

ORAL HISTORY PROJECT

Chattanooga - Hamilton County Public Library

Chattanooga, Tennessee

An Interview With

JOSEPH W. JOHNSON

By

John Popham

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PREFACE

This manuscript is a transcript of an interview conducted for the Oral History Project of the Chattanooga-Hamilton County Public Library. The purpose of the project is to capture the first-hand accounts of the social history of the Chattanooga area in the twentieth century.

The reader is asked to bear in mind that the transcript reflects the patterns of the spoken, rather than the written, word. The information is presented as it was recalled by the interviewee at the occasion of the interview and has been edited only for clarity.

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Popham: Joe, what I would like to ask you at this time concerns the background which you have in this community, you and your family. You grew up in a section called East Terrace. So many Chattanoogaans today have no recollection or comprehension of this as a center of leadership, of culture, or caring about a community, how men project themselves, what sort of understandings they have, what image they give to the people that surround them, that they will care for them, that they will understand their needs, that they will work for them. You come from a family of that type, you and the Chamberlains and the Montagues, and people of that sort. And, in addition, out of a community like that you go to schools like McCallie, where you went and many of your friends, and you get your first real challenge of the mind. At what point do you suddenly say, "Well, I'm concerned about things I see around me. I'm not mature enough to understand them, but I begin to grope, I want to know." It's a world that is not known to the rest of the country, vis-a-vis Chattanooga. Unfortunately, too much of the Southern stereotype is around to not realize that these worlds were here, that these people made this into the splendid community that you have loved and cared for, and I would like you to give me something along that line.

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Johnson: Well, Johnny, I would like to tackle it right from the beginning because I was what's sometimes called "the privileged child." I grew up on East Terrace which, as you have said, is not only forgotten, but in Rudy Olgiati's doing over the West Side, East Terrace was cut down. Now, East Terrace was an extension south from Cameron Hill. It's interesting that in or on East Terrace, which was known as "Yankee Hill" frankly, because homes were built there, and substantial homes, by men who, following the Civil War, wanted to live here. They, like me and like you, loved this town. And I think we love it not only because of its location, its surrounding hills, its perfectly lovely river. I loved it because of the people I grew up with. Nowadays they call them "role models." In those days they called them "good fathers, good mothers, good grandmothers." And I was blessed by having a collection, not only good father and good mother, but good neighbors. They were a significant part of my growing up. Now, East Terrace, if you want to locate it, to think about the town, as I say, was an extension of Cameron Hill. You got to it by where in those days Tenth Street and Eighth Street converged with others, and where that grouping was, was known as "the five points." There, there began to be a shift from downtown Chattanooga stores to residential homes, and they were beautiful homes.

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060

I was born on East Terrace, I was born at home; my father was a physician, my mother was an incredibly beautiful woman.

(Johnson): We'll go into some of the things she brought into being a mother. She went to the New England Conservatory of Music, for example. A side was that the girls at the conservatory didn't like Amherst College. And I was, I suppose, ten or twelve years old before I ever heard the word "toilet," for example. We children were sent to Amherst. If we went for a drive, the question was, "Now, have you youngsters been to Amherst because we're going to be gone for a couple of hours visiting Grandfather."

072

Now, about the East Terrace settlement let's say we begin at the south end. There were the Chamberlains, and I'll get into that remarkable family. Then there was the house that my grandfather built for his daughter and his son-in-law, Dr. Joe Johnson. Next was a house that was occupied by the Cliffords. They were fascinating and extraordinarily helpful to me growing up. Mr. Clifford was an Englishman, and a very dapper Englishman who insisted on being dapper when he walked to work each morning downtown afoot, as the phrase goes. Then there was the Lasley house. Their daughter never fitted into the group, but when I met her in later life she was an extraordinarily bright woman who had spent quite some time in Portugal. I met her when I was visiting in Annapolis. Yet, here was one of the East Terrace children. My grandparents lived on the corner house; the corner house of what would be Eleventh Street. Eleventh Street didn't cross Grove Street. We were blessed, however, by a Negro church that had some of the most beautiful singing on Sundays, and it was a joy.

