

**J. Wilbert Edgerton**  
**September 14, 1999**

Interviewer: Dr. Edgerton, the first thing I want you to say is state your full name and where and when you were born.

Edgerton: My name is Jesse Wilbert Edgerton. I was born November 21<sup>st</sup>, 1918, in Wayne County, North Carolina.

Interviewer: Okay. Well, let's go into the psychology part of it. You were just saying before I turned on the tape that you earned your master's at the University of Florida. Then you were with the VA. Talk a little bit about that in terms of your VA experience and some of the things you did while you were working toward your doctorate.

Edgerton: Well, I was not really with the VA. I worked in the Veterans Guidance Clinic at N.C. State. I came there as kind of a temporary job on the way toward deciding where to do a doctorate, so I worked for a year. I had done a master's thesis on vocational interests of people pre- and postwar at Florida, and so then I came to work in that Veterans Guidance Clinic at N.C. State for a year and then moved on over to Duke to begin the rest of the work for the doctorate.

Interviewer: And so you were at Duke in what years?

Edgerton: Forty-eight to '51 officially, and then I went to Florida to work, and I had to rewrite my dissertation, so I went down to Fort Daytona and was there for two years. But the first summer that I was there, which was in '52, I came back to Duke and holed up in a dorm for a month and redid my dissertation.

Interviewer: You're not the only one to have ever done something like that. I speak from experience.

Edgerton: And so they only awarded them once a year, so it was actually awarded in '53.

Interviewer: Well, talk just a little bit and describe what you did between the time, then, that you had earned your doctorate and the year you came to NIMH in 1957.

Edgerton: Yes. Well, my experience during the war – I worked in the oldest state hospital in this country. I bet you don't know what that is.

Interviewer: No, not the oldest state hospital.

Edgerton: Williamsburg, Virginia. And it was a snake pit, and I was assigned there. And what I experienced there sort of turned me toward being interested in community, because I had some notion that you ought to be able to do something for people so they wouldn't have to go to a place like that. So, I was already sort of prompted toward community, so when there came a recruiter about time it was for me to leave Duke, a recruiter came and said, "Hey, we need a psychologist in the health department in Daytona Beach." So, I went there to work. It was essentially a school mental health program because my primary clients were teachers and students and parents, because it was based in the health department, but the health director had gotten the money from the Department of Education to have this mental health service. I went there for the first two years out of Duke. And that's the time when I met the public health people from NIMH, because from Atlanta was Bill Hollister, who was the chief of the Atlanta regional office, a psychiatrist, and Clair Calhoun [sp.], who was the most marvelous mentor I could possibly have had at that time. He'd come out of Ohio, and he was a very patient and deliberate and wise man. And they imbued me further with the importance of public service and also to be in community because that was their whole orientation, and it fitted what I felt was appropriate for me completely. So I was there for two years. And then, due to their – I suspect, I've never had this confirmed, but I suspect that their

conversations with people in Alabama because Alabama was also one of their states, put people in Alabama in touch with me because they were looking for a director of the state mental health association. So I went over there and worked for four years on that side of the endeavor in the public agency; that is to say, a private agency working in the public, the Alabama Mental Health Association. I was the state director for four years. It never occurred to me that I would ever join the NIMH staff. It just wasn't – I hadn't even thought about it. But I was recruited from that to come to the regional office.

Interviewer: While you were in Alabama, were you having contacts with NIMH?

Edgerton: Well, yes, because I already knew Bill Hollister, and he was still in Atlanta and I knew Clair Calhoun [sp.]. Alabama was still their state, of course, and so we had a lot of ongoing things. We were promoting prevention, and Bill was interested in that, and so he did many kinds of workshops, and I was beginning to give workshops myself, and so on, all over the state of Alabama. We had a lot of contact with the NIMH. I might add that the first NIMH psychologist that I met – this will interest you, Stan – was Jerry Carter, and that was in 1949 at Penn State University, the first APA meeting that I went to. And the person I remember most out of that meeting was Jerry Carter. And I had no idea that eight years later he'd be recruiting me to work with him and for him at NIMH.

Interviewer: What impressed you about him?

Edgerton: Well, he was easy. He was very easy to talk to, he was very friendly, he was very outgoing, and he, as I got to know him later on, he also knew how to make the bureaucracy work for him. In other words, he knew how to make it do what it's supposed to do. A lot of people are taken in and used up by the bureaucracy, but he made it work what it was supposed to do, I thought.

Interviewer: I want to ask you a question about the time in Alabama. You were the mental health association state director.

Edgerton: Right.

Interviewer: What kinds of things did you do there?

Edgerton: Well, I called myself a salesman. When people were in a meeting and they were introducing themselves, I said, "I'm Will Edgerton, salesman." So what we were doing was two kinds of mental health education. We were trying to acquaint the people with what they were doing about mental illness, and what they weren't doing, incidentally, and also we were trying to teach them some things about what they could do for themselves, for their own mental health. So we were educating about mental health and mental illness, but we were educating for mental health as well.

Interviewer: Kind of a prevention program?

Edgerton: Yes, that was part of it. But we were also advocates. We were active with the legislature for getting appropriations. It was the first legislature I ever spent the summer with, was that one. It was very interesting. And I got to know a lot of people from all over the state that way. And I began to understand a little bit about what makes those groups work as well. And so my four years were spent in organizing the state. We developed 39, I believe, new local mental health associations, something on that order. And, of course, we had to raise money, and in order to do that, you needed to get somebody who could speak to people all over the state, I don't know how much you want to hear about this.

Interviewer: Sure.

Edgerton: Well, it was the time of the senatorial election of Senator Sparkman, and there was a lot of stuff in the newspaper about the power behind the throne, the power behind Senator

Sparkman, who's doing his work and getting him elected. So I said, "Well, who is this person who's the power behind Senator Sparkman? He may be somebody we can use in mental health." Well, it turned out to be a lawyer in Tuscaloosa, and the people said, "If you can get him to help you, you'll have it made." What he had done was, during the war, he had organized a bond sales arrangement for selling war bonds that had worked all over the state, so he got to know people in every county and he was smart about who he got to work and so on. In fact, the way he did this was recognized nationally way back then. This, of course, when I knew him was after all that had happened. But it turned out that his wife was already on my board, and so when we went to see him to ask him if he'd help us, he said, "Well, I promised my doctor and my wife that I wouldn't get involved in anything else. But if Liesel Gray [sp.]," who happened to be the probate judge in Jasper, which is Walker County, Alabama, "if he'll help me, we'll do it." So he signed on, and it just was marvelous. I learned like everything from that man.

Interviewer: So you got that political experience from the people to work with you on these projects.

Edgerton: Right.

Interviewer: Then, in 1957 or so, you were recruited to NIMH.

Edgerton: Right.

Interviewer: Why did you go there?

Edgerton: Well, they persuaded me, I guess, you know. I guess I'd spent four years in the state and, of course, I hated to leave. My wife said, "You don't need to leave for me. I'll be happy to stay here." She was very happy with it, and I was too. But I guess it was a chance to move on and do something with a larger sphere. That is a good question, though.

Interviewer: And there must have been something very attractive about NIMH.

Edgerton: Well, all my contacts with them had been great, and the people who represented it, the people like Bill and Clair Calhoun [sp.] and Jerry Carter. Of course, one of the things Jerry did was to organize the community services psychologists and the state mental health chief psychologist in an organization. So that meant you got to know psychologists from all over the country, you know, the Henry David's and the – I'm trying to think; who was the other guy? Two people in Massachusetts. You probably remember them. One of them was Art somebody. Bindman.

Male: Bindman, Arthur Bindman.

Edgerton: Yes. And his sidekick, who was mostly in MR. I can't think of his name.

Male: Lou.

Edgerton: That's the one, that's the one.

Male: We're getting there.

Edgerton: Yes, that's right.

Male: Art Bindman and Lou.

Edgerton: He's the one. And in New Jersey it was Henry David and the fellow who was strictly MR. His name is well known.

Male: Oh, yeah. The institution. He was at the MR Institution, I think.

Interviewer: Vineland?

Male: Vineland, I think.

Edgerton: No, he wasn't.

Male: No?

Edgerton: No. He was part of the system.

Male: Strictly MR?

