

FOR RELEASE

AM'S TUESDAY, MAY 5

A MORAL MONODRAMA: THE CITIZEN and the doctor

or

The Role of the Consumer in Determining Mental Health Services.

A Hortatory Allocution to the

120th Annual Meeting, American Psychiatric Association

3:10 PM Monday, May 4, 1964

Biltmore Hotel, Los Angeles, California

by

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doctors appel, ewalt, blain, felix, visotsky and fellow CITIZENS:

The chore assigned to me here today amounts, in essence, to a discussion of the role of the citizen in determining the extent and distribution of mental health services in this country.

I recall the ancient lament of Saul of Tarsus: "That which I would not, I do; that which I would do, I do not".

In the very nature of things in this democracy, variously described as "affluent" by a Harvard economics professor, and "poverty-ridden" by a prominent Texan who now

hangs his hat at 1600 Pennsylvania Avenue in our town, I am most frequently given the task of talking about the economics of mental illness to the money-changers in the Temple, and to the legislators in the rococo halls of our national and state capitals.

However, in talking to all of you distinguished descendants of Dr. Benjamin Rush at this 120th Convocation of your trade guild, I would like to set the stage for my remarks by examining briefly the place of the physician in our society. Such an examination is essential to an understanding of the respective roles of the doctor and the citizen in shaping the mental health services of the future.

The physician of today has an unusual place of esteem in our society. It was not always thus. Those of you who are familiar with the history of medicine know that, for many centuries, the physician was regarded as a necessary but incompetent evil, and the hospital as a house of death. The advent of asepsis began to change all this and, in the last half century, the introduction of antibiotics and other wondrous medications has somewhat vitiated Professor Henderson's famous observation in 1910 that a random patient seeing a random physician had only a 50-50 chance of benefiting from the encounter. Today the odds are much better -- maybe 60-40.

It is a most interesting phenomenon that the major medical historians of recent decades -- Castiglioni, Garrison, Major, Sigerist, et al -- write glowingly of the scientific triumphs of modern medicine, but quite sparingly of the contributions of physicians to the shaping of our society.

You rightfully celebrate the eminence of Dr. Rush, not only as the father of American Psychiatry, but as a leading citizen of his day -- a member of the Continental Congress, a signer of the Declaration of Independence, and a guiding light in the movement known as rational humanitarianism. Upon his death in 1813 his dear friend Thomas Jefferson, in a letter to John Adams, wrote this moving tribute:

"Another of our friends of seventy-six is gone, my dear Sir, another of the co-signers of the Independence of our country. And a better man than Rush could not have left us, more benevolent, more learned, of finer genius or more honest."

If Mr. Jefferson were alive today, I wonder if he would cherish the friendship and philosophy of the current president of the American Medical Association.

I have known many doctors who have been members of state legislators, but they have invariably served as jealous protectors of the narrow rights and privileges of practitioners of the health arts. Almost two decades ago, when I was trying to put an end to the snakepits in Oklahoma, my most vigorous opponents were doctors -- in the state legislature, in the county and state medical societies, and in the state mental hospitals.

I have known a number of doctors in the Congress, but only one touched by greatness -- Senator Ernest Gruening of Alaska. Dr. Gruening graduated from Harvard Medical School in 1912, but immediately chose a challenging and more useful profession -- journalism. He has told me that he has never regretted his decision.

I dwell on this point because, as a citizen and a disciple of Thomas Jefferson, I am dreadfully weary of the doctor-knows-best syndrome when applied to our complex social problems. Doctor frequently doesn't know best -- he frequently doesn't even know better. An eminent physician put it quite well recently:

"Physicians are usually quite naive in political and social matters because their education has been narrowly medical and, after they begin practising, they have little or no time to keep up with reading and events other than those that are strictly medical in nature."

Only a small minority of physicians see themselves as citizen-doctors -- as equal partners with the rest of us in what Woodrow Wilson has described as "the continuous making which is democracy."

Many historians of medicine have commented upon this unwillingness of the medical profession to see itself as a service profession in roughly the same category as the law, or engineering, or journalism. I suppose it shocks the average doctor when one tells him that the broad mass of people in our society must make the ultimate and hard decisions as to just how much medical care they are willing to pay for, and under what conditions it should be rendered. This inability of a doctor to see himself as an integral part of the aspirations of our society somewhat puzzles me, since a doctor must be licensed by a civil authority before he has the right to practise, and the conditions of his practise are set by healing arts statutes.

