

Regional Oral History Office
The Bancroft Library

University of California
Berkeley, California

Joel Fort, M.D.

PUBLIC HEALTH PIONEER, CRIMINOLOGIST, REFORMER,
ETHICIST AND HUMANITARIAN

With an Introduction by
Dorothy Smith Patterson

Interviews Conducted by
Caroline C. Crawford
in 1991, 1992, and 1993

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Copy no. _____

Author's Foreword

THE ORAL HISTORY OF JOEL FORT, M.D.

doctor, professor, author, consultant,
husband, father, friend, mentor,
crusader, witness, philosopher,
social artist, therapist/clinician,
minister, mediator, problem-solver.

"Whether I shall turn out to be the hero
of my own life, these pages must show."

-Unknown

"When those weak houses of our brittle flesh
Shall ruined be by death...
What can we leave behind us...
What memorable monument can last,
Whereon to build his never blemished name,
The good endeavors of deserving praise,
But his own worth, wherein his life was graced."

-Shakespeare

Cataloguing information

FORT, Joel (b. 1929)

Public health official

Public Health Pioneer, Criminologist, Reformer, Ethicist and Humanitarian,
1997, xvi, 322 pp.

Early years in Ohio, 1929-1945; Ohio State University, University of Chicago, and medical school at Ohio State; early civil rights work; Center on Alcoholism (Alameda County) and the 1964 Supreme Court decision re public employees; campaigning for Congress in 1962; United Nations and World Health Organization assignments; teaching in the UC Berkeley Criminology Department; founding pioneer organizations in the 1960s and 1970s: Center for Special Problems, National Sex and Drug Forums, National Center for Solving Special Social and Health Problems (FORT HELP); participating in the Playboy panels; expert witness in the Manson, Hearst, Corona, Robert Alton Harris and other cases from the 1970s to the 1990s; teaching ethics and conflict resolution. Includes an interview with Maria Fort.

Introduction by Dorothy Smith Patterson, President, Unitarian
Universalist Service Committee.

Interviewed 1991, 1992, 1993 by Caroline C. Crawford, Regional Oral
History Office, The Bancroft Library, University of California,
Berkeley.

ACKNOWLEDGEMENTS

The Bancroft Library, on behalf of future researchers, wishes to thank the following persons and organizations whose contributions made possible this oral history of Dr. Joel Fort.

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Harry and Doris Wolf
Richard Wolfe
Judith Wyatt
Helen and George Yoshida

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INTRODUCTION by Dorothy Smith Patterson

Joel Fort and I have been together in some unlikely as well as likely places. We met in the early 1960s during his campaign for Congress and his long but successful campaign to change the Hatch Act, restoring to civil servants the political right to run for elected office. I learned then that a sense of mission and personal responsibility are guides to his character and his activism. We subsequently found ourselves dancing at The Establishment, a members-only London disco, visiting Abeokuta Community Mental Health Clinic in Abeokuta, Nigeria, at the opening of a National Gallery of Art show in Washington, D.C., witnessing at antiviolence and social justice rallies throughout the San Francisco Bay Area, and sharing family gatherings in celebration or in the sorrow of loss.

Joel Fort is medium tall, well built with a clean-shaven face and head, has a direct gaze and open face that often breaks into a quick smile. He greatly enjoys humor, has a joke always at the ready, and breaks into laughter upon hearing a good one. Joel hosts gatherings that are marked by gourmand delights prepared by his beautiful wife, Maria, and unusual guests whose unique lives, interests, and perspectives on personal, literary, public policy, moral, and philosophical issues make for the most stimulating evenings. Visual and performance arts and culture are part of the personal pleasures in which he indulges. These include the enormously entertaining shirts, ties, and hats that Joel acquires in all parts of the world and has the courage to wear.

We share a deep commitment to human rights and social justice, a vocation in the health professions, an involvement in international and domestic issues that affect the human condition, and a penchant to pursue adventure in mundane and magnificent settings. We share our Ohio origins which promote duty, perseverance, thrift, and honesty, while at the same time opposing puritanical conservatism and biblical judgmentalism.

My view of Joel Fort has emerged from shared civic, social, and international interests and activities. I served on the board of FORT HELP (the Center for Solving Special Problems) for a brief period. We spent many evenings with our spouses, Charles and Maria, celebrating birthdays and anniversaries in the company of other good friends and all too irregular recreational weekends. We have had conversations over a thirty-five-year period about his childhood, professional life, spiritual sense, and efforts to increase the human potential.

Joel attended Ohio's integrated public schools, was in the school marching band, and played basketball. His I.Q. scores publicly placed

him in the genius category and generated scholarships to support college study. His early years, distinctly shaped by his family, one particular civics teacher, and mastery of academic challenges, set his life course. He said he lost his illusions about the national culture early on and began questioning and rebelling against authoritarian positions and demands. Joel's sense of ethics and rationality developed in his teens, created a sense of inner-directedness, and laid the groundwork for the loner/leader/ creator role his life has followed. Examples are his promotion of anti-violence concepts and actions and his administrative efforts to create organizational structures and processes that enable rather than constrain people. Throughout much of his life, Joel has had a fascination with more than one discipline. He has brought conviction and consistency to his health care ministry, his teaching ministry, and his social justice ministry.

The usual descriptions of physician-teacher do not fit Dr. Joel Fort. How many physicians can claim to have driven a redefinition of drugs, to include alcohol and tobacco, or to have eliminated hierarchy in health care delivery systems, or to have provided for shared leadership roles and recognition in work settings, or to have pioneered the acceptance of violence as a public health problem?

How many teachers can claim to have added to the knowledge base on productive ways to work with the poor, the drug abusing, and the socially different, or to have promoted a ban on smoking before the harmful effects were known publicly, or to have created a pledge, adopted by many, against violence and hate, or to have developed a course on how to be good in the midst of evil?

