



Interview with Asa Watkins

Date: May 24, 1999 / Part 2

Interviewer: Rick Tejada-Flores, Judy Ehrlich

Camera Rolls:

Sound Rolls:

Interview gathered as part of :The Good War and Those Who Refused to Fight It: The Story of World War II Conscientious Objectors.” Produced by Paradigm Productions. Housed at the Washington University Film and Media Archive, Paradigm Productions Collection.

Interview with Asa Watkins, conducted by Paradigm Productions on May 24, 1999 for “The Good War and Those Who Refused to Fight It: The Story of World War II Conscientious Objectors.” Washington University Libraries, Film and Media Archive, Paradigm Productions Collection.

Note: These transcripts contain material that did not appear in the final program. Only text appearing in bold italics was used in the final version of “The Good War and Those Who Refused to Fight It: The Story of World War II Conscientious Objectors.”

00:00:00:00—00:01:51:00

Camera Crew Member #1:

And you are in the shot Nick.

Asa Watkins:

This drawing is a drawing that I did on night duty when I was working in ward number one with the old men. And I, I would sit at the cross hall and sort of tend to them and watch them during the evening. And about two or three o'clock they would, they would either be asleep on the floor outside their rooms or they would be in their rooms, or call them cells if you want, they're pretty nice rooms. Some of them were afraid to go in their rooms at night, it was as though they had a, it was as though they felt there was a ghost in there, so that's why that ghost is there, that figure. But they all seemed to be wanting to get out, you know, I sensed this thing, gee they were imprisoned, they wanna get out, so, and they were often kind of looking prayerfully like this and acting as though they wanted to get out and so that's why I busted the roof out like that and put that angel cloud in like that. And of course then there's the moon always elliptic thing. They would stay on the floor like this and so, be leaning up against the window. And then finally about one or two o'clock in the morning they'd, most of them be in their rooms, either on the floor or on their beds asleep, or staying there, a few of them would just remain on the floor. We didn't force them to get in bed if they didn't feel like it. We would suggest they would and try and lead them to their beds. So I did that, that way. And then, in the afternoon, when I was on night duty, in the afternoon after I got up about two or three o'clock in the afternoon before I had to go on duty at six, I would work on these drawings, you know, 'cause I wasn't on, wasn't on duty so I could work on them during the

daytime. So the drawings were mostly done when I was on night duty or I had, and I had the afternoons free to work, otherwise I just wouldn't have any time to do them. I didn't work on them if I was on day duty. I didn't work on them at night very much.

00:01:52:00—00:02:02:00

Interviewer #1:

Flip to the next one.

Interviewer #2:

Do you need this? 'cause you're gonna—

Asa Watkins:

This one is a sketch for a—

Interviewer #2:

[unintelligible]

Asa Watkins:

—study for a gentleman whose name I don't remember.

Interviewer #1:

Ha—, hang on a second.

Interviewer #2:

Wait, wait, wait a sec.

00:02:03:00—00:02:58:00

Interviewer #1:

Okay, go ahead.

Asa Watkins:

This, this one's a study for the gentlemen who used to stand by his door and never sit down. And I think you remember the drawing of that, I'll maybe get to it later, when he imagines that he's got all these torturous things happening to him like snakes biting him and he has no spine and his arm is chopped off and all that. This was, these were, these some quick

sketches of him just to sort of get his physiognomy correct and so on. That's what that is.

Camera Crew Member #1:

Hold it, don't move that. Let me see it.

Interviewer #1:

Yeah. Say that last bit again.

Asa Watkins:

This one, this one's a sketch of the head of this gentleman that I was trying to do the drawing of because he would always, never, never lie down or sit down, at least during the day, and he gave me all this torturous comment about what was happening to him. And that's why I did the, his standing, and what he thought he was, what, all the tortures that he was going through his, his schizophrenic [tearing sound] reality, to him. This is a study for that, for his, for his face.

