Episode 137: Hogg and the Story of Texas (Transcript)

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Ike Evans: Hi, welcome to "Into the Fold," the mental-health podcast. I'm your host, Ike Evans. Today, we're delighted to bring you episode 137, Hogg and the story of Texas. But, first, some mental-health headlines. More than 500,000 Texas children were diagnosed with anxiety or depression in 2020, an increase of 23% from just a few years earlier. This is according to data released last week by the Annie E. Casey Foundation. This year's "Kids Count Data Book," an annual report by the Casey Foundation that looks at the well-being of kids, state-by-state and nationally, illustrates the harsh impact of the COVID-19 pandemic on children's mental health in the U.S. Nationally, there was a 20% increase from 2016 to 2020 in the number of kids ages 3 to 17 who were diagnosed with anxiety or depression.

In other headlines, qualified immunity limits police accountability when suspects or inmates are at risk for suicide. A recent story by "Texas Standard" explores the issue of qualified immunity, the doctrine that limits the liability of police and other government employees who violate the constitutional rights of citizens. The story quotes an expert, Nick Sibilla, writer and legal analyst for "Institute of Justice," who discusses a pair of Texas cases that the Supreme Court chose not to hear that show how immunity for police has increased the risk of suicide for mentally ill suspects and inmates. In both cases, individuals in severe mental distress lost their lives during a police encounter or while being held in jail. In both cases, qualified immunity served as a barrier to their families getting justice through the courts.

Finally, I'm delighted to tell you about our latest grant partner success story. The Montrose Center received $76,000 from the Hogg foundation as part of the Texas Communities Count initiative. The goal of the initiative was to encourage participation in the 2020 census by traditionally hard-to-reach and under-counted populations. The Montrose Center's Queer the Census campaign reached 76,000 individuals through in-person and virtual outreach, social media engagements, email, phone banking, and print and digital marketing. The success of the campaign increased the center's capacity for future large-scale

advocacy projects and strengthened relationships among Houston's LGBTQ+ advocacy organizations, establishing opportunities for ongoing networking and collaboration. Hats off to the Montrose Center and all of our Texas Communities Count grant partners for their wonderful work. Don't be left out of the loop. Subscribe to Mental-Health Headlines on the Hogg Foundation website. Get the latest mental-health news right in your inbox.

It should come as no surprise to anyone who's been following the podcast for a while that I am, at heart, a liberal arts guy. One of my main glitches is that I am sensitive to social and historical context. And being communications manager for a mental-health foundation feeds that vice very well. A number of times on the podcast, we have taken up the historical throughline of mental health as a concept and the role that we have played in its evolution.

Did you know that what we call mental health was once known as mental hygiene, an almost Bohemian concept for the time. In 2014, the Hogg Foundation commissioned a book, "Circuit Riders for Mental Health: The Hogg Foundation in Twentieth-Century Texas." And, this past summer, we teamed up with the Bullock Museum here in Texas to contribute to a summer's worth of programming on the history of mental health in Texas. Back in June, our own Dr. Octavio N. Martinez, Jr., and Dr. Bill Bush, author of "Circuit Riders for Mental Health," were the featured guests in a webinar presented by the Bullock Museum, which, with their blessing, I have made into a podcast for you.

Without further ado, I give you Doctors Bush and Martinez on Hogg and the story of Texas. And here we go.

Dr. Bill Bush: So I would like to get us kicked off here, Octavio, by asking you to kind of set the stage for this discussion by talking about the state of the state right now in Texas, with respect to mental health.

Dr. Octavio N. ...: Thank you, Bill. An easy question to ask but a really complex one to truly answer because this is such an integral part of our overall healthcare system and our overall well-being in communities. I know that we're all very much grieving in thinking about what happened in Uvalde, but it also brings up, then, other thoughts, right, like Santa Fe and, unfortunately, El Paso and even up at Fort Hood. I mean, these issues have affected the state of Texas in so many multiple ways.

And I think you're going to get us to that point, but I bring that up because it really does -- When it comes to the state of the state, it's also, what is our current -- the Texas psyche, and how are we being impacted by these issues? And it makes us think about, then, what is the state of the state of our mental-health system here in Texas?

