

Dr. Richard Williams
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PART 1

RW= Well, are you talking about sources and methods and so on - one source if it is findable - you know I had the reputation of being a verbatim note taker and I did take near verbatim notes of a number of very key meetings - notably the retreats and those were all written out and should be in the files some place and Lucille Moore who did the transcribing and typing might very well - she is still there

EAR Does she work for Doris Smith - not Doris Smith

RW No, she is now working for Stan's old secretary or with her

E Esther Cohen

RW Yes, with Esther Cohen

EAR Esther is someone I need to talk to

RW Lucille would be interesting to talk to of all the secretaries because she was in a fairly key position for many many years She was my secretary for a great many years and then she became one of the secretaries of the Office of the Director

EAR Yes, I remember, of course

RW And, she is very good about knowing where things are and what's happening - my present secretary would have no idea where that stuff is but meeting after meeting I was the guy who always took the notes and wrote up the meetings that were of some key significance.

EAR Well, let me ask you a question and please answer frankly that would be the only way it would be helpful to me. I have or I am getting what I think are mixed messages from some people about this

EAR (continued) in terms of I suspect some people are feeling - well first of all I am not a historian which is a legitimate criticism but I don't want to do what history as such - the other is I think of some concern that all of these oral histories I have been trying to take may infact be so much individual reminiscenses that a great deal of basis is fact - well I think that is partially true inevitably so but the degree to which the reminiscence agrees with the fact is testable and that corraaborating evidences available but more importantly, from my point of view those perceptions in those instances where they are not contradictory to fact are part of the important overtone I am trying to get out of this thing - do you see a serious problem with that.

RW No, I don't see any problem - I think you have to use multiple sources and do some cross checking that I see no problem - the thing that I did was really quite different - I had a different test, my mission as it was given to me was to give a perspective of the field with a little historical background - now I happend to feel that in any one of the areas with which I was dealing I again had to put it into some historical content and as a matter of fact what I have been doing in North Carolina I have had to go back and re-analyze the historical context all over again in order to define the current problem more clearly so I think in those terms it is very important but my method of carrying data was very different. I went to each of the key people in all of the program areas and I asked them what they considered say in research to be the X number of most important products, current activities and so on,

RW(contin) Then I would gather the written material about that - stacks of it so that was a little different kind of an operation than your doing.

EAR It is, and that is why I really wanted to get your reactions to the question I just asked you because I feel very strongly that there is a story there that needs to be told and I think that what I am trying to do by my point of view is at least one way to get at it - what I don't want to do is to end up being in a sense so far afield from the proper focus that I will end up with a mass of data which really isn't that useful. I don't think that's true I mean I have been involved in projects before where some times you begin and initially there is an inevitably kind of a crumbling stage where you have to put the stuff together but it will fall into place I know. Well, listen let me ask you though some questions on two levels - one in terms of your own professional involvement in some of the things that went on well within those 25 years you were very much involved in some key activities and in that context also some of your thoughts about some of the people with whom you were involved so maybe what you might do if you want to is really without any preparation, of course, talk about how you first got to NIMH, what your early responsibilities were and what is your recollection.

RW Well, let me start that way - I think what happened to me within a week or two coming into NIMH would sort of throw some light on a number of things. My first major assignment actually was to coordinate the development and writing of a five-year plan.

RW (continued) This was a suggestion not a command from the Council - it was not something that NIMH demanded or that the Surgeon General demanded or that the Congress demanded but one of the people that was most influential in that was sort of a salesman type - Madison Avenue type with a name of Charlie Slafer and Charlie said

EAR What year was this Richard?

RW This was 1951 in the summer of 51 - I came in July of 51 and I think this started in August and that Fall I spent most of my time on this. Now, Charlie said to Bob Felix and he conveyed this to the then small staff or then executive staff which later was called small staff. Think big - our budget at that time was just under 10 million dollars He said "think big" write a five-year plan and your budget five years from now should be fifty million dollars instead of 10 million dollars and most of the common reaction of the key people there well that's nonsense but we will do it anyway - 50 million that is a fantastic figure. Now how was this done - well, this became a function of the then very small executive staff and I think it is important to know what that body was in those days - it consisted of Bob Felix, Lyman Moore, who was the Executive Officer, Jim Lowery, representing the service area, Besty, representing the training area, Hal Halpert, representing publications and report - at that time you had nobody representing intermural because it really hadn't gotten started - John Classon sat in - but this was partly in function of the fact that he had been in the professional services branch - I took his place and then

Bobitt

EAR Did you mention Joe ~~Bomma~~?