Edgerton: I'll think of his name in a second. There were more and more psychologists in regional offices who also became directors of those. So I was four years in Charlottesville.

Interviewer: Let's back up before you move on. You're in Alabama. NIMH recruits you to the Charlottesville office?

Edgerton: Well, that's where they placed me, yes. That's where they needed a psychological consultant, so that's how I happened to go there.

Interviewer: That's what your title was, psychological consultant.

Edgerton: Right, regional consultant.

Interviewer: A full-time employee.

Edgerton: Of the Community Services Branch of NIMH.

Male: And living in Charlottesville at that time.

Edgerton: Right, four years. And then I was all set to go get a master's degree in public health at California. In fact, I was trying to think of the guy's name, Andy somebody who was there for a long time at the School of Public Health in Berkeley, a psychologist.

Male: Yeah. Oh, boy.

Edgerton: And I was all set to go there and they said, "Hey, wait a minute. We need somebody to be chief in the Chicago office. How about deferring this master's plan for at least a year and doing this job in Chicago?" And, of course, I wasn't going to move that many times with my four children, so I said yes, and, of course, that meant I was in Chicago and I never got to Berkeley, which is fine.

Interviewer: Well, I want to back up now and ask you, you go to Charlottesville, you're the psychological consultant, and because of the nature of the project I'm on, of course, it leads me to ask, what does a psychological consultant do, or what did you do?

Edgerton: Well, in each regional office, they had a psychiatrist, a psychologist, a social worker, a nurse, so we had the clinical team represented, and they were all consultants and they all related to their counterparts in state mental health systems. So I related primarily to the psychology people. And, for instance, in Virginia, it was Ceryl Mill [sp.]. I don't know if you know him. He lives in Washington now. He was in the Virginia one for a long time, and I'd known him a lot. And there was one in each. In most states, there was a psychologist who was the designated chief in the mental health system. And then, of course, in Charlottesville we had eight territories. We had Maryland, Virginia, North Carolina, West Virginia, Kentucky, and Puerto Rico and the Virgin Islands, and D.C. So that ought to be eight.

Interviewer: You had a place to go in the wintertime.

Edgerton: Oh, yeah. We could go down there.

Interviewer: The Virgin Islands.

Edgerton: We had some good friends there.

Interviewer: You related, then, to officials with the state government as responsible for mental health programs, say, psychological mental health programs.

Edgerton: Yes, and the agency that had to do with the community mental health. In North Carolina at that time, the mental health clinics were in the state health department and in local health departments all over the state, and the institutions were in separate agencies. Then later on, they combined them and made it the Department of Mental Health, which included both of them.

Interviewer: The state hospitals \_\_\_\_\_.

Edgerton: Yeah, combined in one system.

Interviewer: So you were actually relating to eight different people in these different territories.

Edgerton: Or more. Of course, we got to know all the other people. We got to know chiefs and... Besides psychologists. We talked to other people and we did workshops and we passed on their budgets, you know. NIMH furnished money for community services, so we had to pass on the budgets for the federal money.

Interviewer: I'm interested in that. Tell me a bit about how that worked. NIMH had a pool of money.

Edgerton: Well, under the Community Services Act or the National Mental Health Act, whatever it was that created. Yeah. They had money for research, money for training, and money for community services, and the community services money went to states to finance community clinics. They didn't put any money in state hospitals. That was strictly a state affair.

Interviewer: I remember reading that in an interview with Bob Healy [sp.].

Edgerton: That's right, so, what we had to do with was helping these people develop their ideas about community services, and we also had to pass on the budgetary categorizations, you know, the budgetary layouts that they had for the use of federal money.

Interviewer: Now, those two went together. They had to match their ideas or programs with the amount of money they had.

Edgerton: Well, in a way, yes, that's true, of course.

Interviewer: And so you worked with them kind of on both sides of it. You would say to them, "We have X number of dollars for your program."

Edgerton: Well, they knew what they were getting because it was divided up on some kind of a population basis or per-capita basis.

Interviewer: A formula was applied.

Edgerton: Yes, right. Provided money for. Every state got a minimum amount, and then other states got more, depending on the population. And, also, some states got more because they were a needier state in terms of their per-capita income, let's say.

Interviewer: But some of the ones you were working with would have been there.

Edgerton: Yes, right.

Interviewer: Like West Virginia, Kentucky maybe.

Edgerton: Right. Absolutely.

Male: In West Virginia, there was a real thrust during the Kennedy administration to really help Appalachia, and West Virginia was a major place where we tried to put some resources.

Edgerton: And its current senator has been giving them federal bouquets ever since.

Male: That's true.

Edgerton: He just established a whole bunch of federal agencies out there.

Male: Well, Senator Byrd is known for that.

Edgerton: Right. He moved half of Washington.

Male: That's right. And the guy who was there before – was it Jennings Randolph?

Edgerton: Yes.

Male: Yeah, was also... He was friendly to the Institute. If we ever get down to see Burt Brown, you'll get a whole area because Burt really knew this well. But the political alliances that needed to be formed in those times, I mean, there were a couple of people in Congress who you could depend on. Paul Rogers, for example, was one of them.

Edgerton: From Florida.

Male: Yeah, from Florida. He was always active in supporting what was going on at the Institutes.

Interviewer: Lister Hill too?

Male: Lister Hill very much so, yeah, senator from Alabama.

Edgerton: Hill and Sparkman were two marvelous senators from Alabama.

Interviewer: For mental health issues.

Male: Well, they were good in other ways, too.

Edgerton: Yeah. Well, you know the Hill Burton.

Male: That's right. Yeah, Hospital Construction Act.

Edgerton: Right, right.

Male: I mean, the quality of Alabama senators in that time was much different than it is now, believe me.

Interviewer: Well, let me come back to this question now, because this... I mean, you're going to be one of the few people I get to ask these kind of questions.

Edgerton: Sure, feel free.

Interviewer: I'd like to know some examples. I hear some examples of the ideas that these local people had, I mean, because it seems like they're on the front lines there in the community.

Edgerton: Well, of course, they were pushed to even get services going because the number of community clinics was way below what was needed, so they were stretched like everything to provide service at all. And if you take North Carolina, for example, Charlotte was one place that the Commonwealth Fund had helped start a clinic way back in 1920, let's say, but all the other places where there was a clinic was somebody got one going in Raleigh and, believe it or not, we had a psychiatrist in Greenville, North Carolina, so at one time the only clinics in North Carolina were in Charlotte, Raleigh, and

Greenville. That might be a slight exaggeration. But so the whole idea was to get clinical services going wherever they were needed, and so it wasn't really until we did the national mental health, the area program – what did we call that?

Male: Community Mental Health Centers Act?

Edgerton: Yes, that got money that states then had to plan to cover the whole state. So they all got a certain amount of money with which to do planning, to make a plan for providing services statewide. For instance, in North Carolina, they divided the state into 42 catchment areas, and so this was based on population and on the shopping centers, you know, this kind of thing, where the newspapers are and that sort of thing, so that they divided the 100 North Carolina counties into 42 catchment areas for the community mental health centers. And so it was then that there was a real effort, and of course that was in the early '60s that a real effort was made to provide clinical services within the reach of everybody. Otherwise you'd have to travel a long way. Of course, the health departments that had clinics in them were few, but that meant that you had some enterprising health director who would say, "Hey, we need to have mental health," and so he would get busy and get going with a clinic and getting staff, so they could do that.

Interviewer: So when you first came to Charlottesville, this was before the Community Mental Health Centers Act. So, was it dependent upon whoever the health clinic director was whether or not they had mental health there?

Edgerton: It sure was. For instance, in Daytona, the reason I worked in the mental health department was that the health director thought that he ought to have a mental health service, so he went over to the school person and said, "Hey, give me the money and I'll bring you some mental health people here." So I got hired to do that, and I worked

primarily with schools. The nurses, all the public health nurses, were part of my staff in one sense. They did all the home visiting for people who were referred to the mental health service. When we needed that, the nurses, they each had a territory, and so they'd go do the home visiting for us. And one of the nurses, she wasn't trained in it, but she became like a mental health nurse and was like part of my mental health staff there. And it was all because of the vision of that person who said, "We need a mental health service and we'll get some people that provide it." And a lot of that happened around North Carolina because in some mental health – in some health departments, you had people who set up for mental health clinic, and so there was a person in the state health department who was kind of the mental health person that had to do with that all around the state. But then when they made the Department of Mental Health, they took that away from the health department and put it all in the Mental Health Department, including the four state institutions.