And I'll start with pre-COVID because it's very important to recognize where we were pre-COVID. And it was almost like a decade ago or so that the state of mental health in America report had us ranked at 50th. So we were dead last, guys, and this is going back 10, 11, 12 years ago. And the state of Texas has been investing in advocates, in community members and folks with lived experience. Policy stakeholders who care about these issues have been working hard to try to move us up in the ranking by increasing what we have.

And so one of the things that I think we need to recognize is the investments we've been making in bolstering up the state hospital system, as an example, because our state hospital system being ranked 50th was pretty bad. It was dire. There were wards that weren't even able to be open because they were so dilapidated. And that was just not that long ago. Like I said, about 10, 11 years ago.

But recognition came and the legislature has allotted funds over the course of the last few legislative sessions to start to address that. But notice the comment I made, "start to address." It's not like we already have all these new facilities online. No. They're in fact being still built. The Austin State Hospital redesign, for example. In Bill's backyard, the San Antonio State Hospital is being redesigned. Rusk State Hospital is being uplifted. A new psychiatric facility in Houston, Texas, which is fantastic. A new one going to be built up in the Dallas area. Out in the hill country in Kerrville, upgrading that facility. All excellent investments in our state hospital system. And I will add that it's not just about upgrading the brick and mortar and making more beds but in fact also ensuring that we're instilling a continuity of care.

Now that's the state hospital system, but also, what we need to respect and understand is what needs to then happen in the outpatient setting, what we call the ambulatory infrastructure. And, there, we still have not made enough investments, I believe, to really bring us up. But the legislature also invested in using technology to reach different communities and especially recognizing, really after Santa Fe, the needs that we need for our children and youth mental-health perspective. And so the creation of the Texas Child Mental-Health Care Consortium is an example, to work with school districts but also to work with our primary care providers who do a great deal of the mental-health delivery in the state of Texas to children and youth and their families. And so putting that together was also a really key investment.

And if you looked before, pre-pandemic, we were starting to move up slow. We'd gone up to 49th, and then we were 48th. And then, the pandemic came along and really exacerbated and showed the deficiencies and the shortcomings still in our public mental-health system.

But there was another really important demographic dynamic happening throughout the state of Texas, is we've been growing so fast, guys. Stay with me here. So, state of Texas, we were really bad in the sense that we were ranked

50th when we came to mental-health services. We're doing everything we can to invest in and to improve that, making a little bit of a dent.

But, at the same time, we're an economic powerhouse. Folks are moving to the state of Texas, and we're outstripping our resources. So, pre-pandemic and right at the pandemic in the latest report, "2021 State of Mental Health in America" report, where are we back? We're back at 50th. So, when you take into consideration, you start at a very dire place, and you're trying to improve, and then you have tons of folks coming to move here for various reasons, most of them economic, it has left us back in a very dire place when it comes to the state of mental health here in the state of Texas, Bill.

Dr. Bill Bush: Thank you. And that's actually a nice segue to talking about the broader historical picture because the state of Texas has been one of the fastest-growing states in the country since the end of World War II. So that dynamic has really kind of been in place with some ups and downs for a long time.

I mean, the comments you made about the importance of not just updating and modernizing the hospitals but ensuring continuity of care with the community and ensuring that there are services in the community, those last two things are really what started the whole mental-health movement in the country in the early 20th century. Prior to the early 20th century, most Americans would never have accessed mental-health services in the community. The only way they would've accessed it would've been through a hospital. And the hospitals, which at the turn of the 20th century had names like lunatic asylum and insane asylum attached to them, were not exactly welcoming places, were not exactly places where people wanted to be.

Mental health was not something people talked about in polite society. If you had a loved one or a friend or a coworker who was experiencing mental illness, it was very stigmatized. It was something to be sort of hidden away from the rest of society. And so, while these places began with very good intentions, the science really wasn't there yet in the 19th century, when the first asylums and hospitals began to open up in the U.S. And in Texas, of course, the Austin State Hospital was the first in the state, the first west of the Mississippi, to open in 1861. And that was where people would've accessed care.