RW

Well, I am coming to that - the entire professional services branch - we were in the executive staff - we were a small 4 man branch that had originally been called the Office of Planning and when NIMH moved out NIH the _____ didn't like the Offices of Planning so they changed the name to the Professional Services Branch and nobody knew what that meant and we did kind of free-wheeling - we seem to find ourselves as Program Development - not program Planning so that was the composition of the executive staff - now the executive staff under Bob Felix, rarely made any decisions - Felix made it but did have an important advisory and occasionally had a real function of active policy making and this certainly was that - the five year plan which I then relabelled and called the Balanced Program and I won't go into detail about this Eli, because the essence of the Balanced Program is in the beginning of my perspective book the whole thing is there but it was written by conferencing and some writing by each of the people on the Executive Staff and then I kept putting successive drafts of this together - I think we came up with a really very good view of a Balanced Program - it was about equal emphasis was put on research and training and services and this stayed as a sort of a normative ideal of the Institute from then on. I think it was somewhat weak and I see this now in historical perspective and this is what I am going into next - I think it was weak on the side of delivery of service because it was very very heavily oriented to primary and secondary prevention - it took virtually no cognizance-a little bit of lip service to tertiary prevention

RW (continued) and the primary and secondary prevention was of a kind that was presumed to be dueable on an outpatient basis and this was the _____ . Now let me shift from that to a kind of more of an analytical or dynamic historical analysis as I have been led back into it in relation to the work I am doing now in North Carolina and it shows some continuity. My first assignment in North Carolina was write a five-year plan for the mental hospitals and that was on command by the North Carolina Study Commission of the Legislature - again, it was necessary for me to reconceptualize this and I reconceptualize it as saying well it's nonsense to write a five-year plan for the mental hospitals if you don't take cognizance of what's going on in the areas in the community programs as well or the mental hospitals or any of the regional institutions are effected directly by the state so what it came defined as and what it ended up as was a statement of policy about inpatient and related services for the seriously mentally emotionally and behavioral disorders including getting some continuity of care coordination balance between the area programs and what they could do to that level and the regional institutions which we can find a specialized back-up with the community programs. Now, in doing this I re-reflected on the history of the national mental health movement under the leadership of the NIMH and I saw some things that I don't think I have ever seen before-now let me recount this because I used this in explaining the balance for the policy statement to the regional management teams through the state management teams ultimately

RW (continued) to the Commission in North Carolina and each time they found it interesting in their way of looking at things - you would have to go back just before the passage of the National Mental Health Act and what led up to it. Now everybody realized but I don't think they realized in quite this perspective but everybody realized that one of things that led to the passage of that Act and something people were very much concerned about was the fact there had been an enormous number of people that were rejected from the draft during World War II - there had been also a very shockingly large number of people who broke down after they had gotten into the services not only in combat but in non-combat situations - now this led everybody to suddenly say "My Goodness" how much psycho pathology in our general population. At the same time I think it made people think - but these guys - this was someone who was rejected by a draft board this is somebody who is in the Army and he broke down somewhat - these are not the crazy people that we have in mental hospitals. This is an entirely different kind of a problem and I think that kind of set the tone for the emphasis from there on in. We have a great deal of psycho pathology in the population but if we can only prevent it - it should be fairly easy to prevent on the one hand and on the other hand if we can catch^{it} early enough and treat it rapidly enough that we will not have people going into mental hospitals who do not have people who become so sick the operational concept I use is people who are sufficiently mentally behaviorally or emotionally disordered that in the judgment of a qualified mental health professional their treatment should involve some kind of moratorium or break from the normal basis of living, family, work or both for shorter or longer periods and this is my operational definition of the serious _____ disorder. We simply will be able to prevent that so in the early period in fact - as again I am talking primarily about service programs - secondarily about training and this particular view of the world of mental health and mental illness had not nearly as much impact on the research as such but certainly in terms of the whole emphasis in services

RW (continued)

let's establish more and more clinics and let's train people that can work in clinics - that was the big emphasis and if so pretty soon we will expect that people would be prevented from going to State hospitals and eventually we won't have State hospitals and anyway the state hospitals are the responsibility of the State - the individual States and the Federal Government should keep hands off and that view was very strong when I first came in - still was fairly strong in 1951. Now there were a couple of people at least on the Staff who had some reservations and considerable skepticism about that - one of them was Mort Kramer and the other one was myself and Mort thought up a study which is relatively little known but I think it was a very significant study and we talked about it and the Professional Services Branch had become the focal point for special grants - that is what we now call collaborative research and so Mort said let's do a study to see what happens if you take people who are newly disturbed - first needing treatment - and let's send some of them to a mental hospital and let's send some of them to an outpatient clinic and see what happens and I thought well yes this would be a pretty good way of looking at the problem, so he got a hold of very bright young - at the time - psychologist, Harold Sampson in California and set up as well as Mort could with Sampson a very well-designed study whereby they actually randomly sent people in California to - I have forgotten the exact location - I could check out which hospital was used with outpatient clinic but they did randomly select people and going to send half of them to a state hospital and half of them to outpatient types of treatment and do a cold hard study of the two _____ of course over a period of time. Within one year they came up with I think very important negative findings. The main negative finding was that the project wouldn't work - they just could not do this and their major conclusion was, and I think a valid conclusion at the time, that the State hospitals and the outpatient clinics that we were sponsoring was

