Interview with Dr. Chester M. Pierce

May 11, 1970 in San Francisco, CA at the 123rd APA annual meeting
Interviewers are Dr. Alan Axelson and Jean C. Jones, APA Librarian

Alan Axelson:
This is Dr. Alan Axelson, Pittsburgh, Pennsylvania, preparing to interview Dr. Chester Pierce of Boston, Massachusetts for the oral history project commission on history. The date is May 11th, 1970, place, San Francisco, California. The 123rd annual meeting of the American Psychiatric Association. Present also at this interview is Ms. Jean Jones.

Jean Jones:
[inaudible 00:00:44].

Chester Pierce:
Well, the Black Caucus took place in Miami, in May, 1969. Prior to that time, there had been a lot of general effort by black psychiatrists to get together. The first of which originated in St. Louis perhaps three years before, at which time a group of psychiatrists got together feeling the necessary force to communicate and to establish lines of communication. Hopefully establish a registry. As a result of this, Charlie Wilkinson, in Kansas City was the chief person in getting a grant from NIMH to allow us to meet a group of maybe 13, finally met over a period of a year and these 13 people merely tried to establish lines of communication. What could be done in terms of establishing a registry? The grant was a small grant and that's all we had money then to meet. And that ended that. In the meantime, there were a lot of difficulties going on, particularly in the Washington area where there are 55 black psychiatrists and they invited me to come and talk to them. After I had written a letter to the former secretary of Health, Education, and Welfare, Mr. Gardner accusing the National Institute of Mental Health for being a racist organization. I first said this in the APA meeting in Boston, perhaps the year before, but I met Mr. Gardner at a lunch one time and expressed all this to me, told me put it in writing, which I did.

And the burden of it was that on the night Martin Luther King got killed, the 13 black psychiatrists were meeting and we could think of only four people who'd ever been site visitors, consultants, review members, or advisors to the National Institute of Mental Health, which spend some $400 million a year. And all four of us who'd ever done this, that we knew of, were sitting at the table. And we knew that at least some of these projects were literally millions of dollars were being given away, was involving black people. And there was no black input. And without going into extensive defense, it's quite obvious that a black man sitting in those review sessions like I was one was appalled that the racism went on and just in terms of how things we were voted. One black man sitting on a review board with 25 people, of course doesn't make any kind of input. I felt that the National Institute of Mental Health could do better as an agency was probably more liberal than most agencies and that they could easily just change the character themselves by having more black consultants and more black in-house people. They'd never had a black resident. At that time, they'd only had two blacks who'd ever been staff members, one of
whom was with us that night, when Martin Luther King died. That was Jim Comer and he was getting ready to leave, to go back to Yale, to resume his academic career. To resume it.

So any rate, I put all this into a letter to Gardner and the people in Washington heard about it and they asked me to come and talk to them about certain problems they had. And it was from this, that then we decided we should have more confrontation with the people in NIMH. Al Cannon and I had been talking about this for a number of years about the certain agencies in government, which could be changed merely by having more black input. And so, Al Cannon and I then got together, and we asked Dr. Yolles, who was the director of the National Institute of Mental Health and Dr. English, who was the head of the section of Department of Health, Education and Welfare, that included the National Institute of Mental Health to come visit at Harvard. And they came and made a visit and that was the first time that a group of black psychiatrists confronted people within NIMH.

This was all subsequent to the letter to Mr. Gardner which he then passed on to the people in the federal government. Following that meeting in Boston in the spring of 1969, then we decided that we'd have to meet on Caucus at the APA. And therefore we sent out notices and so forth and try to meet. Of course the difficulty was, we didn't know who a black psychiatrist or where we were located because we hadn't been able to materialize this registry business. But we were able to contact a number of people, a number of people did come and we started the organization in May of 1969.

Alan Axelson:
How many people were in attendance at that first meeting?