In the early 20th century, you began to have a movement calling itself the mental-hygiene movement, which then became the mental-health movement, which focused on the idea that many people who were in hospitals might not have really needed to ever go to a hospital if they had received care earlier where they were in their community, in their workplace, in their schools, in their regular lives. But because that kind of service just wasn't available in most communities, people who were experiencing mental illness, or stressors, or trauma would worsen gradually until they reached the point where they ended up having to go to a hospital. And so this idea of mental health really took hold in the early 20th century. Ima Hogg was one of the people in Texas who really promoted it, but it was promoted in other parts of the country as well.

That shift from the hospitals to the community is an important dynamic in the kind of broad history of mental health and mental illness. Hospitals in fact acquired a really negative reputation for a very long time, especially in the early to mid-20th century. World War II catalyzed this idea that people needed to be treated where they were, and they needed to receive care where they were. World War II did a lot to destigmatize mental illness, mainly because you had psychiatrists and psychologists treating soldiers near the battlefield and actually assisting military planners with coming up with strategies to mitigate trauma for soldiers.

In the post-war era, you began to see popular movies and popular culture portraying people with mental illness as human beings. The movie that won the Oscar for best picture in 1946 was a film called "The Best Years Of Our Lives," which profiled three returning World War II veterans and their struggles to adjust to civilian society. And it did explore the mental-health ramifications of their war experiences.

And so, spending on mental health began to shift away from large institutions and towards the community in the 1950s and '60s. That was really the heyday of the community mental-health movement in the 1950s and '60s, and so there was this sort of huge investment at the federal and at the state level in the 1960s in community mental-health clinics. So, again, very much along the lines of what you're saying we need now. Right? So we've kind of come full circle in many ways.

Ike Evans: So I'm going to jump in at this point, just to see if I can add a little bit of context to what Bill was just saying. First, there's the title of the book that he wrote, "Circuit Riders for Mental Health." The term "circuit writer" was adopted by the foundation's first director, Robert Lee Sutherland. It comes from the days when a preacher would go evangelizing from town-to-town, but instead of preaching religion, Hogg lecturers during the 1940s and 1950s spoke about the transformative and evolving field of mental health.

Most Texans in the post-depression era were unfamiliar with the terms mental health or mental hygiene. And so lecturers from the Hogg Foundation crusaded far and wide to spread the good word to their neighbors. And it was during his first three years as director that Sutherland himself gave some 460 lectures in 56 Texas communities, returning to some places several times. Sutherland recruited faculty and others to become collaborators and circuit riders, riding in cars, trains and buses to large cities and small towns, reaching some 135,000 people in 656 sessions over an 18-month period.

Now, the attack on Pearl Harbor on December 7, 1941 and the entry of the United States into World War II temporarily changed the focus of the circuit riders. So, to meet the needs of people experiencing new challenges, the foundation hosted seminars, workshops, and training sessions, assisting men in the military, their wives and children, and thousands of employees working in industry for the first time. By war's end, the foundation had worked with 2,000

groups and 152 communities, helping over 400,000 people. So the Hogg Foundation very much had a barnstorming personality in those early days that I think still stands apart or distinct from.

And then, starting at the end of World War II, the foundation began to look at military chaplains and the potential good that they might do as providers of mental-health services. In 1955, the foundation awarded grants to continue training military chaplains as mental-health counselors. Month-long training projects and funding for publications were provided. These seminars helped chaplains provide preventive counseling to stressed soldiers, and in return, the chaplain provided feedback about the types of mental-health challenges that soldiers encountered.

So all this in the earliest days of the Hogg Foundation, and as so many other things in this country, catalyzed by World War II and the impetus to try new things that was a hallmark of the country's wartime experiences. So, with that little bit of extra added, let's go back to the conversation between Bill and Dr. Martinez.