RW (continued)

servicing two entirely different populations and were geared to serve two very different populations - actually the outpatient as we look at it in more sophisticated ways today and this is still true of mental health centers to a considerable extent they are really there to help the herding well that is not the severely or even moderately mentally and emotionally disordered and they simply did not know how to handle it and couldn't handle it and consequently you know they soon throw up their hands and they would have to send them in the hospital anyway and just couldn't get two comparison groups at that time followed over a period of time. Well, that was and I think that began to change some peoples thinking - now another series of events I often think this whole thing I kind of follow Neal Castle's a very very amusing little chapter in the book on Community Mental Health and International Perspective - he has a chapter in there called the Whirligig of Time which is very well worth reading where he talks as if he were ahead in 1987 or something like that and he starts out by saying "Thank God we have gotten over this crazy community mental health business and we are back to good happier silence" well, anyway there has been a kind of cyclical thing of _____ time. Another interesting development that led more toward serious concern with the seriously disordered and disabled came about at a kind of curious historical way through the training branch and that is that the American Occupational Therapy Associations started being on Vestermarks door and saying "Hey you are supporting psychiatry, clinical psychology, psychiatric social work and psychiatric nursing but here we are occupational therapists and we also treat mental patients and we are to get support for training - well, the training committee tossed this around at two or three meetings and weren't at all sure what to do about it and appointed as Special Task Force or Subcommittee on Rehabilitation I think it was called but the immediate motivation was to answer the questions should we or shouldn't we support Occupational Therapy in the Training Program and their conclusion was "We don't know and we ought to study the problem"so Vesty came around to me and

RW (continued) "How about getting a project going some place on psychiatric rehabilitation" and so I went to Walter Bartman at Boston State Hospital, now this was about 1952, and Walter was very interested and we developed one of our first major special grants - was a project on psychiatric rehabilitation in the hospital at Boston State Hospital which went on for a number of years in which we had experimental and control groups both in the receiving the reception service and in the crowning of continuing services of males and females and I think it was a pretty good study - it never created a major publication - I wrote some articles and there was a lot of feedback into the field from this and parallel to that we set up a major project which was extremely productive at Harvard School of Public Health looking for the first time at what really happened to mental patients as they came out of mental hospitals that was Ozzie Simmons which produced ultimately such things as the mental patient comes home which won the Hoffheimer award and stimulated a whole series of thinking so at least to that extent the NIMH was beginning to come to terms in some way with the problem of the seriously mentally and emotionally disordered and was also beginning to see that it had some responsibilities in relation to mental hospitals as well as to outpatient clinics. I think the next major step in this sort of a cycle was out of this the Congress became more aware of this kind of a problem and they passed legislation which we called Title 5 and which did lead to a whole series of studies, applied research on the whole, in relation to people who had been in or were in or were coming out of mental hospitals - in other words, that whole population of the seriously disordered and disabled - I think one illustration of how that went and went fairly strongly and fairly rapidly - you would have to check the exact dates on this - but it must have been about 1958 or 1959, we had a working conference in New York City

RW (continued) in which we had representatives of 49 such projects - about one-third of them sponsored directly by the Office of Vocational Rehabilitation and two-thirds sponsored by the Title 5 through the NIMH in services programs and that produced a little vote called psychiatric rehabilitation Denise got out

A number of things were beginning to happen - I am backing up a little bit again - at the same time that I moved into the mental hospital, Boston State Hospital project and then the parallel project in Boston the Harvardschool of Public Health on the post hospital experience - I worked directly with Vesty and we set up over a period of two years we set up training institutes - the first of their kind - for vocational rehabilitation counselors and we had it two years running with more or less the same people coming back but there was - essentially at least one vocational rehabilitation counselor from every state and we had three of them - one in the west, one in the south of San Francisco, San Jose State, and one in ~~Menninger~~ and one at Columbia and we followed it up with another week and at that time there were only two states that had a vocational rehabilitation counselor in a state hospital - one was Wyoming and the other was Colorado and within a very short time practically all states did so it was that kind of work with vocational rehab at NIMH in relation to the serious problem of people in mental hospitals and what to do about it - then again ~~nothing~~ into the around the mid 1950's a lot of things going on - about the tranquilizers were discovered - psychopharmacology was beginning to bloom - another big event was the establishment of the Joint Commission on Mental Illness and Health and it took a very hurried look at the seriously disturbed again to focus more in that direction and Morey Schwartz headed up the whole Task Force on the mental hospital population. So, the pendulum had moved in the direction of trying to work out some kind of a balance and coordinated program including the seriously mentally and emotionally disturbed.

