.

RH Yes, that was about three months. That was in 1955. I was in Holland for about a month. I joined a group of British psychiatrists there and we toured Holland, we toured the state hospitals in Holland and also spent time with the community programs in Rotterdam and in Amsterdam, then I spent another month in England, all of the hospitals. T.P.Reese was at, Laurington Park, and Dr, Busch, the man who started the open hospital in England was going strong and I visited him, I visited McMillan at Nottingham and quite a few other hospitals and programs in England.

EAR Your intention being to see if those models could be transferred here?

RH Yes, and get some ideas for our mental health projects grants, that was really particularly, and to see the so-called open hospitals. I gues T.P.Reese is often given credit for opening hospitals, but the first hospital that was opened was by Busch, up in Scotland, Dingleton at Melrose, Scotland. He was the first one to open one. And that was the only time I had seen a padded cell, was at that hospital. He still kept a padded cell there as an example and as sort of an antique, all coated with quilting on the inside and he said that when he went there that they had a woman in there and he was going to open the door and go in, and she said, I wouldn't go in there, she'll attack you. We never let her out. But he opened the door and let her out and spoke to her and she was quite rational. She told him that she really hadn't had a chance to speak to anyone for many years and so he let her out, and that was the beginning of his opening the doors. He had other little anecdotes, he had one about a young man who wanted to get out of the hospital and go to town to visit his girlfriend or whatnot and became very angry and cursed, but Dr. Busch said that he was obdurate and wouldn't let him go. He didn't want him to go into town on this pass and the young man told him the next day. He said, if that door had been locked, I'd have kicked it down, and that was the type, a little bit sentimentalish. And Dr. Busch talked about his open hospitals and so on. I don't know whether that spread very much further. It spread to Nottingham. Dr. McMillan had a wonderful hospital at Nottingham. I was up in Edinboro. Bob Hunt was in New York State at that time, at the Hudson River State Hospital, superintendent, we met in London and we went up to Scotland together and had lunch up at the university where Dr. Kennedy had been professor following Henderson. Kennedy was quite a controversial figure at that time. We didn't think that Scotland, the university, as so often happens as far as management of patients, they are behind some of the other programs that are devoted more to handling patients and less to research and training. They weren't terribly good at that time.

EAR Well, when you came back, what were some of the specific kinds of things that you did that made use of that time?

RH Now, it really all sort of runs together now. I think more of the fact of our going around and consulting, but this was just a routine sort of thing.

EAR Well, about that time the Joint Commission started to get activated and my recollection was that at one point or another you had an official kind of responsibility for NIMH in the liaison with the Joint Commission, is that not correct?

RH That was a strange thing. Vestermark proposed to Felix that I be put on the Joint Commission and I never really did understand why that was. I was new in the Institute, I knew less about the Institute than anybody else and then I thought that maybe they wanted someone on there who could play the role but that we could always go back to the authority of Felix and his staff as to what ought to be done. There was Williams, Bobbitt and Eberhardt, it was the inner circle. I would go to meetings, go to meet Jack Ewalt in Boston for dinners, etc. and filled that role of Communicator but I never really had a role in decision making with regard to , so that wasn't really a very important role and I think it would have to go to people like Williams, where is he by the way?

EAR He's in North Carolina. He's working in the State Government with Jim Osberg, he's been there for a couple of years. He was transferred from NIMH and I think he's planning to make it, if he hasn't already done so, a permanent shift to the North Carolina system,which he likes very much.

RH Well, there was a big struggle in the Joint Commission. APA wanted the power, of course, and they got the power and they got to a point with Jack Ewalt as the head of it and the two assistants were Phil Sanford, I had a pretty close working relationship with Phil Sanford, and Phil was terribly put out by his role in the Joint Commission and didn't feel that he could fulfill it. I think myself that the final report of the Joint Commission didn't have much impact, was cut and dried, you or I could have sat down and written a report without ever having a Commission.

EAR Well, can I ask you a question on that point, even though we're going to be skipping some time. There was an earlier draft that was written, which was really very badly criticized, and that was rewritten and the Action for Mental Health draft was written by this newspaper man, but as you say, it was really not very innovative. However, what is important there and I think I do want to say something about this when I put it all together, even though the substantive document itself didn't do very much, in effect it

EAR cont. precipitated all of the community mental health center's legislation and the special message from Kennedy, and all the rest of it, so it played a part in the....

RH Yes, in fact they thought that the impact of the fact that there was a commission and they went on not what they did but the fact that it was there. I think Sanford wrote quite a bit of that first report. The other assistant was down in North Carolina too....