089

Then you moved to the incredible D. P. Montague home. I say incredible because it was sort of a rococo, classical house. You walked in from the porte cochere that had three bells hanging over it. You walked into a lovely room, an entry hall, if you will, which had a fountain playing in it. You looked to the right and there was a marble staircase. Half way up, there was an organ. Passing that, there was a livingroom, and passing that there was a ballroom. Now this wasn't any dancing room, this was a classical European ballroom. One of the interesting things about that particular Montague family was that Mrs. D. P. was fascinated by Italy. She had visited there a couple of times, and with three daughters, she managed to marry off two of them to Italian counts. Italian counts were rather rare in those days. Their son came back to Chattanooga in his teens, and not only terrified, but fascinated his contemporaries and my contemporaries by always bowing and kissing their hand. This was unusual for Chattanooga, and I bring it in just to say there was a diversity of backgrounds and education and ability on East Terrace.

116

Popham: That, of course, is what is missing at this time. After what you have told us about the diversity and richness of culture,

(Popham): the ideals that many people tried to establish here to motivate a community, the caring for European culture, the effort to bring it back to this emerging nation -- the whole range of American literature touches on this, Washington Irving, T. S. Eliot, Henry James -- I would like to point out, Joe, that this was done here in Chattanooga, the same as was done in Boston, New York, Philadelphia, Baltimore, a marvelous story about this town that most Chattanoogaans don't understand.

130

Now, in the course of that period, you, of course, had to attend schools in this part of the country, and I'm sure you followed the usual pattern in that day of having studied music lessons in one place, school in another, whether it be private or public. This was characteristic of middle class America in communities built like this. How about describing some of that to us, what Chattanooga was like in that time for other people and yourself.

Johnson: Well, for example, Mother, by the time she brought me into the world, had traveled to Hawaii and to the Philippines, and China and Japan and back. She had lived in London for a number of years, had been presented to the -- she was very fortunate, as a matter of fact, to be presented to the Court of [St.] James. All this sort of meshed, along with the other families, into a stimulating place to grow up. For example, I arrived and had a French governess for a number of years, followed by an English nanny, but the sustaining force was the black community that lived with us. They were so much a part of the community, and yet, in so many homes, were not of the family.

I started off at Bright School, but when Dad went in the army, Mother couldn't drive.

Popham: Joe, that's in World War I.

Johnson: This is World War I, you're right. Mother couldn't drive. I think this was the only thing she couldn't do. I was sent to Chestnut Street School at the corner of Fourth and Chestnut, and it was a long walk from home. And I passed where I took my piano lesson and Mother decided since I walked by Miss Pearl's every day, I could darn well take my piano lesson every day, and she wouldn't have to listen to me practice.

170

There was a fun sort of aura in, certainly, my home. After Chestnut Street School I went to McCallie School. There was a joint lift provided by the various cars and chauffeurs in those days. I enjoyed McCallie. I particularly enjoyed the diversity of the faculty. That was most particularly manifest in my last year when the Scopes trial was going on. At McCallie we had bible an hour day a week, and it was fun to read. I went to the Second

(Johnson): Presbyterian Church on, I believe it was Cherry. At any rate, it was right across from the present Episcopal church and is still there. I particularly enjoyed our pastor; he had sort of the "look" of God. The fascinating part of my last year [was that] a lot of the things that I had been reading, including the bible, came into full flower for a teenager, and there was the Scopes trial in Dayton. As I recall it, William Jennings Bryan had a grandson at McCallie. At any rate, at that time there was no such thing as acquired knowledge; there was only revealed knowledge, and it was revealed only in the first chapter of Genesis. One of my blessings was living next door to "Aunt Lou" Clifford, who I mentioned earlier as living next door to me. She had gone to Vassar and had majored in geology. Sitting on her porch after a troubled day of trying to get revealed and acquired knowledge put together was an extraordinarily comforting experience.

184

205

I enjoyed my years at McCallie, but my educational process shifted to Hotchkiss in Connecticut, which had a morning brief service in the chapel. It was a marvelous transition in what, to me, at that time, was a troubled world of church and school. Of course, some of that still goes on, though I think the churches now are really more concerned with the community as a whole, and I mean the under-privileged community.

Popham: What you mean there, Joe, is that the church today, facing the needs of Chattanooga, cares about the poor, the lonely, the discarded, those who need this kind of supportive community that the world in which you had grown up had an understanding of.