The physician-historians of medicine whom I have previously cited are in remarkable agreement upon the function of the doctor as a highly skilled servant of his society. In "Civilization and Disease", the greatest of medical historians, Dr. Henry Sigerist, writes:

"The goal of medicine is not merely to cure disease; it is rather to keep men adjusted to their environment as useful members of society, or to readjust them when illness has taken hold of them. The task is not fulfilled simply by a physical restoration, but must be continued until the individual has again found his place in society, his old place if possible, or, if necessary, a new one. That is why medicine is basically a social science . . . Medicine is merely one link in the chain of social welfare institutions that every civilized country must develop. If we have a maladjustment today, it is to a large extent due to the fact that we have neglected the sociology of medicine. For a long time we concentrated our efforts on scientific research and assumed that the application would take care of itself. It did not, and the technology of medicine has outrun its sociology.

I have said on numerous occasions that until physicians, and particularly psychiatrists, receive a more intensive curricular exposure to social and economic problems, they cease and desist from advising the world and his wife on all matters, ranging from nail-biting to foreign policy.

I do not have a license to prescribe, but I respectfully submit that a strong intravenous solution of humility is indicated in curing medicine of its current Jehovah complex.

Some of you are probably familiar with an anecdote involving the great chemist Louis Pasteur. During a meeting of the French Academy of Medicine to which Pasteur and Claude Bernard, the great physiologist, belonged, one of the leading obstetrical specialists walked in a little late. Bernard turned to Pasteur and said: "Have you noticed that when a doctor enters a room, he always looks as if he were going to say 'I have just been saving a fellow man'?"

The Greek physician Hippocrates, whose oath you swear to uphold but whose many wise observations on humility you deign to ignore, said: "The gods are the real physicians, though people do not think so."

In like vein, I commend to you the words of Ambroise Paré, the great Renaissance surgeon: "I dressed his wound, but God healed it."

And to those of you who prefer a bit of home-grown wisdom, I give you the witty words of Benjamin Franklin, the founder of the Pennsylvania Hospital, to the effect that there is a great difference between a good physician and a poor one, but very little difference between a good one and none at all.

It is a truism that nature frequently cures the patient despite the physician; all of us are aware of the merciful concept of self-limiting disease. You know the old saw about a cold -- without treatment it lasts two weeks, with treatment, a fortnight.

In a beautiful essay in the American Character Series, Dr. Herbert Ratner of the Stritch School of Medicine observes that most physicians in America today are rather inadequately educated, or as he puts it, "are sitting ducks for the canned speeches of drug house detail men."

In a sobering deflation of the God-complex of modern medicine, he points out that of all the babies born in taxicabs on the way to the hospital, he has not heard of a

single fatality. Rubbing salt in the wound, he cites the remarkable record of the midwives in the hills of Kentucky over several decades in achieving a far lower mortality rate than the doctors in nearby hospitals. In these words, Dr. Ratner recognizes the responsibility of the citizen, along with that of the doctor, in improving the condition of medicine and expanding the social conscience of the doctor:

"We have to remember that the physician is a human being with all of the strength, weakness, virtues and vices of a human being. He will tend to be materialistic and activist if the culture and society are materialistic and activist. But he does have a responsibility to rise above the culture and to influence it . . . Improvement of the condition of medicine is a shared responsibility; the public shares it with the medical profession. And the condition of medicine needs a great deal of improvement."

I am all for this deepening of medicine's shared sense of social responsibility, with the qualifying proviso that it not extend to gratuitous advice on the proper conduct of American foreign policy. I am reminded of the high-flying words of Dr. Ernest Jones, panegyrist of the life and hard times of Sigmund Freud: "How many years will pass before no foreign secretary can be appointed without first presenting a psychoanalytical report on his mental stability and freedom from complexes?"

I don't think the responsible leaders of the American Psychiatric Association subscribe to Dr. Jones's views.

