

## BLACK PSYCHIATRY ONE YEAR AFTER MIAMI\*

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BROTHERS and sisters, it is with considerable regret that I relinquish the chairmanship of our group. It was a pleasurable and exciting year as well as one of honor to be able to serve as the first chairman. Under the mandate you approved I attempted to: 1) help us to get organized; 2) delineate the critical issues of our concern; and 3) provide pathways for the rapid transfer of responsibility to younger members.

Overall some may argue that after one year our accomplishments are laudable. However, from my viewpoint I must focus on our monumental and enormous failures, not because I am unaware of our new and considerable strength but because the history of black-white relations in the United States teaches that progress depends on unrelenting pressure by black groups. Therefore, the focus on what we have to do is more important than what we have done. We can be hopeful but not complacent. We can feel gratification but not satisfaction. As you recall, my philosophy has been that we should engage areas in which literally thousands of lives can be affected by our group influence that is, the importance of such objectives as gaining decision-making capacity at the National Institute of Mental Health or being able to have consultation input into network television programs.

The following recitation of our accomplishments is terse and not all inclusive. During our first year of organization: 1) we have moved close to getting a minority center at the National Institute of Mental Health (the tentative date for opening of the center, after one year of negotiations, is January 1971; 2) we have established a newsletter; 3) we have made advances relative to using blacks in prominent in-house positions as well as consultants at the National Institute of Mental Health and the Department of Health, Education and Welfare; 4) we have increased by a factor of five or six our participation in the American Psychiatric Association at levels from a vice-presidency to committee membership and council participation; 5) we have been asked to consult with federal officials from cabinet and sub-cabinet posts through Senators and Congressmen; 6) we have procured a generous grant from the Falk Foundation, to underwrite these organizing efforts; 7) we have arranged for our group to have national press and television exposure whenever we elect to inaugurate such proceedings; 8) we have set up some machinery to help in job placements which has helped already to secure positions

of importance in both the private and public sectors for black specialists; 9) we have inaugurated a bibliography search of all materials about racism written by black psychiatrists; 10) we have arranged for our group to have a constant advisory role to the Director of the National Institute of Mental Health; and 11) we have initiated steps for the formation of a non-profit organization to conduct research and social action programs relevant to mental health. We will name this research, education and development arm of our group, the Solomon Fuller Institute in honor of the celebrated black psychiatrist. The Institute should function closely with the American Psychiatric Association as well as numerous other organizations, particularly those concerned with black social science.

However, let us dwell on what has not been accomplished. This too can be stated tersely but unfortunately all inclusively. In essence we have failed, *failed* to win the 10 resolutions we proposed at Miami. If one scores our accomplishments on these resolutions on a basis of 100 points (that is 10 points a resolution) we come out with at best a score of a miserable 35! Some of the reasons for this low score is a result of our own inaction. But most of the low score is a result of institutional lethargy within the American Psychiatric Association. We should not be surprised that any institution of 17,000 affluent whites would not undertake serious and vociferous advocacy for its black members at this juncture in history. Yet our need to have this organization become more action-oriented has spin off value to the organization itself which far exceeds the single consideration of black needs. That is, the organization, should be more dynamic in advocating informed programs based on the best psychiatric knowledge, ranging from reducing manpower problems to positions about the female liberation movement. The historical tradition of the American Psychiatric Association as a learned society must continue without compromise. What is required *in addition* is that the learned society must use itself in the service of the vital and urgent issues of our times. In this guise for instance, four days ago the officers of our group elected unanimously to send the following telegram to Dr. Robert Garber, President of the American Psychiatric Association with copies to numerous high level federal officials:

"In view of the urgent crises of conscience and massive emotional turmoil now gripping the nation, the Black Psychiatrists of America request the Board of Trustees of the American Psychiatric Association to act immediately to advocate and circularize its abhorrence of the continuing military action in Asia and the in-

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creasing political repression in America. These crises constitute a major mental and public health problem and the American Psychiatric Association should at the minimum offer to testify to the Congress about the need to withdraw financial support for an illegal war. Representatives of the black psychiatrists of America would be available to suggest other ways that the Association can be meaningfully involved in ameliorating the spreading disruption and dissatisfaction in the nation." Tonight my brothers and sisters you must decide what steps you wish to take, if any toward attempting to make this learned society become more functionally useful to the national and world community.