Interviewer: When you first started – I want to stay with that earlier time right now – when you first started in Charlottesville, '57 to '61, say, how would you characterize the level of sophistication and understanding about mental health and mental illness with the population you were working with?

Edgerton: Well, it was – it, let's say generally that it had a long way to go. Things were on the move already, but there was still some distance to go. There's still some distance to go. But there's no question that the pulse, if you will, of the people relative to this kind of issue is very different from what it was then. It's not – it still has stigma, but it's not the prohibitive stigma that it used to be. People are much more sophisticated about the need to do something about mental anguish and emotional difficulties and so on in ways that

we're still, it was still way over there for most people at that time.

Interviewer: In your role as the psychological consultant you say you became, did you all, as a team, or even you individually, sponsor like workshops and that sort of thing? Can you talk a bit about that?

Edgerton: Yes, we did a lot of those. Bill Hollister, for example, was a master at doing that, and so I learned a lot from him about doing that. We might have a workshop for teachers, you know. We'd talk about mental health in the school setting and talk about the kinds of difficulties that children have in school and things that you need to do about it and that kind of thing, for example. Or we might do something for parents, and parents could come and learn some things of that kind. For a long time, we did a week's workshop in the mountains. We did at Pisgah View Ranch, which is out beyond Asheville in the mountains, after I came back to North Carolina. We did it for 14 years, and I'll tell you more about it in a minute. But before that, the reason we went to that place was that the person in the state health department here who had to do with mental health set up every year a workshop and brought as many health department directors and anybody on his staff who had to do with mental health to this place to have a workshop, and then he'd bring in NIMH people and various other people – I went to some of those from NIMH – to talk about clinical service and what you need to do to organize and various things of that sort, so that when I came back here to North Carolina to work at the university, we said, “Why don't we have this thing that was started some years ago,” only this time it had a different format. So we set it up to have two things going. Bill Hollister and I worked this out. We would teach them about administrative issues and also about staff issues. So we endeavored to teach them about how groups work as administrative groups

and also how they work as community groups. So we put everybody in two kinds of groups. Everybody was in a sensitivity group, so we'd learn something about how groups work; and also an administration group. And so at the end of the week, we did a simulated community, so we divided... We'd have about 60 people there or 50 people, whatever, and we'd divide them up into community groups like the PTA and the county commission and the school board and all the community groups that you have for the most part, and we'd assign people to those different groups, and then we'd spend a whole day working as a simulated community. And we gave them a problem to solve, and it was marvelous learning. People learned from that simulated community.

Male: This is really very interesting to hear Will talk about this. In a sense, his earlier career is different from a lot of other people who came to NIMH. He was already very experienced in this area before he came to NIMH. A lot of us sort of were babes in the woods when we came in NIMH in terms of real contact with mental health problems, particularly in the community. One of the first things I had to do when I got there was to review state community mental health proposals in order to judge their adequacy. What I knew about community mental health and states at that time could have been encapsulated in this little part of one finger here. Not only that, the activities that were going on that he's talking about really anticipated the CMHCs in a very real way, which is fantastic, and which probably isn't given sufficient credit, I don't think, historically, in terms of what the regional offices did and what some of the other entities were involved in.

Edgerton: Yeah. Well, I sort of feel, though, that the kind of guy Bob Felix was and the people who were helping him fitted very nicely together with the regional people.

Male: Yes, yeah.

Edgerton: We all felt as though we were part of a family.

Male: Part of a family, right.

Edgerton: And so it was a logical, I feel, development, and it was participated in, of course, the Community Mental Health Centers Act was participated in by psychiatry, national psychiatry, national psychology, and all those things, and you know that the mental health commission that Bill Sanford headed up was...

Male: You knew that.

Edgerton: Yeah. So psychology was in that from the very beginning.

Male: Right, right.

Interviewer: They're doing that work, that Joint Commission on Mental Illness, they're doing that work while you guys are out there in the field doing some of those things that they were \_\_\_\_\_ we ought to be doing.

Male: Doing it, absolutely, exactly.

Edgerton: Well, I think that some of what we did influenced that happening, and not only making it happen, but also the content of what came out of it.

Male: Yeah. There's no question about that.

Interviewer: \_\_\_\_\_ thinking of. I hear you talking about this. This is a real precursor in terms of your shaping what community mental health centers are going to be like even though they're not officially called that yet, I assume.

Male: Right, right.

Interviewer: So NIMH role and your role as a regional psychological consultant really had to do with, to use an analogy, working with the local troops. You're out there in the trenches with

those folks, helping them get programs going.

Now, was it a frequent occurrence or did it ever happen that they would bring ideas to you \_\_\_\_\_?

Male: Oh, of course.

Edgerton: You see, one of the good things about being a regional consultant is you could tell in Virginia what they were doing in Kentucky. You carried ideas around: “Hey, you want to know what they’re doing over there?” And it’s just part of the natural communication that you would tell them that. “You know, they kind of had this problem over there, and here’s what they did about it.”

Interviewer: Really marvelous. I’m really fascinated by it because I’ve been working on this project. It strikes me that one of the roles, unstated roles that NIMH played at every level I’ve spoken with people about is developing these informal communication networks. Really, it’s not in the form of lofty issues or lofty publications. It’s just people talking to people.

Edgerton: Yes. And when I was in Chicago, one of the people in Indiana said, “You bring us ideas,” just like that. That was Burton Reuben.

Male: Yeah, yeah, Bernie. Is he still in Kansas City?

Edgerton: Yeah. He wasn’t at APA this year.

Male: Yeah. I look for him from time to time, but I haven’t seen him in a long time.

Interviewer: You’re working in this Virginia area and seeing, you must have been seeing some really marvelous things happen, given where they were and \_\_\_\_\_.

Edgerton: Well, one of the other things that happened several times from that office was that a given state would decide to do a study of its mental health system, and they would enlist NIMH people to come and help them do that. So they would organize to study and

develop a plan for their state. And this happened in West Virginia. We traveled all over, Ruth Knee and all kinds of people, \_\_\_\_\_.

Male: Yeah, Ruth.

Edgerton: We'd always call at people at NIMH to come and help us do these things. But they were developed through the regional office mechanism. And we did one in North Carolina, too, for example, so that it was kind of an appraisal of their institutional and the community services so that the given state would then have something that they might present to the legislature about, "Look, here's what we need to do in this state." So it was not unusual at all for us to do that kind of a thing in any given state.

Interviewer: That leads to a question I've hoped to be able to ask you. Historically, the federal government was not involved in issues like mental health. That was a state issue. So here we see with NIMH the involvement of the federal government. Was there significant resistance to the federal government in the form of NIMH and the regional office? Was there resistance to your help?

Edgerton: Well, I never felt it if it was. I think they were just happy to have some money for mental health, and any thinking person there, you know... Of course, anybody that's experienced with the supply of money knows that certain conditions go with the money, and you might have some people being cautious about that. But I couldn't honestly say that in terms of the interactions I've had with people that there was ever any resistance to that.

Interviewer: They were just happy you were there.

Edgerton: Absolutely.

Interviewer: Bringing them ideas.

Edgerton: That's right. And also the money that went with it.

Interviewer: I want to move now to talk to you about your Chicago experience, where you were the chief of the regional office, which meant you were responsible for what a lot of other people did.

Edgerton: Yeah.

Interviewer: Is this '61 or so?

Edgerton: Yeah, '61 to '65. That's when I came here.

Interviewer: You were in Chicago.

Edgerton: Right.

Interviewer: During that period, of course, the Community Mental Health Centers – and it's also called something else – Act got passed and money given to build these centers.

Male: Well, there was a facility and a staffing portion.

Edgerton: The first was for bricks, and then finally they got people.

Interviewer: So, that's a significant move. But as you were just saying, you all in the regional offices were already laying the groundwork for that. I'd like to hear about your experience as the chief of a regional office. How was Chicago, first, different than Charlottesville?