EAR In Nashville, Tennessee. You mean the other psychologist.

RH Yes, what was his name? It's not important, but anyway he was in on that too, he was a social psychologist, wasn't he?

EAR A child psychologist, Nick Hobbs?

RH Well, no, Nick was a very influential member of the Commission, but he wasn't on the staff. Somebody else was on the staff with Phil Sanford. He's written quite a bit and published, and I think he was in North Carolina at that time, but anyway Ewalt pretty well steam-rolled the Joint Commission and then of course he had the support of and all the old politicians in that and I sort of came up with a gnat. It probably might have not amounted to anything, no matter what kind of report you came out with... and of course, as you say, the fact that it was organized and the fact that it went on and things were talked about and various groups had meetings and there were committees....

EAR Was that a full time responsibility of Jack Ewalt's?

RH No, he was superintendent of a state hospital just outside of Washington at that time, before he went to Boston Psychopathic, or what is called the National Mental Health Center. Jack's with the VA now, isn't he?

EAR Yes, he's down in Washington now and still going great guns. He's very energetic.

RH I never was really on the inside of that, but I think people like Williams. I didn't know Phil Sanford pretty well and Jack Ewalt and spent time with them and had a feeling that there was a machine going on here and that it was going to do certain things and was not going to do other things, and that was the way it would be.

EAR Didnt't you attend the meeting, I was there too, but really more as a kind of a representative of the Training Program in 60-61 just before you retired, a meeting in Bethesda? Bob chaired it and there were about ten or twelve people there and we really were talking about the first draft of the Joint Commission report

EAR cont. and there was some considerable concern about whether that draft, as it then stood, ought to be published. Do you have any recollection of that meeting? You may not have been there. Mort Kramer was there and I think Joe Bobbitt was there, Stan, Felix, myself, Vestermark of course had died by then, and the whole discussion was around what do we do with this report.

RH Who wrote that report? Was it Phil Sanford who wrote that first report you're talking about?

EAR That's what I'm trying to find out.

RH I think it was written by Sanford, I'm not sure.

EAR Well, he's gone. I need to spend some time with Jack Ewalt, I've not seen him. I'm going to try to see Nick Hobbs incidentally.

RH Nick Hobbs knows the inside story.

EAR I have to give a talk in Little Rock, Arkansas, in April and I'm going to stop off at Nashville, because Nick is still at Nashville. What did you think of him, how much interaction did you have with Nick?

RH Not much. Nothing that could be important to this, I think. More social than anything else.

EAR But he did have an influential role.

RH He was one of the people that really had a mind, a brain, on this thing and really had an effect. And Ewalt thought more of his contribution than he did of Phil Sanford's and the other person who shall remain nameless. Nick was really influential as far as everybody was concerned. He was a thoughtful man, of course,

EAR He was very adroit at getting along with people, which he still is.

RH That's one thing that Phil Sanford was not. He was a bull in a china closet and never did get along with people.

EAR But he had a way with words.

RH Phil had a brilliant mind. I remember one time when I was at an American Psychological Association meeting at State College, Pa., I forget when that was (EAR - 49) and that was when I first met Phil Sanford and he was having trouble with his job then, he was very angry and he and I played golf two or three times, he cursed and cried all the time. That's the first time I got to know Phil Sanford.

EAR I was there. That was my first APA meeting and I remember it so vividly. It was the last meeting that was held on a college campus.

RH That was the last APA meeting that I was ever at. We landed there in DC'3's on a grass runway, do you remember that? That was

RH cont. really medieval, in a way. One of the most interesting things that heppened there, there was a meeting at a round table or seminar or group discussion, I think one of the Reuthers was there and it was a fascinating experience in power plus the using of power, I enjoyed that meeting very much. Garrett French was on that too. He was my T-group leader at Bethel, the Bethel Institute in Maine, that was in 1950. I was up there with Lickart and Lipman and so on, but the Joint Commission was really not my piece of pie. I had a lot of ideas about that, you know, I didn't think the report was really worth reading and it was a sad comment.....

EAR The individual monographs had some impact, for instance, George Albee's monograph on Mental Health Manpower had some impact and some of the other monographs, the one on the hospital - the Stanton & Schwartz paper on the Hospital as a Community and some other parts of it that were pretty good.

RH Where is Mort Kramer now?

EAR Mort Kramer is now Professor of Bio-Statistics at Johns Hopkins. He retired about a year ago.

RH And Gruenberg is there, Dr. Gruenberg.