How many physicians or teachers can claim to have created a department to recognize, define, and treat special social and health problems, or to have created an organization for the prevention of violence and cruelty to people, or a course to teach alternatives to the moral corruption that exists in society?

In his search for the "perfect organization, the perfect person, etc.," Joel manifests a religious preoccupation and an indomitable commitment to morality, truth, and fairness. While he acknowledges the human condition with all its frailties, temptations, and compromised resources, he has consummate faith in the ability of people to be humane and to behave accordingly. He has invested in humankind's issues and answer-seeking. His seminary studies at the Graduate Theological Union are evidence that religion is not an isolated segment of his experience, but that he relates to the whole spectrum of life. He has been shaped by and contributed to a rich period of American social change, and his legacy includes the institutional programs and concepts that have endured. He continues to find satisfaction with the creation of guides to help us to live with honor and to be in reality what we appear to be.

His social activism and his professional contributions have occurred at some personal cost. He experienced physical assaults in school for outspokenness during his early years and threats to his life for court testimony and positions taken as an adult. He has attracted controversy and criticism from professional and bureaucratic institutions which put at risk his financial security and professional status.

Throughout the years I've known Joel, he has never been motivated by greed for affluence or personal power, although those motives have been productive and popular in our culture in recent times. Social justice impulses stir deep in his soul, impulses eddying and surging like tides around a lighthouse. I sometimes imagine Joel as a lighthouse, alone but solidly grounded in courage, conviction, compassion, and vision. He has rarely been strongly supported by colleagues or bureaucrats, nor has he been fully understood by the public. And he has had many of his creative, original ideas subsequently promoted by and credited to others.

Joel continues to distinguish himself by his efforts to educate and to shape relevant public policy to influence the impact on individual lives and on our society of drugs, crime, and violence, the increase in incarceration rates, exploitive consumerism, and other societal issues. He continues to be the dissenting intellectual and crusader addressing the contradictions that occur when ideals conflict with the realities of organizations, politics, and law.

Although currently plagued by compromised health, Joel lives a very active life, enjoys a loving, supportive family, an enormous number of friends who respect and admire his work, good food, a lively discussion. He is great company and awesomely honest, frequently caught with his humanity showing. I think you will find Joel's oral history as compelling as his life continues to be.

Dorothy Smith Patterson, President
Unitarian Universalist Service Committee

April 1997

INTERVIEW HISTORY--Joel Fort

Joel Fort became one of the country's most outspoken crusaders for social justice in the 1960s. At the time he was active on many fronts, teaching the country's first course on sex, drugs, and violent crime at the University of California, Berkeley, in the Criminology Department and Extension; creating social programs such as the Sex and Drug Forums, the Center for Special Problems, and FORT HELP; crusading on radio and television and in the press for reform of private and public bureaucracies; fighting for and winning the right of public employees in California to participate fully in politics on their own time.

Fully trained as a psychiatrist and psychologist, Dr. Fort decided against a conventional practice, choosing instead to practice what he calls "sociatry" and so applying himself to the full range of social problems in a troubled society, and to people who could not afford private practice fees.

Dr. Fort likes to say he is a member of the "Society of the Plain and Possibly Unattractive," but the impression he gives on first meeting is of a strong, imposing man with equally strong and imposing ideas who literally wears his causes on his chest. Dr. Fort is not afraid of advertising his convictions--he invariably wears buttons and caps bearing a line of advocacy. Supporting his unflagging social activism, which has won him death threats and personal assaults, is an ebullient sense of humor and a ready font of knowledge that springs from prolific reading and thinking.

The Regional Oral History Office, recognizing the significance of Joel Fort's career, asked him to record his life story in 1991, and a full-length oral history was begun. The twelve interview sessions were tape-recorded during the months between November, 1991 and March, 1993. The interviews were held in the Library of the Graduate Theological Union in Berkeley where Dr. Fort was taking courses at the time and in the Fort home, among ceiling-high stacks of books, magazines, and other reading material that occupy much of his time when he is not writing, consulting, or lecturing about such topics as ethics and the principles of conflict resolution.

The interviews make up a full life history focusing on the 1960s, when Dr. Fort was recognized nationally for his social programs dealing with drugs, sex and violence and his crusades against unethical and irrational behavior in public and private bureaucracies.

Also documented here are some of the more than five hundred court cases and congressional committees for which Dr. Fort has served as consultant and/or expert witness, including the Manson, Hearst, and

Corona trials, the House of Representatives Crime and Narcotics Committee, and the U.S. Senate Juvenile Delinquency Committee.

Maria Fort's ancillary interview documents the remarkable teamwork and devotion of a forty-six-year marriage to a man often persecuted for his beliefs and the frustrations and triumphs occasioned by the pursuit of these. Very independent in their careers, when together Maria and Joel Fort display a sense of joy and commitment to each other that is rare.

Maria Fort and two of their children transcribed all the interviews, a long and cost-saving task. For help with fundraising for the project, we are grateful to B. E. Witkin, prominent legal scholar/author and philanthropist; Dr. Owen Chamberlain, Nobel Laureate; and Dorothy and Charles Patterson, civil rights activists; all close personal friends of the Forts, and to the many donors to the project. Special thanks go to Dorothy Patterson too for her introduction to the volume.

Dr. Fort reviewed and edited the transcripts substantially, adding materials to several chapters and inserting favorite quotations in the text. Because the transcript was substantially reordered, there is no tape guide, although tape breaks are indicated in the text. The result is an accounting of the life of a remarkable man and a decades-long campaign for tolerance, ethical behavior, and nonviolence in society.

The Regional Oral History Office was established in 1954 to augment through tape-recorded memoirs the Library's materials on the history of California and the West. Copies of all interviews are available for research use in The Bancroft Library and in the UCLA Department of Special Collections. The office is under the direction of Willa K. Baum, and is an administrative division of The Bancroft Library of the University of California, Berkeley.