Edgerton: Well, it was both larger and more compact, if that makes any sense. We had the most population of any region in the country. We had five states.

Male: Big Midwestern states.

Edgerton: Yeah. We had Ohio, Indiana, Illinois, Wisconsin, and Michigan. And so they had pretty sophisticated departments. They had, like in Ohio, they had like 13 – or I don't know how many there were – state mental hospitals. Michigan had the tradition of having the upper peninsula and the lower peninsula with all that stuff. They also had a marvelous... In Ann Arbor, we had real allies in mental health at the university.

Male: Yes, yes. We've already talked going out to visit that one.

Edgerton: Right. And in Wisconsin, we had marvelous state people to work with who... Lynn Gantz [sp.], the psychiatrist who was head of, for some time, Lynn... I'm sorry. I want to say Gantzer [sp.], but that's not it. But anyway, and several other people that we knew. And so, of course, psychologists as well in each place. In Illinois, we were right there and we had the man who started area mental health programs, the zone centers in Illinois. They sort of were the precursor to area mental health programs in this country.

Interviewer: Tell me about that. I don't know anything about that.

Edgerton: Well, they divided Illinois up into zones and built a mental health center, you know, centered the services for it in each one of those, and this was before we had the National Mental Health Centers Act, which essentially did that same thing all over the country.

Interviewer: Now, was this before you came?

Edgerton: No. It was happening when I got there. It was already going on when I got there. And I ought to be able to tell you the psychiatrist's name. It's a very famous name that I can't think what it is now.

Male: But he was located where, Will?

Edgerton: In Chicago. The man who... This is not an NIMH man. This is the man who ran the Illinois system. And he's a well-known name, and I'm sorry I haven't thought of his name in a long time. And he was succeeded by a psychiatrist whose name you'd know, too, who had been with the health department. And then he came and was head of the mental health department and later went to be professor at Northwestern Medical School, a short fellow whose name was Hitski [sp.] or something. That's not it, but... I ought to be able to \_\_\_\_\_.

Interviewer: We can look that up \_\_\_\_\_.

Edgerton: Yeah, right.

But anyway, it was... They had already conceived a notion of providing services on an areal basis, so they have, they called them zones. They were zone centers and they had them all over the state, and that was a precursor to us doing that countrywide.

Interviewer: Did it formally serve as a model? That is, it was recognized and said, "We're going to do this nationally. \_\_\_\_\_.

Edgerton: Well, I can't tell you that the Mental Health Study Commission, which did this, said, "Okay, let's make it like Illinois." I can't tell you that they said that. But I can tell you that it was already there.

Interviewer: Widely known that it was being done.

Edgerton: Yeah.

Interviewer: Was it successful?

Edgerton: I think it was very successful. They had a big... You see, every one of the states had a big political investment in all these state hospitals. If you tried to close one, you'd find out right away what that was like. And so every community that had one was very jealous of its continuation because it meant jobs, it meant all these things that had to do with the economy as well as people's living. So there was a lot of investment in these things politically as well as people individually. So it was – these were going things in all of these states, as a matter of fact, this kind of sentiment and this kind of attachment and this kind of jealousy about doing things and doing it right.

And, of course, in Ohio, they started their little... What did they call those, Stan? They were called receiving hospitals.

Male: Receiving hospitals, yeah.

Edgerton: They had them around in three or four different, four or five different places in Ohio, and these were like new receiving, teaching, treatment places. And, of course, then they had all these old hospitals that were filled up with warehousing old mental patients. So they started this in Ohio. There's one in Cincinnati, there's one in Akron. One of my friends worked in the Akron one. And Milt McCullough [sp.] – you knew him, of course.

Male: Yeah.

Edgerton: He was the chief psychologist in Ohio for a very long time. He was there when they were developing all that stuff.

Interviewer: So your folks that you were the chief in this branch, they were working with these \_\_\_\_\_ agencies.

Edgerton: Right.

Interviewer: State agencies.

Edgerton: Right, especially the state agency, and through them, whatever other aspect of what was going on in the state that they wanted us to help them with.

Interviewer: What did you bring to the Chicago job?. What do you remember bringing that you had really learned in the Charlottesville office that you brought now as chief?

Edgerton: Well, I knew about the, you know, the mechanics of doing the NIMH stuff in terms of budgets and all of that. I brought a perspective, I think, which I got from looking at many states, which I'd been doing in Charlottesville, so when I got there, I was looking with a perspective over all the territory, for example.

In my own office, I brought peace because they sent me out there to make peace.

\_\_\_\_\_.

Male: \_\_\_\_\_.

Edgerton: They had two women... Don't put this in the... But they had two women that hated each other, and they said, "Will, go out there and fix that." And so I went out there and I was friends to both of them, of course, as it turned out.

Interviewer: \_\_\_\_\_, isn't it.

Edgerton: And then we added some more staff. As a matter of fact, we recruited staff out of state. Two social workers from Ohio came and worked with us in the regional office while I was there, and afterwards. And we brought Jessie Dowling-Smith. She came out from New York and worked with us there for quite a while. And then she went and was the chief in New York after that.

Male: Right.

Edgerton: And so we had a nurse who came to us from Hawaii. Her name was Williams. Right now I can't think of her name. But she had fled from New York, as far away from New York as she could get, which was Hawaii, so she was there for some years and then they recruited her back to the States, and she came and worked with us in the regional office in Chicago. Francis Williams was her name.

Interviewer: It strikes me that moving to Chicago brought some new talent. For example, now you're working with people who are dealing with urban problems. Talk a bit about that. How was that different?

Edgerton: Well, at one level it's no different. You still have the political forces, you have the same community organization aspects to it that you do anyplace. The difference is that it's more compact; that is to say, it's urbanized rather than rural, so that distance and that sort of thing are a factor when you deliver services. You know, if you've got rural areas to

contend with, it's a lot harder for people to get to service than it if you're right in a particular urban place, for example.

The mind-set, I guess – I hadn't thought about this till you asked me this – I guess the mind-set in urban places is a little different from that in rural places in the sense of the closeness and of the, if nothing else, the sheer numbers of people. I guess it offers possibilities, but it also offers difficulties, and so they differ in that kind of way. I expect that's a fair way to say that.

Interviewer: Were the – I'll use the word clients here very loosely – were the clients, the folks that you were working with or your staff was working with, were they more demanding of services? Were they more likely to insist that the state or the local mental health clinic provide them with something?

Edgerton: In Chicago then?

Interviewer: In Chicago.

Edgerton: I don't know that that's the case. It could be that they were more vocal about it. That's possible. But I think that by that time, I suspect that most people knew what they weren't getting and something about what they ought to be getting and were more able to voice something about that. I remember when we came here and we did our research in rural areas here, we did some surveys. We asked them, "Whom are you most likely to take your troubles to?" Well, most of them would take them to the minister, for example, and so on, that kind of thing. "And who are the people that are most likely to know something about mental health?" Well, it turned out to be the schoolteachers. They were the most knowledgeable people to talk about it at that time. I don't know whether that's the case now, if you did that kind of a survey, or not. So I don't know if there's... You

know, people are people wherever they are. They just live on top of each other in urban places.

Interviewer: And so you get more crime, more visible crime perhaps. This is a time, if I've got the context right, when NIMH and other parts of the extramural programs were working on things like metropolitan [unintelligible] I think Elliott Lebeau [?]

Male: Elliott Lebeau. It was a center for metropolitan... Now, Will, when were you in the main NIMH office?

Edgerton: In what?

Male: In Rockville or...

Edgerton: Oh. Well, we went there two or three times a year for special meetings.

Male: But you were never stationed there?

Edgerton: No.

Male: That's amazing.

Edgerton: No, no.

#### SIDE B

Male: Let me think about that several times. There tended to be... I mean, Bob Felix had this wonderful vision of this three-legged stool: services, training, and research. In actuality, the people from training didn't know very much about what was going on in the services enterprise, and my guess is that people in research knew even less about that.

Edgerton: Probably.

