

EI-663

VERNON TERREL DAVIS

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LEVINE: Today is September 2nd, 1995. We're here in the Ellis Island Oral History Studio. I'm here with V. Terrel Davis, who was born Vernon Terrel Davis, but goes by V. Terrel, and Mrs. Davis, Mrs. Evelyn B. Ivy Davis.

EDAVIS: Also a psychiatrist.

LEVINE: Oh, also a psychiatrist. Mr.—or Dr. Davis was a psychiatrist here at Ellis Island from 1945 to 1949 with the United States Public Health Service. This is Janet Levine for the National Park Service and I'm just delighted that we're able to have this interview here today, and why don't we start at the beginning. If you would just give your birth date for the tape?

VTDAVIS: I was born July 14th, 1911, they tell me.

LEVINE: Okay, and where were you born?

VDAVIS: In Long Branch, New Jersey, by the ocean, just north of Asbury Park.

LEVINE: And did you grow up in New Jersey?

VDAVIS: Yes, I did. I lived in New Jersey until I went out to St. Louis to go to college in 1928.

LEVINE: Okay, and then you must have gone—

VDAVIS: But we moved—I should say that we didn't live in Long Branch all that time. We moved to Long Branch when I was about four, so I had all my schooling was in Trenton, New Jersey.

LEVINE: And then you must have gone to medical school. Where did you do that?

VDAVIS: At Washington University in St. Louis.

LEVINE: Uh-huh. Okay, so when you—when did you graduate then from medical school?

VDAVIS: 1936.

LEVINE: And what did you do next?

VDAVIS: 1936 I got an internship in the United States Public Health Service at the US Marine Hospital in Baltimore, Maryland, and I decided then that I would like to take the examination for a commission in the regular corps of the United States Public Health Service, and so towards the end of my internship, I took an examination, which I passed, but I was number sixteen and they had only fifteen vacancies. So they offered me a second year internship at the US Public Health Service Hospital in Lexington, Kentucky, which was a relatively new hospital designed for the treatment of drug addicts.

LEVINE: Did you go there?

VDAVIS: So I went to Lexington, Kentucky in June of '37 and in December I wrote to the Surgeon General to inquire what the chances were of my getting a commission, an active regular commission, and the reply said that everybody else who took the exam when I did and passed, has gotten a reserve commission, even though there wasn't a regular commission available for them. "If you would be interested in a reserve commission, we will give you the next available one." By return mail I got word that I had a reserve commission and I would be transferred from Lexington, Kentucky to Washington, DC to work in the US Public Health Service Outpatient Clinic in the old post office building right in downtown Washington, DC.

LEVINE: Is this drug related patients, or just psychiatric patients in general?

VDAVIS: That was for government employees who were injured in the line of duty or had some other basis for having medical service from the Public Health Service. Also, the Public Health Service provided the medical service for anybody who was in the American Merchant Marine, anybody who was a dependent of an officer in the Public Health Service or in the Coast Guard, US Coast Guard. So that was mostly what our clientele was at the outpatient office in Washington, DC.

LEVINE: Why did you want a commission in the United States Public Health Service? Why did you make that decision, do you remember?

VDAVIS: I had planned to make the Public Health Service a career. My medical director at Baltimore had been in the Public Health Service since early on and I had enjoyed working in the hospitals in the Public Health Service and it seemed like an attractive clinical opportunity. Also, I guess the idea that you would be transferred every few years to a different station, see the world, so-to-speak.

LEVINE: And when did you decide to specialize in psychiatry?

VDAVIS: Well, while I was in Washington, the former Medical Director at the hospital in Lexington had been moved to Washington as Chief of the Mental Health Division, and because they were building another psychiatric hospital for drug addicts in Fort Worth, Texas, and he was trying to make sure that they had trained psychiatrists to staff, and so since I had had seven months under psychiatric supervision, shall we say, in Lexington, Kentucky, he asked me would I be interested in being sent to Denver, Colorado to the Colorado Psychopathic Hospital for a year's training as a psychiatric resident. That sounded like something that would be worthwhile and that it would be giving me more training. I had learned in my internship that you never stopped learning. Medicine was not static. You didn't throw away your books when you graduated, you had to keep studying right along because there was so much progress. So that sounded like a good idea. But before I went out there, they did have a vacancy and I had a regular commission by the time I left Washington and went out to Denver, Colorado to the Colorado Psychopathic Hospital.

LEVINE: And so how long were you there then? What year was that?

VDAVIS: That was in 1939, '38. I left there in 1939. I remember that because driving from there to Fort Worth, Texas, where I was transferred after

I'd had my training, in September the 3rd, that was when Pearl Harbor came along. No, not September. That was when—

LEVINE: The Second World War—

VDAVIS: The Second World War started.

LEVINE: Yeah, and do you remember that day specifically when the news broke or where you were?