Caroline C. Crawford
Interviewer/Editor

September 1997
Regional Oral History Office
The Bancroft Library
University of California, Berkeley

After graduating from Ohio State University at age 18 with majors in Philosophy and English, Joel Fort won an academic fellowship for the Ph.D. program in clinical psychology at the University of Chicago. He went on to earn an M.D. from Ohio State University followed by internship and residency training in medicine and psychiatry. Dr. Fort's professional career has been divided between interdisciplinary teaching, writing, consulting, lecturing, and treatment (mostly in programs where he has donated his time). He specializes in the problems of conflict resolution (including mediation/arbitration), crime and violence, drug abuse (alcohol, tobacco, cocaine, heroin, etc.), sex and relationships, and humanizing bureaucracies. Additionally, he has been an independent human/civil rights activist since 1955.

A university faculty member since 1962, Dr. Fort taught courses in criminology, social welfare, and sociology on the Berkeley, San Francisco, and Davis campuses of the University of California. At Golden Gate University, he taught Conflict Resolution, and Ethics in Government and Business. He has taught University of California Extension courses since 1959 on such diverse topics as the world of the future, love and hate, literature and psychology, sex, and drug use and abuse. He also teaches the Independent Study courses Sound Mind, Sound Society: Social and Mental Health, and Managing Conflict and Stress; and the U. C. Extension course, Ethics of Personal Behavior.

Dr. Fort has written eight books, including The Pleasure Seekers, Alcohol: Our Biggest Drug Problem, and To Dream the Perfect Organization, and published over 100 articles and book chapters in both scientific and general publications. He made the televised films "The Unreasonable Man" (PBS) and "To Make a Start in Ending Violence" (KPIX); several TV and radio series; and the U.C. audio tapes, "Love, Hate, Anger, and Violence" and "Minds on Trial."

Starting in the 1960s, Dr. Fort created a series of public programs to help people with a variety of social and health problems, including the Center for Special Problems and Fort Help in San Francisco, which were the first programs in the country for treating all drug problems, sex problems, crime, suicide, etc. He has consulted and often testified as an expert in some 500 criminal and civil cases, including the Harris, Manson, Hearst, Corona, Leary, Kemper, and Lenny Bruce trials or appeals. As an expert witness, public spokesman, and litigant, Dr. Fort has repeatedly fought against injustice, abuses of power, intolerance against women and minorities (lifestyle, race, religion), and abuses by criminal lawyers and psychiatrists. His landmark Fort vs. Alameda County (1964) decision from the California Supreme Court has freed more than a million public employees to run for office, support candidates, and exercise freedom of speech. As a Social Affairs Office for the United Nations, Consultant to the World Health Organization and Peace Corps, and invited lecturer, he has traveled in 90 countries and all 50 states, and has lived for extended periods in Paris, Geneva, Bangkok, New York, Chicago, and Seattle.

In 1982 in Kyoto he received a medal for his scientific contribution from the Japanese Society of Neurology and Psychiatry, and in 1960 a key to the City of Sydney, Australia for his pioneering work on alcohol abuse. In 1987 he was one of 200 U.S. adults participating in the American-Soviet Walk protesting nuclear weapons and the arms race.

Dr. Fort has been married for 46 years and has three children. Among his many avocations are reading, watching films, playing chess and tennis, and helping others. Presently he is also a part-time student at the Graduate Theological Union focusing on a universal religion (ethics) and its application to problems of evil, hatred, and violence; and active in the Unitarian Universalist Church.

JOEL FORT, M.D.
P.O. Box 42-0950, San Francisco, California 94142
(510) LA-5-50-50

EDUCATION

B.A., Ohio State University, 1948 with major in Philosophy, English, and Pre-medicine

Completed course work and language requirements for the Ph.D. in clinical psychology on academic scholarship, University of Chicago, 1948-1950; and Ohio State University, 1951-52

M.D., Ohio State University, 1954

Internship, U. S. Public Health Service Hospital, Seattle, Washington, 1954-55

Residency in psychiatry (also drug abuse, penology, etc.), U. S. Public Health Service Hospital, Lexington, Kentucky and Herrick Memorial Hospital, Berkeley, California, 1955-58. Completed Board eligibility.

Dozens of post-graduate courses in social and behavioral sciences, philosophy, psychiatry, sexology, addiction, theology, literature, etc. at University of California Extension, Graduate Theological Union (Berkeley, California), and elsewhere, 1959 to present.

MEDICAL LICENSURE:

State of California, 1957, #G4270
National Board of Medical Examiners, 1955

ACADEMIC APPOINTMENTS:

Professor, Division of Criminal Justice, California State University, Sacramento, 1984 to present; teaching "Prisons," "Confinement," and in past, "Drugs" and "Stress."

Instructor (Professor), University of California, Berkeley and San Francisco Extension, 1959 to present (with interruptions), teaching "Ethics of Personal Behavior" and "Murder and Its Victims." Past courses taught include "Sex, Drugs, and Society," "Love, Hate, Anger, and Violence," "Literature and Psychopathology," and "Youth and the Future."

Also for Independent Study, University of California, two current courses, "Sound Mind, Sound Society" and "Managing Conflict and Stress."

PAST APPOINTMENTS

Senior Adjunct Professor, Graduate School of Public Administration, Golden Gate University, San Francisco; teaching "Conflict Resolution," "Ethics in Government and Business," and "Planning, Developing, and Evaluating Public Programs."

Lecturer (Professor), School of Criminology, University of California, Berkeley; teaching "Sex and Crime," "Drugs and Crime," and "Rehabilitation of the Offender." Also taught in the School of Social Welfare, University of California, Berkeley, and School of Nursing, University of California, San Francisco, concurrently.