On the contrary, the most incisive critics of American psychiatry have complained, in the past, of its autism, dereism and introversion. At the Centenary meeting of your Association just twenty years ago, Dr. Alan Gregg, a great friend and benefactor of psychiatry, delivered himself of this avuncular chastisement:

"We would all agree that psychiatry is the most isolated of the specialties in medicine. As a natural consequence of their isolation, psychiatrists speak a dialect, a special lingo more productive of resentment ~~than~~ comprehension or interest on the part of their medical brethren, and so defeat the very object of language, which is communication of ideas. Another consequence of isolation, provincialism, with all its clannish distrust of outsiders and its equally petty loyalties, appears too often as the sign of your specialty in the estimation of other medical men."

Since the close of World War II, a remarkable series of developments have made Dr. Gregg's observations almost totally obsolete.

The formation of the Group for the Advancement of Psychiatry signaled the beginning of the end of psychiatry's isolationism. The bold and courageous GAP pronouncements on the deplorable conditions in our state mental hospitals served as a tremendous catalyst in the burgeoning revolt against the dead hand of the past.

The creation of the central office of the American Psychiatric Association in Washington, D. C. in 1948, with a full-time Medical Director, was another gigantic step forward. In the decade he held the post, Dr. Daniel Blain moved psychiatry into the mainstream of American life. Under his guidance, the APA conducted hard-hitting surveys of mental health systems in a number of states, set up a general practitioner education project which has had enormous ramifications, took a leading role in the formation of the Joint Commission on Mental Illness and Health and, aided and abetted by the skillful pen of its Public Information Officer, Robert L. Robinson, presented a refreshing and dynamic image of itself to the profession and to the people at large.

While bowing my head respectfully in the direction of these yeasty professional developments, I still hold firmly to a conviction I first stated 16 years ago: "Since colonial times, the citizens of this country have been the major motivating force in whatever improvements we have achieved in the care and treatment of the mentally ill."

Almost two centuries ago, in a moving statement of social responsibility that has few peers in the English language, Francis Fauquier, the Royal Governor of the Colony of Virginia, exhorted the House of Burgesses to make proper provision for the care and treatment of the insane:

"It is expedient that I should also recommend to your consideration and humanity a poor, unhappy set of people who are deprived of their senses and wander about the country terrifying the rest of their fellow creatures . . . It is a measure which I think could offend no party, in which I was in hopes that humanity would dictate to every man as soon as he was acquainted with the call of it."

In the Commonwealth of Virginia -- described recently by a witty historian as both the birthplace and graveyard of democracy -- the first public mental hospital was erected at Williamsburg. During the early decades of its existence, it was constantly favored with citizen participation. The first President of its Court of Directors was the eminent Bishop James Madison, President of the College of William and Mary and a cousin of the James Madison who later became President of the United States. Other distinguished members of the Court of Directors were Payton Randolph, President of the Continental Congress, and Thomas Nelson and George Wythe, both signers of the Declaration of Independence.

In the very year in which the Williamsburg hospital acquired its first medical superintendent -- 1841 -- a frail, tuberculous New England school teacher named Dorothea Lynde Dix began a 45-year crusade which has no parallel in the history of mankind's fight against mental illness. Miss Dix had few illusions about the reforming zeal of the medicine men and psychiatrists of her time; action-prone, she memorialized state legislatures, she badgered the Congress and she told the President of the United States where to locate St. Elizabeths Hospital.

In the early decades of the 20th century, the citizen fight was carried on by Clifford Beers. For 35 years, until his death in 1943, Beers stormed at the barricades of indifference and apathy, arousing the people to action on behalf of the mentally ill.

However, the great and sweeping reforms which have come about in our lifetimes would not have been possible without the magnificent crusading of the American press.

Towering above all the rest was Albert Deutsch. His classic, "The Mentally Ill in America", published in 1937, laid the foundation for the modern reform movement, and his "Shame of the States", published only 16 years ago, shook the American conscience with its searing portrayals of the human warehouses which passed for mental hospitals.

In the ensuing years, scores of newspapermen followed in the tradition of Deutsch. They penetrated the walls surrounding the feudal baronies of the mad, and they exposed the twin conspiracies of silence and distance which had cut the mentally ill off from their brethren for so many agonizing decades.

I was involved to some degree in these activities. I would be remiss in my duty if I did not remind this medical audience that those of us who were trying in our limited fashion to follow the Biblical injunction -- "Great is truth, and mighty above all things" -- received very little cooperation from the medical profession. The resistance of the keepers of the keys -- the uncertified Emperors who ruled over the baronies of the mad -- was somewhat understandable. They had much to hide, and much to atone for, they who believed with the Captain in Joseph Conrad's "Seewolf" that "it is better to reign in Hell than serve in Heaven".