VDAVIS: Well, we were traveling and we had gone down as far as a town in New Mexico from Denver on our way to Fort Worth and decided that we would spend the night there, but my daughter, who was six weeks old, woke up about four o'clock in the morning, and since we were already awake and since it was going to be hot, we decided that maybe we ought to check out now. We'd had about seven hours sleep and she'd had some sleep and so we decided to drive and we turned on the radio. Practically the first thing we got on the radio was the announcement of the war in Europe. So that was when we heard about that war. That was—that wasn't quite as exciting as hearing the radio in bed one morning on December the 7th, 1941, was it? When they dropped the stuff on Pearl Harbor. We were in Texas at that time.

LEVINE: Well, now, when did you meet your wife?

VDAVIS: My first wife I met—she was a neighbor of my uncle and aunt in St. Louis in Webster Groves outside of St. Louis when I was in medical school—when I was in college and then we finally got married when I graduated from medical school. While I was on my internship in Baltimore we got married.

LEVINE: So you were married when you were headed for the—

VDAVIS: I was married when I was interning in Baltimore and I didn't know where I was headed.

LEVINE: Oh, okay.

VDAVIS: She was a nurse and so she came to Baltimore and got a job as a nurse in one of the Baltimore hospitals.

LEVINE: Okay. So then what happened after your residency and what was your next position?

VDAVIS: The next assignment after Fort Worth, theoretically, when you were given an assignment in the Public Health Service, you were there for about three years, and I went to Fort Worth in 1939. In 1942, theoretically, that would be time to move on, but in the spring of 1942, shortly after Pearl Harbor, it was decided that since we had psychiatric staff there, and since St. Elizabeth's Hospital in Washington, DC, was the primary psychiatric hospital for military psychiatric patients, particularly in the navy, and there were a lot of psychiatric patients they brought in from the Pacific, and since Fort Worth was closer to San Francisco than Washington, DC where St. Elizabeth's Hospital was, and since drug addiction could take a back seat during the acute medical crisis, it was decided that the President would write an Executive Order and make the hospital in Fort Worth a branch or an annex of St. Elizabeth's Hospital, so that it would operate under the same rules and regulations and budget and so forth. So rather than changing from one station to another, they changed my station and I stayed there. It was no longer just a hospital for drug addiction. It was primarily a psychiatric facility for general psychiatric treatment, including drug addiction, but also we got train loads of soldiers from the West Coast who were coming in for treatment in anticipation that when they got better they would be discharged. They were not ones that had—they had serious illnesses that needed treatment and made it inadvisable to plan to send them back to duty.

LEVINE: So you had been mostly working with drug addicted patients up until that time?

VDAVIS: Of course, in Denver we ran a general psychiatric hospital for that year of training and in—when we went to Fort Worth, they were mostly drug addicts, but we had some voluntary patients, as well as patients who were sent there as a condition of parole or who had violated the narcotic laws in some respect, but we also had voluntary ones and a lot of them had basic psychiatric problems underlying their drug addiction.

LEVINE: So what kinds of—what kinds of psychiatric illnesses, I mean can you summarize, I guess, the kinds of psychiatric illnesses that were coming in with the soldiers or military people coming back from the World War?

VDAVIS: Well, that was an interesting experience because I had been led to believe at the University of Colorado in Denver in my residency that schizophrenia, for instance, was a condition which was—there wasn't too much recovery from it, and when we got these patients that were sent back to us from the West Coast who had been in the military

and had developed the same clinical picture that led to the diagnosis of acute schizophrenia and they got better. So we found that there was some people who had perhaps a tendency towards schizophrenia who in enough stress could come down with a clinical picture which we had only seen in other situations. So that was a learning experience in terms of the clinical picture and it gave much more optimism for the treatment of schizophrenia and schizophrenia is much more looked upon as a treatable condition than it was back in the early days.

LEVINE: How were you treating it at that point?

VDAVIS: Well, one of the treatments that I learned in Colorado at Psychopathic Psychiatric Hospital in Colorado in my residency was electric shock treatment, which had just come out while I was—about 1936 I think it came out and we were doing it in Colorado in 1938 and that certainly helped to get people to get better touch with reality. Sometimes it did stop the hallucinations that they would have with the schizophrenia and we used it on selective patients in Fort Worth, as well as we had used it in Denver, and continued to use it. Then, of course, later on we were using the convulsive therapy, that wasn't the electric shock. Let me back up. That was—[pause]

EDAVIS: Insulin? [unclear]

VDAVIS: Yeah, there was a drug that had been discovered by a psychiatrist in Italy, I believe, Metrazole, which could cause a convulsion similar to an epileptic seizure and that what was what we were using, not electric shock.

LEVINE: Oh, that's what you were using in training.

VDAVIS: In training.

LEVINE: And then also in Fort Worth?