Lecturer, Department of Sociology, University of California, Davis; teaching "Deviance" and "Social Problems"; and Department of Biology, San Francisco State University; teaching "Man, Society, and the Environment."

OTHER PROFESSIONAL POSITIONS (NON ACADEMIC)

Consultant on social and health problems, Lecturer, Author, Mediator, Lay Minister

1980s: Staff Psychiatrist, Forensic Services, Solano County, and Medical Director, U.S., Public Health Service Facilities and New Mexico Forensic Hospital.

- 1969 - 1978 National Center for Solving Special Social and Health Problems -- FORT HELP, and the Violence Prevention Line, Founder and Co-leader
- 1968 - 1970 Mobile Help (Health and Social Welfare) Unit, San Francisco Economic Opportunity Council, Founder and leader
- 1968 - 1970 National Sex and Drug Forums, San Francisco, Co-founder and Co-director
- 1965 - 1967 Center for Special Problems, San Francisco Department of Public Health, Founder and Director
- 1964 - 1965 Division of Narcotic Drugs, United Nations, Geneva, Switzerland, Social Affairs Officer,
- 1963 - 1964 World Health Organization, Geneva, Switzerland, Consultant (in Asia)
- 1959 - 1964 Center on Alcoholism, Alameda County Health Department, Oakland, California, Director

Consulting Appointments:

World Health Organization (see above)
 U.S. Senate Labor and Public Welfare Committee
 U.S. House of Representatives Narcotics Committee
 Peace Corps
 Office of Economic Opportunity
 National Student Association
 Menninger Foundation
 San Francisco Sheriff's Office
 Mendocino (CA) State Hospital
 Minneapolis Health Department
 San Diego Health Department
 California Medical Facility, State Department of
 Corrections
 Government of Thailand
 Canadian Commission on Non-Medical Use of Drugs
 U.S. Commission on Marijuana and Drug Abuse
 Playboy Magazine
 Ford Foundation
 Johns Hopkins University, Department of Social Relations

 Australian Council on Alcoholism
 Alameda County (CA) Probation Department
 Glide Memorial Methodist Church, San Francisco

EXPERT TESTIMONY AND LEGAL CONSULTING

Main expert witness in the F.D.A./D.E.A. hearings on the scientific evidence for scheduling (classifying, restricting) Librium and Valium, Quaalude, marijuana (including medical uses), and amphetamines.

Also invited expert witness on drug use and abuse for hearings by U.S. Senate Labor and Public Welfare and Juvenile Delinquency Committees; U.S. House of Representatives Crime and Narcotics Committees; Alaska, Texas, Nevada, California, and other state legislative committees; Canadian Commission on the Non-Medical Use of Drugs; U.S. Commission on Marijuana and Drug Abuse; Republican National Committee; Boards of Supervisors and City Councils; and numerous courts nationally reviewing the constitutionality of the marijuana, cocaine, or other drug laws.

Consultant and often expert witness in more than 400 criminal and civil cases (since 1959) involving murder and mass murder (called by the prosecution in several Manson cases, and numerous others) bank robbery, attitude change ("brainwashing"), drunk driving, mental illness, drug effects, etc.

PAST PROFESSIONAL MEMBERSHIPS/ORGANIZATIONS

American Association for the Advancement of Science
 American Psychiatric Association
 Northern California Psychiatric Society (Chair,
 Committee on Therapy)
 American Medical Association
 Alameda Contra Costa County Medical Society (Chair,
 Committee on Alcohol and Drug Abuse; and member,
 Ethics Committee)
 American Public Health Association
 International Society for Criminology
 Academy of Religion and Mental Health, East Bay, CA
 (President)
 National Council on Alcoholism, Alameda County, CA
 (Chair)

PAST COMMUNITY/PUBLIC SERVICE ACTIVITIES

Committee on Health Care, Alameda County Council on
 Social Planning (Chair)
 Committee on Aging, Contra Costa County Council on
 Social Planning (Chair)
 Bishop's Committee on Human Sexuality, Episcopal
 Diocese of California
 Committee on Social Issues, Association for Humanistic
 Psychology
 Education Committee, Consumers Cooperative, Berkeley
 (Chair)
 Unitarian Fellowships, Lexington, KY, and Berkeley,
 CA (Program Chairman)
 American-Soviet Walk Against the Arms Race
 Berkeley Review (Weekly Newspaper), Berkeley, CA
 (Vice President)
 California Rehabilitation Center, Department of
 Corrections (Advisory Board)
 Centro de Cambio, San Francisco, CA (Board of
 Directors)
 Youth Advocates (Huckleberrys for Runaways) San
 Francisco, CA (Board of Directors)
 Foundation for Mind Research, Pomona, NY (Advisory
 Board)
 Berkeley Committee for Fair Housing, Berkeley, CA
 (Board of Directors)
 Books Unlimited Cooperative, Berkeley, CA (Board of
 Directors)
 Northern California Committee on Africa, San
 Francisco, CA (Board of Directors)
 American Civil Liberties Union, Lexington, KY (Founder and
 President; member, State Board)
 President, Berkeley Democratic Club, and candidate for U.S. Congress

BOOKS, FILMS, TV, ARTICLES

Books Authored:

The Addicted Society, Grove Press, New York, 1981

To Dream the Perfect Organization, Third Party Publishers, Oakland, California, 1981

Sound Mind Sound Society, University of California Independent Study, Berkeley, California, 1977

Youth: Sex, Drugs, and Life, Yearbook Medical Publishers, Chicago, 1976

American Drugstore: A (Alcohol) to V (Valium) (co-authored with C. Cory), Little, Brown, Boston, 1975

Alcohol: Our Biggest Drug Problem, McGraw-Hill, New York, 1973

The Pleasure Seekers, Bobbs-Merrill and Grove Press, New York, 1969

Drugs, Mental Health, Crime, and Society in Asia, World Health Organization, Geneva, Switzerland, 1963

Films, Television Series:

Whats It All About!, a 64 program (30 minutes each) public affairs series on human history, biology, social problems, culture, future, etc. Produced and shown on KPIX-TV, San Francisco and Westinghouse Network

Help If Your Problem Is ----, a 12 program (30 minutes each) series on KQED-TV, San Francisco, dealing with a different social or health problem each week

The Unreasonable Man, a one hour 16 mm. film on bureaucracy and ways of revitalizing institutions; Made with KQED-TV and the National Endowment for the Humanities; shown nationally on P.B.S.

