

Interview with Richard Hunter
Date: ca. 1998
Interviewer: Judy Ehrlich

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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*.

00:00:12:00

Crew Member 1:

How about you, Rich?

Cameraman:

Almost.

Interviewer:

Were gonna take it back a step and [unintelligible]

Richard Hunter:

Sure.

[cut]

00:00:22:00

Interviewer:

So tell me when you're rolling.

Cameraman:

We hit play record here, on this little cassette player.

[cut]

00:00:30:00

Interviewer:

When you guys are ready.

Crew Member 1:

Rich, you're good, right?

Cameraman:

Yeah, I'm good. OK, we're, we're rolling.

Interviewer:

We're rolling.

Richard Hunter:

Do I look relaxed?

Interviewer:

You look—he looks extremely relaxed, don't you think?

Crew Member 1:

I think so.

Richard Hunter:

OK. Fine.

00:00:38:00

Interviewer:

OK, so, why don't you start by—and would you look at me and not at the camera?

Richard Hunter:

Yeah.

Interviewer:

And let me just remind you that we're going to, I'm not going to include my question, so if you could kind of incorporate my question in your answer. Not verbatim, but rather than just saying, yes.

Richard Hunter:

Oh, [laughs], I see, OK. Sure. You don't have much trouble turning me on.

00:00:59:00

Interviewer:

OK, good. Would you just begin by talking, about what your experience was during, World War II, what your involvement in CPS camp was, and—

Richard Hunter:

I had, I had a very low registration number—probably would've gone, into the military just a couple of months after I was, in the draft. But, they hadn't opened any of the CPS camps yet, and so it was June of, '41 when I went to Colorado Springs to, soil conservation camp, and, worked for twenty-eight months there. And, I'd hoped to go into some kind of foreign service activity, but there wasn't any available, and so I did take an opportunity to go to a mental hospital unit. It was, in connection with, Duke University—Highland Hospital in Asheville, North Carolina, where I was for a year. After that, I was invited by the Mennonites of the—camp five in Colorado Springs had been a Mennonite camp. I was invited to come to the unit, in Marlborough, New Jersey, a state hospital there, because they were looking for someone who could work in the social service department, and the, mental health program of the Mennonites knew that I had been in social service work. And, so I went there for, about, thirteen months, I guess, and, then stayed on another six months. And, after discharge, and then went to the program which had been called the, Mental Health Program of Civilian Public Service—was a detached unit concerned with hospital conditions around the country. They gathered together information from the various units, and, conducted a program, a, a training program for, for psychiatric aides, developed some materials, and that sort of thing. When the war ended, that was formed into a new organization called the National Mental Health Foundation; Justice Owen J. Roberts, a former justice of the Supreme Court, was the, was the president. And, that organization, existed for four years. I became, the, the CEO of the organization in '48, and stayed on and participated in the merger of that organization with the, the National Committee for Mental Hygiene, which was an organization created by Clifford Beers, whose work, may be known to many from the field of psychology, "A Mind That Found Itself". I stayed with the, with that organization—well, I'm getting beyond the Civilian Public Service now. This is the whole rest of my life. I'm not sure whether you want

me to go on with all of that story or not.

00:04:11:00

Interviewer:

Actually, that's very interesting, and that is what I want to look at—

Richard Hunter:

OK.

Interviewer:

—but how you took—although, you need to go back, and I'm, I apologize, but I, I would like if you would introduce yourself, and tell us what your name is and, and what your position is now.

Richard Hunter:

Well, my name is, Richard Hunter and, usually called Dick. I'm now the, deputy secretary general of the World Federation for Mental Health, and this has been a position that has just emerged out of the years of working in the mental health field. While I was, when I, after the merger that formed the National Association for Mental Health, I was in New York for a couple of years, and while there went back, came back to Philadelphia to, set up a mental health association in southeastern Pennsylvania, and worked in that for fifteen years, and then went back to the national for—I've forgotten how many years, but retired in '82. Immediately began working full-time as a volunteer for the World Federation for Mental Health and became its deputy secretary general in 1983, and continuing on, through this period now. And I have no idea when I'm going to stop, because the job gets bigger and bigger all the time.