00:02:59:00—00:03:13:00

Asa Watkins:

And this is another study of the same gentlemen. I wish had had a bigger piece of paper because these, these sketches are better than the final drawing, 'cause the final drawing is only this size anyway, so I had to make the whole thing compact, more smaller.

00:03:14:00—00:04:10:00

Asa Watkins:

This is a, there are two drawings of the men doing the laundry. This is the one sort of at high noon and then there's another one that's done when they were doing it more in the evening, it's a darker version. These are the patients, and they were sort of the, sort of the brainwashed, lethargic, apparently perfectly content patients who just were drones. They would take the laundry back and forth. They would do other laborious things around the, the campus of the hospital. But everyday they would take the laundry down to the laundry, and they would sort of, you know, be going along like this with their big laundry bags over their shoulders. They always looked to me like they would be swamped by these laundry bags, they'd either stifle them or tip 'em over, but they kept going. So that's what that is. And these, again, these architectural mouldings, these are all actually true to the hospital. There, here they're going through that strange funny brick arch that didn't mean anything. It was sort of a colony that didn't mean any—, anything except it was just there.

00:04:11:00—00:04:33:00

Asa Watkins:

This is a drawing of the, the main women's dormitory, at night. And you see I've kind of fantasized the moon into sort of a, some kind of thing there, as an angel or something I guess. But everything, everything is absolutely detailed, everything is absolutely accurate. This is as good as a photograph of that building.

00:04:34:00—00:05:17:00

Interviewer #1:

So, was, was it an ominous feeling, or were they beautiful buildings, or were they depressing?

Asa Watkins:

Well they, they were both, they were both, this building was always depressing to me and I think I made it look so.

Interviewer #1:

Start over again, say, go ahead.

Asa Watkins:

This building was rather an ominous building to me always, and it was one of the women's buildings. I, I never, it, it, it wasn't pretty like, it wasn't beautiful like some of the sort of after Civil War buildings that, that were on the men's side of the hospital. The women did have as nice buildings to live in as the men did. And, this building always troubled me, I don't know why it disturbed me. I think that that probably comes out in here. It's done, it's meant to be at night with the moonlight out here. Again, the moon is supposed to be sort of an, kind of with wings, a sort of an angel, over it all.

00:05:18:00—00:05:37:00

Interviewer #1:

You know, I know, I know you're taking artistic fancies, but it's sort of, do you have a feeling that buildings like this have spirits or, is there something else going on in there?

Asa Watkins:

Ooh, well buildings have spirits to me. I mean the English theory about buildings being haunted, I, I mean, I, I think there's something to it [laughs]. I mean this house is haunted. Luella and I are convinced. We'll tell you about that later.

00:05:38:00—00:06:28:00

Interviewer #1:

And what about these buildings? Did they have something in them?

Asa Watkins:

Some of these buildings had a great deal in them and others didn't have anything. They were, they were per, perfectly neutral, but just m—, maybe kind of nasty, kind of disagreeable, but they were neutral as far as that goes. But this building was not. This building had some kind of, something in it. And it was something I think sinister, I felt. But I tried to ameliorate that with the [laughs], the happy moon over here, I guess. And it was done, it was supposed to be at night, 'cause the lights would be on at night, you see, on the lower floors. And then the, some of the people would already be asleep and the lights off upstairs. And there's no, no, you see, nobody's around anywhere. I don't show anybody around, 'cause they're all inside the building by that time. I, I didn't do it at night, of course. I invented the night, just made up the night scene, but I did the architectural part of it during the day, and got everything straight, all the right numbers of windows, window panes, and so on.