VDAVIS: Right, and it was later on that the electric shock came in. While I was in Fort Worth, I think I went down to New Orleans to the Public Health Service Hospital in New Orleans where they had learned from the University, Toulaine University Medical School about electric shock, and it was down there that we learned a little bit more about electric shock for doing the same thing that Metrazole did, but it was a little more controllable. You didn't have the problem of the too much or too little injection and you didn't have to give the patient a needle injection to cause the treatment.

LEVINE: So then when was it that you left Fort Worth?

VDAVIS: Finally in 1945, '44—yeah, 1944 they decided I'd been there five, six years by now and it was time for me to move on, and so they moved me to Public Health Service Hospital on Staten Island in New York in the position of clinical director. I was not—I thought, "Well, I'm out of psychiatry now. I'm going to be doing administrative medicine and leadership and so forth." I did that for almost a year and I was sent on two temporary assignments. One to the US Penitentiary in Louisburg to relieve the medical officer assigned there until his replacement could come in. So that was about a three week temporary assignment. Another one was to the Merchant Marine Academy up in Connecticut where they needed somebody because somebody that was supposed to be coming there from the West Coast had been delayed and so forth. Then the next thing I knew was that they wanted me to come to Ellis Island to head up the psychiatric service on Ellis Island.

LEVINE: How did you feel about that, do you remember?

VDAVIS: Well, I had sort of wondered whether I was going to get that because I knew about Ellis Island and I knew that the Chief of Psychiatry there had been transferred and another colleague that I had worked with in Fort Worth went there and I thought, "Well, now, I won't go. He's going to be there for the next three years," but things began opening up a little bit and the war ended, and the Public Health Service opened up the National Institute of Mental Health and the psychiatrist who headed Ellis Island and the psychiatrist that relieved him when he first left both went to Washington and I got called to come to Ellis Island.

LEVINE: What was psychiatry like at Ellis Island at that point?

VDAVIS: It was very modern, and what we had was Merchant Seamen who were beneficiaries of medical care by the Public Health Service, but had US Coastguard personnel and dependents, and any government employee who there was some question of service connected illnesses and so forth, and occasionally we would still have an immigrant who had come in one way or the other and there was some question as to whether they had a mental condition that would preclude his getting into the United States.

LEVINE: And did you have you deportees, or people who were being detained potentially to be deported? Do you remember any?

VDAVIS: There were a few on Ellis Island. We didn't have very many. Maybe one or two occasionally in the psychiatric unit, but Ellis Island had some because there was one German alien that was detained there that was quite a piano player. We had a piano in our quarters on the island and so he was happy to find a piano that he could play and we got acquainted with him because he was also mowing the grass on Ellis Island. We had that big lawn out there which doesn't have too much grass mowing now. He would be out there mowing the lawn and then after a while he would come in and we would let him play the piano.

LEVINE: When you say Merchant Seamen, were these Merchant Seamen from other countries?

VDAVIS: No, no.

LEVINE: They were always—

VDAVIS: The Public Health Service was established initially to provide medical care for the Merchant Marine because the Merchant Marine was very important to the industry and the survival of the colonies, so-to-speak, because we needed the ships to get back to the other parts of the world to bring in what we needed to keep growing. So it was in 1790 something that the Public Health Service was first set up to provide. That was its first function and then it got additional functions. When the Coast Guard came along, the Public Health Service provided the medical care for the Coast Guard, like the Medical Corps of the Navy provided for the Navy and the Medical Corps of the Army provided for the Army.

LEVINE: Well, what did you find when you actually came here and was working here?

VDAVIS: Well, the first thing I did was to decide if I'm going to be here, I've got to keep learning and keep up so that the psychiatry here is as good as there is, and there was no better place to find out what was going than in New York City. So I found that there was a six weeks preparatory course for people who were going to take their psychiatry medical boards and I figured, well, I had had one year and then theoretically my work when I first went to Fort Worth, I was working with other psychiatrists who had had more training, and so I was getting credit from residency in Fort Worth and I was qualified, but I wanted to make sure that I was up to date on things, and so I went to Bellevue Hospital in New York City and took a six weeks pre-examination course and finished that in time to take the examination and get certified as a psychiatrist in 1946. The examination was also

held in New York, so all I had to do was take a ferry boat ride and a subway ride. [Laughs]

LEVINE: Now, were you living on Ellis Island at that time?

VDAVIS: Yes. I had quarters on Ellis Island.

LEVINE: And where were the quarters that you were living in?

VDAVIS: The—

LEVINE: Third island.

VDAVIS: Third Island.

LEVINE: Right.