00:05:29:00

Interviewer:

How old are you now?

Richard Hunter:

Eighty-two.

00:05:32:00

Interviewer:

That's great. And you still, and this is a full-time position?

Richard Hunter:

Full-time position. It's also unpaid. It's, that, in that respect it resembles Civilian Public Service. I have just made the circle. Well, I'm, working full-time for nothing. But, it's, it's very rewarding, and it's one way to stay alive after you pass retirement.

00:05:53:00

Interviewer:

Makes sense.

Richard Hunter

So.

Interviewer:

I didn't realize until you, now, you're very modest, that you were actually a pivotal person in this transition from the CPS camps into the mental health field, and that, and, and, developing organizations in the mental health field that followed after the war. Could, could you describe the role of CPS and of conscientious objectors during the war, in the mental institutions, and how their influence influenced the field after the war? I know that's a big hunk, but maybe if—

Richard Hunter:

In—

Interviewer:

—anything stands out.

Richard Hunter:

When they were looking for activities that conscientious objectors could do outside of the camps, they still had to look for large group placements, and the mental hospitals were a location where you could put twenty, thirty, forty people under a single administration, and you could, in a sense, control them, control what they did, what influence they might exercise. It seemed like self, safe place to put a lot of conscientious objectors. And so, I was in a unit that—in Marlborough—I've forgotten. It was quite a large unit—forty or fifty, in the unit, on the wards. And I was in the social service department and, had an assignment that was a, a rather interesting one. It was, I was taking case histories and visiting patients in their homes, and that sort of thing. So, the, there were four men at Philadelphia State Hospital who

were more pivotal, I suppose, than any. They were the ones that set up the, that were the leaders of the mental health program of Civilian Public Service. And, they were on detached service to gather information from all over the country, from units all over the country, and also to send out information to the units. And when the war ended and they were discharged, it just wasn't something that could be dropped. And so, they formed the National Mental Health Foundation, and pulled together some outstanding American citizens, to be on a advisory committee, in a, on a, honorary board, and, began to give, the organization some stature.

00:08:26:00

Interviewer:

Could we go back a step. That was—

Richard Hunter:

Yeah, sure.

Interviewer:

—Chief Justice—Owens, was it?

Richard Hunter:

Owen J.—he wasn't chief justice. Justice Owen J. Roberts.

Interviewer:

I see. Was he a conscientious objector?

Richard Hunter:

No, no.

Interviewer:

No, he was the appointed board chair of the, of the mental health—

Richard Hunter:

He was invited to serve as the chair. He, lived in, in this area, in the Philadelphia area, and—

00:08:48:00

Interviewer:

Who were those four men who were the pivotal—

Richard Hunter:

OK. Harold Barton, Phil Steer, Willy Petzel, and Leonard Edelstein. They had all worked at, Philadelphia State Hospital.

00:09:08:00

Interviewer:

And, and you didn't work with them, but—

Richard Hunter:

No.

Interviewer:

—you became involved with them later as CEO of the—

Richard Hunter:

While I was, I was at Marlborough, I engaged in one of their activities. I did, I briefed the, the laws of New Jersey on, in the care of the mentally ill. And they did a, they had a project of, briefing, state hospital laws in, in various states in the country, and I agreed to do New Jersey, since I was there, and had access to the legal records.

00:09:42:00

Interviewer:

You briefed the law?

Richard Hunter:

Yes, right. Just, reviewing what the statutes were and, putting them into a descriptive statement so that it could be seen how one state would compare with another in terms of its commitment procedures and so on.

00:10:00:00

Interviewer:

Someone mentioned to me—I think it was New Jersey, I may be wrong—in passing that

there was a state, there was a lawsuit against the CPS mental health workers by, I thought, the state of New Jersey, and I didn't get the details on it. Is that something—

Richard Hunter:

Not to my knowledge, yeah.

00:10:16:00

Interviewer:

Alright, sorry, might have been another state. Could you describe, briefly, what the conditions were like in the mental institution that you worked in, or the two mental institutions you worked in during the, World War II?