00:06:29:00—00:07:12:00

Asa Watkins:

Now this is one of the, the window of one of the rooms in that first drawing that I showed you of the men. It's in the same ward as this picture, in the same ward as that, inside these rooms. If you go, went in to their rooms, this is what you saw. There'd always be one window at least, and this is with the moon coming through the window onto the wall, and I actually saw that, so I, I actually saw that happen one time, just as it is. And of course, there's a ceiling up there with the plaster falling out, the plaster falling out here. That's the way the rooms were. So that's just a photographic, a pencil photographic reproduction of the room, but it, but, but it's actually, absolutely true. I mean, the shadow was there on the wall like that.

00:07:13:00—00:07:19:00

Interviewer #2:

Will you get that one from—

Asa Watkins:

Now this is—

Interviewer #1:

We'll turn around—

Camera Crew Member #1:

Yeah there's all those [unintelligible]

Interviewer #2:

—yeah, go ahead.

Camera Crew Member #2:

Yeah I was gonna say—

Asa Watkins:

You want this one?

Interviewer #1:

Yeah, yeah.

00:07:20:00—00:08:49:00

Asa Watkins:

This is the gentleman I showed you that I did the sketches for. This is his way he always stood during the day and at night too. He did finally go into his room and go to sleep I think, but I wasn't usually on duty when he, w—, went to go, went to go, went to bed, because I was usually on day duty when I took care of him. He always sat, stood by his chair with his cane on it, and often his spit can, spit and urine can was on the floor turned over. But, and I went up to him one day and said, mister so and so, I don't remember his name, why is it that you always stand? And he said because, and then, then he began to detail all the things that had happened, and I did them in reverse on the other side. T—, to, this is what he told me he was, was happening to him: He had spikes in his head, his arm was, had fallen off and was on the, lying on the ground and with a big hypodermic needle going up into the stump of his arm, he had no insides, that's why his backbone shows through there, the, the chair had, part of the chair was a snake and it was about ready to bite him, this part had curled up into a snake, and he had no leg, see the leg is empty there, and this, this was, and there was spikes in his chair too. So that's why he couldn't sit down. How do you sit down in a spiked, with spikes in your head, and a hypodermic needle in your arm and all. I mean, and he didn't tell me this as a joke either. This man was serious. You know, I wondered if he was pulling my leg at the time I think, you know, he's inventing all this because it's too, it's too good to be true, but I think he wasn't. I think it was true, because it was a long time after I knew the guy that I asked him what, why he never went to, never sat down, or seemed to lie down during the day or anything, and he told me this was the reason.

00:08:50:00—00:09:49:00

Interviewer #1:

Were, were you folks improvising as far as psychotherapy, in terms of how you'd respond to someone like that or what the appropriate way to—

Asa Watkins:

Oh, yeah we sure, we [laughs], we were just left on our own and we would, I think most of our responses to something like this would be, well, mister so and so, is there anything that you can do to, to relieve this situation that you feel you're in? I mean, is there anything that you feel you can do about it? Can, could somebody take those spikes out of your head, or could somebody take this thing out of your arm? If you said something like to them, they would kind of look at you, as I remember, with a sort of mystified emotion, you know, what are you talkin' about man? No, this is too much, this is, no. It couldn't happen. They often were, they, they could be quite resentful at your q—, at your query, you know, because it implied that you thought they were putting something on or being crazy or something, you know. So you didn't, you d—, you dealt with them rather gingerly on that, on that score.

00:09:50:00—00:10:05:00

Interviewer #2:

Asa, the man you were telling us about before—

Camera Crew Member #1:

Let me get the stuff.

Interviewer #2:

—who was, had they psy—, that, that was treated, that the treatment, the psycho, the electroshock treatment worked for on the first, the first time around? Was that—

Asa Watkins:

Tom Russell, I never got a, I never got a drawing—

Interviewer #2:

Do you have a drawing of him?

Asa Watkins:

—of him. No. I never got one.

00:10:06:00—00:10:13:00

Interviewer #1:

Asa, could you go ahead and just point out the different features of his—

Camera Crew Member #1:

Could we start with the other one first?

Interviewer #1:

Oh, which one—

Camera Crew Member #1:

The window.