EAR Yes. Ernest Gruenberg.

RH Is he making out alright?

EAR As far as I know.

RH He had that head injury and then became sort of primitive after that. He's another brilliant guy.

EAR Now that you have had a chance to think about some of this, I am sure that you haven't really thought about this in recent years, but are there any other incidents or anecdotes that come to mind what I'm really looking for are little tidbits that help to illuminate the whole picture and let me just, without meaning to prompt you, but the theme that comes through in most everyone's presentation with rare exception is one, that NIMH was an exciting place to work. A lot of things were going on, we were at the forefront of a lot of important developments in mental health and that whether by good luck or hard work or whatever were a combination of things, we had some very good people there. I think that things went extraordinarily well in a variety of ways. From your own experience, can you think about some things that fall into that category?

RH I think one of the things that really was exciting about NIMH was that you were allowed to be an individual and that you could use your individual efforts. You weren't controlled too much. At the same time, of course, there was overall management, that you could go out and do things, organize things and develop them as long as you really .....slow down and got routine and got dull, I would get out. I was interested in the way we moved along with regard to development and improvement of the mental health programs in state hospitals. We did one survey of Alaska. Alaska didn't have a mental hospital and sent the mentally ill down to a contract hospital in Oregon, Morningside, and this team that I mentioned, we went up to Alaska and spent about a month up there and held hearings in all of the communities of any size.

EAR What year was this, do you remember?

RH It was 1956 or 1957.

EAR Did Dale go along on that?

RH No. Just the group that I mentioned. A nurse, social worker, psychologist and myself, so then we came up with a recommendation of a 225-bed hospital, which was built and is still there, the Alaska Psychiatric Institute at Anchorage. I did a little survey a couple of months ago for the Joint Commission. With regard to the Mental Health Projects Grants, that really is...I think you could probably get that from somebody. It all sort of melds together in my mind with the Mental Health Consultation, and we used the grants to get to do consultation in hospitals and also to use that opportunity to develop the grant projects.

EAR Here's a little statement that might prompt some memories. This is in March of 1958. Dr. Hewitt presented the report of the Mental Health Project Grants Review Committee which met Jan 15-17 1958. The committee discussed at some length the development of the Mental Health Project Grants program, something of its scope, future outlook and what methods might be used to develop it further. The Council commended the committee on its self-appraisal and the discrete ideas which resulted. That was a report, it's probably in the records somewhere.

RH Yes, it must be. And there were minutes of the committee meetings. There were always a lot of people on the committee who were doing research full time, practically, the sociologist Smith from North Carolina and then there were clinicians like Bob Hunt and

RH cont. and Dorothy Delsmith from New York and there was always the conflict on the committee within each individual person as to whether or not it was proper to spend this money on project grants which were not research, whether this really should be done, and that was, I'm sure, some of the discussion at that particular meeting. Finally that committee settled into the idea that what they should do is look for useful projects which would be stimulating. I remember one project. Wyoming had a very small mental health program and they finally came in with their request for a mental health project grant and it was very weak. I went up there with a staff site visit group from the committee, there were three or four people, and we met with the mental health people in Wyoming and also with community people to discuss this project that they wanted to do, and the committee there itself and our staff helped them reformulate this project to where we thought it would really be useful to them and would begin for them a really good mental health program, and as it turned out, it did form the basis for their organization of a mental health program. But the committee did that, and also the staff, if they felt that it would be desirable to stimulate effort in a certain area, if there were enough staff and they were good staff, this was one of their ideas, then if it was worth stimulating an effort, they would go to great lengths to do this, and not just prove or disprove the project which came in, but would use it as a chance to try to strengthen the project and to strengthen the overall program in that state. They also had poor projects come in, like everybody else, where the advice could easily be, disproved with advice to submit a project or something like that. You know, we'd get some terrible things, but this is the way the committee saw itself working, and the staff also, as mainly to stimulate mental health programs which would be satisfactory, which would help that state or that community get going and

EAR How did you feel that the state and territorial authorities of annual meetings that were held saw that whole program?

RH I don't have any definite comment on that. The state and territorial, as far as I remember, and I would think that they would do this because they always were approving of programs where federal money was spent, it may be that I don't recall this, it may be that they did think that this money should be spent only in states where

RH cont. the mental health authority was also the overall health authority. I don't remember anything like that but I could imagine that this could be because there was a great struggle in the states as to whether or not the public health authorities should also be the mental health authority, and of course the public health people lost out, and it could be either the public health authority or some other organization in the state. If there were any conflict, that would be the area in which it would be.