RW (continued)

Then, in 1963 came the President Kennedy's message and the brave new bold approach of the Community Health Center with the notion that Community Health Centers should themselves provide inpatient treatment as one of the five essential elements and be essentially self-contained mental health programs. Again, a number of us had some skepticism about that - we felt that if it is a bold brave new approach but we really wondered if it was going to work and well, to kind of make a long story short as we watched these mental health centers move along, by and large and on the whole their having most difficulty in trying developing patient services at all and they still had a strong propensity like the old patient clinics to treat the moderately and mildly disturbed rather than the severely and moderately disturbed. I think the NIMH DID TAKE a again a fairly - tried to take a balance perspective about that - particularly on the issue of should mental hospitals be abolished. It did not go along with the position taken in the mid-1960's by Harry Sohm that mental hospitals were antiquated a thing of the past and should be rapidly abolished and closed down. Instead, the NIMH did and I think both Bob Felix and Stan Yolles were quite strongly in favor of this did encourage - they thought it was a two-pronged attack - that is we would develop community health programs but at the same time we would improve the hospitals and so there was strong support for the hospital improvement program and for the hospital staff development program to go along. I think where the mistake was again was that nobody really saw this as a coordinated kind of an effort to develop a balanced coordinated appropriate and viable program for the seriously and moderately mentally and emotionally disordered wherever and some vocal communities can't do that possibly. I think relatively few. At that same period I had the privilege of going and studying this problem in France and I spent over a year and then went back for two months the second year looking at a program which was a self-contained mental health program. It had the full range of services as we conceive of them for a mental health center including a very strong and a relatively large one bed per hundred thousand inpatient unit,

RW(contined)

180 bed hospital for a population of 180,000 - I mean one bed per thousand and as far as I could observe they had been in existence for two or three years before I got there, although the hospital was really just getting underway. As far as I could observe they did serve the entire 180,000 and nobody went outside. It was a self-contained mental health program and I came back with favorable reports of that and there was a lot of interest in it but I am somewhat skeptical about that being a model for the whole country at the present time.

EAR Well, that is very helpful

RW In other words, what I am saying, Eli is I think one of the things that has been kind of a dynamic issue in the Institute - is this issue how do you approach the problem of the seriously disturbed and I don't think NIMH has ever quite resolved that. Now, I am getting into stuff that you don't want know about because it is after 1971. I think at long last with the Community support program they are beginning to get some kind of a reasonable program.

EAR Well, you are touching on a very central and fundamental issue which really I suppose in a somewhat critical of the mental health profession description would be posed as how do you take care of the patient who really is in a sense undesirable so far as the professionals are concerned. There are more work that people want to put in - they have less liklihood of being able to show improvement, they are more difficult to interact with - you name it and it shows itself in its extreme in private practice - the private practioner takes patients that he enjoys working with and they don't take on the seriously ill patients who are not.

RW

That is part of it but I think another part of it is that not just only psychiatrists perhaps even more so other staff in the community mental health centers are simply

RW(continued) not trained to do it. It is not that it can't been done. Now going back for example for more primary study we know today that is perfectly possible as it is being done in Madison, Wisconsin. They have a program in which you do randomly assign patients to the mental hospital or to community treatment and you can show better results in the short run in the community treatment - actually, I heard of a fascinating paper this morning which indicates that on follow-up these differences blend out because there - once they are discharged from active community treatment and turned over to other agencies that isn't enough and we need the communities _____ program if the differnces are going to be maintained, but it can be done. Whereas in 1952-53 it couldn't be done. At least not in California and I don't think anywhere else.

EAR

I think that is a very important issue and you nicely have shown how it threads through the years. I want to take you back, though to the very beginning because I think there are some other aspects of your experiences that might be worth illuminating. Maybe you could talk a little bit about some of the other aspects of the professional services branch and how the staff really functioned in that group, both to initiate projects and to see itself in a real sense as an innovator in areas which were outside training per se and research per se which were identified by those two major divisions of NIMH.

RW

Well, to me this was probably one of the most interesting periods of my own life personally because I really did it that way. Now, the originally four members of the professional services branch were - well when I came in they were Joe Bobbard, as the Chief, Dale Cameron, who later became the Commissioner of Minnesota in St. East had just left

RW(continued) NIMH, Joe took his position, there had been always a sociologist in the Professional Services Branch FOR A very brief period, then John Classon and then I took John's place. He set up the Laboratory of Socio-Environmental Studies. Because of the name Professional Services Branch, they thought they had to have different professions in there - they had Pearl Chalatan for a while and also they had Daniel O'Keefe in for a while. Well, Danny went off and got his doctorate, Pearl fairly soon merged over into where she really belonged namely, the Community Services Branch and we took on Len Duell so that the different members of this Branch did operate quite differently. Now, I operated in this program development sense that Joe and I in particular kind of dreamed up and then carried out. Joe didn't work- he was all over the place - but I would take a particular area and my first area was psychiatric rehabilitation and I approached that through training and through the two projects - one in the hospital and one in the community. We had another psychiatrist in there for a short time, Larry Greenfield, I think

EAR I don't think I know him. Where did he go from there.