Richard Hunter:

Well, I suppose I was more fortunate than the people at—Byberry Philadelphia State Hospital was, was really, very bad conditions. I visited there once, on my way through Philadelphia, and, found it pretty appalling and a, an unhappy place to work. The situation at, at, Highland—there were only about ten of us in the unit, so we were a small, close-knit group, and, life was, was, much more comfortable there with the patients, and so on—a smaller group of patients, and we got to know them better as individuals. Marlborough was a little, considerably larger, not as large as Byberry, but, it was a nice campus, and, it was a large unit, and had a lot of life together as a unit. I think the, Mennonite units did hang together better than, maybe some of the others did. There were a fair number of wives and friends, and, so it was much more like family life. The conditions were not good, but they were not nearly as bad as some hospitals, although, I must say that, since I was not on the wards, that I didn't know it as well as some of the people did and, in some of the wards. But, generally speaking, in all of the hospitals the patients lost their identities. The hospitals were run for the benefit of the staff, and the patients were just the excuse for having the hospitals. And, one of the things that was done by the, the, conscientious objectors was to, make the life of many of the patients much more their own lives, instead of just the things that were pushed around by the hospital staff.

00:12:34:00

Interviewer:

You mentioned to me before, there were three ways in which the conscientious—is that, killing us, those—

Crew Member 1:

Well, I would like to ask them to—

Interviewer:

It's probably—

[sound fades out]

[cut]

00:12:45:00

Interviewer:

Okay, are we rolling again or-

Camerman:

We needed to—we are rolling.

Interviewer:

OK.

Richard Hunter:

You were, you were asking about, the conditions in, when I was at Marlborough I was not on the wards, so I walked through the tunnels on the way, in bad weather, on the way to the dining room, and this was always through large groups of patients who were collected together and, and moved as a group, and oftentimes, noisy, and very unpleasant. I remember, going into the dining room, on occasions for evening movies, that they had for the patients. And, the, the appalling experience of the cockroaches just running all over the tables, and, a lot of things that, I saw just in passing, but didn't have to live with. At, at the hospital I was at in North Carolina, the, it was an, an old hospital that had been privately owned, and there were several patients there that were being, had been cared for for a number of years. Their families had placed them there and then, essentially left them there, would visit maybe once a year, to be sure that the patients were still there; that they weren't paying for services that, weren't being provided. But, the rooms for some of the patients were, were just atrocious. Patients being confined in a room for twenty-four hours, except for maybe two hours in the morning, when you would go walks, or you would do some labor, or climb hills, just some exercises. But other than that they were in their rooms for the, twenty-four hours a day, and only seen when meals were brought. That was the case with, some of the patients. It was a small hospital, so it didn't have a large population, but it was a good example of, the kinds of things that were in much larger scale at other hospitals. [pause] You had asked me about, the, the three phases, the three aspects of the mental health program. One is the dramatic example of caring. This large group of people left the camps and went to the hospitals because they felt that would be some place where they could do something significant, and the care they brought to the patients turned the institutions, at least in little parts of the institutions,

changed them into what they ought to be: institutions, which were caring for people who at the time were unable to care for themselves. The second aspect was the development of some hospitals, model hospitals, after the war by the peace churches, which were designed to, provide what wasn't called managed care then, but which could have been called managed care, if anyone had thought of it then, in which the patient's condition was carefully observed, and the condition, the patient was allowed to move from one kind of activity, from one kind of service to another kind of service—moving all the time in the direction of being able to care for themselves, as opposed to the institutional style, in which a person came in and they lived that way until ultimately something happened, quite by chance, not by design, and they were dumped out into the community again. So, the, the work done by the peace churches, out of their own experience, their, their discovery of the appalling conditions, introduced some patterns of care which, continue today. Managed care today is a, different story. It's not necessarily designed around the movement of the patient but the management of the resources, so that you, you reduce cost, and oftentimes the patient again gets lost in the process. That's the great fear that, is being expressed today. The third aspect was that, when they revealed the conditions—they didn't just know the conditions, they revealed the conditions to the public in the exposés which took place at the end of, World War II, beginning in 1946. The public took hold of the problem then, and said, this is our problem. Prior to that, professionals had been concerned about the problem, and wondered what they could do, and tried to do things, not realizing that they didn't have the ability to change things; that change only came when the public bought the problem, and said, this is our problem, something has to be done about it.