EAR Here are the Council minutes of November 59 and you were describing recent developments in the community services branch, and in March 1959 the branch participated in the meetings of the Surgeon General with the state and territorial mental health authorities in their discussion of public mental health programs. They recommended the appointment of an ad hoc committee on mental health hospital facilities and they wanted to make sure that the developing guidelines for state plans for mental health facilities took into account the sorts of things that were underway. One of the problems is that many of these facilities such as mental health centers, half-way hospitals, day hospitals and night hospitals are still in an experimental stage, so that it is difficult to make recommendations about construction programs and other recommendations of the state mental health authorities included increased appropriations for grants in aid to states for community mental health services and the raising of state matching to a 50-50 basis, and the amending of the existing social security laws that discriminate against any type of illness, either mental or physical, and constant effort on their part to upgrade the mental health aspects of that whole operation. And there is some comment in here about a technical assistance project too. What was your feeling, and could you illuminate this in an particular anecdotes or incidents, about the way the states in general felt about the NIMH and the fact that a lot of it was being controlled from Washington?

RH Oh, the states, specifically the mental health authority and the states felt about....Before we go on, you know, on this business I'm trying to resurrect something about mental health projects concepts, I think Ruth Knee would really be an authority for that.

EAR Yes, I've got to talk to her about that.

RH Now, she'd remember than and she'd be good. Now, how the mental health authorities felt about NIMH. Do you know, there was a

RH cont. conflict, in a way, between the regional offices of NIMH and the headquarters. We've gone into that someplace else. So that the attitude that the states had with regard to NIMH was to a great degree conditioned by the attitude of the regional office. For instance, in San Francisco Henry Shumacher, who was really a fine gentle person, he felt very much as though he were cut down and that he couldn't operate fully at the regional or federal....and that attitude spilled over into the states in his region and we used to hear things about it, so that I think the attitude of the regional office to a great extent , and sometimes regional office people would say, well, you know, headquarters tells us to do it, and we have to tell you to do it and use them for a whipping boy, they still do it. So the states had sometimes distorted views of NIMH. But now the people who were in charge of the mental health program, and the state mental health authorities, whether they were in public health or mental health, whether they were in social psychology, social psychiatry, they had direct relationships with the headquarters at NIMH at their once a year meeting with the Surgeon General. They were very much in favor of going directly to the headquarters overthe heads of the regional offices and they were very supporting of the headquarters. I don't know of any person in charge of the mental health program in the state who wasn't very supporting of the headquarters of NIMH, so always they felt that they should have more to do with the way the money was spent, who got the grants. They understood, but somehow they never really felt that the system of having review committees and study sections to determine what grants should be made. They never really felt that that should be taken out of there, and they felt that they should have something to do with that, but when it came right down to support, the mental health authorities had 100% support of NIMH and its program and looked to them as a model of behavior in the field of getting funds from legislatures and from Congress and from planning and developing programs.

EAR Well, now when you left, I want to raise a kind of general question with you, when you left in 61 the Institute, of course, was very much in an expanding stage and continued that way for at least almost another decade, not quite. To what extent, do you think, in retrospect in thinking about it now, that the goodwill, the good relationships, the kind of positive interaction that occurred, was

EAR cont. to put it very crassly a function of the fact that NIMH was a source of increasing funds, that it wasn't so much perhaps program development per se, it wasn't so much innovations per se, it wasn't so much coordination per se, but that funds were needed, that there were things that had to be done, and the NIMH was a source of that.

RH There's no doubt of the fact that funds were available and that they were going into many areas and available and increasing amounts, that was a very important factor in people's thinking about NIMH and support of NIMH. A great many of the people out in the states that I had any contact with in the mental health authority didn't have much contact directly with the headquarters of NIMH except in the community services branch, and then only indirectly sometimes, they'd get to see Felix once a year, and this was the big scene, the king, you know, but it was kind of a mystery to them, the training branch, the research and training particularly were kind of a mystery to them and they didn't really know much about it. The relationships there were more with the universities. There were people in the universities who were just completely dedicated to the idea of the NIMH program and the way of organizing programs, of expending funds is the way to do it. I think, for instance, of Elliott Rodnick. There were people like him to whom this was really an important thing. NIMH was something worth supporting and they were always pleased. Rodnick just got his share of funds probably, but they really supported NIMH, and there were a lot of them like that, I was thinking that up in Washington, Chuck Strothers is another one of that kind who was directly supportive. This was a mixed bag.