Chester Pierce:
About 150 were there at the meeting in May. We figured that there must be about 600 black psychiatrist in the country, 100 of whom, addition are in training. So that approximately a 100 already in training. But we met and I took the view that what was necessary was forced to find ways of influencing thousands of lives simultaneously. So there, for instance, you found racism in an institution like NIMH that should be banished. More important to me was the racism that was extent in the working as the Joint Commission of Mental Health for Children, because I felt this was committing the 21st century and committing black children. And that there were lots of things that I was alarmed about and in fact, I had resigned from the Joint Commission with all of the children prior to my meeting, Mr. Gardner, because of what I felt was racist tactics that were being used by the people in the commission.

The only positive spinoff of that whole thing was that we had made a statement that white racism was the biggest mental health and public health problem in the country. This was before the Kerner Commission report. Because of my resignation, certain events came to pass that we were able to give this information to the current commission and at least it must've verified their own opinion, but at least that was of course a prominent part of the current commission report that white racism was such a major problem in the United States. But this, at least we contributed. There were several black psychiatrists who were involved in that Kerner Commission giving me information to send it to Fred Harris, who was on the Kerner Commission.
That was Jim Comer and Price Cobbs and myself. Any rate, we wanted to look at institutions which could format racism by the way that they structured themselves and because of the money that they had. We also wanted to organize ourselves to know where we were and who we are and what kind of works we're doing... What kind of work we're doing. We're trying to also develop new and younger leadership. So that there'd be new people involved in institutional, in the Board Institutions of American Psychiatry. So this was what we would try to do over the first year.

**Alan Axelson:**

Were there other goals expressed at that time that were not actualized or not put into practice or some people are looking from other directions of the tape?

**Chester Pierce:**

No. The mandate to me as the first chairman was to delineate overall goals and... Well, there's so few blacks that would have a say in any kind of overall view of American Psychiatry, because most would not have been in academic committees and things of this sort. That there were so few as to would have any kind of overall perspective. And so that it felt pretty much to the executive committee to delineate these things and so that... We did delineate the mountain. Most of them I think were pretty much... Well, they're pretty much, what I thought was the goals. I took the position that for the first year, I should do it because I had, I think, the greatest perspective, because I was the oldest person who's had this kind of background. And that I thought without being, I mean, just because we had to take our assets as we had them, I could do it better. I could do that.

Now. I'm going to give up the chairmanship this week because I felt that the sense, in the old Oklahoma language, "I was a better scout then I would be wagon master." But as I felt, I had knew the kind of areas and territories that we should map out. And we did. We had resolutions, which we presented to the APA board of trustees and which to my way of thinking have not at all been met. And nothing really much has happened. Although, I think that a number of blacks and whites would be very laudatory about what has been accomplished. To me, not enough has been done. And there's a lot of institutional lethargy within the APA organization, mostly because it's a learned society, which feels that it should not advocate. It doesn't have to advocate anything.

And I think that what's needed, is that it has to take advocacy stance that something is important and that we should do something. It was a footnote to history back in the early '50s, Dr. Prudhomme, a black psychiatrist, asked the APA to become a friend of the court and the decision it was going up for Brown v. United States and the school desegregation thing. The APA refused, they refused to have anything to do with it. And a number of the people who were asked and who were involved at that time, who was still living and prominent members of the APA. Some of them have now died. But the point is that they'd missed advocating something which was obviously a psychological and emotional kind of thing. They have since to get credit, these same men have been leaders of the establishment's liberal wing. That is despite their now advancing age, they have still... But they missed that point. At the time that they were asked in the '50s to participate and they didn't. So that for instance, there are a lot of things that they could advocate right now and to my taste, they haven't really made any serious effort to advocate and to take positions so that this is the result of... This is the way I do it.
Alan Axelson:
What about the response of those black psychiatrists that have not been involved in kind of seeing the national view of things, the ones you were introducing to some of these ideas? What was their response to this Black Caucus?

Chester Pierce:
Well, I think the people came that I don't know of any kind of group admins or be vary shades of opinion, but I don't know of anyone who didn't come, just because of that. There were some people at the meeting where weren't this enthusiastic and is upset if some of the rest. Just like anything, but I don't know of anyone who felt that the APA was doing a whole of good and so forth.