RW He went to California in private practice primarily. But he was young and very stimulating kind of guy and he had a whole lot of new perspectives about aging. When he left, Joe Bobbard asked me to take that area over and I developed two major approaches - one looking at the problems of mental disorders in old age and used Langley-Porter for that and we had a project that went for several years and produced many volumes of material on geriatric mental illness and the other this was Larry Green -something's major emphasis the mental health

RW(continued) aspects of the aging process and that one we picked up through the Committee on human Development at the University of Chicago and had a project that had a number of years in Kansas City and has again produced many books including my own on _____ years which was a this illustrates what you could do and what was one of the very nice things to me about the NIMH and that is it was to me coming out of the academic world it was not it was no culture shock. I lived in a University atmosphere - I worked with the University people to a considerable extent - I could develop research projects and do them collaboratively with leading people in the country and I think this was a wonderful kind of a thing and tremendous freedom. None of the other members of the Branch actually worked that way. I was the only one that really for example, in the Kansas City project I was very surprised one day when I was presenting this to the National Advisory Mental Health Council I saw my name in there as Co-principal Investigator which in effect nobody questioned it - yes, that was a very nice aspect.

EAR How did the Branch function as a Branch - I think what you are saying is that in a real sense there were a number of individual responsibilities. Did the Branch with Joe's involvement or otherwise function some coordinated way too?

RW It functioned more in a catalytic than a courier - it had little if any responsibilities that you could call administrative coordination - we had relatively little to do with administration as such. Of course, Joe Bobbard was in everything because that was Joe Bobbard. Len Duell did two major things - he was assigned to do program development and mental retardation and the INstitute did have some responsibilities for that in those days and I think that in that field in spite of his own resistance to the field, he did quite a creditable job - he did it at

RW(continued) a kind of a largely a political way which was then oriented to and he got the National Association for Retarded Children on its feet and he also got the professional Association of people dealing with the retarded on its feet and he worked somewhat with getting decent training going at Peabody so Alan was into that then Len represented another possibility that we had at NIMH and that was his Space Cadets and he got all these people together who just did a whole lot of free-wheeling and produced one book "The Urban Conditions" Others the Branch grew and in time got to be nine professionals and I think by that time it was time for it to be disbanded actually - I was not opposed to its disbandment because the Institute had grown so large that the function of program development just had to be dispersed - it couldn't be all focused in one small group. I think we served a very good purpose in the early years. Al Ragel did some things again not really as a research participant but more of somewhat of a catalyst in the area of juvenile delinquency - it was another area. We had a whole series and in each year we would write out our program and what we were doing and what new areas we wanted to develop. They by and large turned out to be the areas that are now are all represented by new Branches.

EAR That raises a point that a number of people who have responded and have touched on in one way or another and I guess I would characterize it by describing NIMH as really being an open system which allowed all kinds of new ideas to flourish that Bob Felix for example, was extraordinarily good at exciting people to really be creative - he was very supportive- he was very warm and very willing for people to move in directions that they felt they would like to go without any concern for bureaucratic boundaries or whatever and I think that in many respects there is

EAR(continued) probably a critical part of the growth and development - they opt of course, to get good people in and then it sort of feeds on itself - the point that you made before about feeling no culture shock in a real sense being able then to use all the feelers that you had learned and all of the positive dispositions that you had within NIMH. I know for example, in my case - I will just take a moment, I don't want to take away from your time - I think it is illustrative of the same sort of thing. When I was first invited to join NIMH - Vesty said to me I want you to be a program analyst - I didn't even know what the term mean't - it was a completely foreign term to me and I went around to talk to everybody _____

Ken Little was there just coming in at the time - I went and saw Bob Felix - Vesty was very nice about that and the more people I saw the more confused I was as what my responsibilities were - I really didn't know what I was supposed to do but I was so impressed with everyone that I talked to and was so impressed with the environment there that I wrote him a letter and I said Dr. _____ I want to tell you that in all candor I am not really sure what it is you want me to do but whatever it is I would be willing to do it as I was very impressed by everyone I saw and he gave me the job and that I also think epitomizes the kind of point that you are making - it was a very open system and that I think was terribly important. Okay, let me carry you back one more time and see if you can think - you have mentioned a couple already - so others may not come to mind - namely, some other critical incidents that took place - these are in terms of your interaction with someone or in terms of a responsibility that you had given to you that you see now in retrospect as having been an important

EAR(continued) turning point both in your responsibility, and at the NIMH.

RW There is one that is very very obvious and that was I think it was in approximately 1960 when the NIMH was threatened with dismemberment - the Surgeon-General had a Task Force who came up with recommendations about reorganization of the Public Health Service and one of their major recommendations was that the NIMH be split and the research training would remain at NIMH and the rest of it would go into the _____ State services. Well, Bob Felix was adamantly opposed and if it had come about he threatened he would resign immediately - he would not abide by that. So, he the report came out - Felix and Jack _____ -

EAR The so-called Hundly report

RW The Hundley Report came out - Felix objected strongly to that portion of it dealing with the NIMH and as a result of his objections they set up a Task Force to study those particular recommendations about the NIMH. On that Task Force sat a majority of people from _____ State background and two people from NIMH - the original two were Curtis Southard and John Classon. Well, I won't comment on motivation - I think John sensed he was in some kind of hot water - he didn't want to be in the Ivory Tower - he wouldn't have been affected anyway because he was in the Intermural program so he begged off, and Bob turned to me and I took his position on the Task Force. We had a series of meetings.