To Make a Start in Ending Violence, a 30-minute 16 mm. film depicting the results of a workshop/encounter between police and revolutionaries (originally a one-hour KPIX program), Psychological Films, Orange, California

Heroin, Bailey Film Associates, Santa Monica, California

You Can't Grow a Green Plant in a Closet, Zip Productions, Mill Valley, California

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The New Sexuality, H. Otto, Ed., Science and Behavioral Books, 1971

Education in a Dynamic Society, D. Westby-Gibson, Ed., Addison-Wesley, 1972

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"The shortest and surest way to live with honor in the world is to be in reality what we appear to be." -Socrates¹

"The great man is he who does not lose his child's heart."
-Mencius

I EARLY YEARS (YOUTH), EDUCATION, AND MARRIAGE: 1929-1959

##²

Family, Environment, Illness, Giftedness, Persecution,
Rebellion, College at Fifteen, Graduate School, Medical School--
Ohio State University and the University of Chicago--Learning,
Marching Band, Basketball, Courtship and Marriage to Maria--
Internship and Residency, Paris, San Francisco

Crawford: Let me begin by asking you about your first memories.

Fort: My first memories are of illnesses I had as a small child and vague memories of closeness to my mother and early reading interest. I taught myself to read when I was five and I was forbidden to keep the lights on past a certain time. And then, in some subsequent years, I would often read under the covers with a flashlight. So I began a pattern of omnivorous reading, bibliophilia, and library use at an early age.

I became aware that I had--I don't know if I thought of it as more--but a different kind of ability than other people had. I could learn more quickly and school was fairly easy and often boring. And also, although I'm sure I didn't call it this at

¹"By their quotes ye shall know them." -Joel Fort

²## This symbol indicates that a tape or tape segment has begun or ended.

that time, I became aware of a nonconforming or rebellious aspect of my nature, which was manifested mostly by my questioning teachers and parents and seeking reasons, seeking understanding of things.

Crawford: I know you were born in a mill town in Ohio. Would you give me the name of the town?

Fort: Yes, it was a small town in eastern Ohio that was practically a suburb of Pittsburgh, where my mother came from. It was Steubenville, Ohio. It was on the Ohio River, and it was mainly famous as a gambling city and all the things associated with that, including a prostitution area near the river and this "wide-open" history. That had been mostly closed down by the mid-thirties. I'm not sure whether it was from a moral standpoint or because of the Depression. I, perhaps symbolically, was born at the onset of the Depression in 1929 and grew up during a period of hard times. I was not aware that it was particularly different from other towns. The mills and the soot were actually in nearby towns like Weirton, West Virginia.

Crawford: Your parents' names?

Fort: My mother's name was Ann and father, Rael.

Crawford: And did you know your grandparents?

Fort: Yes. I knew three of the four of them. One of them had already died. But I was not close to any of them. I saw them irregularly except during some childhood summers I worked in my mother's parents' Pittsburgh grocery store.

Crawford: Where did they come from originally?

Fort: I believe all of them came from Russia.

Crawford: So you're 99 percent Russian.

Fort: No, 100 percent American--[laughter] If not universalist.

Crawford: Any siblings?

Fort: I have one sister who is six years younger. And she lives in Canada.

Crawford: How about your parents' professions?

Fort: My mother, at the time she married, was studying to be a concert pianist and was very talented. Then she spent many years as a housewife but went on to become a speech therapist and expert in arena theater, arena staging. She wrote a thesis for her master's degree on that and also studied psychodrama with the Morenos, who were the pioneers in developing psychodrama. Then she did speech therapy in the local schools.

Crawford: What was arena theater?

Fort: Arena theater is a concept that I think Stanislavsky was involved in developing. The audience sits surrounding the stage. She studied the history of it and its use around the world. She was very interested in music and we would go to musicals (Victor Herbert, Sigmund Romberg, et cetera) together. I think my early love for music stemmed from my mother's exposing me to it.

Crawford: And your father was a podiatrist, wasn't he?

Fort: Yes, but before that he did a number of different kinds of jobs to survive during the Depression. He was an athlete in high school, football and basketball. He encouraged my interests in sports, particularly basketball. But his career was odd jobs, postal clerk, other things that I don't remember and then going to podiatry school, which at that time was called chiropody. The profession was called chiropodist.

Crawford: Was he from Ohio as well?

Fort: Yes, he was born there and my mother was born in Pittsburgh.

Crawford: So that when they married, they moved to his town.

Fort: That's right. But we would visit Pittsburgh often. It was only forty miles away.

Crawford: Where did he go to school?

Fort: I think it was the Chicago College of Chiropody, but it may have been Cleveland.

Crawford: And how young were they when they were married?

Fort: I think he was in his late twenties and she was in her early twenties.

Crawford: How about their politics?

Fort: Then or now?

Crawford: Then and as you were growing up. What was the political climate in the home?

Fort: I don't remember any extensive political discussions. In part, my memories are lacking because I left home when I was fifteen to go to college and in part because of the passage of eons of time since then. But they were both Democratic as far as I recall, voted Democratic.

Crawford: So politics wasn't a big part of your early years?

Fort: No, no it wasn't.