Alan Axelson:
What specific objectives were... And did you present to the APA over this past year to be effective in the organization?

Chester Pierce:
Well, we presented 10 resolutions and they, I'm sure you could get those and see what they are. They were... If you give a score of 10 for each one, I think that over the year, the white APA beat us a hundred to 35, which is no contest. That is to my way of thinking. They didn't advocate. They didn't do things. Now some of the blame of things that didn't get done belongs to black psychiatrists, that we didn't really get it done because of people's scattered interest in diversified kinds of problems and things. But some of the things clearly weren't done. Now we did, for instance get a promise of a center by NIMH. Which we have a black director and we've been negotiating with that for a year. We hope the center would be an operation in the 1st of June. However, we know that even though they've promised to give it, that they can always say they didn't get funds or one thing or another. We expect that from run around. We also got an advisory group, which is going to meet regularly with the director in NIMH about employment problems. We have actually got through our aegis effort, a number of blacks placed, both in the public and private sector, but particularly through different government things, as many as we could find. Of course, there's tremendous manpower needed and we've had many more requested jobs, of course, though we could ever begin to fill because people just already doing what they want to do. We were able to increase by a factor of five or six, I think, the number of blacks participating in the APA committees and councils and so forth, we did get a black nominated and elected to the vice presidency.

Chester Pierce:
So this would be the highest office a black has ever had. And we did that kind of thing. We were able also to... We got substantial help from some foundations. The Ford Foundation gave us a grant to help. And then one of, our secretary, Gail Allen got a grant from the Grant Foundation and we're in the midst of getting other kinds of grants to operate on. My overall feeling is that what we need to do and we were taking steps to initiate this is to get an institute, which would be a non-profit institute, which would operate as an umbrella to carry various kinds of research and educational tasks and we're in the midst of making a corporate organization. We also were able to get started on collecting bibliography from black psychiatrists, who've written about racism. We are searching out that kind of material.
There were a number of other things that we're able to do. I don't know which things would be more or less important. Through our arguments and contest we've been able to get blacks onto foundations. We are feeling that there's a need for blacks who are sensitive to mental health to be on foundation boards. We've been able to get them a black one to a mental health organization, which is conduct... Had to have a black lead. We helped to push these kinds of things. We tried to get blacks on to things like the editorial boards, like the APA. Of course, the argument is that hasn't succeeded, but it's, again, the same kind of thing I think is characteristic of white resistance to anything and we have to keep it up. And I would expect that what they would do would be to probably nominate a black woman, because at the same time, this gives them a woman and of course castrates and demeans the black men, is just to say there aren't any capable black men. But this would be the maneuver that one would expect from a white male psychiatrist.

I mean, just like for instance, I believe we pushed very hard to get a black on a letterhead at the American Board of Psychiatry, the reasoning being that if you could change the American Board of Psychiatry, the questions asked and so forth and so on, you'd have to change therefore, what was taught in the medical schools, you have to therefore change your faculty and put maybe something about the students and so on. But you would act to change because both blacks and whites have to learn a different kind of psychiatry, if they're going to be at all effective with blacks and probably non-black poor. But I think that essentially what has been taught is rather useless for the great masses of these groups of people.

So, we wanted to get a black on and we pushed and pushed and we've made a lot of noises, but I think that the first person they offered the task to was a very capable black woman. But you see, this is the thing that women would not be surprised that they would do. Although of course, there'd be lots of black men who'd be perfectly capable of taking on such a kind of task. But any rate, we did a number of things like that. But I really don't feel that we've accomplished very much. I could go and list the number of things we did get done over the year, but I feel that my mandate was really delineate issues and the chief thing, where to find ways where a small group of people could have influence in influencing what was done in American Psychiatry, that would affect thousands of lives.

I used to first to think about doing things on a one-to-one model or any kind of small actions like that. We had to find ways where our efforts would have the most input. So we'd try and of course to get blacks into say journals with Joint Medical, we're trying to get black psychiatrists wanting to say, mass media trade journals, and things of this sort. This is the way I see where we should be.