It is my fondest hope that you will elect Al Cannon and Jim Comer to be chairman and vice-chairman of our group in the coming year. This will provide continuity as well as excellent leadership.

There is no dearth of work for us to undertake. I should like to see a concept actualized whereby every black psychiatrist in America gave at least two hours per month to our cause. This would not and indeed should not restrict him from work in other black causes and other professional interests. As an example of what I mean I will undertake in the next year via grants, to work on issues approved by our Executive Committee. The topics selected will promote our general goals.

At this point I should like to emphasize those areas which I feel should be our serious concern. It goes without saying that all the 10 resolutions must be worked on again this year. Within the American Psychiatric Association, among the most serious concerns we should address are the organization's report on the recommendations of the Joint Commission on Mental Health for Children. Probably of near equal importance to the black people of the land are ideas being developed concerning such things as strike prevention in hospitals. Since so many of us are the menials and less skilled help in mental and general hospitals, we are concerned too about the training and upgrading of sub-professionals. We must continue to press for at least a halftime psychiatrist at the Central Office. We must try to be included in the planning of the American Psychiatric Association's year on the study of violence as well as the American Psychiatric Association's contribution to White House Conferences.

In my opinion we must never lose sight of the need to develop a computerized registry so that we can know such things as who are the black psychiatrists, where are we located, what do we do and how can we help each other as well as sister disciplines both here and abroad.

It is a small but significant fact that during these crucial times in the history of the organization, white men are charged with writing and/or recording the history of the black contribution. We ourselves, if for no other reason than to avoid what has happened routinely to blacks in America, should insist that we take the major responsibility for providing this information in its final forms. We need young and vigorous members to assume these kinds of duties. Incidentally, as long as we feel the need to help ameliorate racial conditions in the American Psychiatric Association, more attention

must be paid to all sorts of constitutional and political considerations. For instance we need to make a sustained effort to participate in district branches and to get our people elevated to fellowships.

As we approach this sort of organizational structure we will be better able to provide candidates for powerful positions such as editorial posts in psychiatric journals. As an aside I should inform you that not only did the Executive Committee bring up the subject of editors on the American Journal of Psychiatry, but we have attempted to place blacks on editorial boards of other than medical journals (such as mass media trade journals) which we feel need black input by persons sensitive to mental health. Further, we have succeeded in efforts to get a black psychiatrist placed on a foundation board, using the same arguments. In addition we launched a concerted effort which may have aided in getting yet another black psychiatrist onto a national board of an organization devoted to mental health.

Many of you know that for years I have been convinced that our ultimate enemies and deliverers are the education system and the mass media. Without an extended defense I wish to indicate that it is the opinion of many black psychiatrists that attention to these fields is within the proper scope of psychiatry. We must, without theoretical squeamishness over correctness of our expertise, offer what fractions of truth we can to make education and mass media serve rather than to oppress the black people of this country.

At a time not too remote I should like for every black child to be an expert in propaganda analysis. Secondly, I should like to see every black carry around a myriad of useful demographic data in his head, whether he be a tax assessor, bartender or gas station attendant. Next, I should hope that every black citizen becomes sensitive to systems operations and can understand and function to maximize his political strength by means of group pressures.

In order to accomplish this type of goal, we the black psychiatrists of America, must be sure that every black begins to have a proud ego image and learn to seize hope and pounce on opportunity. Every black must recognize the offensive mechanisms used by the collective white society, usually by means of cumulative pro-racist microaggressions, which keep him psychologically accepting of the disenfranchised state. And even if we start tonight on this course, the results will not be felt strongly until the 21st century. Now is the time we must work with black children in order to commit the 21st century. Our task is large, the time is short.

A pressing need for us is to develop a channel whereby we can attend to the many diverse and heterogeneous but necessary tasks before us. To accomplish these tasks it will require basic structure (such as an organizational flow chart and by laws). It will entail means of soliciting and utilizing funds from a variety of sources. Only in this manner can we coordinate our efforts, join the efforts of others and present meaningful service and research which is aimed especially at the amelioration of the plight of our people. Therefore during the next year we must proceed toward the establishment of an

"umbrella institute" under whose aegis these operations can negotiate.