Crawford: How would you describe your relationship with both of those parents?

Fort: Strained.

Crawford: Strained?

Fort: Yes. My father tended towards authoritarianism and physical punishment for disobedience and not just for disobedience but for doing things that one shouldn't do, in his judgment.

Crawford: Like what?

Fort: Spanking, strapping, hitting, and paddling.

Crawford: In anger?

Fort: Yes, in anger. And my mother tended towards overprotectiveness.

Crawford: You were closer to her?

Fort: I was much closer to her intellectually and emotionally.

Crawford: How did that relationship play itself out when you were very young, just in terms of your life? Was she at home after school, that sort of thing?

Fort: Yes, she was home. I took piano lessons from her. I read a lot. But I don't think there was a great deal of open discussion about things. My father worked long hours and I would see him mainly at night and on weekends. I'd work with him on chores around the house, sometimes reluctantly, like carpentry work, mowing the lawn, things like that.

Crawford: How about your sister?

Fort: She was always much younger. And by the time I left home at fifteen, she was only nine years old so that we did not do many things together or have a very close relationship. After we both became adults, we've gotten to know each other much better.

Crawford: Was giftedness openly recognized in your school?

Fort: In the schools, yes, in terms of skipping grades, but there was no special attention or program as there is now. I don't remember much about whether my parents took great note of it. They must have taken some, because the schools recognized it enough to have me skip grades. My father particularly encouraged that. My mother thought it would not be good for me socially in terms of relationships with other children. But he sort of pushed me and accepted the school's plan. I finished three years early, I think, all together.

Crawford: How did you feel about that, being so much younger?

Fort: I have no specific memory of how I felt when I skipped the first time, which I think was the fourth grade. I think I went from the third to the fifth grade. I'm pretty sure I felt uncertain about it at first but pleased at the recognition of my ability. As I grew older, it became a source of pride to me that I was always the youngest person in my classes, including my medical school class of 150. This took some adjustment as I grew older and it evened out. In my activities I was no longer the youngest person and then as I grew still older, I was often the oldest person in some of my activities rather than the youngest.

Crawford: Did that affect your love of tennis?

Fort: I didn't play tennis as a child. I took that up about fifteen or twenty years ago. I played basketball a great deal. I loved basketball and I used to play several hours a day. My father put a basket up on the garage and I'd play alone and with neighboring children. Then I went out for the high school basketball team and was a reserve on the second team.

Crawford: You didn't feel that your age was a factor or it was a hindrance to you?

Fort: Being younger than the others, I was less physically able, but I don't think I was aware of that at the time. I was mainly aware that I had to practice a lot. I had to learn to use my left hand as well as my right hand to dribble and to shoot. And I felt anxious about playing. I was very self-conscious. When I

got in the games, it was usually for a short time. But I don't know what would have happened had I been sixteen, seventeen, and eighteen and still in high school. I probably would have been able to make the first team.

In college I did go out for the team at one of the top athletic schools in the country, Ohio State. I was cut after one week and then played intramural basketball where our team won the championship in our league. So I continued to play, but the band was my main extracurricular activity in high school and college.

Crawford: What was your instrument?

Fort: Clarinet. I was in the high school marching band and I was in the Ohio State marching band at the time when it was one of the top two or three.

Crawford: What do you remember about teaching yourself to read?

Fort: Only that I did it. I only remember reading and loving to read and later using libraries a great deal. Even as a child, I would go to two different public libraries. I won a reading contest one summer by reading the most books during the summer. Got a free mechanical pencil.

Crawford: What was your home library like?

Fort: Fairy tales, science fiction, and all the Horatio Alger, Tom Swift, Nancy Drew, and Bobbsey Twins books. Also magazines like Boy's Life and Action Comics (Superman, Batman, et cetera), which I had from the first ones.

Crawford: Were your parents readers?

Fort: They both read but I don't remember particular books that they read or their encouraging me to read particular books. Nor did I have special encouragement in school. There was no program for gifted children, or I might have advanced more rapidly and learned more than I did. I'll never know.

Crawford: Was it a classical kind of education in the school?

Fort: You mean classical in terms of studying Greek and Latin?

Crawford: Yes.

Fort: Oh, no. Oh, no. It was just an average Midwest, small-city public school system. We couldn't afford private schools or

anything like that. It was just an average public school system with an occasional good teacher and most of them average or below average.

Crawford: A white community and white school?

Fort: White schools with an occasional black person but very few.

Crawford: Was it a working class community?

Fort: Lower middle class, I guess; a combined neighborhood of lower class and lower middle class. Then eventually, as times improved, as the country came out of the Depression, just average middle class not lower middle class.

Crawford: How about religion in the family?

Fort: I was always a rebel against religion. I remember at six questioning the existence of God and refusing to participate in religious ceremonies. One of my parents felt it was important for cultural reasons to participate in the Jewish religion. And the other one was more of a skeptic. I was never interested in or accepting of Judaism. I always thought it was rather foolish in its beliefs and rituals, as were the Catholic rituals of some friends.

Crawford: How was it practiced in your family?

Fort: It was not particularly practiced except at times of special religious holidays. My mother had more intellectual questions about it but was less questioning of it in practice. And my father questioned it in practice but felt it was important to go along with it.

Crawford: Because of belonging to the community?

Fort: Well, I think it was mainly because he had a number of brothers that believed in it. And he didn't want to go against family tradition.

Crawford: How did you deal with it?

Fort: With a lot of arguments and sometimes physical punishment.

Crawford: Were there close aunts or uncles in the early years?

Fort: I wasn't particularly close to aunts or uncles, but intermittently there was one uncle that I did some things with, went to movies with, occasionally talked about books with. Or

he would even lend me a book occasionally. He was an uncle who became a lawyer and a federal commissioner and also served in the military during the Second World War, first as an enlisted man and then as an officer. I visited him while he was on active duty in Washington. I remember that. But in part because I left home when I did, to go to college, that did not continue either.