**Alan Axelson:**

What about the level of organization now within the Black Caucus? You mentioned the meeting that was had last year, trying to get as many people to attend. Has there been any change in the registration of the black psychiatrist or any formalization of the organization?

**Chester Pierce:**

Well, we, of course, one of the things is that the Sheppard Pratt hospital funded money for us to have a newsletter. And we have a newsletter. And of course that made an actual medium for good communication and more people know about us and so forth. So I don't know how many people will be
here this time. I have no idea. But I think that it's obviously much more structured than what we had before. We have an executive committee, one you now and we had a newsletter editor who was Jim Ralph. We had a treasurer, who's Bob Sharply. We have a secretary who is Gail Allen, plus the executive committee. And that's the officer's structure.

Alan Axelson:
What objectives do you feel will be set for the coming years, worthy of this group?

Chester Pierce:
Well, I have no idea. But tonight, they will have to meet and decide what they think we've done through the year, you see. Most people haven't had a really good chance to vote on anything and give us comment or feedback. So I don't know what they'll decide to do. The executive committee is not without ideas about what we think should be done. There are a number of things that we think that should be done and we'll present that to them. They might or might not want to do it. So I couldn't say what the group's feeling might be. One of the things is of course, just come up in the past few days is that I sent a telegram to Dr. Garber telling him I think that this organization should advocate something about the war in Cambodia and about political repression in America, because this is again a massive public and mental health problem. And I see the same problem of not taking a stand as what would happen with the desegregation thing back in the '50s. I mean, I'm sure that individually, many of the people who are board of trustees and officers in the APA would feel that this was a correct thing to do. But the act individually didn't have the same clout as a group presser. I know what the at would be. They'll say, "Well, this is a learning society and people didn't join for political action," and so forth. But it also is an organization, the premier organization in the nation concerned with mental health and dis-ease, mental dis-ease.

Chester Pierce:
And the whole country's racked now, no matter what their feeling is about, pro or con, about this whole business, it's a massive public health problem that involves everybody in the nation and has literally repercussions to the world. So therefore the group who choose, should take a stand, which seemed to me to be the group, organized group of mental health specialists, such as psychiatrists. To fail to do so, to me, is a cop out. To me is the same principle as what happened back in the '50s.

Alan Axelson:
Has there been any acceptance of an idea of making blacks a committee on black psychiatrists as part of the committee structure, or at least a task force?

Chester Pierce:
I don't know that.

Alan Axelson:
This has not been presented to the APA or would this be one of the possible ideas for the Black Caucus to have this attaining an official status within the organization committees?
Chester Pierce:
We were of course made last year, an Ad Hoc committee to the APA. The same group of people also functioning independently as a group of Black Psychiatrists of America. But whether an Ad Hoc committee only last for one year in terms of the APA structure. What the pleasure of the president would be, I don't know. In my report, summarizing the year's work, I suggested that he would continue it for another year. But they will or will not, I have no idea.

Alan Axelson:
So you at least hope that it would be continued?

Chester Pierce:
The Ad Hoc committee, yes. We would probably, we'd continue it for another year.

Jean Jones:
[inaudible 00:22:56] when it got canceled or [inaudible 00:23:00].

Chester Pierce:
That also, I don't know. They would have preferred for us to talk to the assembly and the board of trustees yesterday. That wasn't logical to me because as I told Dr. Barton, we hadn't had the meeting of the whole group. So I don't know what the... All I know, the group could be angry about what we've done and what we didn't do and so forth. They might want to take a totally different issue. So I don't see that we could talk to the board of trustees before our group met. And our group don't meet until Monday, and then everybody talk maybe Tuesday and Wednesday. So we'd hope that we'd be able to have a chance to present to the board of trustees on Thursday. This hasn't been formally arranged and I think that the new chairman would have to look into that and arrange that. If Dr. Garber is willing. Dr. Garber, his last note to me, he said that he hoped that... It was sort of left open. So I don't know whether we will or not.

Jean Jones:
[inaudible 00:24:09].