Johnson: I think that's a good way to put it because the art of caring was not unknown in those days, but it was a type of caring that was more vis-a-vis; it was family on family. It was a very significant part of growing up, and that was and is a part of all the pleasures of living and the responsibilities that made those pleasures meaningful. I think that's enough to say on my particular education. It was, as I said in my earlier remarks, a privileged education. Earlier I had referred to it as privileged -- while I was growing up, a privileged person. By privileged I mean opportunity; the opportunity to be a part of the whole, to be or to obtain the feeling that life was an opportunity.

244

I particularly cherished my father's role as a physician. In fact, I never wanted to be anything else but a doctor. Dad, despite the fact that he had me out at Erlanger at age twelve watching him operate, the while saying, "I never encouraged you to go into medicine." But again, and I think we can touch on this later, part of the wealth of my growing up were his colleagues. The doctors of that generation were like this generation, were good people to know, but they practiced a different

(Johnson): type of medicine in the sense that it was more intimate. It was as well trained as it could be now, but they didn't have the diversity of techniques. Even when I went to medical school more emphasis was put on diagnosis than on treatment, simply because we didn't have the varieties of treatment, let alone the skills of treatment, that we enjoy now in what [Livingood] and Govan have described in what they call The Chattanooga Country.

254

Popham: I can see in that sense that where you say in medicine you had the diagnosis emphasis rather than treatment, since the skills and the tools and the techniques were not at hand the same is true about the church and about the moral approach. There was a standard that was set, but we didn't know as much about loneliness and outcasts and urban society and its problems, and today we're trying to meet that with new techniques.

Johnson: That's a good summary to get into the public mind the wealth of caring that has always been part of this community, and, Johnny, it has. We've been talking about the love of the community and, as I said, it's not the terrain, not even the people, but what the people have been able to develop together. There is a sense of what I would call wealth in -- and I'm talking about wealth in living, the pleasure in living is rather full, not full to the top, but rather full in our joint participation. And that's all being seen now in the generation that follows mine and still earlier in the undertakings from the river front to our museums and to our sports enthusiasm. The town has a variety of ways in which we coalesce or group together. Frequently we're not aware of it. I think that's really true.

279

Popham: A characteristic of this town in the years I've shared it with you. I'm from the outside, but nevertheless the years that I've been here, I have found that to be true.

Johnson: You haven't been on the outside very long.

Popham: Joe, we have talked about Chattanooga and its background as you grew up in it and all the loving and caring people, the senses of leadership that they developed. Now what I would like you to talk about is the kind of a community that you confronted when you returned from the war. What was its attitudes toward this whole new world, and then this particular field of mental health therapy that you became interested in. How did you find it, how did you discover it, what were the responses you got from your friends and the other people in the community that were caring? If you would tell that story in your own way, I'd appreciate it.

Johnson: Well Johnny, that's rather a large order, but I'll do my best because this town distinguished itself before and after World War II. My experience, as we've commented, was growing up on

310

(Johnson): East Terrace with a bunch of bright people, largely the parents of friends and my own parents. So I've always been concerned about what is called "the human condition." In other words, I've been interested in people. I wanted to go into medicine because my father was what they nowadays call not a good father, but a "role model." In short, we find not only
322 changes in people but changes in language. But the people on East Terrace were stimulating; they were "good citizens" and they had done things. My grandfather lived down the block; he had been a Congressman; he had served as consul general to London. Mother had been presented to Court. She and her sister had traveled through the Orient in their early twenties. In short, one of the best educational sources and stimulus for my growing up, though I had been to excellent schools, were my mother, my father and the parents of my friends on East Terrace. That, we can say for the moment, is the background.