Dr. Bill Bush: Why don't we talk about the issue of access to mental-health services? So, in the 1960s, as the community mental-health movement was really taking hold, that issue of access was a huge driver. Most people, regardless of their socioeconomic, their racial or ethnic background, couldn't access mental-health services outside of a hospital. And so the idea of building clinics in communities, the idea of, as the Hogg Foundation did, sending experts into schools and into workplaces and into communities to assist in providing and developing those services for employees or for students or teachers or professors. So that is kind of where we are now again today talking about access.

Dr. Octavio N. ...: Oh, indeed, we are, Bill.

Dr. Bill Bush: I'll kick it back to you.

Dr. Octavio N. ...: Thanks. And I love the historical context because I think it's so important for us to realize, and we've heard this term before. As a historian, you know it better than I do, but if we don't learn from history, we're doomed to repeat it. And, unfortunately, that's what's happening again.

One of the outcomes of the community mental-health movement unfortunately was that it was never brought to full fruition. It wasn't fully funded. We didn't create the number of community clinics that our population needed on a per capita basis, which is unfortunate. And so, from then, I think we've continued to scramble, to try to keep up as we moved, which was the right thing to do, to depopulate these hospitals and realize that there's mental illness, and there's also mental health.

And, when we concentrate on mental health, especially in the outpatient settings, as you mentioned, also in settings we didn't think about initially, which was all about hospitals but not only outpatient clinics but also in the workplace -- That's an important area we spend a lot of our time in as folks. Our children in our schools because they spend a lot of their time there. So we're identifying where we, as human beings, where in our society we spend a great deal of time, so in fact, we can put into place programs and services that can move us into mental health because it's about prevention. It's about identifying.

It's about recognizing and also having, as you mentioned, the actual services once someone does need or have a mental-health crisis or issue, let alone, of course, if it also actually becomes an actual diagnosis and especially a chronic one, a chronic illness, something like, say, depression, bipolar disorder, or you mentioned our veterans, post-traumatic stress, all very important. And they can be taken care of in a public outpatient setting instead of waiting till the crisis sets in and folks end up in the hospital.

But, as you pointed out, we've come full circle, and access is a major issue. And access has been a big issue in the state of Texas where so many of our population in Texas don't have health insurance, let alone does the health insurance even have mental-health insurance components to it, what we now call parity. We've had the law in the books for quite a while, but in fact, we're still struggling in Texas and across the entire nation for those of us that do have insurance for there to be parity when it comes to taking care of us holistically, our full needs as human beings. The physical, the mental health, and the spiritual, in my opinion, all very important.

And of course, folks have heard, there's a way to try to expand that access through expanding Medicaid. Politically, it's a football. I totally understand that. But, when you take a look at some of our colleagues' states, states that are also conservative like Montana, Oklahoma, Louisiana, who've expanded Medicaid, and they are reaping great benefits in being able to increase access to care for their children, youth, and families and especially important different components like mothers with young children.

It also helps a great deal in ensuring that everyone has equitable access to care because the pandemic, if it showed one thing, it's how inequitable, unfortunately, our healthcare system continues to be. And so our Black Texans and our Hispanic Texans, unfortunately, and others. I have only mentioned two. I know a great deal of diversity that makes up the state of Texas don't have the access. And if you don't have the access, then what ends up happening? Two things. You wait until it's a crisis before you end up where? Usually the emergency room, which is a very expensive place to deal with a crisis instead of dealing with it earlier on, on an ongoing basis, if you have a primary care doctor.

Or, unfortunately, because it does happen more often than it should, and it happened historically, and I want to hear what you have to say about this historically, Bill, is you end up where? Interfacing with our police system. So you

end up in jail or actually incarcerated or, unfortunately, even in a prison. And those are not the places to be able to provide the kind of care that folks that are dealing with mental illness should end up being.

But going back to the state of the state, you have a fast-growing state, resources can't keep up. We don't have access for everyone to healthcare. We don't have the infrastructure ambulatory setting. Our state hospital system was crumbling, but we are repairing it now. Where, then, does folks end up? They end up in the jails, and boy, it's a sad state of affairs when you say that the majority of mental-health services in the state of Texas are being delivered where? Bexar County jail. Harris County Jail. Travis County Jail, Dallas County Jail.