EAR Excuse me, now this Task Force was a PHS Task Force - it was not either a NIMH Or NIH.

RW It was a PHS Task Force on Hundley recommendation concerning the NIMH - not on the whole Hundley Report - just the one aspect. I think we met eight or ten time - it became fairly obvious that we weren't going to reach any kind of complete agreement and what happened was that one of the people on the Task Force wrote a report and I took it upon myself to write a minority report and Curtis Southard, who felt very ambivalent about this whole thing in a

RW(continued) sense - he didnt really want NIMH to be dismembered and yet it was thought that if it were he would be elevated in importance within the Bureau State services and so he abstained, and the interesting result of that was that the Surgeon-General came out with the statement that the Task Force was not inanomous - therefore, he was appointing and Ad Hoc Committee on Mental Health activities to study the problem further and particularly to focus on the problem of the relation between Mental Health and other aspects of Public Health and I was the staff person for that Ad Hoc Committee.

EAR And, the Chairman was Bill Stewart

RW No, The Chairman was not Bill Stewart - I have forgotten who the Chairman was but it was an excellent Committee - it was made up of approximately half the people were from public health and half from public mental health. I think we wrote one of the best documents on relations, interrelations and differences between mental health and public health that ever came out and you should have that document.

EAR Yes, I will have to get it - I am not sure that I have seen it,

RW It is the Report of the Surgeon-General's AD HOC Committee on Mental Health Activities. It is a beautiful document and as a result of that NIMH was not dismembered, so obviously I was right in the middle of a crisis and that was the way it turned out.

EAR Now you know of course, at the same time Bob was using political pressures.

RW Of course he was.

EAR So I am sure that that report played a role

PART 2

RW The Committee not only met and discussed and wrote a report - we had a contract with a guy by the name of Ed Wellin - he did a thorough analysis of the _____ We had a contract with NORC and did systematic interviewing of key officials across the country.

EAR Was Pete Rossi involved in that

RW No, a guy by the name of Kurstberg or something like that, under Peter who was the Project Director and produced two volumes of very good stuff on attitudes and actual practices in public health and mental health in all the States and selected samples of local programs. I went around and interviewed at least in six or seven states myself. We had Ben Paul from the Harvard School of Public Health as a consultant. There was a tremendous amount of empirical input that went into the writing of that report with appendices _____. So, it was really a serious effort.

EAR And, that brings up still another terribly important attribute of NIMH and that is all of the characteristics which we have touched on up til now including the open system and the fact that NIMH was so comprehensive in its approach to its subject area there is at the same time in the larger contexture situation that clear contrast between NIMH and every other INstitute at NIH, so that you constantly had a kind of implicit threat against NIMH as being the odd ball in totality of NIH and here it was epitomized most beautifully by the effort to so divorce portions of NIMH that what remained out at Bethesda would now look more like all the other INstitutes than it did before. Well, the converse of that is beautiful to contemplate because I think that the short-sightedness that was involved there was the subordination to the buneaacratic structure of the very essence of what made NIMH such a strong organization to begin with - namely, its comprehensive approach and I think you have touched on one of the major incidents - it is more than incident - but one of the major events that served

EAR(continued) to threaten NIMH just to further embellish your story I was involved in the training program in writing some various defenses about the training program because we were also going to be split with the service program going into the town and the research program's thing at Bethesda and the reason I mentioned Bill Stewart is because I remember very vividly Ray Feldman having to testify to Bill Stewart about some aspects of the training program but I wrote a couple of memoranda which at one or another point in very flowery language I pointed out that at the NIMH the training program and the research program but the training program since that is only what we are concerned with was especially involved with a total person and that you could not separate portions of the training program from other portions of the training program without doing serious damage to the essence of the whole program - the only thing we were dealing with the entire individual. That is a terribly important point. Now, let me go back one more time - that is a very important event that you just described - to what extent were you involved in some of the initial deliberations around the whole Joint Commission effort?

RW I was the guy-Bob Hewitt was officially the liaison - Bob Hewitt was in Europe and I presented it to the Council and

EAR Yes, I remember that.

RW I was also a consultant to Maury Schwartz Committee so I was involved in those ways and I was a reader of the report and a commentator on the report.

EAR The very first draft as well as later draft

RW The first draft

EAR The one that got so considerably modified. I am very interested to know and my memory is not good enough - we had - you may have been there, your memory would then be probably better than mine. We had one retreat up at Bethesda at the time that either the first or second draft of that was under consideration

EAR(continued) involved a whole bunch of us - were you there?