I went on to finish the usual training. I'd had four years in New York hospitals with no thought of doing psychiatry. I
341 was interested in neurology and took a residency in neurology. But I had no particular interest in psychiatry; I was interested in the whole organism and therefore specialized in internal medicine. But along came the war three weeks before I finished my last residency. I came back to Chattanooga, having volunteered for the navy and having been turned down because I wore glasses at that time, to start a practice of medicine. My father had practiced here for some forty years. I picked up a rather good practice in internal medicine because Dad had been kindly to younger doctors, and those younger doctors, now older, were very kind to me. However, I wanted to be with a general hospital. Ed Newell, my nextdoor neighbor, was with the Hopkins General Hospital. I wrote out a vitae and sent it to Vanderbilt because they were organizing a general hospital, and was blessed by their acceptance of me. We were organized at Camp Forrest in Middle Tennessee within arm's reach of our parents, our families, our friends. It was a good bunch of men, and it was a blessing for me, having spent sixteen years away from Chattanooga, to be back with Tennesseans.

The Vanderbilt unit, known as the 300th General Hospital, was a unit organized to take care of a thousand patients. We
367 had an excellent staff of physicians and nurses, and spent an entire year at Camp Forrest, during which time I was gradually moved into a hospital setting there to take care of neuro-psychiatric patients. This was to me not a profession, but an aspect of the stress of services in the army, even at a local fort. After a year we were ordered overseas, spent a couple of months in Africa. The experience of psychiatry in combat was extraordinarily helpful. I had a feeling of what goes here when

(Johnson): I first went into Camp Forrest, and a guy saluted me because I had a uniform on. I managed to salute back. But after a year of doing -- we'll call it "local psychiatry" -- the first air raid, the first patients I began to see -- this in North Africa -- who had been through some of the trauma of Sicily, it was a new world to me. I became completely devoted to the field of neuro-psychiatry as a combat experience. There were incredible examples.

394 Popham: Joe, what you've described is your initial response to the field of psychiatric need under combat terms. In other words, it came into your life like a combat bomb of its own to suddenly see these people -- head wounds, shock, long days in the front lines, a tremendous emotional buildup that they have, and the almost shocking manner in which many of them respond to this sort of depression that they suffer. And in that sense, you saw the need of and the use of psychiatry under extraordinary circumstances, almost, as I say, like a bomb going off in your own life. And then you came back to Chattanooga with that experience. I would like to know at this point what your response was to them when you got back to civilian life.

Johnson: Well, my response when I got back to civilian life was like that of most men: great joy in seeing my family and seeing my community and "being home." I did, as I had planned to do, study and take my boards in internal medicine, with no particular thought of doing local psychiatric private practice. However, at the time, there was no psychiatrist in active practice in Chattanooga. We did have some beds at the county farm, Silverdale, where patients were held until they could be transferred to, usually, Eastern State Hospital in Knoxville. I found, despite having my boards in medicine, that because of the lack of psychiatric facilities there was a resultant flow of private practice psychiatry to me. There had been organized, however, during the war by a group of active concerned women, an outfit called "The Chattanooga Guidance Clinic." It was for children and was then located in City Hall. There was no psychiatrist to be in charge, but they did have a psychiatric social worker on board. I was asked to pinch hit at times, did, became tremendously interested in the Chattanooga Psychiatric Clinic, which had grown significantly and will be discussed as we talk over Chattanooga at the end of World War II.

449

I was able to get a rather odd chap, a friend of mine who had trained with me at the Neurological Institute, to come -- he was certified in psychiatry -- to come in Chattanooga for awhile. He didn't last long because of certain aspects of personality. Later, I was able to get ahold of Dr. Otto Billings, a professor of psychiatry at Vanderbilt. He came over once a month to see the cases referred to him by the psychiatric

(Johnson): social worker. So, gradually, there began to be a resource. The resource, however, was limited. The acceptance was far better than the resource. By that I mean Chattanooga was ready intellectually, emotionally, to accept psychiatry as a valid problem in the treatment of certain types of illness. This increased sophistication of the community led to a joint effort of the Junior League, the city schools and the county schools to finance a Child Guidance Clinic. It was obvious that fathers, having been away for many months at least -- children had to adapt to a new world. In my own instance I returned to a daughter who was born while I was overseas. She didn't know what to do with a father. On asking her mother if God made the three children, my wife said, "Well, I rather think he did." "Well," said the two-year old, "what did God's mother give him to make us out of?" In short, the mother was the dominant personality. She was the supplier and this father had an undisclosed role to play in the family.