Male: And I'm thinking about it in my own experience of how many times I would go to a regional office and talk with the people there about something that I was doing in training in order that they would be informed of what was going on and could use that sort of

knowledge in what they were doing. And it was true, for example, in Atlanta, particularly because we were working with a lot of minority institutions down there. It was true in San Francisco because, again, I was really – San Francisco was a wonderful place to develop multi-ethnic training centers. We had at one time going a predominantly Hispanic, a predominantly black, and predominantly Asian center who were in touch with one another, and Elsie Wu [sp.] at the regional office knew what was going on in those places. Okay? And there were some others like this.

I'm trying to think of the research people. Now, we have to talk to Lou or some of the others about it. There were always regional office people who came to council meetings, and it's significant to me that the whole regional office concept just withered away. It no longer really exists.

Interviewer: I wanted to get to that in a bit \_\_\_\_\_.

Male: And how it happened, I still don't know.

Edgerton: I have a feeling – and I would say this – that my years at NIMH and I don't know how many years following, coming back here, were when it was in its heyday.

Male: Yes, the halcyon days.

Edgerton: Right.

Interviewer: But \_\_\_\_\_.

Male: What happened was, if you look at the resources, it's very interesting. With the establishment of the Mental Health Centers Act, the services programs had the lion's share of resources. Training once had a larger share of resources than either services or research, if you can believe that. All right. At the very end of the '60s and the beginning of the '70s, when Burt sort of came in, training had a significant budget amount of the

total budget of NIMH at the time. And then there were interesting developments that started to take place which I think had an impact on all of this.

There was a reaction, among particularly psychiatric researchers, that not enough attention was being given to biological psychiatry. That was a real sort of code word. And this came at a time when the mental health centers were really getting... I mean, the program originally was to have a certain number throughout the country, whether it was 800 or 900 or something. I mean, this was really worked out in some detail on the basis of what population was... I mean, Will's comments about the zone concept were, I think, very, very well taken. And they wanted really to blanket the entire country with this, and they had some ideas about how to do it. And, of course, what happens in this sort of stuff is that areas of the country change as this is all going on, and so you're working with a moving target here and you have to watch for what's happening.

We kept getting continual information. I can remember council meeting after council meeting. In actual dollars, research has declined compared with the rest of, with NIH. We were not a part of NIH at this time. Okay? And there was a lot of resentment that built up about the services programs. Training was sort of in the middle. I mean, we had a fairly active program of rural mental health training simply because it was... I mean, first of all, we had a program of supporting non – have-not states. Okay? So we developed something in almost every state in the union except Idaho, Alaska, and New Hampshire, I think were the only places where we didn't have a training program. So we would go to Idaho, and some of our people even went to Alaska. Nobody in psychology did at that time. And in New Hampshire, we finally developed something at Dartmouth. New Hampshire was a tricky state. It's very – it's bedrock conservative in so many

ways. And it was – the more this stuff went on, the more you heard about the necessity, really, to have research be in the driver’s seat, that this should really be a research institute. This was finally accomplished when we went back to NIH and we split off from services completely. They really had to eject services somehow. And it’s curious because Felix’s original idea, I think, was precisely what the contractor says needs to be done, and every director since has been saying it’s got to bring knowledge to the people out there who need it so that it does some good. But that’s not the way the usual research enterprise works. That part of it is really not given. I mean, it’s what we talked with Bill about this morning, which is the ultimate extension into policy. Okay? And that gets lost. What gets preserved is the knowledge, the increase in the knowledge base for its own sake, which is not an easy thing to object to. Okay? I mean, I could run some rings around that, but it’s not easy to say, “Let’s do away with that.” Okay? And the final sacrifice of services, of course, came when they separated totally from NIMH and put it out in block grants. And by that time, they’d gotten rid of the regional offices, they got rid of all the people...

Edgerton: Reagan.

Male: Reagan. Right. And the whole thing sort of just... And a lot of people were probably, underneath it all, glad that that happened, more than you would want to admit.

Edgerton: Well, it gave a certain autonomy to states that maybe they \_\_\_\_\_.

Male: That’s right, that’s right, too.

Edgerton: But one other thing that I thought of when you were talking was that there were a number of demonstration projects that were part of community services. They had a school mental health demonstration project in Daytona Beach, where I was, after I was there,

and a psychologist was assigned there from the Public Health Service.

Interviewer: What year is this?

Edgerton: Well, it was... See, I was there from '52... I was there in '52 and '53, and not long after that, Bill Hollister and others established this School Mental Health Project, and they assigned a psychologist there and a social worker or nurse, and they were there for, I don't know, three or four years. And the mental health – I forgot now what they call it, but they had this demonstration mental health clinic up there that...

Male: Oh, Prince George's County.

Edgerton: Yeah, Prince George's County was there, and it had psychiatrists and psychologists and so on.

Male: A very active state.

Edgerton: For a long time...

Male: Milt Shore [sp.] was one of our informants.

Interviewer: \_\_\_\_\_ study center.

Male: Right, right.

Edgerton: Right. That's what it was.

Male: That's it; that was it, yeah.

Interviewer: First \_\_\_\_\_ Prince George's County \_\_\_\_\_ Clinic.

Male: Right. Then the Mental Health Study \_\_\_\_\_.

Edgerton: Yeah, right. Well, Jim Osburg [sp.] had been in that, and so was Alan Miller...

Male: That's right.

Edgerton: And so was Stan Yolas [sp.].

Male: That's right. They...

Edgerton: And they all went to other places in the...

Male: Burt may have been there.

Edgerton: He might have.

Male: I think he might have been there.

Interviewer: The \_\_\_\_\_ thing came out of the services, Community Services Branch.

Edgerton: Well, he was in that study center...

Male: No, it was a study center.

Interviewer: \_\_\_\_\_ part of community services, wasn't it?

Male: It was a demonstration. It was really – it was its own entity to some extent. Okay? Hollister would answer that question better than I can in terms of what the bureaucratic attachments were.

Edgerton: He could also tell you about the that he helped establish in Daytona that was there for a while.

Male: Yeah, yeah. Bill was in the main part of NIMH at the time.

Interviewer: Bill Hollister?

Male: Hollister was, yeah. He was really the head of the services program at the time I think I came to the institute.

Edgerton: He became the community services branch \_\_\_\_\_.

Male: Yeah, chief of that.

Edgerton: Curtis Southern [sp.] was there when I was in the regional office.

Male: Curtis?

Edgerton: Curtis Southern [sp.], a psychiatrist.

Male: I don't remember him at all.

Edgerton: He was chief of community services.

Male: Okay. That must have been before my time.

Edgerton: He and Jerry Carter and...

Male: Oh, Jerry was, yeah.

Edgerton: And that big social worker, big, tall guy.

Male: Warren Lambson [sp.]. Okay.

Edgerton: Yes. And the nurse was a big woman. I forgot her name. She was there, too. But they were all part of the main staff.

Male: Eleanor Friedenber[sp.]?

Edgerton: No. Eleanor Collard [sp.] was there at some point.

Male: Yeah. She's become Eleanor Friedenber[sp.].

Edgerton: Is that right?

Male: She's the one, yeah. She \_\_\_\_\_.

Edgerton: Okay. Well, long before her.

Male: Long before her.

Edgerton: Yeah, right.

Male: A big nurse.

Edgerton: Yeah.

Interviewer: Not Esther Jarrett [sp.].

Male: No. Esther was tiny. Esther was a bird. But she was wonderful. Esther was a really wonderful person.

This is fascinating.

Edgerton: Pearl. Her first name was Pearl.

Male: Oh, my God.

Edgerton: She was big and a lovely person.

Male: I'm trying to remember.

Edgerton: But she was the one that was with Warren and Jerry and \_\_\_\_\_.

Male: Yeah. Warren still may be... I don't know if Warren's still alive.

Edgerton: Yeah. He lives on the Eastern Shore.

Male: He does?

Edgerton: Yeah. I talked to him a year or two back.

Male: Yeah? He'd be an interesting person to see because so few people from the services, Central Office Services Program, that are still around.

Edgerton: Well, Ruth Knee. You ought to talk to her.

Male: Yeah. Ruth would be good, very good.

Edgerton: She's in Fairfax, and she can tell you where Warren is. I've talked to both of them. In fact, Ruth was here last year and I saw her, and I talked to Warren. He's on the Eastern Shore somewhere.

Interviewer: I want to ask you to go back to your time in Chicago. Were there proportionally more minorities that you were responsible for helping the states help?