But this is not a unique Texas issue because the same can be true of LA County Jail, Rikers Island up in New York, or Cook County up in the Chicago area. But that is just a real travesty because we end up losing lives because we've seen increased suicide rates in jail settings. And it's hard to blame the individuals when, in fact, it's a systems issue because we haven't put in the funding of the infrastructure.

And part of access is also having -- and we haven't mentioned yet -- but it's also a rate-limiting factor to all we're talking about, Bill and I, which is the workforce. We don't have enough of a workforce to be able to, in fact, take care of our population. Everything from psychiatric nurses, social workers, psychologists, including, then, of course, primary care doctors and then the specialists like psychiatrists, let alone if you need someone like a forensic psychiatrist, or for those of you that have children, youth, a child, adolescent psychiatrist, or for those that are getting older and gray, we need a geriatric psychiatrist. Those are really hard to come by. So we have so much work to do. But that all comes to play when it comes to being able to access the services that we need at a community level.

Dr. Bill Bush: And I can lend a historical lens to each of those topics. In the mid-20th century, both nationally and in Texas, there was a lot of work being done on workforce issues, on access,on equity and access issues. There are reports that state committees were doing in Texas that were complaining in the 1950s about the number of people in Texas who were getting psychology and psychiatry degrees and then leaving the state because they couldn't work. And so they had a shortage of experts.

In 1957, when the state of Texas adopted its first mental-health code, which was a really important turning point in the treatment of people with mental illness because, prior to that time, being committed to a state hospital was essentially a courtroom proceeding, and it was a criminal proceeding. And there weren't really standards of care set in the hospitals. There weren't procedural standards for being committed, voluntarily or involuntarily, to a hospital.

And so, in 1957, as the legislature was debating this, one of the most famous psychiatrists in America, William Menninger, came to the state of Texas and

delivered an address to a joint session of the legislature. And, for audience members who don't know what a joint session is, that means the House and the Senate were both there, so the entire legislature. And he delivered an address entitled Brains Before Bricks, which, as that title would suggest, he was exhorting them to invest in the workforce, the mental-health workforce. Don't build more hospitals. You need people to staff the hospitals and to staff the clinics, and you don't have them right now. He got a standing ovation, and the legislature adopted the mental-health code shortly after that, so it was a really important turning point.

With respect to access, in 1963, the federal government adopted the Community Mental-Health Act, which appropriated hundreds of millions of dollars nationally to build mental-health clinics in the communities around the country. And so the states received this huge federal largess to build mental-health clinics. And so, in the state of Texas, this triggered the formation of this massive, like, 100-person committee to develop a state mental-health protocol for these community clinics.

And the main recommendation that came out of that was to create a state agency, a single state agency -- excuse me -- to oversee the hospitals and the clinics in the state. And this became MHMR, Texas MHMR. But one of the things they did in the course of that was that they did a study of Texas to look at the number of hospitals and clinics that existed around the state. And they broke the state into five regions. Of course, they found that almost every region was dramatically underserved. There was one region out of the five that came back with exactly zero mental-health clinics and no hospitals. Guess what region of the state that was? The Valley.

Dr. Octavio N. ...: Rio Grande Valley.

Dr. Bill Bush: The Valley, the Rio Grande Valley had no clinics. And so the Hogg Foundation actually began supporting the construction of clinics, and it really ended up revealing the great extent to which mental-health services overlap with public health and with the concept of public health. And that's something I really would actually like to hear you talk about, the extent to which the way we talk about mental health is really -- It's a huge public health issue. Right? So I'm going to actually kick it back to you and let you talk about that for a minute.

Dr. Octavio N. ...: It is a big public mental-health issue, as it should be, because it historically has not been seen, providing mental-health services, as being a cash-generating component of healthcare. Right? So it's not procedural in general. There are a few procedures now through technology and advancement that psychiatry does have, but historically, it is not. It is more person intensive because it is such a unique part of our health that we're dealing with, our mental health, dealing with our psyche. And so it then would make sense that the issue should be in the public health arena, which is the public mental-health infrastructure, which is then all of us collectively putting money into the kitty to take care of ourselves, which is a very important piece of that.