VDAVIS: On the east side, if you take the corridor all the way around, you come down to the end, on the right there's an old building which is the occupational—was the Occupational Therapy Department, and then you turned left and went into an entrance in the building to the left of the Occupational Therapy Department, and that was a three-story building that provided two sets of quarters. It was like one big house and there was a big hall downstairs, and there was a common stairway. Our quarters were on the left, and we went into the dining room on the left, and then we went up the stairs in the middle and went into a door into a four-bedroom and two bath unit also on the left. We were facing Manhattan. On the other side, it was only a three-bedroom unit because it had a bigger master bedroom looking out over the Statue of Liberty and it also had a dining room looking out over towards the Statute of Liberty. On our side was the kitchen. So we didn't have that big a dining room and so the Medical Director of the Ellis Island Hospital had the side towards the Statue of Liberty and I, as Chief of Psychiatry had the other side.

[End of Tape One, Side A/Start of Tape One, Side B]

LEVINE: Who was the Medical Director at that time when you were living there?

VDAVIS: There were two different ones and when I went there it was Dr. Faget.

LEVINE: How do you spell that?

VDAVIS: F-A-G-E-T, and then I'd have to scratch my head a little bit to remember the name of the doctor that came and took his place when he left about halfway through, I guess. I guess we had Faget for about two years and then we had the other Medical Director for the next couple of years.

LEVINE: Now, did you have children while you were living here?

VDAVIS: I had three children and we brought them all to Ellis Island. They were born in Texas. My oldest daughter was born in Colorado and then I had another daughter and a son born in Forth Worth, Texas.

LEVINE: What is your daughter's name?

VDAVIS: The oldest one is Judith Anderson.

LEVINE: And roughly how old was she when she was here as a child?

VDAVIS: She was—well, let's see, '45. She was six when we came and then there was John Terrel and he would have been four and then there was Nancy Jean and she would have been two, I guess, or seven, five and three, or something like that.

LEVINE: And what was it like for them living on Ellis Island? Well, your daughter must have been school age.

VDAVIS: Yeah. Well, she went to her first year and they, each of them as they got old enough, went to school over on Governor's Island. They took the Ellis Island ferry to Manhattan and then they took the Governor's Island ferry from Manhattan to Governor's Island and then they walked to the school on Governor's Island. So that was quite an interesting experience. Riding the ferry was an interesting experience for them, and—

LEVINE: What about overall living on Ellis Island, were there problems with it or was it—

VDAVIS: No, the only problem, as I was telling the gentleman that took us around, we were concerned about them playing outside because they could go down to the seawall and if they lost their balance and fell over, there would be no way of getting back up. So I made it a point to explain to each of them that the cross walk that goes parallel about thirty feet from the edge, that's their limits and they didn't have any problem.

LEVINE: Were there other children besides your own?

- VDAVIS: No. No, we had the only children, initially. Later on, we did get a resident that had a child, but it was not school age and they were only there for a year, or something like that.
- LEVINE: And how about the psychiatric patients that you had to deal with here? What was the most prevalent kind of illness that you had to treat?
- VDAVIS: Well, we had some alcoholics. We had some hysterical neurosis patients. We had some depressed patients. We had some manic patients. These we could usually work with, either with some shock treatment if they were depressed, or the—no, we hadn't—that was before the psychotropic drugs. They didn't come out until 1954 or '55 and so most of it was we used some medication, but most of it was for the disturbed patients we would use cold packs, hot tubs and that sort of gave the one-to-one attention. When they would be having a hot tub or a cold pack, there was always somebody with them and otherwise there was group therapy and psychotherapy.
- LEVINE: About how large was the psychiatric staff at that point?
- VDAVIS: We had I would guess about four psychiatrists and about three psychiatric residents and a couple of psychologists.
- LEVINE: And compared with the medical staff, was it, you know—what kind of a proportion? Was there a much larger medical staff here at that time?
- VDAVIS: I'll have to take that back. I'll have to add maybe six psychiatrists and about three residents. The medical staff, I'm afraid I can't tell you how many there were on that. The psychiatric staff was what I was primarily involved with and I didn't have to cover for the Medical Director. He had a Deputy for the medical units and so forth.
- LEVINE: How was Ellis Island perceived, as far as the facility, as far as how well equipped or—
- VDAVIS: We were approved for psychiatric residency training. We could take first, second and third year resident training. Now, we would also—our residents, we would arrange for them to go to teaching courses at Bellevue Hospital or Cornell or Columbia. And we had consultants. We had two consultant psychiatrists that came every week at different times and any patient that we had that was complicated or different than the run of the mill, we would be able to use one or both of these consultants and they were psychiatrists in practice with a lot

of experience, which we picked them on that basis. And as I say, we were approved for psychiatric residency training. So that was one of the firsts things that I thought we ought to do, and so in the first year that I was here, we set it up for the program.

LEVINE: Where were the psychiatric patients? Did you see the building today?

VDAVIS: Yeah, they were on Third Island and as you come in from the west, in other words—

LEVINE: From the New Jersey side?