Interviewer #2:

You're talking about the window? Okay, let's go back to the window.

Asa Watkins:

Yeah.

00:10:14:00—

Interviewer #1:

Okay talk about the window a little more again.

Asa Watkins:

This, this is simply a pencil drawing of, an actual literal pencil drawing of the scene that was in that room, with the moonlight coming through. And I actually experienced that, and—

Camera Crew Member #2:

[inaudible]

Camera Crew Member #1:

Sorry.

Asa Watkins:

—so I, I of course I made the drawing up after I experienced it 'cause I couldn't draw it at night, when I was on night duty, so I made a little sketch of it and then finished it off during the day. But the room is absolutely accurate. There was no plaster in the ceiling. This plaster was gone here, the brick was showing through. This is actually like the windows with, these, this is an absolute literal reproduction of the window, the molding and everything is exactly as it was in those, those buildings. You can see how well those buildings were constructed. They were these post Civil War, nineteenth century, rather nice looking buildings, with towers at each corner, and a staircase going up the, a spiral staircase up the tower and onto each level. Three stories, they were. So that's all, it's just a patient's room, with the moonlight coming through.

00:11:09:00—00:11:47:00

Camera Crew Member #2:

Were they built as mental hospitals?

Asa Watkins:

Yes. Oh yeah, yeah. The buildings, the buildings of that sort were, were very fine. There were only two, three of them on the, in the hospital grounds, on the hospital grounds. The others were afterthought buildings, you know, any kind of architecture, awful, some of the, the newest ones were awful. They were hideous brick buildings that were not, even, even though it wasn't Belgian bond bri—, brick lay—, being laid up like it would've been in Colonial times, it was just straight brick construction, but it was, it wasn't even, what do you call it when you score between each of the bricks, it was just a nasty—

Interviewer #2:

Mm-hmm

Asa Watkins:

—quick brick construction, just to hold the thing up, you know? It was a—, awful lookin' thing.

00:11:48:00—00:12:48:00

Camera Crew Member #1:

And the other one.

Interviewer #1:

Let's go back to the, the two versions of the patient, the next painting.

Asa Watkins:

This is the mister, what, I don't remember his name unfortunately. I don't know why his name escapes me too, because he was, he was a very interesting patient. He always stood up, like this, and never would sit down during the day, and I never see him, saw him lying down at night, but I wasn't usually on his ward at night, so I don't know what he did. But he did tell me he did lie down and go to sleep at night. And he always stood up by his, his chair like this and never sat down in it, and often the spit can was turned over with urine and tobacco juice spilling out onto the floor, so finally I, one day I asked him why he never sat in the chair, could he tell me? And he, so he told me all these things about himself, that he had, there were spikes in the chair, the chair turned into a snake and was going to, about ready to strike him. His left arm had fallen off and was lying on the floor, and had a hypodermic needle a huge, giant hypodermic needle sticking up into it. And his left leg was gone, missing, but now, I don't know where it wen—

[cut]

[end of camera roll]

00:12:49:00—00:14:22:00

Asa Watkins:

—there was a trouble with him, what, what's the matter with him, why he could not sit down. He had to always stand, because he was in great suffering and if he sat down in the chair he would sit on spikes, they're sticking up there. Also, he was afraid that the chair would bite him, 'cause it had turned into a snake. You see the chair here's a, like a snake's mouth open. It's this curved part of the chair that he was afraid of. He told me that his left leg was empty, that the, it was empty, but he didn't tell me it had come off like the arm. See, the arm is down here on the ground, on the floor, where he'd said it'd come off of his shoulder and was, had fallen on the ground on the, on the floor. And then he had a great big hypodermic needle stuck into it, a big giant hypodermic needle stuck up into the stump. And then he told me he also had spikes in his head. See, you couldn't lie down very easily if you had spikes in your head. I don't know whether he ever laid down at night or not because I was never on his ward, ward in the night to, to help take care of him. But, this is what he told me had happened, and I see there are other, maybe other things. Oh, oh yes, he had no insides. His, his, his abdomen was, was empty. That's why you could see his backbone through that opening there. That was his vision of himself, and he told it to me with great detail and with great seriousness. I mean, it wasn't [unidentified background noise] humor, at least that's the way I perceived it. And, any prodding him, as I remember, was difficult because he, he had told me what was the matter with him and why he couldn't sit down and that was it. He never conversed with any of the other patients that I was, as I remember, and never brought up a conversation, you always had to go and talk with him first, before he would respond.