Edgerton: I don't think of it in that way. The populations were bigger, but I don't think of it in any... I don't think I thought about it in those terms.

Interviewer: Yeah. I was just thinking, Chicago, of course, has a very large minority population.

Edgerton: Right, right, it did.

Interviewer: I was just trying to \_\_\_\_\_.

Edgerton: There weren't many in Wisconsin, for instance. Detroit had plenty.

Interviewer: Yeah. I'm trying to get a sense of how NIMH began to address racial issues and mental health and those sorts of things. So \_\_\_\_\_ the Community Services Program was where \_\_\_\_\_ be again kind of front lines of or...

Edgerton: Yeah. Well, of course, early on, all the health departments had segregated drinking fountains and all that stuff way back. I can't tell you when we quit having those. I don't know whether that was with the school integration stuff that took care of that or not. I can't be sure about that.

Interviewer: While you were in Chicago, the Community Mental Health Centers – I'm forgetting the full title – Act was passed. What impact did that have on you as the chief?

Edgerton: Well, people got interested and made demands. They wanted help on how to get the money. How can we do the application process? I remember a man from upper Michigan sent me all the data he had and he said, "Please make my application for me." That was \_\_\_\_\_.

Male: If you were with NIMH, you were the magician that could do all these things.

Edgerton: Yeah. \_\_\_\_\_. He sent me a whole boxful of things and said, "Please develop my application." So there was suddenly with this – and, of course, one other thing that was part of this was, all of the state hospitals suddenly had money available to them. Along with community mental health centers' money, there was money to upgrade the mental hospitals. So if they had anybody who could write his name decently, they could put in an application to get that money, and so that was another place where our study commission, the mental health study grants, was functional, and we were part of all that in the regional office.

Interviewer: You used a phrase right then, mental health study grants.

Edgerton: Yeah. We had the Mental Health Study Commission. No, that's not it. There were special grants that were called, gosh. I think that's what it was, though. Mental health study grants. That doesn't sound quite right. But there were mental health grants, and they were for upgrading, for the most part, services. So they could be applied for by... There were special ones for the institutions, but there were other parts of the populace could make application for these monies as well.

Interviewer: So like these Illinois zone centers could make application.

Edgerton: Oh, yeah, they could, they could. Or it could be some university professor who was, in connection with some local program, might put in for a grant, for a study grant or a grant. This may not be quite the title that I ought to be giving you.

Interviewer: Well, we can look that up.

Edgerton: But there was a special number. I ought to be able to tell you the number, like something 24.

Male: Yeah, yeah. S-something, it would have been, right. S services something, like R something or T something.

Edgerton: It was a special pot of money that was available for people to upgrade service.

Interviewer: Now, was this administered through you in the regional office?

Edgerton: Well, we had influence in that in that we might advise them, you know, they might ask us, "What should we do about this part of this?" or something, so we might consult with them about developing the grant proposal, about their proposal.

Interviewer: Then the awarding of the grant wasn't made by you.

Edgerton: No, no. They had a special Study Commission. In fact, Harvey Smith, who was here, served on it for a long time. He considered that one of his, one of the prize parts of his

whole professional life, was being associated with that study.

Male: These are like almost pilot kinds of things in order to enable somebody to carry it out in full, and... The institute has done that on several occasions, and that is seed... It's a seed sort of thing that kind of is used in order to enable people...

Edgerton: Well, it was a way... You see, training had grants, research had grants, community service didn't have any grants. They just gave money directly for service, but they developed this program, so they had a grant program, too. That's really kind of how that was.

Male: Yeah, yeah.

Interviewer: So there was a special commission, and a man named Harvey Smith...

Edgerton: Well, no. Harvey Smith served on it. He happened to be a sociologist here in the Department of Psychiatry.

Interviewer: \_\_\_\_\_ review committee member.

Edgerton: Yes. That's what it was. It was a review committee.

Male: There would have been a committee that looked at this.

Edgerton: Yeah. It was a review committee, and he was a member of that.

Interviewer: Is he still around?

Edgerton: No.

Interviewer: Interesting to talk with someone about that, get a little bit more information.

Edgerton: Well, Alan Miller can talk to you about it.

Interviewer: Is he still around?

Edgerton: He's in Albany.

Male: He's still in Albany?

Edgerton: Yeah.

Male: Wow. Yeah. Alan is a long-termer. He was in Colorado at one time, wasn't he?

Edgerton: Yeah, he was out there...

Male: Fort Logan.

Edgerton: Yeah, he was there.

Male: That's right.

Interviewer: There is an interview \_\_\_\_\_.

Edgerton: He was a career public health officer.

Interviewer: He was in the Public Health Service.

Male: Right.

Interviewer: So you wanted the impact, then, \_\_\_\_\_ the Community Health Centers Act \_\_\_\_\_ suddenly your office is processing, you know, not processing applications, but handling \_\_\_\_\_.

Edgerton: No. We're helping... Yes, we are. And believe you me, some of them needed them badly, especially to upgrade those institutions. They would hire somebody to help them do something they'd never been able to do before. It was just marvelous things they were doing. And it was Bob Felix who was saying, "Look, the face of mental health will never be this way again."

Male: That's right. Fascinating.

Interviewer: Other than that, other than increasing demand, what else happened as a result of that? I mean, were you now suddenly responsible for new projects?

Edgerton: Well, I was more like a conduit, I'd say. I brought ideas to people and I told them what the procedures were, and I helped them to negotiate. Maybe that's mostly what it was.

Interviewer: These local, you know, this very ambitious... If I've got the numbers right, something like the intent was at one point to build like 2,000 of these community mental health centers, one for every so many thousand people, 50,000 or something like that.

Edgerton: Right, right. They had parameters for the number of population they were supposed to serve. Yeah.

Interviewer: Now, those individual community mental health centers were not under the Community Services Branch. That was an entirely separate administrative \_\_\_\_\_.

Edgerton: They're state. They're all state things.

Male: They were state, yeah.

Edgerton: And the state legislatures, by the way, had to set up special legislation for them. Like in North Carolina, the state legislation prescribes what the board composition will be for an area mental health center, for example. You know, it's going to have a physician, and if it's multi-county, it's going to have a county commissioner from each county on it, and it's going to have consumers represented and all of that.

Male: This was politically wonderful because you absolutely get the support of any congress person if the money is going to his or her state.

Edgerton: Yes. And the other thing you can say about this, as far as I'm concerned, it's the best device ever invented for delivery of community mental health services, is the comprehensive community mental health center.

Interviewer: Because if it works right, then you have...

Male: That's right.

Edgerton: You serve a certain set of people, you have the services that they need, it's based on needs assessment, you do evaluation. You can do the whole thing, and it's a marvelous

conception as far as I'm concerned.

Interviewer: And the states had to kick in some money on this, too.

Male: Oh, yes.

Edgerton: Oh, yeah.

Interviewer: And local, like county \_\_\_\_\_?

Edgerton: Well, that depends on the state. And in this state, there was a formula for the counties with least money got the most, with the least per-capita income got the most state money, so it ranged all the way from 50 percent to 90 percent. So some counties got 90 percent state money and only 10 percent local, and so on, so it was a formula based on...

Interviewer: And the federal government had funds in there as well.

Edgerton: Right.

Interviewer: For the construction?

Edgerton: Construction and later, staff.

Interviewer: Now, so when the federal government gave money for staffing, were those folks then, they were still the employee, if you will, of the state or the county, depending on where they were.

Edgerton: Oh, absolutely.

Interviewer: They weren't federal employees.

Edgerton: No, no.

Interviewer: It was just... Okay. I see how it works.

Male: But remember that statement, Will, about the community mental health, comprehensive community mental health center being the best. That's an important statement.

Edgerton: Well, it also prescribed... Originally it prescribed five services.

Male: That's right.

Edgerton: Inpatient, outpatient, partial hospitalization, aftercare...

Male: And prevention.

Edgerton: Prevention.

Male: Yeah. And they did away \_\_\_\_\_.

Edgerton: Consultation and education, inpatient, outpatient, and so on. And then later, when they passed the Systems Act, they increased that number to about 12 services under Jimmy Carter.

Interviewer: So this is – a major event happened. It changes somewhat the regional functions of the regional office.