RW I think I was - I think I took notes on it

EAR Well, that was a very important meeting because a lot of things were discussed and I think a lot of decisions were made about the NIMH and I think it was in that circumstance as well as in many others that Bob demonstrated his leadership role - for me he was a curious combination of being an innovator and in a sense - not so much as an innovator as a guy who instigated other people to be innovators - and that combination of abilities of his - some times he would be the leader because he knew exactly how to follow all the people he was supposed to be leading and other times he really sat down and by God he was really the man who made the important decisions and at council meetings he did this so very very well. Can you recall any other instances so far as Bob is concerned for you to delineate his role nicely? Minor or major.

RW You know it is a funny thing but Bob and I always got along beautifully but I never had any very close transactions with him. One point early in the game I had to make my position very clear because I was shocked and that is that he was asked to write a paper for the Millbank and he asked me if I would help to write it - well, I did and instead of Robert H. Felix and Richard H. Williams it was Robert H. Felix and I objected very strongly and from then on he turned to his science writers. It was one of the best papers I ever wrote.

EAR You did have though a close relationship with Joe Bobbitt and let me just put it this way - I want to ask you with a little story that I may or may have not told you - You know, I tried to interview Joe Bobbitt - infact, very shortly before he died-and I told him I was thinking of writing this book and of course, what a book about NIMH be without Joe Bobbitt and I followed up that letter because I didn't get a reply with a phone call and he said no he didn't think he would do it.

RW I think I know why.

EAR Well, I know the situation too, of course, but I was trying to get beyond that business and his relationship with me was very good despite what is was between him and Stan and so I said in effect, please because it just won't be a complete book without you. Well, he wanted to think about it. I said fine whatever you decide, of course, I will have to live with but I hope you decide in favor. Then I wrote him a follow-up letter reaffirming - very sincerely on my part - how important I thought his input would be and I got a reply saying in effect - thank you but no thank you - the next thing I heard just two weeks later he had died. And, that is for me unfortunately, a very serious lack in the book - I have no person but Joe Bobbitt and I know from Felix's comments that he made to me how close he felt to Joe at times - by the same token I know what happened when Stan Yolles came in and Joe in a sense was shunted aside so I know that whole story and I think in some appropriate fashion I want to describe it without going into personalities - I don't think that is the issue - but I think it is terribly important because it is an interesting point of the whole story to further describe the role that Joe played - you said he was all over the place, and in many respects he was; I think he was Felix's right arm in very very many ways - some even Bob Felix wouldn't admit even now. How did you work with him? how did you see him? What did you see as some of his input?

RW Well, It is kind of a peculiar thing - Joe and I were very good friends but we let each other alone and I think Joe soon learned that - I never objected to this and I didn't say anything about it - but I am a guy that likes to read, write and produce and not talk - like coming into your office and talking all day long - some of the things he said were interesting but some of them were redundant and you know I don't think an operator should work that way. So, Joe and I kind of understood each other and I went my way and he went his.

EAR You have just touched into that Leon and again I don't know how to say it without sounding not nasty but without being misunderstood, but I think that that attribute of Joe's was part of his undoing. At a certain point in time when the Institute got sufficiently large that in some respects that kind of interaction was no longer, either as productive in one sense or as tolerable in one sense - poor Joe then I think became a little bit out of date.

RW Yes

EAR And, I think that was one of the critical circumstances around the interaction between Stan and him. Of course, in some respects, Stan is like you describe yourself - he is a hard worker, he produces things and he doesn't talk a great deal and he doesn't like to talk a great deal and I think at that point in time
Bob Felix

RW Joe would come to me frequently and say "You notice about something about Stan Yolles he never says anything - you never know what he is thinking - he never takes a stand on anything.

EAR That is the simplest way of describing it - there are a lot more complicated dynamics as you are well aware and I think that, but that is part of the story I really think again without meaning to talk about personalities per se, I think that there is a very important admixture of personal characteristics, external circumstances and environmental variables if you will, that make for the NIMH that we knew - without Bob Felix it wouldn't have been NIMH - without Joe Bobbitt it wouldn't have been NIMH and without other people it wouldn't have been NIMH - without the mental health field being where it was at that time the point that you make about what happened during the war, immediately after the war, the veterans administration came into the picture with a large program for the rehabilitation of the veteran, the NIMH came along and there was a whole series of terribly important circumstances - all of which interacted to produce the phenomenon that we know as the NIMH and I think in no way insignificantly is the role of these people - our people, the Felix's, the Bobbitt's, Dale Cameron,

EAR(continued) Jim Lowery

RW Dale, of course, was there a very short time.

EAR Yes, then he came back you know incidentally for a year - well, not quite a year - he worked in the training program with us.