VDAVIS: Yeah, yeah. You walk down this long corridor to get to Third Island. You pass Second—well, you go from First Island past the slip and then to Second Island and then past the old recreation building, which is now boarded up or something. Then you finally go down to the end and make a right angle turn to the left, and you go down there past the furnace room and stuff like that, and then you come to a series of wings going off to the right and to the left. The first one that you come to on the left was the women's unit. We had one unit for women. The next one on the right was for disturbed male patients. Two floors and all individual rooms, and those were what we called the locked units. Then after that, you went to a series of wings going off that had offices in the beginning and then a large open area, which was about a fourteen bed ward where they had seven beds on each side of this big room. The first—as I said, the first one facing to the right as you're going east was the locked unit for disturbed patients. The second one was an open ward and that was for patients that were in there for observation or study. Somebody might have had a problem as a Merchant Marine onboard a ship and there was some question as to whether he was competent and whether he should have his seamen's papers back again. We might have some of them in there. Or there was somebody in the Coast Guard that had some behavioral problem and they wanted to know whether he was all right, or whether he should have a medical excuse for release. I think there were two like that, one that was closer supervision and then one that was less supervision. Then finally there was another one with all rooms like the disturbed one, which was the locked one. This was where the officers, and the officers had a little rank, so if there was a Coast Guard officer that was coming in to see whether or not he was fit for duty or a Merchant Seaman Captain or something, they got to go in there.

I remember that we didn't follow that exactly because about the same time, there was a Secretary of the Navy or Defense or somebody that they had in the officer's suite at Bethesda Naval

Hospital, and he jumped out the window. I don't know whether you ever heard about that. But he was a depressed one and because he was depressed and because he was so high ranking in the Navy, they put him in a suite up on the top floor of the Naval Hospital in Bethesda and he was smart enough to tell the guy that was up there watching him to go around the corner and get something for him, and while he was gone, he jumps.

LEVINE: Do you remember any anecdotes or particular patients or incidents or things that happened on Ellis Island that you particularly recall about your experiences there?

VDAVIS: [pause, tape off/on] --it was were surprisingly calm. I mean, we were—there was enough staff that we never had any—any hair raising episodes.

LEVINE: When you look back at that time and that phase of your life, how do you feel about it? What kind of experience was it for you, as a psychiatrist?

VDAVIS: As a psychiatrist, I thought it was a very good experience. I had gotten into it with enough experiences in other places and had enough flexibility that I could do what seemed to be the best way to manage it.

LEVINE: At a given time, were there like fifty psychiatric patients or more like a hundred? Just a rough figure.

VDAVIS: About fifty. Fifty to sixty.

LEVINE: And what were the psychologists doing as part of the team?

VDAVIS: Doing Rorschach's and other psychological examinations which would help us to get a baseline on where does this patient vary from normal. We routinely had psychological examinations, particularly the Rorschach. That was one of the things that we wanted to make sure that the psychologist was familiar with. As I say, we had two psychologists, both of them were pretty good and they could do other things part time.

LEVINE: So if you diagnosed a chronic condition, would that patient stay on Ellis Island or would they be transferred some place else?

VDAVIS: We didn't have any long term. We would usually refer them to an outpatient clinic or if they needed long term hospitalization, then there was some other place we would try to transfer them home. I

remember I arranged to escort two patients to California whose home was out there and they weren't that sick that they couldn't travel, but they couldn't travel alone, either. So we got them airplane tickets and flew them as far as Fort Worth and put them in the hospital there to spend the night, and then the next day took them the rest of the way. So we did try to get them back to the civilian facilities wherever we could.

LEVINE: Did you have outpatients coming to Ellis Island?

VDAVIS: [pause] Somebody that might have been a civil service employee who had some problem. They might have come over, more for psychological tests so that we could document certain things.

LEVINE: So is there anything else that maybe I haven't asked about that was a part of your experience at Ellis Island?

VDAVIS: Well, one of the interesting aspects was the fact that we did set it up so we were qualified to train residents and that was nice having the staff meetings and the patient review with the different people.

LEVINE: So it was really a teaching hospital?

VDAVIS: Yeah.

LEVINE: Is that what you call it, a teaching hospital?

VDAVIS: Uh-hmm, and in order to do that, I could take advantage of being close to New York and scoot uptown once a week or something like that and find out what was going on at other places.

LEVINE: So what were the circumstances then, were you reassigned? Is that how you happened to leave Ellis Island?