474

Coming back after more than two years overseas there was, of course, the joy of returning to the family. That included not only the living members of that family, my parents, my brothers, but the children, my neighbors. And I set out to start my professional career, as I always had, in internal medicines. I went ahead and took my boards in internal medicines, was certified as an Internist, joined the American College of Physicians. But examinations or no, certification or no, my practice, because there were no other psychiatrists about in private practice, largely became a psychiatric practice.

519

I was fortunate in returning that the Volunteer Life Insurance Company, where I had my office before the war, had saved my office for me. They had rented the reception room and office space to a lawyer, but they had maintained my laboratory and x-ray room for me. So when I got back I had an office, I was ready to begin. And I hung out my shingle as an Internist. But because of the increasing sophistication or acceptance of psychiatric problems in the community, I think largely, by the awareness of these casualties in wartime situation, I found a community that was warm in acceptance of me as a psychiatrist. In short, I carried on for a number of years a private practice in internal medicine and in psychiatry.

However, with the excellent hospital established at Erlanger, the one soon to be established at Memorial by a caring community, there were absolutely no facilities to take care of patients. Because there was a beginning organization in the Child Guidance Clinic, there was the high hope that we could have in Chattanooga a psychiatric hospital. When Frank Clement came into office, because of personal experiences, he was concerned with this problem too. We had from Chattanooga a

575

(Johnson): significant city in this state; no psychiatric facilities for adults, for example; patients hospitalized, their families would have to go to Knoxville. And a visit to the Knoxville hospital, now known as Eastern State, was depressing because there were so many people in the hospital. I was fortunate that Clement asked me to go up with him in his much talked about state airplane to Michigan to interview their governor who had established, apparently, an excellent mental health program. I was also delighted to find that the governor was "Soapy" Williams with whom I had rowed at college. This made for almost light "give and take" discussion, not only of the mentally ill, but the communities that had to provide for the mentally ill. It was a constructive meeting, and we came back to Chattanooga. Again because of the dedication, we might say, of the women to the Child Guidance Clinic, we got off to a good start on acquiring a mental health hospital.

617

End Tape 1, Side 1
Begin Tape 1, Side 2

[part of interview not recorded]

Mrs. Long was a person of substance and power in the community, respected, and backed by some garden clubs. This usage of the Bend seemed to her best. Moccasin Bend, at that time, was owned by Mr. and Mrs. Paul Carter. I began to talk to Mr. Carter at length about the needs and the possibilities of a mental health hospital out in the open. He was receptive. The community as represented by the county judge, the mayor, and the Chamber of Commerce came into the effort to establish the hospital. And this we did because of the joint effort at financing such an institution. It was to be a state hospital; it was to be board certified; it was to be as open as possible. And in general, the dream was to build a hospital that was not only contemporary, but fulfilled the potential of what was changing in mental illness.

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Mario Bianculli was selected as the architect, and he did what I think was a beautiful job; it was sufficiently unusual to be written up in a public vessel such as the Reader's Digest. The hospital has not only grown in its usefulness, it has made available the Winston unit to care for the long-term patients, the original hospital for the acute patients; there is a children's hospital and an adolescent hospital. This, now, over the years, constitutes Moccasin Bend. There is also, as part of the complex, an outpatient service very much like the original Child Guidance Clinic. This serves, as does Moccasin Bend being a state hospital, several of our surrounding counties.

053

The general acceptance of these facilities have been good. There is always the problem of financial service to such

(Johnson): institutions, but, so far, though there is a pending effort at deinstitutionalization -- the word deinstitutionalization is interesting because long psychiatric hospitals had been referred to as "institutions" -- which presents some very real problems in terms of patients out of the hospital not taking their medicine and not having proper support, there is a constant flow in the acceptance, the financing, the support of these particular illnesses, which I believe I've referred to before, as the most human of all illnesses.

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092

I think the community can be proud of the services available in these particular illnesses. There are, at this time, other and brave dreams for the whole riverbend complex. But I think it can be said that, architecturally, the hospital is a gem; its location is in the open; there is no hidden rejection of these illnesses, which is a further reflection of a community attitude. The churches have been most supportive. They have not only been supportive in the term of facilities, but have provided themselves more sophisticated and effective guidance programs.