And let me add, because that really brings up, so what happens to the psychiatrists that go into the private sector, right? And we are in a very unique economic microenvironment when it comes to psychiatry. And what I mean by that is, the supply and demand issues are well at play. The need for mental-health services, substance-use services, and intellectual- and developmental-disability services, let's put all of them together because all of them come to play on these dynamics, and they do impact our public mental-health system considerably, is that the demand is so great across the board that now they are willing to pay in the private sector large amounts of salary to get a psychiatrist on board.

So there's a limited number of psychiatrists that are being trained in the United States and especially here in Texas. That's changing but too slowly because, getting back to the demographic growth, we're still out-stripping the number of physicians, let alone specialists like psychiatrists, that we need. And what ends up happening is you can have psychiatrists who finish residency who decide to go into the private sector, put up their shingle, and not even take any health insurance and just get basically cash on the dollar for services because the need is so great. Right now the demand for mental-health services, substance use, IDD, is so great that that ends up happening.

It also means that our public mental-health infrastructure has to be competing with the private sector. So HHSC, Health and Human Services Commission, who oversees our state hospitals, as an example, it is really a challenge for them first to find the workforce, the psychiatrists and even psychiatric nurses and others, let alone be able to pay them a competitive salary now. So we are now in this really unique space that we normally hadn't seen before when it came to psychiatry. And depending on which side you kind of land on, you're going, "Woohoo, this is great. I'm on the gravy train." Or, you're in the public health sector, going, "Man, I am overworked. I'm overburdened." People are getting stressed out, burned out. The pandemic has accelerated all that and put more burden on our public mental-health system as well as on our public health system.

Dr. Bill Bush: So are you saying that there are a lot of vacancies right now basically because they can't hire because of the competition from the private sector?

Dr. Octavio N. ...: Definitely.

Dr. Bill Bush: Wow.

Dr. Octavio N. ...: But there is enough in the pipeline to be able to also reach out and bring them on board. And so that's right, Bill. So it is a very unique space to be in at the very time that we actually do need a robust public mental-health system. And I think it's very indicative when we take a look around our communities.

Let me mention one thing when it came to access that I failed to mention, but it's so important because you mentioned about Texas and geographically different. Our rural Texans are hurting tremendously. Even though now we do have a community mental-health center and a local mental-health authority down in South Texas, the Rio Grande Valley, the Mexico-Texas needs -- That border is also very unique.

And that's what also makes Texas actually quite unique and challenging, is we are so different. We have huge swaths of rural and in some cases pioneer areas that don't have hardly any services or zero at all. No psychiatrists, no psychologists, no one. And then, you have our huge urban metro areas like Dallas, Houston, now Austin and San Antonio and El Paso. But we also have these very unique demands and needs as the diversity of Texas grows.

Ike Evans: We hope that you enjoyed that conversation. Along with this episode, I've included a link to the full, unedited webinar, courtesy of our friends at the Bullock Museum. If you're interested, go and check it out. Our journey into the Hogg Foundation's role in the story of Texas doesn't end there.

In our last episode, I introduced y'all to Adrian Fowler, the first Black program officer to work at the Hogg Foundation. I promised that we would check in on her again in this episode. She was with the foundation from 1974 to 2001 and is now retired in Austin, Texas. She was kind enough to allow us to visit with her to get her reflections on the past and present of mental health.

To start, here she is talking about her formative years and her early interest in the sciences as a way to improve people's lives. What past experiences shaped you and led to your interest in mental health?

Adrian Fowler: Well, it's really interesting. I was a biology major, chem math minor in college, and I never did any social science stuff. And my mother kept saying to me, "Adrian, you need to take some sociology. You need to take some psychology. You need to learn how people work and get a little more social. That lab and that library is not going be good companions all of your life." And so, in grad school, on my master's, I took a psychology course, and that was kind of interesting. And then, I took an ed psych course. I had just taken a course. It was of course offered at Cal State Northridge, I think it was. I took that course, and I pretty much didn't think about it anymore.