VDAVIS: Yeah, and also the war was over. The Coast Guard was leaving Ellis Island and the Public Health Service decided that they could close down the island and move the psychiatric unit to Staten Island because Staten Island was not so busy because there weren't that many Merchant Marines and Coast Guard and other people, and they still had the facility. So we were able to State Island now. I don't know how much that thinking was in the background when I got orders to go from Ellis Island to Staten Island, but about the time I got over to Staten Island, I was busy being consulted about how we could modify certain basic units to set up a psychiatric section of the Public Health Service Hospital on Staten Island. So we did pick one wing on one floor and had three wards and then on the floor below

had another ward for patients that really didn't need that much supervision or treatment. They were there waiting to work through a discharge from the Coast Guard or waiting for something else. So we did have this what we called an open ward where there was very little supervision and that was about fifteen beds and then fifteen beds in a closed ward. Then a twelve bed unit that had both male and female patients, and then an open ward of about fifteen beds, which was male patients. In those days, we didn't have too many female patients.

LEVINE: At Ellis Island did you have many?

VDAVIS: No. No, we just had the one fourteen bed unit for whoever.

LEVINE: So you went to Staten Island in 1949 and then how long did you stay there?

VDAVIS: Stayed there until 1953, I think, and shortly after I got to Ellis Island, I had basically the same plan.

LEVINE: Staten Island?

VDAVIS: On Staten Island. In fact, they closed down Ellis Island in 1950, I think.

LEVINE: I see. I see. So you were moved and then it closed down.

VDAVIS: Right.

LEVINE: Well, then when did you meet your present wife?

VDAVIS: After—in State Island I wasn't sure where they were going to transfer me the next time and a psychiatrist from Madison, Wisconsin, who knew one of the residents that I had had, contacted me inquiring about whether I knew anybody else that might come to Madison, Wisconsin. I ended up being the somebody else to go to Madison, Wisconsin. So I resigned my commission and went out to Madison, Wisconsin, as Deputy Director of the Division of Mental Health for the state, which ran three state hospitals and was in the process of developing a new diagnostic center, psychiatric diagnostic center in the city of Wisconsin [sic]. So I was out there for two years. The director of the overall government division had been borrowed by President Eisenhower to head up the Social Security Office in Washington and while he was down there, he was recruited by the State of New Jersey to come to New Jersey as commission of their Department of Institutions and Agencies and he was well qualified

because Wisconsin had a similar joint effort of mental hospitals and child welfare and prisons and stuff like that. So we had a farewell party for him in Madison and he went to New Jersey and he was there about six weeks and he was on the phone saying "The head of the Mental Health Department has retired, so I'm having to recruit, and New Jersey prefers to hire natives of the state and since you're a native of New Jersey, and you have the qualifications, would you come to New Jersey?" I said, "No, I'm happy where I am, but what I will do is I'm going to take my daughter down to Chapel Hill, North Carolina to start in the university in September—this was August—and my family lives across the river from Trenton, New Jersey. We were going to go directly from Point A to B without detouring to see family, but since you're in New Jersey and since you have a program similar to ours, I think it might be a good idea to come down and let you show me what you're doing in New Jersey." To make a long story short, it ended up that six months later they were able to wait that long and I could take the kids out of school between semesters in February, or January and we could go to New Jersey. When I got to New Jersey, of course, I was director of the State Mental Health Program, and so I needed to find out—get acquainted with the psychiatrists in practice there and Evelyn happened to be president of the New Jersey Psychiatric Association and she introduced me to my first meeting of psychiatrists. We worked together and some twenty years later we got married.

LEVINE: Well, we're actually just about at the end of the tape. Is there anything else that you can think of that you might want to add that maybe I didn't think of to ask that's pertinent?

VDAVIS: [pause] Well, there certainly—

[End of Tape Two, Side B/Start of Tape Two, Side A]

LEVINE: Okay, this is the beginning of Tape Two and I've been speaking with Dr. V. Terrel Davis, who was working here as a psychiatrist from 1945 to 1949. You were just mentioning that there was, what, a redefinition of—

VDAVIS: There were regulations for the medical examination of aliens that the Public Health Service had developed and were used for immigration purposes to prevent individuals coming into the country who had serious mental illnesses and were going to require extensive care or prove a danger to the communities. So when I came, the regulations said, "One or more attacks of insanity," was the basis for excluding somebody and every now and then one of the patients that we had to examine was somebody who had gotten a passport to go on a ship

and to come to this country, but then the word came out that they had been hospitalized for a psychiatric problem, and that was called "an attack of insanity." So it really wasn't doing anybody any good. It wasn't preventing the people from coming into the United States that were going to be a burden by that wording. The fact that you had had one attack of mental illness, which to make it legal it had to be called insanity, and then once you had the label of one attack of insanity, under immigration purposes, you were excluded. We didn't think that that was doing anybody any good and so I was asked to rewrite the regulations for the medical examination of aliens and change the things which I felt were not helping anybody but causing a lot of grief and trouble. So we did take out that "one or more attacks of insanity," and when we got the regulations all done, then somebody in the office in Washington decided that it was a good idea if I went to Europe and visited with the doctors in the various consulates because this is where the regulations were being applied.