Crawford: Were there teachers or other people in the community who meant more to you?

Fort: Yes. Yes, I had two particularly good teachers in high school. One was a math teacher and one was a civics teacher, as they called it. Mrs. May and Mr. Hughes. I found them both very stimulating and was very highly motivated in their courses. In those courses where I was interested, I always got an A. In the courses that I found boring, I sometimes got a C or once even a D. I was also influenced by the basketball coach, Mr. Ellis.

Crawford: Were there cousins? Were you close to cousins?

Fort: No. There were some cousins but I was never close to them. I did not share any interests with them. There were just a couple of them. My mother didn't get along with any of the brothers' wives. She was a much more cultured and intellectual person.

Crawford: What were your parents' expectations for you?

Fort: To become a doctor.

Crawford: Both mother and father?

Fort: Yes, but my mother less so.

Crawford: What kinds of things did you do as a family together? You went to concerts with your mother.

Fort: The thing I remember most going to with my mother were musicals, Broadway musicals on tour, particularly in Pittsburgh or Wheeling, West Virginia. But I'm sure we went to other kinds of concerts and theater performances too. I just don't have a specific memory for that. I went to many movies, usually on Saturdays, for a five-hour combination of two features, cartoons, serials, and newsreels.

Crawford: What activities did you do as a family? What would you do on weekends?

Fort: Well, we worked around the house. I remember that. Occasionally we went to an amusement park in Pittsburgh; Kennywood. Sometimes to local parks. But I think--my memory's vague about it--but I think we would listen to the radio, individually read and not particularly engage in family activities. But I may have forgotten.

Crawford: What did your friends do?

Fort: I had a number of friends of all backgrounds--not of all backgrounds--but with a variety of social and economic and religious backgrounds and we would play basketball. Before that, a variety of kinds of games, marbles, hide-and-seek, baseball, swimming, Monopoly, and even mah jong for a short period.

Crawford: How about chess?

Fort: I didn't learn that as a child either. I took that up later.

Crawford: What was Steubenville like as a place to grow up in and what was the population then?

Fort: I recall it as being around 40,000. It could have been thirty. Small-town life, rather dull, polluted, and a place that I wanted to get out of as soon as I could.

Crawford: You were aware of that.

Fort: Yes.

Crawford: What memories do you have of the Depression? How did that affect your family?

Fort: I think we always had enough to eat. But it was very stressful for my parents at times to make ends meet. But I don't think there was specific suffering as a result of it. Just that things weren't easy. But not that things were perilous in any way.

Crawford: What about the people who worked in the factories?

Fort: There was a lot of unemployment but I wasn't personally aware of that. I learned about it later.

Crawford: You didn't see soup kitchen lines?

Fort: No, no. I didn't.

Crawford: Was that sector of the population separate from where you lived?

Fort: Yes, there were three general sections to the city, as I recall. Two of them were built on hills and one was on the flats. And the poor part of the population lived on the flats. They weren't big hills like the Berkeley hills but it sort of separated the areas. And middle-class people tended to live in one of these two hill areas and poor people on the flat land. But when I walked to school or walked around, and in high school, I would encounter a variety of people and I remember one very poor family that lived not far from us where I would play with the children.

Crawford: How poor?

Fort: They lived in a small shack. I just remember that it was small, poorly furnished and they seemed to have very few possessions. But other than that I don't know.

Crawford: Had your family, going back, ever been involved in the steel mills?

Fort: Not that I'm aware of. One of the family might have worked there, but I'm not sure.

Crawford: When did the Forts come from Russia?

Fort: In the nineteenth century. They rarely talked about it. In fact, I asked my father recently and he couldn't remember what part they specifically came from. Both of my parents were born in America.

Crawford: Were all four grandparents born in Russia?

Fort: Yes, but I don't know where.

Crawford: They came through Ellis Island.

Fort: Yes.

Crawford: Why did they settle in Ohio? Was that a big Russian colony at that time?

Fort: It's a good question. I have no idea. I don't know why. My guess is they must have known somebody there, or had a relative. That seems to have been the pattern, that you went where you knew somebody who might be able to help you make a start.

##

Crawford: Do you like to talk about your childhood?

Fort: No, there was a lot of unhappiness, but I think you have a right to have answers to your questions if you think they're relevant, because it's not fair for me to control the interview.

Crawford: The things that I'm mostly interested in about this period are your giftedness and your rebelliousness. Let's start with the latter. Where do you think it came from?

Fort: I think it came from two things. One was the authoritarianism of my father. And one was being stereotyped as a member of a religion that I was not a part of and being persecuted by other children for that or for being gifted, for being smarter than they were.

Crawford: You mean Jewishness.

Fort: Yes, right.

Crawford: What forms did that take?

Fort: Name-calling, taunting, shaming, being beaten up frequently. Just acts of cruelty and violence on both those grounds. It made it doubly hard because I felt no identity with that religion. I assume that had I been a deep believer in it, that would have given me comfort or even made me feel like a martyr to a cause. But since I questioned it myself, it made no sense to me. It seemed like just a totally senseless act of violence. I was also teased and taunted when I began wearing glasses and maybe for braces on my teeth. In later years I was self-conscious about progressive baldness, although when I now look at pictures of me in my teens and twenties, I was handsome without realizing it.

But probably over the years, more for being intellectually advanced than for the other but both together contributed to it. You started to ask me something interesting earlier that you dropped. It was about girls.

Crawford: I mentioned that, yes.

Fort: Yes, you never gave me a chance to answer. I was certainly interested in girls and I still remember some of my early kisses.

Crawford: How early?

Fort: Oh, I don't know. Must have been somewhere between nine and twelve. But I'm not sure. At parties where they would play a game called spin the bottle, the rules for which I don't remember now, or other games where you would go off into a closet or another room and get a kiss.