It seems incontestable that the significant long range problem for America is this: given the socio-cultural push for polarization of our society (by the close of the decade perhaps 95 per cent of blacks will live in segregated housing, most of which will be classified as "substandard."), how does one prepare children to be cosmopolite when their segregated living patterns will insure attitudes of xenophobia? However, we have no choice but to recognize that the fate of most of our children will be to live in segregated situations, yet as 21st century adults, they must be prepared to view themselves and function as planetary citizens.

But all this is academic for we have the immediate and more pressing problem which obviates any consideration of the 21st century. The immediate problem is the necessity to banish drug addiction from our adolescent and pre-adolescent age cohorts. I submit that we must take not only a "position" but meaningful action, based on our most informed current opinion. Black psychiatrists should consider taking responsibility for inaugurating and manning a network of drug detoxification units for ambulant adolescents. The model might be to rely heavily on ex-addicts and for the psychiatrists to provide necessary medicines, such as methadone, and overall support. Unless we curb drug abuse it will be futile to have been concerned about the American Psychiatric Association as an institution or the world in the 21st century.

By way of conclusion I should like to acknowledge a few of those who have helped most during this organizational year. All of the executive committee can be commended, and I render my public gratitude. Of especial help were Al Cannon and Jim Comer. Their reward for such work, I hope, will be their election to office.

There are those outside the executive committee whom

I shall mention so that you might know of their service and also reward them with more work. Jim Ralph not only recruited the money from the Sheppard-Enoch Pratt Hospital for the Newsletter, but volunteered to be its editor. Gail Allen, our organization's secretary the past year, was successful in going to the Grant Foundation and getting funds allocated so that our group will be able to carry out novel ideas about motivating children. Joe Phillips has negotiated carefully and diligently on our behalf in attempting to get more employees at the National Institute of Mental Health. Alyce Gullattee has kept tenacious hold on a variety of public issues that effect literally every life in these United States. And Hugh Butts has been creative in initiating our contacts with the American Board of Psychiatry and Neurology where we hope by means of more black input we can have impact on psychiatric training of blacks and whites as well as the recruitment of more black students and faculty members. Charlie Wilkinson has continued to be the main coordinator of job opportunities and demographic knowledge of ourselves.

Thank you for the opportunity you have provided me this year. We must prevail. We will endure. Peace and power.

Three days after this paper was delivered the Board of Trustees of the American Psychiatric Association voted to find a full-time black psychiatrist to work in its central office. Also two black psychiatrists were appointed as consultants to the Board of Trustees. A black psychiatrist was appointed to the editorial board of the American Journal of Psychiatry and to the American Board of Psychiatry and Neurology.

At the black caucus, Drs. Cannon and Comer were elected to head the group. Various organizational developments occurred including committee delineations, a decision to pay dues and an agreement to develop a constitution and bylaws.

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### PP-WP NEW POLICY STATEMENT

Planned Parenthood-World Population is the nation's leading voluntary family planning association. Through its federation of 175 Affiliates it sponsors some 500 clinics located in 39 states and the District of Columbia. The clinics provide all who want it with family planning information and services; infertility counseling and referral; abortion and sterilization information, counseling and referral; sex education and marriage counseling.

One of the agency's major goals is to alert the American people to the nature and consequences of the population problem and to educate Americans to the advantages, both personal and social, of small families. Through its support of the International Planned Parenthood Federation it helps bring family planning knowledge and information to some 100 countries around the world.

A new policy statement on population noted that reduction in population size will not in itself solve such problems as destruction of irreplaceable natural resources, pollution, erosion of ecological balances, and other environmental problems. Social and economic programs are needed to combat these. Nevertheless, the statement maintained, "every increase in population makes them more difficult to solve."

The agency rejects any dictation in the number of children a family might have. It pointed out that people could be encouraged to choose to have small families by making the full range of family planning services readily available to them, by educating them on the advantages to themselves and to society of small families, and by encouraging research to develop safer and more effective birth control technology.