One of the most important factors in the treatment of mental illness has been the development of what are referred to as psychotropic drugs; drugs, also, that have been effective in the treatment of depression. During World War I [i.e. World War II], we had the barbiturates. They were at times extremely effective in the beginning treatment of mental illness. Sometimes intravenous barbiturates would open up the opportunity for memories that the patient could not accept. A greater breakthrough occurred in the early fifties with the psychotropic drugs. They are now used on an outpatient basis. They are frequently prescribed to patients who leave the hospital to return to home or jobs. They have vastly added to the effectiveness of treatment in this group of illness.

120

There is still much to be learned, and there is much going on in the discipline of psychiatry in a variety of universities. However, we can say that approaching these illnesses as a matter of illness, sometimes genetic, sometimes precipitated by unusual intake of drugs -- drugs that have been useful in the treatment of mental illness have become street drugs to the detriment of society as a whole [and] is a real problem in our community as in others -- has been done by the caring people in Chattanooga in church, or as civilians, or as members of the local or state mental health institutions.

Chattanooga, in its background in this field over the last 20 years, has demonstrated an acceptance of mental illness. There is to be earned an acceptance of these illnesses as part of the human condition, no different from, let's say TB, because

(Johnson): Chattanooga at the turn of the century had a reputation for TB therapy. This was attributed to the mountains and the climate and other odds and ends. And I find it interesting in my life that my father and his associates started what was Pine Breeze Tuberculosis Hospital. This weaves in to the mental health centers. When chemotherapy largely wiped out TB, Pine Breeze was closed, then turned over to the psychiatric department as an adolescent treatment center. However, heating those old buildings was such that the state felt it was too high, and built a treatment center on Moccasin Bend for adolescents, which, interestingly enough, is called "Pine Breeze."

147

Popham: Joe, we've discussed this concept of a caring community, particularly as you found it when you came back from the war. [We've discussed] the awareness among so many people out of your particular community who sensed the idea that the returning soldier and his family were going to be a very important problem, something to be addressed with intelligence -- these extraordinary conditions under which these men had lived, then to return home, frequently to a child that had been born while they were away, and the adjustments that had to come. And consequently there was this move in effect toward a child guidance, what could really be done for the child? And I believe, as a matter of fact, that you started off with the Child Guidance Clinic. When you became acquainted with them and when you began to work with them, I would like to pick it up from there.

Johnson: Well, Johnny, you're right. I came back after serving as chief of psychiatry of the Vanderbilt Unit, a thousand-bed general hospital, most of the time in Naples, Italy. I came back to Chattanooga with the idea I'd practice internal medicine. I went ahead and studied for and took and passed the American Board of Internal Medicine, and was a member of that group of internists who specialized in internal medicine. But as you say, there was no psychiatric resource except the Guidance Clinic, and I was asked to help out there. I had noticed some of the problems in my own family. A daughter that was born when I was gone overseas, and whom I didn't see for well over two years really didn't know what to do with me when I got home. At supper one evening she asked her mother, "Did God make us?" And Margaret replied, "Yes, I think, he probably did." "Well," said this particular daughter, "what did God's mother give him to make us out of?" In short, here was a child that didn't know what in the world a father was to do. And I became associated with the Child Guidance Clinic simply because I had had considerable experience in psychiatry.

172

191

Popham: Joe, with that understanding there had to be additional steps, such as arranging for the facilities of the Chattanooga Guidance Clinic, the area of broad support. What sort of an organization was formed -- I believe it was called the Chattanooga Mental

(Popham): Health Association -- [these] people who had enlightened views and could translate this to the rest of the public and give it some direction. Could you describe here how that came about and what role you played.

Johnson: Well, it's an interesting thing because there was available a broad support in Chattanooga. I had a job of organizing what is known as the Chattanooga Mental Health Association. We had a broad background of support. In short, we had a service and we had a support group. Because we were the first in the state, the Chattanooga contingent was very active in establishing the Tennessee State Mental Health Association, again, a support group for the services that were available. Yet again, we were fortunate that in the administration of Frank Clement, he established a separate and independent department of mental health. This took the state hospitals, for example, out of the Department of Institutions, with the prison system, and established a support system for community clinics and the big state hospitals.

Popham: Joe, when you had the Chattanooga Guidance Clinic, where were you located at first, what additional moves did you make to bring about the fruition of the fulfillment of its purposes, and what sort of support did you receive from the public officials in the community?