I was not pursuing a degree or a job in mental health at all. Period. I've worked in the pharmaceutical industry. I've taught high school, junior high, college, adult ed at the community-college level. But I never really wanted to teach either. I was really either wanting to go into medicine or into research, an MD PhD or whatever.

But I never could focus on anything, so I just kept working. And, as a guy told me, I was in a Rockefeller program back in '67 to '69. We were talking, and I told

him how confused I was, how scattered I was and all. And I said, "I'm not having any problems with my coursework or anything, but I just can't see my career. I just can't see it." And so he told me that I was basically pretty young and what I needed to do, and I'd never really had a job-job. I'd been a TA in undergrad school teaching biology lab, and I'd done some substitute teaching when I was looking for work and stuff like that. But that was all.

So, anyway, I just never. And what I finally figured out was that my desire to be in medicine or whatever came from the fact that my youngest brother was born with a vascular defect. He was born in '47, and they couldn't figure out what it was. It affected him in a number of ways, neurologically and so forth. So I guess he became my patient when I was like 10, and I always wanted to be part of him getting better. And that led me to pursue biology, chemistry, all of those kind of courses I would take in order to go to med school. And got into the Rockefeller program, and that helped some to kind of focus me a bit, but it still didn't help me with this desire that I had and what I thought was a calling to go into medicine. But my desire was to fix my brother.

Ike Evans: Now here she is talking about what led her to the Hogg Foundation in the mid-1970s.

Adrian Fowler: So, I can't say that I was ever interested in -- I was always interested in people. I was always interested in the way things worked, but I wouldn't say that I would've seen myself doing anything in social science or in sociology, social work, any of that. None of that. That was not part of my interests or preparation at all. And so I was kind of a generalist, more or less. I was interested in the Hogg Foundation and what it did and how it did what it did more so than I was trying to become an expert in mental health, if that makes any sense.

Ike Evans: When did you first arrive at the Hogg Foundation?

Adrian Fowler: Well, my grandmother died in January of 1974. They interviewed me during the month of January, and they wanted to offer me the position right then. And then, they started talking money, and I'm like, "Y'all are joking, right? I'm sorry, but I wouldn't pack my bag for a weekend trip for that kind of money. No, thank you." And the guy looked at me, Wayne Holtzman looked at me like, "Who is this woman?" So, anyhow, I was there from 10 o'clock in the morning to 6 o'clock at night.

Ike Evans: Wow.

Adrian Fowler: Can you believe that? Wayne Holtzman had the personnel office held open for me to go update my applications. I'd always had an application in the biochemistry research area because whenever I'd come home for summer or whatever, I renew my application and look for positions. And I was always told I was under-qualified, or over-qualified. When I got the master's degree, I became over overqualified. And they found this creepy, old, dirty resume that

somebody in Austin had had because I'd always bring a resume and drop it off with my major professor when I'd come home.

Back then, we had to use carbon paper. We had to type it. There was no copying and all of that. So my parents would always say, "When you travel, travel with a suit. I don't care what kind of trip you're going on, travel with a business suit, and travel with a fresh copy of your resume. Period." And I was so anxious to get home when my grandmother died that I had my business suit. I had a dress to wear to the funeral, but I didn't have a resume. And when that came up, I said, "Oh, my God, I don't have a resume."

And mother and daddy said, "Well, we gave the one you left here to somebody else." Da, da, da. But, anyhow, they called me in March. Wayne called me in March. I hadn't heard anything from him, and I had forgot. I literally had forgotten about it. I went back to work and was doing what I was doing, and he called me one Saturday morning at seven o'clock, Los Angeles time. We talked, and he wanted me to come for the spring for the national advisory council meeting. And I asked him about when they were going to send the ticket. And he said, "Oh, no, we can't do that. We aren't permitted," da, da, da. And I said, "Well, I don't travel on my own money. You want me to take time off from my job and pay for it. No, I don't think so."

Ike Evans: Right.