It wasn't like it was in the early 1990's when you got on ship and then you got your examination when you got to Ellis Island. Back in 1919 or thereabouts they had changed that and there were facilities in most of the government consulates to examine aliens and to say whether or not they could have passports and admission. So they decided it would be worthwhile for me to go over and consult with the various offices and make sure that they understood these regulations and that they were workable. So I did do that and I think I did that '48 or '49.

LEVINE: Did you go to several countries?

VDAVIS: Flew into Paris and went to Belgium, Holland, and flew the airlift into Berlin. That was when they had--the Russians had the blockade and we had to fly an airlift into Berlin. Then came back and went down through Germany into Italy, and then flew from Italy up to London and then came home from London.

LEVINE: Now, insanity that was a word that was more or less replaced by mental illness? I mean, was that—or was insanity still used, but to mean a more extreme condition than mental illness? How was that at that time?

VDAVIS: Well, insanity was competence. In other words, if you were insane you were not competent and it was more a legal term than a medical term. In other words, it defined your status as a person, rather than described a medical condition. So that's why--[knock on door]

LEVINE: Just a second. We're pausing here. Someone's at the door. [tape off/on] Okay, we're resuming now. You were saying that that was a legal term and not a medical one.

VDAVIS: Right, and so you needed a medical definition of what conditions there were that were a basis for limiting frequency of travel and so forth. I don't—can't think of the specific instances. Some of it is still there. I mean homosexuals could have been cited. In fact, there was one musician—I can't think of his name at the moment—who was detained on Ellis Island and we examined him and he had a manager in Europe and he wanted to come to this country, and so he signed up with another manager. After he got over to this country, or after he was on route, the guy that he had dropped to pick up this one, went to somebody and said he was a homosexual or something.

LEVINE: Was that a basis at that time for being sent back?

VDAVIS: It was a question, and we—so he came over to us to see whether or not he was suitable, and we didn't find anything unsuitable about him. But we had to examine him to see whether or not he could even come into the country. Then there were some things like that in the old regulations, when we were first trying to make sure that we just got the pure people over here and we didn't bring in disease and handicaps and one thing and another.

LEVINE: Is there anything about your visits in the countries that people were immigrating from that had to do with how you were handling the immigrants on this side of the ocean, compared with how they were handling them on the other side?

VDAVIS: No, it was—I guess it was good to have somebody go over and explain to the doctors over there that were examining, why were making these changes, and I certainly enjoyed the trip. It was a wonderful experience of learning what was going on and so forth.

LEVINE: Well, what was it changed to? After it—it used to be one attack, one or more attacks of insanity. Then what was the new regulation that replaced that one?

VDAVIS: Mental incompetence. If he's mentally incompetent, then we don't need to have to bring him in and try to take care of an incompetent. I guess you would say that if he had Alzheimer's disease, we wouldn't want him to come in and would have to provide an extra bed in an Alzheimer facility for him.

LEVINE: Okay, well, that's a good piece of information to have on record.

VDAVIS: Yeah, I think that that was one of the things that we got into.

LEVINE: So just to close, I mean, then how long did you stay working actively as a psychiatrist?

VDAVIS: Well, when I went to Ellis Island, I decided, well, I'm going to be a psychiatrist, so let's get the qualifications. So I got my board certification. Then joined the American Psychiatric Association and the New Jersey Psychiatric Association when I came to New Jersey, and for fourteen years—no, from 1955 to 1969—well, that's almost, well, '56—about thirteen years. I was director of the State Mental Health Program in New Jersey, which was a very interesting and active time because it was during that period that President Kennedy set up the Community Mental Health Center Program and when I went to New Jersey, it was an interesting time because we had just begun to get the new psychiatric treatment medications and we began to see that a lot of the disturbed behavior of the mentally ill was the way they were being treated, rather than their illness. Most of the institutions, state institutions, had been under staffed during the war and so there was a problem there and there was a great increase in residency training, a great increase in the availability of trained psychiatrists and so when I went to New Jersey in charge of their institutions, I was able to set up training programs in each of the institutions which would qualify us to train more people, and to set up standards for care so that the patients all got active treatment and we didn't have any asylum types anymore. We had made all of our state institutions approved for residency training and approved by the Joint Commission on Accreditation of Hospitals as good hospitals.

LEVINE: Wow.