00:14:23:00—00:15:19:00

Interviewer #2:

Asa this, this picture is, is a much more observational image. This is not, what someone told you, this is what you saw—

Asa Watkins:

This is a quick sketch. This is, this is what I would do sometimes when I would come on the wards in, in the afternoon between the time I'd get up, say two to six o'clock, when I'd have to go on duty, and I could take my lithograph crayon and my conté crayon and just sketch the patients on the, quickly on the wards as they sat. But yes, this is just a quick sketch of, I had done with a crayon instead of a pencil. And, these are just the patients that are, are quiescent, sort of depressed patients who just sit around, as, as I remember and were just wanting to go to sleep more than anything else. And they were, they were not disturbed patients, in particular. They were just neutralized patients. They just were vegetating. That's what, the kind of patients they were. See this man's about half-asleep, this man's just sort of sittin' up on the bench, and these, these men are just sort of, this man was kind of looking at me when I did the drawing of course.

00:15:20:00—00:16:31:00

Interviewer #1:

So these, these hospitals didn't have any therapy programs, any activities, any—

Asa Watkins:

Not until Elizabeth Maddox came along towards the end of our tenure there—

Interviewer #1:

I mean they, these guys would just—

Asa Watkins:

And she started, she, she started, and she could do it, because she didn't have to work as an attendant, she started an art class for them, and got me to help her when I was off duty. But, but that was the last—

Interviewer #1:

But normally, until then—

Asa Watkins:

No, no.

Interviewer #1:

—these guys would just sit all day?

Asa Watkins:

Oh, yes, absolutely nothing. Nothing! They went to church and we had movies for them, and I was the projectionist. I'll never forget when I did that Elizabeth Taylor film, what was it, the first one she did, when she, when she was riding on horseback?

Camera Crew Member #2:

Velvet.

Asa Watkins:

Yeah, "National Velvet." Was it "National Velvet?"

Interviewer #2:

Mm-hmm, mm-hmm.

Asa Watkins:

I was the projector, and I had to have, I had two projectors, you know, and I had to switch the arc lamps, you know, from one to the other and, you know, switch the thing over it. And, one night, when I switched it over, something happened and one of the arcs blew up and the whole place went up in flames and I just got out in time. I'll never forget that. [whistles] Woo, man. Luckily they had a metal-lined projection booth, and I managed to, the projectors were not damaged badly and they stayed there and they came and cleaned them up and repaired them, and I was soon operating them again, but that was some, that was some experience I can tell you.

00:16:32:00—00:17:20:00

Interviewer #2:

Asa, when you look at these pictures now, can you smell the smells and feel—

Interviewer #1:

Does it really take you back?

Interviewer #2:

—the feel of being there?

Asa Watkins:

Yeah—

Interviewer #2:

Yeah?

Asa Watkins:

Oh yeah.

Interviewer #2:

And how would you describe it?

Asa Watkins:

Well some of the wards smelled rather good. They smelled of, they smelled of flo—, floor wax, and that was nice. It was a nice clean smell. Others didn't. The violent ward, you know, often smelled of you know what, s-h-i-t, a lot, and I told you about that. They, the buildings were, we managed to keep the buildings pretty clean I think, and the other, the other people that were there before us I think had done a fairly good job with some of the buildings. They hadn't done ward five, that awful ward. The smells of the hospital were fairly neutral otherwise, I mean there was a nice lawn smell outside, you know, and all. And there weren't any big flowerbeds, so we could have fl—, flow—, smell of flowers.