Adrian Fowler: "So if you really want, want to be there, there'll be a ticket either in the mail or at the airport when I get there. But, unless I hear from you with that having been done, you won't see me until I come to accept the job, to start the job,' which was on August 1. So that's that. And again, I wouldn't call myself -- I have no background. I'm curious. I'm interested in people. I like to know how things work. I like to know what causes things to happen and how you fix it. So that's the long answer to your short question. I'm sorry. I took more time than you wanted.

Ike Evans: For this last segment, Adrian shares how she got past that awkward beginning at the foundation and settled into a nice groove as an executive assistant program officer for the time that lasted for the next 25-plus years.

Adrian Fowler: And I asked him for the job description. They didn't have one. And then, he said, "Well, write your own. Do your own work plan. You decide what you want that job to be. You build that job." And I looked at him, and he said, "Pay attention. Don't talk right now. Just pay attention. Think about what I've just said." And, by the time I woke up the next morning, I had a purpose. And I had told him, I gave him 12 months. I said, "I really don't know. I'm not sure that this is something I want to do for a long period of time, so I'll give you 12 months, and at the end of 12 months, let's talk."

So, 12 months came and went, and Wayne sent for me and wanted to know. He said, "Well, what are you going to do?" And I said, "About what?" And he said, "You said you'd only give us 12 months, so what are you going to do?" I said, "Oh, I'm having way too much fun. I'm learning way too much."

Ike Evans: Yeah. Yeah.

Adrian Fowler: "I'm here for the time being. I'm here for the time being, so don't worry about how long I'm going to be here. Just give me what I need to do what I'm doing. And that's all I said and said, "Thanks for asking." And I left the office and went on back to my office, but that's what I did. I built that position. I defined it. I organized it. I put people in place that could teach me what I needed to know.

Ike Evans: What you just heard was just a fragment of a much larger conversation, more than could be used for this podcast. I am hoping that we will be able to find ways to mine my conversation with Adrian for future content to come. So stay tuned for that.

Before we close, I just want to congratulate our newest Ima Hogg Scholarship recipients. This is part of our larger goal of improving the mental-health workforce in Texas with a focus on schools of social work in Texas. You can find the full announcement on our blog at hogg.utexas.edu.

And now some closing thoughts. I would not be able to take these detours into our history were it not for the remarkable work of Elizabeth Stauber, our in-house archivist and records manager. The Hogg Foundation has boxes and boxes of stuff that we've collected over the decades, enough to fill an entire room in our building.

Elizabeth has been the driving force in bringing archival norms and best practices to bear on the organization and storage of our stuff. I think it's really important for people to understand that the things that the Hogg Foundation has been saying lately about mental health in everyday life, social determinants of mental health, all of that wonderful phraseology, strongly suggests an alignment of priorities between the work of philanthropy and that of the archive's profession.

I would go so far as to say that there is a fateful connection between the memory work of archives and the community, health, and well-being imperatives of the Hogg Foundation. The ability of people and communities to document their history and to then turn that documentation into stories that make the case for who they are, what has happened to them, and what they now need is an important part of individual and community resilience, and its absence, a key indicator of trauma and injustice.

Our State Hospital Archives Project, which is being led by Elizabeth, is an example of how we are offering up our archival know-how as part of the larger

effort to improve mental-health systems in our state. I have included a link to a blog post about the State Hospital Archives Project, and there will certainly be more to come about the project on this podcast. But I hope that the point has been well made that there is, in fact, a deep connection between archival practice and community well-being. And the work that we've been doing is far from the only evidence of that, so I encourage everyone listening to just learn as much about the links between archival practice and community well-being because there's burgeoning scholarship and conversations happening within the archival profession on this issue and that, indeed, our own Elizabeth Stauber has been making some very terrific contributions to.

So, stepping off my soapbox, that does it for this episode. We're glad that you could join us. If you have comments on anything or would like to share anything about the podcast, feel free to reach out to us at intothefold@austin.utexas.edu. Comments will be acknowledged during a future episode. Production assistance by Anna Harris, Darrell Wiggins, and Kate Rooney. Leave us a review, and subscribe to us on the podcast app of your choice. Thanks for joining us.