Now, the middle of '65, you left. Right?

Edgerton: Right.

Interviewer: Before I come back, because you were grantee, I want to ask about that as well. But what happened then? You guys were talking about that a little bit earlier. What – do you have some sense of the time line of the phasing out of the regional offices?

Edgerton: Well, it happened after I left, and I still had friends in those regional offices and so on, but I can't really be very informative about that. I just know that a lot of regional office functions, not just mental health, went downhill as well, and I can't be specific about that.

Interviewer: Sometime in the '70s maybe? \_\_\_\_\_?

Edgerton: Yeah. Well, at least... I came back here in '65, and I'd say that into the '70s, certainly, things began to be... For instance, Bill Wright in Atlanta got assigned to some other piece of the regional office.

Male: That's right.

Edgerton: He did the rest of his career doing something else in Atlanta, for example. And you probably know of various other staff people who worked, mental health staff who did the same thing or else just retired.

Male: Yeah. What happened generally when these things were just done away with is the staff had to be absorbed somehow. These people were not fireable. It was not their fault that... A very good case in point is St. Elizabeth's Hospital, which NIMH had in its providence at one time, and then it was returned to the District of Columbia. And what do you do with that whole staff that's there? And, actually, a number of people came into training who had been at St. E's, and I think they went also, people went to other places as well.

Interviewer: But you also had, if I've got my perspective right here, you have a contraction of federal funds. During the Johnson administration, it kind of really expanded \_\_\_\_\_.

Male: Oh, yes, yes.

Interviewer: And then you began with Nixon, I suspect, \_\_\_\_\_ some contraction.

Male: Well, Nixon had an interesting... I think part of what may have happened had to do with Nixon's philosophy, or at least the way I understood it. First of all, he tried to impound funds illegally; that is, the funds would not be paid. So you knew where he stood to begin with. I think also, what was done during his administration, there was always talk of something called decentralization, and decentralization meant what the Republicans still think of it as: We don't want big government. We want everything sort of out there by the people. And what Nixon was doing was really to pursue a program of decentralization with increased centralized political control as he wanted it, and I think people sort of saw through this and weren't going to let it happen, so that those years –

and they were years in which Burt Brown was really in office at the beginning of it – were shaky years for the institute. And, finally, what happened is the entire thing really was cut to ribbons by Reagan.

Interviewer: Was Reagan... Reagan's part in that, was this really just a continuation of what Nixon began, just simply much more sophisticated?

Male: Well, I think it was what Nixon... See, it was an intervening process. Carter came in, and Rosalyn Carter had the Commission, and the Commission's major conclusion was that the Community Mental Health Centers Act was a fine thing and should be continued. That, I think, was the biggest question on the board at the time. And when there was a change in administration, that was the first thing to go, and let's get rid of that \$200 to \$300 million thing, give the money directly to the states.

Interviewer: David \_\_\_\_\_ was the budget director \_\_\_\_\_.

Male: Yes, yes, yes. And there were other major changes that went on at that time. Social research was decapitated, so to speak. Training, clinical training particularly, was on the rocks. And so the fortunes of the institute... I mean, if you were to start to try to recover from this in terms of Felix's original conception, I think the number of blows was so great that those who said, "Hey, we simply ought to concentrate on being a research agency and get rid of all the rest of this stuff." And the reason the research training was continued was because it had an impact on research, and that they could justify. So clinical training was decimated, services were decimated, social research was decimated on another basis because, really there, I think the Reagan administration felt that the institute was too reflective of the Great Society programs. I mean, if you were working on a connection between poverty and mental health, which is a perfectly legitimate

question to examine, you were told that your work was “substanta” non grata basically. And we even re-reviewed grants – we were made to do this – that council had approved for payment, to declare some kosher and some not, one of the most degrading exercises I think I ever had to participate in.

Interviewer: The new regime.

Male: Yeah, right.

Interviewer: I have one more question I want to ask about your work in the regional office, and then I want to ask you about your grantee experience.

One of the things that you read about in this period, say, in the ‘50s and ‘60s, is that on a national level, quite a bit of conflict among the various mental health professions, especially psychiatry and psychology. But I’m curious how that played out in the local setting, in the regional offices, and even out in the field, if you will.

Edgerton: Well, I might be the wrong person to ask about that because I saw very little of that, and I know we used to say that, to settle it between APA, the big APA and the little APA, was to let Phil Sanford and the guy who was head of that duke it out.

Interviewer: \_\_\_\_\_ Ewald [sp.]?

Edgerton: No. It was somebody... I forgot his name now, a very respectable and marvelous man, but he couldn’t – you know, it would stretch your imagination to think about him \_\_\_\_\_. But they used to say, “That’s the way to settle it.”

You know, anytime anybody feels that some of their power is being taken away, there’s some resentment, and I think that that has characterized the professions all over. And you see it played out in legislatures when you try to get legislation for private practice of various professions, for example. We’re fighting one now about master’s-

level psychologists, which we've been able to win so far in this state.

But in terms of how it affected what I did and what influence it had on the way we did our business, I couldn't name any instances. As far as I'm concerned, the relationships among the professions at NIMH was marvelous.

Interviewer: Yeah. Everyone has said that. I've yet to meet someone who says, "Boy, them psychiatrists, they just – they didn't know what in the hell they were doing." I mean, everyone has said \_\_\_\_\_ great to work together.

There's something else. There were some other issues at the national level.

Male: Oh, yeah, yeah.

Interviewer: I want to ask you, then, about... You came back here in '65.

Edgerton: Right.

Interviewer: With Bill Hollister.

Edgerton: Yeah.

Interviewer: And you immediately get a grant from NIMH.

Edgerton: Well, Bill came here with the charge to train community psychiatrists, and so he was wooed by various places and he chose this place, and then he came to me and said, "How would you like to go back home?" It took me a while to finally say yes because I really enjoyed what I was doing and it was very great, but finally I did say I would come, and I was mighty glad I did.

I think we got that grant in 1966, the first rural grant that we had, and I should have brought you – I'll show you a book that we got out of that. I've got a book here. I'll give you one.

Male: That's fascinating.

Edgerton: It went for six or seven years where we were trying to demonstrate the efficacy of mental health services delivery in rural areas, and that's really what that was about. And so the book that came out of that got hailed as the best how-to book that people in rural mental health had seen in terms of how we went about getting to know the communities and getting them to work together to define what it was they wanted in service.

Interviewer: I looked through some of the research that you published in that era, which I assume was coming out of this grant.

Edgerton: Yeah.

Interviewer: And you did some really interesting things on public attitudes towards the mentally ill, about mental health, who to go, as you mentioned earlier, who to go and talk with. And one of the things – and you've already mentioned this but I just really thought this was interesting – the sensitivity groups or the T groups that you did.

You know, I'm from the South. I'm from rural Florida, actually.

Edgerton: Where in Florida?

Interviewer: Do you know \_\_\_\_\_ Mount Dora?

Edgerton: Yeah.

Interviewer: And I grew up actually not in those towns but in the countryside \_\_\_\_\_ between the \_\_\_\_\_. So, I mean, I have some sense of, in the South, the attitudes about, if you will, if you could label it psychological, so I just thought it was marvelous that you were able to do this kind of work.

Edgerton: Well, I think that when we set up... Let's talk about the Pisgah workshop that we did every year. It became an institution of its own, and the people who came to it came from all over the country, but in the process, we had just about all of the community mental

health staff in this state that came to that, or we also had another project that was for administration of mental health centers, and we had sessions here at the university for that. And so between these two events over a period of years, just about everybody in this state that was involved with community mental health came to us, so we knew all the people. And then we got them from all over the country, and it got to be kind of an institution. People came... They liked to come and come again, and they would send their staffs to come and so on. It was really a marvelous experience. And we had this in a place, it's a mountain resort.

Interviewer: Mt. Pisgah.

Edgerton: Yes.

Interviewer: Yeah, I know where that is.

Edgerton: It's in the sight of Mt. Pisgah. Pisgah View Ranch is the name of it. And so we had it for the week before it officially opened for the season, so we had the whole place to ourselves. And they were happy to have us. They were very happy to have us there, and, of course, they fed us family-style meals and there were tennis courts and horses to ride and hikes to take and you could go swimming in the lake.