But the indifference and hostility of their medical brethren beyond the walls was something else again. While indignantly denying any kinship with the mental hospital medical staffs -- "they are just asylum doctors" -- the leaders of organized medicine at the county and state level bitterly resented and fought the efforts of the press and the people to clean up the Augean stables. After all, medicine was their business and what right did we have to write about suffering people, we who were not even versed in professional indices of acceptable and tolerable suffering?

In those days, I drew needed courage from an excerpt from Maurice Maeterlinck's "Our Social Duty", which I had framed and hung on my study wall:

"At every crossway on the road that leads to the future, each progressive spirit is opposed by a thousand men appointed to guard the past. Let us have no fear lest the fair towers of former days be sufficiently defended. The least that the most timid among us can do is not to add to the immense dead weight which nature drags along. Let us not say to ourselves that the best truth always lies in moderation, in the decent average. This would perhaps be so if the majority of

men did not think on a much lower plane than is needful. That is why it behooves others to think and hope on a higher plane than seems reasonable. The average, the decent moderation of today, will be the least human of things tomorrow. At the time of the Spanish Inquisition, the opinion of good sense and of the good medium was certainly that people ought not to burn too large a number of heretics; extreme and unreasonable opinion obviously demanded that they should burn none at all."

While the stout defenders of the past dug their heels in quicksand, the Governors of the several states, ears cocked to a rising crescendo of protest from their citizen-followers, began to move.

In the summer of 1949, Luther Youngdahl of Minnesota persuaded his fellow Governors to authorize a sweeping inquiry into conditions in state mental institutions by the Council of State Governments. On Halloween of that very same year Governor Youngdahl, no advocate of "the decent moderation", presided over a burning at Anoka State Hospital near Minneapolis -- he lit the torch to hundreds of strait jackets, leather wristlets and camisoles while several thousand mental patients cheered themselves hoarse.

The Council survey, a corrosive indictment of the existing snakepits, was released early in 1951. At the National Governors' Conference later that same year, Youngdahl, Governor Earl Warren of California and Governor G. Mennen Williams of Michigan guided to unanimous passage a resolution authorizing a second Council study -- this one directed toward possible alternatives to the weary, tradition-encrusted state institutions.

These surveys led to two precedent-shattering special National Governors' Conferences on Mental Health -- one in Detroit in 1954, and one in Chicago in 1961. The major resolutions coming out of these Conferences called for greatly increased financial support for psychiatric research, a vast expansion of programs designed to train desperately needed psychiatric personnel, and heightened emphasis upon intensive treatment of the mentally ill in community facilities.

All of this was citizen action at its finest -- a refreshing counterpoise to dreary professional committee meetings and temporizing surveys of state mental hospital systems by the U.S. Public Health Service.

As one who has been accused of being action-prone -- I deny this; I am much more addicted to prayer and meditation -- I commend to you the words of Dr. Adolf Meyer, a past President of this Association and a founding member of the National Committee for Mental Hygiene:

"Thought at its very best is only a link in a chain of events leading to some final achievement. Its real and lasting fulfillment is found only in action."

All of these activities of the Governors, the press, an aroused citizenry, and an awakened American Psychiatric Association finally coalesced in a demand for intensive psychiatric services in the heart of the community.

And in this ferment all was not new; as we groped toward a precise articulation of our revolutionary objectives, we drew heavily upon the words and deeds of a few pioneer spirits who had challenged the status quo many years ago.

I shall never forget a visit to Colorado in 1945. After a disheartening tour of a medieval warehouse at Pueblo, which confined more than 6,000 patients in indescribable horror, I journeyed to Denver in hopeful search of the wave of the future. There I found Dr. Franklin Ebaugh, a gallant soul who in 1924 had departed the hub of the universe -- Philadelphia, of course -- to journey to Colorado to found an intensive treatment hospital supported entirely by citizen money raised through a public bond issue the year before. Dr. Ebaugh gave me my first real glimpse of things to come in these carefully measured words:

"Our state hospitals are monuments to the failure of our communities to create the necessary conditions for the full, healthy adjustment of individual minds."