00:18:19:00

Interviewer:

Where did those exposés appear?

Richard Hunter:

Well, the first big one was in Life Magazine, in, May 4th, I think it was, of 1941—no, '46—

00:18:34:00

Interviewer:

Was it focused on the, on the CPS—

Richard Hunter:

—'46, yeah.

Interviewer:

Was it focused on the CPS, involvement in the mental institutions, or just generally on

mental institutions?

Richard Hunter:

It was on the, on the—well, it was on the, on the institutions, but it, it arose out of the experience of the conscientious objectors, and, and the article in Life Magazine made it clear that that's where it came from, and the photographs that were taken were photographs, that were taken by civilians, by CPS men in the, in the units, and then—

00:19:09:00

Interviewer:

Did that change the public attitude about conscientious objectors in any way, do you think?

Richard Hunter:

Well, one, one thing that it did is make other people excited about doing stories on it, and so it became popular in newspapers, and the Baltimore Sun, did, a big story; the Cleveland Plain Dealer, did a big story. And so, it, it was, it was nationwide concern over the conditions in the hospitals. One of the stories that, that I think is interesting that, relates to the public concern—when the story was first released about Philadelphia State Hospital, the secretary of welfare, under whom the hospitals were administered, Mrs. S. M. R. O'Hara, originally denied that these were the conditions. That this was just, an isolated example. But, she suddenly discovered that it was smarter if she would admit that it denied, but blame somebody else. So, she blamed the legislature for not giving her enough money. And, hospital administrators all over the country caught that message fairly quickly, that it's much better to admit that conditions are bad, just as it's reported, and then take advantage of it to get more money for the hospitals. And, they did get more money, and oftentimes didn't get much improvement. But, with time, there became, a greater interest in the hospital, or more people come to work in the hospitals, and, and more responsible people who were ready to, make some changes. So, some change did take place, although the greater change took place later, when they began to work on community care.

00:21:11:00

Interviewer:

Could you in a, in a sentence or two, describe how the conscientious objectors of World War II influenced the public health field, the public—the mental health field, excuse me.

Richard Hunter:

I, I think it, it's, it's difficult to put your finger on, on a clear course, but I, I think it's this third aspect that I'm, I'm referring to, that by revealing to the public, and getting the public to buy the problem, this is what we're experiencing in, in the international scene at this point, is

getting the public over the world to buy the problem, so that it isn't in the hands of a few people who think they're powerful, but aren't really very powerful, except in their own professional performance. And so, one of the things that is happening now is, we have a World Mental Health day, which takes place on October 10th each year, and that now is reaching into all, all six continents, and hundred-and-fifty countries, or so, and, so that we're getting information back about how the public is getting engaged in activity relating to the conditions of care in their countries. And so, this, I, this third aspect, I think, has had the greatest impact, the most, the widest impact in terms of the movement.

00:22:48:00

Interviewer:

Maybe you could say that in a sentence that would be useable outside of the entire conversation we had earlier. One, just to go back and look at, what did the CPS camp experience, or the CO experience, during World War II, in, in the mental health, in the jobs in mental health. How did they influence the, the, movement from that point on. If that makes sense.

Crew Member 1:

We are-

Richard Hunter:

They gave visibility to—

00:23:18:00

Interviewer:

Who's "they"? Could you—

Crew Member 1:

Could we wait one second—

Interviewer:

Yes.

Crew Member 1:

—for a plane to just to clear.

[cut]

00:23:24:00

Cameraman:

Okay we're rolling.

Richard Hunter:

I'm not used to talking in single sentences, but [laughs]—

Interviewer:

[laughs] I have to poke you to make you do it, no one does it.

Richard Hunter:

What I would say was that the conscientious objectors were the means for giving visibility to the world, of the way in which the world was caring for its mentally ill.

00:23:46:00

Interviewer:

Good. And what happened that, because of that?

Richard Hunter:

Because of that, as I describe it, the public took ownership of the problem. And when the public wants something done, it will get done.

00:24:05:00

Interviewer:

I think that's it. Great.

Richard Hunter:

OK.

Interviewer:

Thank you very much.

Richard Hunter:

Thank you.

[end interview]

00:24:13:00