Male: You've got a good model for the Marine Biological Laboratory thing. We were at – the session we were at in Boston.

Edgerton: Yes.

Male: Right there. Will and I were sitting next to one another, so this is something that Bob Newboro [sp.] and some of the community psychologists had been trying to sort of duplicate in a couple of spots, one in Kansas and one in Puerto Rico, one in Chicago. And this is really to get families together and to really work productively during summers

and stuff like that.

Edgerton: This was a collaboration between us at the university and the Division of Mental Health in Raleigh.

Male: The state.

Edgerton: Right.

Interviewer: UNC?

Edgerton: Yeah, here at the university, where Bill and I were posted and the people that worked in the Department of Mental Health in Raleigh. We joined together to do this Pisgah every year, and then we brought in experts from around the country on various aspects of mental health center functioning to present. But we also did this process stuff, which I was talking about, and that was my stuff.

Interviewer: Now, that wasn't part of Pisgah, though.

Edgerton: Yeah.

Interviewer: Oh, it was?

Edgerton: Yeah, sure. That's part of what we did there with those two groups that everybody was in.

Interviewer: In this work, in this research that you published, was that mostly done using NIMH funds or...

Edgerton: Yeah. That was an NIMH grant. Yeah.

Interviewer: Specifically to do this and to do that.

Edgerton: Yes, right. It was a five-year grant, or more. And then we got another one after that, which was a three-year grant which we did following that, in three other counties, and it was looking at the efficacy of nontraditional clinical service for people... Like we

divided people into mild, moderate, and severe illness, and we took the moderate and mild, and not the severe, but every other one we gave them to conventional treatment or one of these treatments, and you have the results on that, so that was a three-year project.

Male: Who was your project officer on that, Will? Do you remember?

Edgerton: If I saw his name, I could tell you, but I can't...

Male: Okay, all right, okay.

One other question from me. Did the training programs have – did you have any contact with the training programs at the universities at that time?

Edgerton: Well, yeah. We had a training grant for the Community Psychiatry Program.

Male: For the Community Psychiatry Program. Because both psychology programs developed rural aspects down here, which was interesting. I mean, I never expected Duke to have a rural aspect in its clinical program, but they developed one in Halifax. And UNC developed one, which was partially in Lumberton and partially in Hillsboro.

Edgerton: Hillsboro mostly.

Male: Yeah, Hillsboro mostly.

Edgerton: In fact, they opened a clinic up there.

Male: They did?

Edgerton: Yes.

Male: Okay.

Edgerton: So when we developed and I wrote the grant proposal that got the money for the mental health center here, it was combined with the other facilities in the county to make the mental health center.

Male: All right, okay. So there was a little contact there.

Edgerton: Oh, yeah.

Male: Good, good. I'm glad of that. That's nice.

Interviewer: We have a few minutes, I think, left on this tape. Are there things that we, that I just haven't brought up that you just think are critical? And we can always come back via phone or \_\_\_\_\_.

Edgerton: Sure, sure.

I don't think NIMH could have functioned without what psychology did there. I'll say that boldly. And it may have to do as much with the people and the personalities as much as it did the fact that they were labeled psychologists. But I feel that they made a momentous contribution to the functioning of the National Institute of Mental Health.

Interviewer: Why do you think that was? I agree with you, by the way.

Edgerton: It's probably as much as who they were and the kind of visions they had as it was anything else. I think their ability to interact with other disciplines was very important. I think in some instances their skills politically were very important.

Interviewer: In terms of... You know, psychologists are fairly, usually fairly rigorously trained to evaluate questions. \_\_\_\_\_ any role in...

Edgerton: Oh, I think absolutely. As a matter of fact, I think it brought... For instance, in our two rural projects, I was the chief person with the data that had to do with the design for the... And it was because of my training that that was assigned to me, so that the research design and the handling of the data were my responsibilities, for example. And I think that psychologists, wherever I've been, have been respected for that. They've been – it's been expected of them, I think, and I think that they have indeed come through on that.

Interviewer: Do you \_\_\_\_\_ that, just thinking about yourself, that the training that you had, the

experiences you had, the ability to work with people, etc., all those came into play when you went to Chicago as chief, regional office chief.

Edgerton: Well, anywhere you are, they're there. It's something you take with you. It's something that's used.

Male: Right. It becomes part of you.

Edgerton: Yeah, right.

Interviewer: You know, so many people I've spoken with – I've probably interviewed now about 17 or 18 ex-NIMH staffers. So many of them have said this wasn't just a job.

Male: No, no, no. This was a...

Interviewer: How do you feel about that?

Edgerton: Well, I feel the same way. That's why it took me so long to decide to come back to North Carolina. As much as I love my home state, and as I look back, I wouldn't have missed doing what I've done here for anything. I loved what I was doing. And I resent all those people who talk about lazy bureaucrats because all the people that I ever worked with, all of them, work very hard. They worked on the job, they took work home to do, and so on. They were all hard workers. I've never, in my career, I've not seen a lazy mental health bureaucrat.

Interviewer: Yeah. Well, my impression is these are people who, this is their life. I mean, your life \_\_\_\_\_.

Edgerton: It was.

Interviewer: It wasn't just a job you went to 9 to 5.

Male: Very much so, very much so.

Edgerton: And one other thing that you might put in here, if it fits. I was always recruited for – I've

never had a job that someone didn't ask me to come and do. I never applied for a job. They always came and got me. That was true from the start.

Interviewer: But there must have been like a secret recruiting agency at NIMH looking out for good people, you know.

Edgerton: Well, I'm sure these regional people like Bill Hollister and Clair Calhoun [sp.] had their eye on state people who might be good for staff.

Male: Absolutely, absolutely.

Edgerton: And I think that Bill Wright, who was a social worker in Birmingham and ran the mental health clinic in Birmingham for a long time, he became a regional office person just because they knew him and knew who he was and what he could do.

Male: He was very effective in the regional office, very effective.

Interviewer: Well, you know, I think you've added a great deal of \_\_\_\_\_.

Male: Yeah. This has been a marvelous dimension.

Interviewer: There's no other way to get this insight into the community services.

Edgerton: Well, in a way – this may sound a little funny – but, for me, community is kind of a religion. I think it has to do with how I was brought up and the values that were instilled and the importance of other people as well, and so on.

Interviewer: I've heard that \_\_\_\_\_, who you may know, who, I guess, all of \_\_\_\_\_ mental health. He talked about it in those terms, that it's a near-religious experience for him to think about mental health in the community.

Edgerton: Well, if you go like we did in Alabama, we went and had a meeting in central, not northern, central north, northwest, but not all the way up at the top, the medical auxiliary people called a meeting and said, "We need mental health services in this place, and

we're going to have them.” And they set it on an afternoon when all the medics were having their afternoon off. And those auxiliary ladies brought those husbands to the meeting.

Male: Oh, great.

Edgerton: And so there was this big discussion. John McKee [sp.], who's a psychologist, he was head of the mental health program in the state health department in Alabama for a long time, and I was the psychologist who was head of the state mental health association, so we worked very closely together. We co-sponsored many things, and so we jointly had this meeting. He could tell them the official stuff about what having a clinical program was about, and I could tell them about what it could do and how they needed to involve the people to get it, and so on. He and I worked very closely together. We were very good friends and we still are, as a matter of fact.

Interviewer: As you say that, it leads me to think of this question. To what extent do you think NIMH has impacted the public attitudes about mental illness and mental health in this country?

Edgerton: Tremendously. If you look at what it was when NIMH came into being and what it has become, it has tremendous [influence]. As a matter of fact, when I went over to Duke, I had one of the two NIMH training grants that Duke had at the time. And this was not all that long after the National Mental Health Act was passed. This was in 1948. I already had a positive notion about NIMH long before the Duke folks awarded me the NIMH grant, one of the two grants they had, for instance. And nothing since then that I've experienced in all that time changed that. I think that Bob Felix and the rest of the people who conceived of developing the National Mental Health Act as part of the Public Health Service ought to be sainted.

Male: Tremendous service.

Edgerton: All the people that he was related to at the time, and they put him forward to be – they couldn't have had a better first director than Bob Felix.

Male: Absolutely.