VDAVIS: And then we come up with this federal legislation, which the first thing it did was to suggest to the bureaucrats that we're going to do away with the state hospitals. So in 1948, or '49, or '58—when did what's his name give—the president of the American Psychiatric Association said—1959, '58, the hospital, the mental hospital as we know it in three years will no longer exist. This was in 1958. President Kennedy set up the Mental Health Center Program in 1961, and so this was a couple of years later, but [unclear] saying in San Francisco at the annual meeting by the president that the Community Health—that mental hospital as we know it in two years will no longer exist. People took it to mean that we're going to do away with state hospitals and these Community Mental Health Centers are going to do it all. So we went to Washington. We got money to plan mental health centers. We got money to build mental health centers. We

got money for initial staffing, and in the meantime people were pulling the rug out from under the state hospitals. That was an unfortunate turn of events because most of the state hospitals throughout the country were meeting their needs and providing a resource. There are some patients—well, it's the patients that you got on the streets now, lying in the parks and so forth, that did have good homes in some of those state institutions at an affordable price. So that was an unfortunate turn in the cycle of life events that instead of having hospitals and facilities to care for the disabled, they felt we were going to get Community Mental Health Centers and we dumped everybody out on the street.

LEVINE: Well, what do you feel proudest of that you have done and what just mentioned, I would think is quite an accomplishment of getting all the New Jersey hospitals approved for—

VDAVIS: Well, of course, the next chapter was after they fired me in New Jersey in '69, I went back to the Public Health Service as a consultant to the Region 3, the New York office of the Public Health Service as a consultant in the program to develop these Community Mental Health Centers. That was an interesting experience, but I think the work that we were doing that was being done then was the least gratifying. I mean, it was spinning your wheels, but that was where Evelyn applied for a job as head of the plan for planning of Community Mental Health Centers for the State of New Jersey and so from 1963 until 1966 she was working with us and bringing her leadership from the clinical end of it, from the community into the work in developing programs in the state. Then when the three years of planning was unfolded, she took over one of the children's units that we had set up in one of the state hospitals and ran that for a bit, in addition to her—and was practicing in Morristown, but then an opening came in a children's residential facility in the State of New Jersey which was south of Morristown and by that time her children were old enough and in college or in the military or something or another, and so she and her husband came down to this children's residential unit, which she ran for—how long did you run that?

EDAVIS: [unclear].

VDAVIS: Yeah, for about ten years, I guess. Then it was after that period that things in our lives changed that we both decided to get married. So we've been working together since 1976.

LEVINE: Do you still have a practice at this time?

VDAVIS: Not anymore. She did a lot of work in surveying psychiatric hospitals for the Joint Commission on Accreditation of Hospitals and I had been doing some of that, and we sort of both were doing it separately and she would do one hospital and I'd do the other one.

JL So how is this phase of life, after retirement?

VDAVIS: Well, when we got married I was in Wilmington. I had left the Public Health—retired from the Public Health Service in 1972 and was recruited by the professor of psychiatry at Jefferson to come down to Wilmington to head up the psychiatric services of the Wilmington Medical Center. That's the Medical Center of Delaware now. Three private hospitals combined to form one facility to serve the area, and to affiliate with Jefferson Medical College for training for house staff and so forth. Since we had no medical school in Delaware, Jefferson Medical College in Philadelphia sort of serves as the university connection. We have developed, you might say, the equivalent of a Community Mental Health Center. By the time we got it set up, the Community Mental Health Center funding and so forth was out the window, but we were able to set up a day treatment program and an emergency psychiatric service and inpatient psychiatric units in the general hospital in Wilmington and worked that in conjunction with the state program. So we were able to taper off some of the combined experience that we learned in the other places in the program in Delaware and I had that position until I got to be seventy. Actually seventy-one. When I went to Delaware at the age of sixty-one, you had to be average ten years to get into the retirement program and you had to quit when you were seventy. That was back in the days before they began to see that that was discrimination against age. But I had taken the job with the understanding that I was going to take it for nine years and serve notice a year before my time, my birthday came around, but they didn't get around to recruiting anybody until a year after then. So I stayed on and I didn't get into the retirement program, but they said I could have an office in the hospital after I retired in lieu of a retirement program. In the meantime, I had arranged for a-what do you call it? An annuity type of a retirement. I had money deposited each year into a retirement account, and so in 19—what, '83, I guess my successor was appointed and then I did consultation work and outpatient work and gradually tapered off my inpatient treatment and for the last year I haven't taken any new patients. She developed—my wife developed macular degeneration about a year ago so that's interfered with her—she up until that time was doing hospital surveys for Pennsylvania, which was basically a teaching program. The survey was more a teaching experience for the staff that she would point out to them what she was looking for, why and that would help them to catch onto

what they needed to do that or why they needed to do that. But also, let them get federal funding for certain things.

LEVINE: Well, it's really been a pleasure to talk with you and to learn about your career and your wife's career. It's nice to know more about Ellis Island. You were able to fill in some gaps that I didn't know about, as far as the psychiatry that was practiced here. So I think we'll close here. I've been speaking with V. Terrel Davis, who was a psychiatrist here from 1945 to 1949 and this is Janet Levine. We're in the Oral History Studio on September 2nd, 1995. Mrs. Evelyn P. Ivy Davis is also here with us and I'm signing off. Thank you.

[End of Interview]