EAR Well, what I think is so intriguing about this, and I really want to get people's reactions, so please don't hesitate to contradict me if you feel I'm oversimplifying or overstating the case, but I think that by some happy combination of factors people both within NIMH who had a good deal of confidence but also people on the outside, the Elliott Rodnicks and the Chuck Strothers who were extraordinarily competent and productive people, there was a kind of a professional symbiosis which took place.

RH Very much so and I think a lot of this goes back to what I said about the people at NIMH always being able to develop their own potential and being able to carry on program directly and having

RH cont. some authority of their own, like Vestermark, and the training program head, and when I say Vestermark, I mean Vestermark's staff and they really had good relationships. I did a visit for him to Jack Ewalt, when Jack Ewalt was at the University of Texas in the early days when Vestermark couldn't make them all and Vesty had an excellent relationship and this was true with other people too. There was always that old interest in the old dollar but there was this relationship. I don't know whether that may have fizzled out in later years, as you say, there was another ten years after I left. I'm not close enough to know whether it's still to that extent or not, I don't see those people.

EAR Well, I think it's a whole different atmosphere now. Bert Brown, as you know, has just been fired, so to speak, and the picture is significantly different now. And that raises another issue which I want to bring in some way, the whole question of what happens as an organization grows over time, organizations have a life cycle almost the way people do sometimes. I think that after 25 years of NIMH something developed which was different again and incidentally this is going to end with the 25th anniversary. What's happened since 1971, I don't understand and I think it's too recent to talk about. This is going to be a history of NIMH from 1946 to 1971.

RH Let me say something about the relationships. You know, you go out into the field and the people who knew the people at NIMH knew them personally. They talk about Kurtz, Vesty and people like that, Bob Felix, and the individuals were important and the relationships were vital to the program. I don't think there's any doubt about it even though there probably were people who depended solely, the relationship depended solely on their getting money, but there was this other which I've never seen anyplace else.

EAR Well, that's what I was going to ask you. Now you've been very much involved in a state level program, you know, the largest and probably the most active state insofar as state program is concerned, could you make a comparison or contrast, for what it's worth, between the situation at NIMH and the situation in California?

RH Well, it's so different basically. At NIMH, we people who were in program in the East who were not in top management, we were interested in program, and program was our interest, we had no political interest, we had none whatsoever. I suppose that's not

RH cont. necessarily good that you don't have political interest, but we had no political involvement, so we really had no political interest insofar as the program was concerned. In a state, you're right there on the firing line and I was in the administration in the state and the spend a lot of time, and I think the majority of the time, state or agencies, putting out fires and protecting their back end. What's the legislature doing today? What did they say today? What did the agency chief say? Oh, we got to get this out, he wants this or that, so you really don't have much time to develop program. You can do some planning, but it usually blows up, you don't have much time to develop program because you're putting out these fires all the time, and this permeates further down in the state, the people directly in program are closer to the political realities to what the legislative committees say about this or that, and the Governor going into the state hospital and deciding they need more personnel or some crazy....can you imagine the president getting into a similar situation, not a state hospital, but a university or anything else. It's very difficult to compare, and the fact that you have this situation sort of doesn't prevent you from having the other kinds of relationships that cuts down on them, and when you have meetings of people like they're discussing items relating to management, administration, money and so on much more than program. Now for instance, a friend of mine, Truman Shoenberger, is writing a history right now of the program in California. I played golf with him yesterday. He says it's just interesting that in 1955 or 56 when it started that they're talking about the same things now that they did then, money, etc. and very little talk about program, this is a different level of operation.

EAR Okey, but let me ask you what I hope is a relevant question on that issue, as to what extent do you think that the character and the formulation of NIMH was also partly the responsibility of Bob Felix, and some of the other senior people at NIMH who had that kind of dream, so to speak.

RH It's hard to evaluate Bob Felix's impact. I was in charge of the Women's program down in Lexington when Bob Felix was transferred up to headquarters to be head of NIMH and Lawrence Kolb. I remember him as clinical director at Lexington when I first went down there and went in to meet him. I thought he was going

RH cont. to come right over the desk to shake hands with me, and he didn't lose much of this as years went by, just a great friendliness and outgoing, energetic, good head, you know, good politician and pretty good manager, although I think he always had people there like Paul Clark who really were outstanding in that field, but this kind of thing, he really was the life of that hospital and program. There were still people, however, who just hated his guts for that very thing, and I suppose there were some in Washington and Bethesda too, but I never knew any of them who were jealous, rivalrous. But a person like that of course can't help but have an impact on what he's doing, what he's organizing and what he's operating, and he doesn't always have to have definitive ideas. He can evolve things and get other people to produce and let them produce, etc. and he can supply the energy and the enthusiasm and the fatherly approval.