A decade later, in a talk delivered to some good souls assembled in the hub of the universe, I was emboldened to state that what I had often referred to as "The Age of Banishment" was coming to a close, and that "we were on the threshold of a great new

era -- the treatment of mental illness in the heart of the community. As we have over the past several decades built a magnificent hospital and medical care system for the treatment of physical ills within the confines of our communities, so shall we in the next several decades do the same for mental illness."

In that very same year -- 1955 -- Senator Lister Hill, the greatest Congressional champion of the mentally ill, delivered a ringing speech in the well of the Senate advocating Congressional support for a sweeping investigation by a Joint Commission on Mental Illness and Health of our shabby treatment of our suffering brethren.

"We in the Congress have become increasingly aware, over the years, that we have no rational, comprehensive plan for a medical attack upon an illness which fills more than 50% of all hospital beds in this country", Senator Hill told his colleagues.

The rest is fairly familiar history. Under the distinguished leadership of the George Washington of the Joint Commission -- Dr. Kenneth Appel -- we labored long and hard. Those of us citizen members who fought stubbornly against inclusion of protective language suggested by practically every professional jurisdiction represented will not soon forget the anguished cry of the Patrick Henry of the Commission, its Medical Director and your current President, Dr. Jack Ewalt: "Give me a report soon or give me narcosynthesis!"

The Gethsemane was completed at the Commodore Hotel in 1961 and then some of us, in emulation of that great hypomaniac Paul Revere, took to the countryside to alert the slumbering taxpayers.

The recommendations of the Commission's six-year study served as the foundation for President Kennedy's magnificent mental health message to the Congress on February 5, 1963. The essence of the major mental health legislation proposed by the President, and enacted by the Congress last October, is that isolation and warehousing of the mentally ill is no longer acceptable in our society. In proposing mental health centers in general hospitals and in other community locations, it dramatizes the concept that the mentally ill are to receive equal time with the physically ill.

This is a new and heady mix. For a while, there will be a considerable degree of anxiety as outmoded battlements are torn down, and new services created which are tailored to the needs of patients rather than to the availability of cheap land or the power needs of the uncertified Emperors of the mad.

In recent months, I have traveled to a number of states where the mental health planning process is in full bloom, and I must confess that the jurisdictional jostling and general sound and fury is not always conducive to tranquility. But change is never easy, particularly when a traumatic break is being made with patterns and traditions which have persisted for almost two centuries. In a very real sense, all of us face a very difficult period of trial and decision in the next few years.

Of course, the problem of ability to pay for psychiatric care is still very much with us -- as much so as in the days of Sigmund Freud. I suppose it is now safe to mention Freud here -- most of you have gotten over the shock of Dr. Percival Bailey's Academic Lecture to this Association eight years ago, in which that eminent neurologist lamented the fact that Freud had abandoned his promising research on the sex life and nervous system of the crayfish for a latter-day career of "chirographic ruminations."

Freud was acutely aware of the limitations of the sacred one-to-one therapeutic relationship, with its ping of transference and its pong of counter-transference. Toward the close of a life dedicated to the relief of suffering humanity, Freud wrote that "at present we can do nothing for the crowded ranks of people who suffer exceedingly from neuroses."

In 1919, in a passage remarkable for its insistence that the problem of the availability of psychiatric care is one for "the conscience of the community" rather than for lordly pronouncements by individual doctors, he stated the case for the primacy of the citizen quite forcefully:

"Now let us assume that by some kind of organization we were able to increase our numbers to an extent sufficient for treating large masses of people. Then, on the other hand, one may reasonably expect that at some time or other the conscience of the community will awake and admonish it that the poor man has just as much right to help for his mind as he now has for the surgeon's means of saving his life; and that the neuroses menace the health of the people no less than tuberculosis and can be left as little as the latter to the feeble handling of individuals."

Some forty years later, Drs. Fredrick Redlich and August Hollingshead produced a remarkable volume, "Social Class and Mental Illness", based upon an eight-year study designed to answer the key question they posed at the outset: "Are expenditures for psychiatric care linked to the class status of the patients?"

The answer was a 400-page, documented "yes". Contrasting the availability of psychiatric treatment for upper income groups as against its almost total absence for lower income groups, the authors conclude that "the differences add up to deep social fissures in psychiatric treatment, such as we do not encounter in the rest of medicine with the possible exception of peacetime cosmetic surgery."