00:17:21:00—00:18:07:00

Interviewer #1:

Would these patients ever get outside? Would they be—

Asa Watkins:

Oh, oh yes they were taken outside sometimes, by us, and they would walk around and some, they, they often, in the open wards they could go outside if they wanted to, and some of them did. But they wouldn't, wouldn't walk around very much, except when they tried to escape. And, of course, when they tried to escape we had to go after 'em. And they, we had this one young man I told you, the one that was you know what, done to him, because he, well, he was a sad one. He would escape as much as he could, and one time I was on duty as a guard

over the weekend and I had to go catch him. That's when I got Joe Albert to come help me.

Interviewer #2:

Oh, you didn't tell us that on camera, you just told us that when we were talking before—

Asa Watkins:

Oh, well this patient escaped and I was on duty—

Interviewer #2:

Hang on, hang on

Asa Watkins:

This particular patient—

Interviewer #1:

Wait a, wait a minute, hold on.

Interviewer #2:

Wait a, one sec.

00:18:08:00—00:19:36:00

Asa Watkins:

This particular patient, not, not any of these, this was a young man who was there. And he, he was a very disturbed, schizoid type patient, but rather sharp I thought, he wasn't dumb. And he escaped, one, one weekend and I was on duty as the guard and so I had to go for him, and so I had to get, came up to the violent ward and got Joe Albert, my friend Joe Albert. I've told you about him, how he would always, he would have hallucinations right in the midst of one of his activities, and you'd have to let him get over that, but otherwise he was very gentle and patient with the patients. And so, I got him to go in the car with me to try to look for this guy, and we got out in the country and I said, I think maybe he's down in that swamp Joe, and he said, yeah I betcha' he is. So we parked the car and went down towards the swamp, and sure enough we could see him down in there hiding. And then Joe, we had a great big rope, you know, a soft kind of rope, but so we might have to tie him up because he was very athletic and, and active. And we had a big blanket to put around him to protect him, we could throw around him. And Joe was gonna have, Joe was a very strong man, he'd been a fisherman on Chesapeake Bay. And so we got down near to the guy, and, just as we were getting, approaching him, Joe had one of his hallucinations, and he stopped and he said, he dropped everything. Get off my head! he said, get off my head, you devils, you get off my

head! And I knew that, I just had to, just wait 'til he got over this, because he would get over it fairly soon, so I guess he, he remonstrated with the devils for about five minutes and then he quieted down, and then we could go on our way, and managed to get Julian, and get him wrapped up, and get him into the car, and bring him back to the hospital.

00:19:37:00—00:20:08:00

Interviewer #1:

That sort of gives, gives meaning to the phrase, wrestling with your devils.

Interviewer #2:

Mm-hmm.

Asa Watkins:

Yeah, well it literally was, I mean I could almost see them. I could almost see the devils on his head, you know, He would put his hands up, and, as though he could feel them, you know, as though they were things on his head, actually little creatures on his head, and he was wrestling with them, you know. This was his main, otherwise he was fine, he was, and anytime in the middle of the night if there's trouble, you had trouble with a patient, when, in the middle of the night on that violent ward, all you had to go was go up to Joe's room and say Joe, he was right there to help you.

00:20:09:00—00:20:36:00

Interviewer #1:

Well I think it's great, this alliance between you who were there to help, and the patient himself working—

Asa Watkins:

It wa—, it was absolutely necessary because we didn't have enough hands to, to, I mean we had to deal with the patients as helpers a lot of times. And, we also thought it was good for them to do that, you know. And it was, I think, I think it was beneficial to them to help like that. It certainly was in his case anyway.

Interviewer #1:

Mm-hmm. Wonder what happened to him.

[cut]

[end of interview]

00:20:36:00