EAR When you went to Phenix, had you had any interaction at that time with Bob?

RH No, none whatsoever, and I didn't until after I'd been there about a year, so I didn't know really, except through Jim Lowry, what the program was to be.

EAR And then when you were at the clinical center and when Bob invited you to join NIMH again, how did that come about?

RH Well, they had this vacancy, for one thing, and I sort of felt like a member of the family. I would be around the staff and then Curtis Southard told me that Bob wanted to talk to me, so I went over and Bob told me about this, that he felt that the Institute to a certain extent had failed in the area of state hospitals. They had this old program that had sort of died and the Advisory Committee consisted of very old people and was non-operative. There was only one man on the whole group that was really pretty good. He said that this program had been neglected, he hadn't thought about it and it had just fallen by the wayside and was dying out, and he wanted to rebuild it. He said there wasn't too much sympathy in the Institute amongst other members of the staff to do that, apparently the feeling was that we ought to go in different directions, but he felt that we ought to at least keep one hand in on this particular thing and he asked me to come and organize a staff in the community services branch, Curtis Southard was very supporting of him, I don't know if I would have gone there if Bob Felix hadn't

RH-cont.- wanted me to. This thing of the Joint Commission was the strangest thing. Bob never mentioned it to me and I always wondered what kind of a deal that was, I had been away from the Institute and had never been in the headquarters office, but I thought I'd keep my mouth shut and it was kind of interesting for me to meet with those people.

EAR You were on it for five years.

RH I enjoyed meeting with those people. It was another outlet for me to get new ideas. I was agreeable to the fact, thought I didn't really have an authority role in that program. But I think if someone else had been in charge of NIMH, I wonder which way it would have gone. It could have gone in a much more organized way. Now Bob built this thing up I think with the Congress, through particular friends in Congress, Senators Hill and Fogarty, Fogarty called me up one time, I suppose he called up a lot of staff members, that was one a mental health project grant that was going in his home town, Providence, and he said, it's not going well, there's something wrong up there. The fellow in head of a trucking business was Fogarty's close friend and he had a retarded child, and there was a Retarded Children's Program there. He said, you go up there and see what the hell is the matter. I didn't say anything to Bob Felix or Curtis or anybody, I just went up there and spent a day or two. It was easy to see what was wrong and there were some staff problems that we got straightened out. I never heard from him again on that subject, but I wondered if some of that didn't spread over into some other parts of NIMH too. Bob was agreeable to this sort of thing, and it wasn't a harmful thing, I wasn't giving anything away, it was just the usual consultation. Now, you know, the conflict of interests, etc. That's another facet of Bob Felix, I think, he let other people play roles and take part, and like with the Joint Commission, he stayed out of that, as far as I was concerned, completely, I suppose if anybody ever asked him why did you appoint that guy and he said, I didn't. But I always felt very supporting of Bob, we used to call him "promising Bob" in the early days, but I think he outgrew a lot of that. A lot of it was based on his enthusiasm. He promised and said things, and what he meant was that he wanted them to be that way. I think he outgrew a lot of that, but I think the people really knew him in the Institute and understood this.

EAR Now, you've been very close to two people who had been there from the very beginning, both Dale and Jim Lowry, and I haven't talked to Jim Lowry, as I've said, I've talked to Dale, and at one point the thought was that Dale was kind of heir apparent, since he was Bob's immediate assistant, so to speak, in the early days, and a very bright and well organized kind of guy. Dale said to me that the reason he left was that he knew that he couldn't wait long enough for Bob to give up the position and that if he had any aspirations for it, he was going to have to wait a long time. You really weren't close enough to any other people at the time that you came on, so that you had any feel for who else was being considered in the mid 50s as a possible successor to Bob? That really wasn't an area that you had.....

RH I don't really think that Dale Cameron was ever really seriously considered by anybody, except Dale Cameron, for the job, and I don't say this disparagingly, I don't think that he really was in the running as so often happens that the second man just doesn't get to move up, and justifiably so, he's played the second fiddle so long that he's just not ready for it. But I don't really think that Dale was a candidate. Do you think so, from what you know?

EAR Bob said he didn't have a candidate, as such.