RW So he did

EAR In 1958, 59 and Bob Stubblefield was in and out, Larry Cobb, Jr. was involved early in the game - I talked to Larry Cobb - there are a lot of very interesting people within the family per se and a lot of very important people who played roles in a consulting and advisory capacity which takes me to the last point that I want to make on this score and then, incidentally, I would like to come back and see you when I come down to North Carolina we can pick this up again, but tell me also about - you have mentioned a couple of names in the course of your comments - tell me about some other people with whom you have interacted or people that you know played critical roles at one another point - not necessarily only with the Professional Services Branch but other otherwise in growth and development in NIMH.

RW There are so many - of course, the ones that I interacted with directly and we had some awfully good people - I would like to go back and review the lists where the members of the Special Branch Review Committee - now that Committee operated differently - in a different manner from any of the other Review Committee's in that it spent a good two-thirds of its time consulting with the Professional Services Branch about program development - we would take our ideas of program development to that Committee and they would have serious discussions about it. It was chaired by Bill Henry and of course, Bill Henry is a guy that I worked with in both that capacity and in terms of the Kansas City study, so he was a very important person - John Cumming was quite important.

EAR And you mentioned Schwartz during the course of the

RW Schwartz was not related in that way - the Joint Commission.

EAR You had no interaction with Alex Slatin

RW Alex Slatin was not involved in that, but Eliot Rodnick

EAR He is there now.

RW He was one of the Chairman - Special Grants Review Committee - Bill Henry was the Chairman just before it was dissolved and wrote a very strong letter protesting it being dissolved. That was an extremely strong Committee and a very good Committee.

EAR Let's stop on this note because I know it gets tiring after a while, but Now we are touching on one other important dimension - that is, the calibre of people that we were able to get to serve on these various

RW Ericson agreed to serve on the Committee and then it was abolished and then he went to INdia but then when he came back from India he was going to come, he actually promised to come and then it dissolved.

EAR I was talking to someone yesterday - talked to three or four people about this - and they said I hope that when you write this up you will pay special attention to the role that the Peer Review Committee's had in this whole growth and development because in many respects - certainly on the research and training side even though they met three times a year - the Peer Review Committee's were a central phenomenon in the growth of those programs, in ways that go way beyond their assigned responsibilities of just reviewing grants - that served and to some extent still serves, as the most efficient network for the communication of research and training findings ever devised. People would, in the early days especially, scramble to try to get on that Committee - it was a mark of personal and professional prestige to be on that Committee with equal importance you got a perspective on a national level which you couldn't possibly get any other place.

RW Well, we started that way, too and I think that shouldn't be forgotten because it lasted for four or five years. The Professional Services Branch had its own Advisory Committee, what we called Panels, and we had one very active Panel - that was the social science panel and it met several times - John Classon got it together and then I kept it going for at least three or four years after - we had Margaret Meade on that and her sidekick - what was his name - the guy who was always around with Margaret - Frank, Lawrence K. Frank

EAR Oh, Lawrence K. Frank, right

RW Lawrence K. Frank, Margaret Meade, Warren Dunham

EAR Warren Dunham is now at Stony Brook

RW Robin Williams

EAR Did you know that, H. Warren Dunham is now at Stony Brook

RW Oh, is he?

EAR He is in our Department - he is a very courtly, stout, pleasant gentleman who still is very witty

RW I saw him last year very briefly in Washington at the meeting

EAR And he had a serious accident some years ago and walks with a cane. He is a delightful man - I had never known him before.

RW That was a delightful group and they sat around and free-wheeled and someone in the files there are all the minutes of those people like that. And, then later on we revived that as the Special Grants Review Committee and had it set up as a Review Committee as well as an Advisory Committee.

EAR Well, listen this has been very helpful

RW Robert White you know the street kind of society of Cornell was in that group. He was on the Council

EAR Yes, he was on the Council, too that is when I got to know him.

RW Another sociologist that was important in the early days and should not be forgotten was Blackwell from North Carolina.

EAR Yes, John Blackwell

RW It isn't John. He was a sociologist from North Carolina. He was the guy that advised us to take Ray Gould, who never really developed anything

EAR Bob Strauss

RW Bob Strauss was very important - extremely important - particularly in the early 1960's

EAR Yes, with medical sociology. Ok, what I would like you to do, as I said before, try to get together with Jim - as I say he felt that the best way he could talk about input was to have kind of a dialogue with you and he, of course, did play a very key role as he will remember

RW He went through a lot of interesting trauma

EAR Yes, that was what I was about to say - there was a period of one year in which there was a three-man group therapy, continuing group therapy, session going on with Bert Brown and Jim Osberg and Eli Rubinstein - all deciding who was going to leave first and why and how we were going to handle Stan Yolles and under what circumstances and interestingly enough, Jim, who I thought was going to stay the longest, left the first and Bert, who I thought was going to go first, stayed the longest but they both had great difficulties at various times working with Stan. I think Jim more than all because - more than any of the three of us - he is such a gentle kind of guy and had great difficulty working with Stan - great, great difficulty. But, he played a very key role in the programs he was involved in so I asked him if he would make some comment and the day we went down there he was just so involved

NLM NOTE: Interview tape ends abruptly here