Even in publicly supported mental health clinics, the not too subtle preference of therapists for consumers from their own socio-economic strata all but exclude the poorly educated and low income groups, leading the authors to observe that "the subtleties of status enter into the practise of psychiatry in clinics as well as in private hospitals and in private practise."

Finally, the authors explode the persistent myth that sweet charity takes care of those unable to pay for medical care, including psychiatric treatment. Based upon a detailed sampling of 2,000 patients and their families, they conclude:

"The folklore of medical practise fosters the belief that a considerable portion of patients are carried free by practitioners. This belief may be true in the general practise of medicine, but it needs to be modified before it fits the facts of private psychiatric practise. Only nine patients were carried free by private practitioners, and no psychiatrist carried more than one free patient ... Not a single psychoanalyst and analytically-oriented private practitioner is treating a patient free, although a few patients are treated at slightly reduced rates."

Subsequent to the Redlich-Hillingshead study, the painstaking Cornell surveys in midtown New York City have further documented the point that private psychiatric care is far beyond the reach of low, and even middle income, groups.

At the 1957 Convocation of this Association, Mrs. Edith Alt of the Health Insurance Plan of Greater New York, reported the results of a survey of HIP subscribers which revealed that only 10% of the group could afford even one hour of psychiatric treatment a week. Concluded Mrs. Alt:

"It is probably no exaggeration to acknowledge that this challenge of providing psychiatric care, particularly on an ambulatory basis, for low and middle income groups will head the list of unresolved health service problems facing the country."

I say with all the conviction at my command that the leadership of American psychiatry had better face up to this burning issue of ability to pay, and that it ought to familiarize itself with the aforementioned studies, and many others, before making questionable statements which tarnish its public image.

At your annual convention in Toronto two years ago, my good friend Dr. Walter Barton, in his Presidential Address, urged all of you to take clear stands on social and political issues. In the next breath, he urged you to oppose the King-Anderson bill providing medical care at age 65 under the Social Security mechanism on the grounds that it would "foster dependency" and, furthermore, that the bill excluded coverage of psychiatric care.

He was egregiously wrong on both counts. King-Anderson, as most of our citizens know, covers psychiatric illness on the same basis as physical illness -- for 90 days in any year in a general hospital, and for longer periods in nursing facilities and in home treatment services. This is, to put it mildly, a whale of an improvement over the coverage now extended for mental illness by most Blue Cross plans. King-Anderson does not cover long-term psychiatric illness in a state mental hospital -- its proponents argue that this would make contributory costs under the plan prohibitive.

As to the "dependency" issue, Senator Clinton Anderson answered that one in a bristling wire to Dr. Barton, which was fortunately printed in the "New York Times": "It does just the opposite by enabling individuals to contribute during their working years so as to receive benefits as a matter of earned right after 65", Senator Anderson informed Dr. Barton.

Things quieted down for a while, but I notice that the March, 1964 APA newsletter puts your organization on all fours with that great band of progressive medical philosophers, the American Medical Association, on this issue:

"If you believe it proper for an individual to pay for his medical treatment if he is able, you should express your opposition to the bill (King-Anderson). If you believe certain hospital and nursing home expenses should be federally financed through the Social Security mechanism regardless of financial need, you should express your support of the bill," the newsletter contends.

The very point of King-Anderson -- explained time and time again -- is that most elderly people are unable to pay for medical expenses in the twilight of their lives. If they cannot pay for routine medical expenses, how in God's name can they pay for expensive psychiatric care? They don't want charity -- they don't want dependency -- they want the right to pre-pay for their care during their working years.

The "regardless of financial need" is right out of Marie Antoinette. Because a few old people can afford cake -- well, no bread for the other 95%. If this line of attack is followed to its logical conclusion, we should make the AMA happy by scrapping Social Security altogether, since there is admittedly a small percentage of millionaires who draw earned Social Security benefits.

You are, according to your own commercials, the oldest national medical organization in the country, and you should really know better. I am reminded of the verse from "Alice in Wonderland":

"'You are old, Father William', the young man said,
'And your hair has become very white:
'And yet you incessantly stand on your head -
'Do you think, at your age, it is right?'"