RH I'm sure Dale wasn't his candidate, and I don't remember any thought. I think Vestermark had some ideas that he might get it sometime, but I don't think that that was in the cards either, and there were a couple of probably professors of Psychiatry who were thought of as possibilities at that time, Romano of Rochester, I heard his name....

EAR Romano, of course, was on the very first National Advisory Mental Health Council. I talked to John. He's an extraordinary man.

RH Some of the others, who were professors at that time, were too old to be considered for it. Someone else, besides Romano, was very prominent at that time, but I know he would have been fairly satisfactory to a great many people. I don't know how Stan got it, really. I wasn't around at all.

EAR That's a long complicated story, but that is a case of the second man moving up, because he was second man.

RH Bert Brown looked very capable. I had known him when he was a resident at the Massachusetts Mental Health Center and he came up fast, and he has a lot of drive. He didn't have that hail fellow

RH cont. well met country boy type of manner of Felix. It probably wouldn't work now at all. It had it's period and it's gone.

EAR Did you have much interaction with Alan Miller?

RH Considerably, I guess.

EAR You know Alan was a possibility.

RH I believe I did hear that. I knew Alan very well years ago before neither of us was over there. I believe it was at Ft. Worth when he was a resident in psychiatry. Alan is a brilliant guy....

EAR He was at Prince George's County.

RH And he has enough of what might be called ruthlessness to manage that kind of a job. Stan had that, you know, coldbloodedness, and this is something that Bob lacked. Stan has that and Alan Miller has that. He was at the mental health center, and I used to visit him when he was up in Albany.

EAR Did you have much interaction with Joe Bobbitt?

RH Not much. Joe didn't seem to be a guy that, at least, I could ever get close to and I wonder whether other people did or not. You'd get so far and then he kind of held you off. He must have been influential with Bob early, but I doubt that he was in later years.

EAR Oh, he was very influential initially, because he and Bob and Sid Newman and Dale Cameron were the quartet, really.

RH But in later years, I don't think that Bob.....

EAR No, he was never really influential because he was a thinker and a provocateur, so to speak, and not an organizer.

RH But Bob could never cut anyone out, he could never replace anyone that was that close to him.

EAR Well, now that we've chatted for a while, are there any other things that come to mind that you can recall that would help to add another dimension. What I'm really seeking is illustrative instances in which we really had the decision making process exemplified. Now you've said some things about Bob, and I think from the standpoint of his character, that's an important aspect, do you recall anything in terms of your own responsibilities, even the little thing that you said about Fogarty is important, there were all these interactions that took place which influenced the decision making process....

RH And people were interacting. It's a good thing that Bob had people who could handle themselves. I'm not pinning any roses on myself or anybody else, but he had people around who could handle themselves and you could be left free to do some of these things, that was the

RH cont. great strength of the Institute. I don't remember any staff members who really couldn't be trusted to, and weren't able to handle themselves.

EAR You haven't mentioned Jerry Carter. You had some interaction with him?

RH Well, Jerry, I think, handled himself very well. It's hard to evaluate Jerry over all. I don't really think of him as a top guy in the field, nor Warren Lamson either. They're quite the run of the mill, I think.

EAR They came to work for me later on. Where did Bill Hollister come from, he took your place.

RH He came from Public Health and then he went into Psychiatry and the he was in the regional office. I don't think any psychiatrists went into headquarters in the part I was in. I think Ruth Knee really took over that program. Ed Flynn was the staff person for the grants but insofar as the consultation services, I think Ruth Knee took it over, any surveys that were done or anything like that. The one thing that Bob Felix did, of course, in spite of the fact that he had some weaknesses lower down. In the beginning he had Jim Lowry, and Jim Lowry doesn't have any problems making decisions and cutting the mustard, and he's a keen administrator, an outstanding administrator, and he organized that community services, and that wasn't an easy thing to do, and then he had other people who did the same thing. Larry Cobb, wasn't he in training to begin with? And Vesty took over, and Vesty was a strong person, and Eberhardt was a strong person. Bob had really good people, Southard took over from Lowry, he wasn't as strong as Lowry but he was an outstanding fellow as Curtis was in his job. He did an extremely good job with the mental health authorities. I think that Ruth Knee could probably broaden that picture of the grants....

EAR Yes, I need to talk with her. She's still in Washington. I think her husband has retired, she lives out there in Virginia. A lot of people that we knew are now retired.

RH Why can't I remember the name of that psychologist....

EAR It's not Carl Anderson...

RH He did in Los Angeles....

EAR You mean Storky Skeeles?

RH No. Not Storky. He's another character, but this person died in a hotel room in Los Angeles a few years ago. Hal.....