Johnson: Well, the first and to me very interesting thing is that the Child Guidance Clinic was first housed in city hall and had the support of our Mayor Olgiati. As time went on, we had to move to the old hospital on Ninth and Central Avenue where, I believe, we were active in providing services for about a year. Meantime, we recognized that not only children, but their parents needed help, and the clinic grew from a child guidance clinic to a community health center, if you will, known as the Chattanooga Psychiatric Clinic. Meantime, we were looking for another place to live and were fortunate enough to have Mrs. T. L. Montague give us her old home on East Terrace. This made a splendid place for a clinic, and the clinic grew in staffing. While there, we had our first fulltime psychiatrist come aboard, and the clinic was supported remarkably by the community at large. Here again, we stayed for about a year or so and, meantime, set out to raise enough money to build a separate building near the Erlanger Hospital campus. There was a good deal of discussion [as to] whether it should be associated with the university or associated with the hospital system. I felt rather strongly that its identification as a medical facility should be recognized by association close to the hospital. We were fortunate enough to raise enough money to buy a lot across from Erlanger Hospital on Third Street, and to build, with the advice of Mario Bianculli, a building which has served us as the Chattanooga Psychiatric Clinic until

(Johnson): recent weeks when the name was changed to Fortwood Center. I was not particularly delighted with that because I think that things should be named for what they are, what they do, how they serve.

Popham: Joe, at this particular stage could you tell me what role Governor Clement played in expanding the vision and in giving you support and that sort of thing, and what your group, in turn,
271 at the same time, were doing for the rural areas in North Georgia, North Alabama, the counties bordering Hamilton County. In other words, the extreme enrichment and interaction of all the views together.

Johnson: Well, Johnny, we were fortunate in having a group that recognized this problem was not limited to Hamilton County. As a matter of fact, the increasing drug abuse problem laid this quite heavily on the total community. The treatment of drug addiction spilled over, you might say, to surrounding counties. The clinic for a time operated a bus to bring patients to, or, on occasion, take therapy to surrounding areas. It is interesting that since that early time many of these counties have developed their own mental health clinics and they are doing well.

Meantime, Frank Clement, as governor, took the state hospitals out of the Department of Institutions with the state prisons, and established a state department of mental health. I was fortunate to serve on that board as it was started and continued to serve for a number of years. Here we had an extremely bright and sensitive group of people who recognized that
298 the state hospitals were indeed hospitals. I was fortunate in visiting the three state hospitals and was very active in establishing here in Chattanooga Moccasin Bend Psychiatric Hospital. I was fortunate that the governor, the mayor, the county judge, and interestingly enough, my brother, Clay, who was president of the Chamber of Commerce then, all backed this undertaking.

Then there was the problem of acquisition. Again, I wanted the hospital out in the open. I felt that the secretiveness about mental health that had been part of the past should no longer exist. The battle to obtain a sufficient site on Moccasin Bend was interesting. It involved Mrs. Sim Perry Long who
316 wanted it for a park with a swan lake and riding trails, and those of us who wanted it for a psychiatric hospital. The latter group triumphed, as it were, and there was built on the Bend a hospital which the Reader's Digest referred to as "a most beautiful open hospital." Indeed it was and is an open hospital, where visiting is regular, where some patients have to be locked up, but where the majority in the intensive treatment center are patients as they would be in a medical general hospital.

(Johnson): In addition, during the support of the community, there
was developed the Nat Winston Building for elderly, emotional-
ly disturbed people; the Joe Johnson Mental Health Center which
is an outpatient service; a children's hospital; and an adoles-
cent hospital. All of these are grouped in an architecturally
338 acceptable way on Moccasin Bend across the Tennessee River from
the point of Lookout Mountain. I think they serve the community
well. On rare occasions, we can accept, with the governor's
permission, a patient from an adjoining county and, indeed, from
an adjoining state. This has made, I believe, the mental health
care acceptable to a large population who live close enough to
352 visit their loved ones when hospitalized, quite in contrast to
the days gone by when a patient would be sent to Eastern State
Hospital, really a very long drive from Chattanooga to Knoxville.

End Tape 1, Side 2
END OF INTERVIEW