I want to remind you of one more fact. The federal government today provides superb insurance coverage of psychiatric illness -- in both basic and major medical policies -- for its two and a half million employees and their dependents. Participants in this plan, which is the largest and finest in the country, contribute through payroll deductions for its support. Senator Richard Neuberger led the fight for this comprehensive coverage, including psychiatric care; those of us who battled alongside of him for this broad coverage against some powerful spokesmen from the insurance industry were not aware of any great support from the American Psychiatric Association, that staunch foe of "dependency".

These financial considerations relate very directly to the whole issue of the construction, and successful operation, of a nationwide chain of community mental health centers.

Those of us who participated in the drafting of the Kennedy mental health legislation were careful to place the greatest emphasis upon limited federal support in the initial staffing of these centers. We envisioned these centers as primarily serving the low and middle income groups not now receiving adequate psychiatric care. We knew that patient fees could not support these centers, and we knew quite well that many of these people did not have health insurance.

We expressed our hope to the Congress that the health insurance industry would someday broaden its coverage to include the ambulatory mental health center patient, but those of us who have been struggling for the past 15 years to persuade these same insurance carriers to cover the hospitalized mental patient for an adequate number of days, knew what a time-consuming battle we faced. In the interim, how could we ask the local community, or private organizations, to finance both the matching money for construction of these centers in addition to 100% of the operating costs from Day One, when the centers opened. We therefore opted for brains over bricks.

As a consequence, the Kennedy Administration bill, guided by Lister Hill to a fantastic 72-1 victory in the Senate, provided two dollars in federal staffing aid for every dollar of construction money.

When the bill moved over to the House, the gutting process started. The Board of Trustees of the AMA had, in June of 1962, endorsed the major recommendations of the Joint Commission in a strong statement supporting "multiple source financing of community mental health services". In October of that same year, the American Medical Association held its first National Congress on Mental Illness; all of us who attended that conclave were convinced that the AMA had finally dipped its toe into the waters of the 20th century.

When the Council on Mental Health of the AMA came forth with a ringing endorsement of the Kennedy legislation, everything seemed to be coming up roses. But the House of Delegates of the AMA, standing on its collective head in Atlantic City in June, 1963, decided to preserve its old [^]bête noire, Socialized Medicine, by voting in essence for a perpetuation of state psychiatric medicine and against limited federal support for the staffing of community mental health centers operated by the private sector of medicine.

I must say in all candor that the AMA conducted a most effective campaign against the staffing provisions of the Kennedy legislation. Most of it was not visible -- local politico-medicos worked quietly on their individual Congressmen via the telephone and direct personal visitations.

We did not have the strength to counteract this. A few mental health associations performed valiantly, but in many of the crucial big states, the citizens' movement lacked power. I am sure that the District Branches of the APA tried, but they were no match for the experienced, county society politicians in the AMA.

As the summer of 1963 waned and the leaves began to turn on the trees along the banks of the Potomac, those of us manning a thin line in the Federal City waited in vain for reinforcements. As Woodrow Wilson said during the sad, closing days of his second term:

"Things get very lonely in Washington sometimes. The real voice of the great people of America sometimes sounds faint and distant in that strange city."

I say this to you: The American people were solidly behind President Kennedy on this issue, but as so often happens in this great country where a little democracy is a dangerous thing, we were defeated by "a little group of wilful men representing no opinion but their own".

We lost a battle, but not the war. We will be back, but we will not prevail in the Congress of the United States, or out at the forks of the creeks, until an aroused citizenry gets behind us in this fight. I cannot put it any better than Dr. William Menninger did a few years back:

⌋ "Further progress in the difficult field of mental illness and mental health will come only when millions know enough, care enough and are willing to work together hard enough to make it come." ⌋

We need your help, your counsel, and your guidance, but ours is the responsibility to win the victory.

In 1955, speaking to my fellow citizens in the City of Brotherly Love, I said:

"Many of these community mental health services look very good in the blueprint stage but they become effective only when you, the citizens, participate in them and give them your full support. No community psychiatric unit, whether it be in a general hospital or in a school, can be really effective unless it is constantly challenged by an enlightened citizenry. In the final analysis, you will decide the services you want for yourselves and your children, and you are in no position to criticize the professional groups for not providing these services."

I stand on that statement today.

Thank you very much.