EAR Oh, you mean Hal....he used to be at the VA. Hal Hildreth.

RH Oh, yes. Hal Hildreth was a complicated guy, a very brilliant guy....

EAR Yes, I knew Hal very well...

RH He was the life of a lot of things and he really was such an important cog in the machine there. I thought he'd be burned out when he left the VA, but he wasn't. Whatever happened to that research he was sort of sponsoring on homosexuality in Los Angeles? With Evelyn Hooker, is she still down there?

EAR She's still down there. She's had problems of her own. She's had serious depressions from time to time. As a matter of fact, I was going to see her when I was down in LA and she got a bad case of diverticulitis and we couldn't get together. Yes she was supportive and I think Hal had a major role in that development, as he did with the suicidology program with Ed Shneidman.

RH Yes, that was another one. Well, this was an example of the way we functioned in the consultation services. Each person had certain relationships like that, Hal did these things, Tersa Morgan with the nursing schools, Lennie Duell wasn't part of our team but he was playing his role in a different way, so that each person could expand himself in his own way. That was really to me the fascinating part of NIMH...

EAR Do you think that there were really serious bad feelings between the state people at the operating level, and the NIMH, obviously the people in charge were not, because they knew which way the relationship needed to go, but I talked, for instance, to John Bell, and I think the regional office people deserve a great deal of credit for having handled themselves well in this difficult intermediate role between the state people on the one hand and ....it wasn't easy, and John, of course, is an extraordinary guy and a very strong person. But, from the state level especially since you spent so much time at the state level in recent years, What's your evaluation of the relationship to NIMH at the operating level, I'm not talking about the people in charge?

RH Well, California may not be a good example. The regional office In San Francisco has, I think, lost a great deal of prestige since the 1950s and the state people, of course, I didn't come to Calif. until 1964, but the state people, since I've been here in the state mental health program, it's sort of, what are those guys trying to get us to do now, and what's the angle on this, what do we have

RH cont. to do now to get the grant? And them, you have to go through so much red tape to get anything done and they have so many meetings, I'm just quoting now, and talk, talk, talk and you go up there and sit and don't get anywhere, and their regulations are being rewritten all the time and we don't understand them anyway, and is it really worth going through all this to get that little bit of money which we get, and that sort of thing. But they still jump through the hoops when they have to, to get the money. But the relationship is not really very good.

EAR Well, that answers the question for me. There's one other thing I want to make sure we get in before we quit, and that is, you were at Wichie for about three years, and it seems to me that there's another dimension in the NIMH story, SREB for one, Wichie for another, which were the two major regional groups, the Northeast group never really got started in any significant way, but NIMH was very much involved in the initial development of SREB, but the Wichie interaction with NIMH is another interesting story. Would you want to comment on that for a couple of minutes?

RH Well, it was probably pretty well developed when I got there. I believe Warren Born was there until 1961 and insofar as our relationship with NIMH then, specifically we thought of them as a Foundation, a source of support, not only funds but also of other kinds of support, consultation, you probably found it the same way that I did, after you get out of NIMH, the first few years you're almost considered still a member of NIMH and the people there may have a soft spot for you, but the gap gradually widens and pretty soon you're just like anybody else. Well, we looked on them as a sort of Foundation, for grants, advice, help, sort of an intelligence community, but actually Wichie uses the universities more for that than NIMH, the University of Colorado is very close, the University of Washington, UCLA, Berkeley, these are the places which Wichie depend upon. Chuck Strothers was chairman of my committee when I was at Wichie, the Training and Research Committee, and I wouldn't have gotten to know him if I hadn't met him at NIMH and he wouldn't have known me. Chuck was really a vital person. The important thing was to get state people into jobs, committees and into advisory capacities, because you didn't need the federal, and the state people you had to have them or else you didn't have any organization at all. It depended

RH cont. completely on state support. So that the federal got to be less and less. I think the funds have gotten cut down more and more.

EAR I'm sure they have. I'm not sure that Phil Sirotkin has been able to do anything.

RH But Wichie is sort of a hollow shell, as far as working in it is concerned. You have the same thing I was talking about NIMH today, opportunity to operate yourself, but you're not operating with anything that you can really put your hands on, and the state support.... but they have their own programs, and so you have to wedge your way in there, someway or other, and to a great extent the program at Wichis is a manufactured program, which, except for that original student business, they find places for medical students to go to, that's been expanded, and I think that's still the best program that Wichie has, although they've done a great deal in nursing, but we had to develop programs in training