I remember the first girl I was in love with was in third grade. Her name was Betty Lou Brand. I still remember the way she held her head as she sat at a desk a couple of rows in front of me. Then I remember the girl I first kissed, Roseanne O'Donnell. She lived in the same house I did. There were three apartments. We had the bottom half of the building and there were two apartments upstairs. As you said, because I was younger than others, I was probably more insecure with girls than the average child or adolescent is, although I'd have had no way of comparing it.

Crawford: Did you date later in high school?

Fort: Yes, but not often. I remember doing things with other couples but I think that because I was with seventeen- and eighteen-year-olds, I probably didn't. And also because I was insecure about asking for dates or what to do when you're on a date. But even though I was still younger, I remember after going to college, I did date and overcame, to some extent, my insecurity around women, all of whom were always older than I was.

Crawford: Were you aware of being an individualist?

Fort: No, I don't think I was aware of it. I was aware of having some gifts and of learning things quickly and perhaps being interested in more things than most people, but I didn't think of it in that particular way.

I certainly was aware that I was different in some ways, and I'm not sure of this but I think my reaction to it was to try to seem not different as much as I could, to try to be accepted rather than to heighten the differences or emphasize them. Probably basketball and the band played some role in that. These were common activities that were not seen as unconventional but actually just the opposite. And except in the classroom, probably most people would not be aware of the differences because there wouldn't be occasion to talk about things that would reveal differences in vocabulary or range of knowledge. It reminds me parenthetically that one of the things I was very good at as a child was spelling. I won most spelling bees throughout school. So I guess as we go along I'll remember other things like that.

But later on, of course, my individuality and a quality of rationality came to be jointly expressed in a variety of ways. For example, I did not join fraternities or specialized organizations. When I went to France as a student for the first time at nineteen and hitchhiked around, I hung out with a group of intellectual anarchists, French anarchists, but was never attracted to their program.

When I went to the University of Chicago at eighteen on a fellowship, I began to have friends who were black, friends who were homosexual, and some women friends. Also a few faculty members there and at Ohio State were friends. It didn't require any special effort on my part. I think in part because I was much more accepting of other people that were stigmatized in various ways and sympathetic to their plight.

Even in my teens the roots were present of the qualities that would make me a pioneer in trying to reform the way our society deals with out-groups and minorities, sexual or racial or religious. Unlike some people who come from a particular kind of religious or racial background that they reject, I certainly never became intolerant of that particular group but rather much broader, evolving the philosophy of trying to advance all people rather than one narrow group on a sectarian or ethnic or racial basis.

As an example of that, I remember in the sixties at gatherings of homosexuals I would stress that while seeking their own freedom, they should also be concerned about other people's freedom. Until all people could be treated with tolerance and dignity, none of us would be truly free. That's still not a popular message. People are still much too selfish about getting something for their group but not for other groups. Thus many Jews speak only of the Holocaust of six million Jews without showing compassion for the other five million who were murdered in death camps; or for past holocausts of Armenians, Native Americans, Africans, et cetera.

Crawford: Were you aware of homosexuality before all of this in, say in the fifties?

Fort: Yes, in the late forties at the University of Chicago, and in Greenwich Village. I had some interesting experiences. In 1949, while traveling in Europe, I met a young American artist from New York, Ken Laurence. We were sharing a room one day and he did what is now called "coming on to me." That happened on two other occasions later on, I think once with a student at Ohio State and even earlier, with a student at the University of Chicago. I simply indicated that I wasn't interested. I knew

very little about it or about sex in general except from reading (D. H. Lawrence, Henry Miller, et cetera). But what I particularly remember was it didn't horrify me and neither one of them was pushy about it. They just accepted that I wasn't interested in that kind of thing.

Crawford: It didn't affect your friendship?

Fort: No, no. They accepted it. But the most notable thing to me is that although I didn't think of it at that time, I didn't have any learned hatred or intolerance for them. The same thing with black people. I began to have black friends at an early age. In fact, my best friend in medical school and my student and laboratory partner was one of the two blacks in a class of 150. And he's still my friend. He visited us last week and stayed here.

Crawford: You mentioned that in Steubenville there was gambling and prostitution. Were you exposed to that at all as a very young child?

Fort: No. Remember I said that as far as I can recollect the gambling had closed down. I can't remember whether I ever walked down the street which I believe was called Water Street, where the prostitution places were supposed to be. But I certainly never patronized them and don't remember seeing people called prostitutes walking the streets.

Now as far as the gambling goes, they had mostly been closed down, but the gamblers from there went to Las Vegas. When my father moved to Las Vegas later I met some of those gamblers because they were friends of his.

Crawford: Was he a gambler?

Fort: No. Not that I'm aware of. He knew them because they came to him professionally for foot care as he was the best in town, always keeping up with new developments and procedures.

Crawford: You mentioned that you had illnesses as a child. We should cover that briefly.

Fort: Well, most of them were when I was very small and I don't have a specific memory, but I'm told I almost died from double pneumonia, meaning both lungs were infected. I remember a very severe case of whooping cough that lasted an extraordinarily long time.

My lungs were probably somehow weakened by that, because I do have some difficulty with breathing when I walk uphill or when I run more than a very short distance. But that may also be from chronic allergy, chronic hay fever.

Crawford: Were you bothered with that?

Fort: Yes, I had a lot of problems with that, particularly in the Midwest where they have heavy ragweed. I had terrible hay fever seasons. Then I had the usual childhood things; measles, mumps, and chicken pox, and I had an appendicitis operation and a tonsillectomy as a child. I remember being in the hospital for both of those.

Crawford: What was memorable about the illnesses? Most weren't grave illnesses.

Fort: Well, the most serious one was when I was an infant with pneumonia. I guess I remember that mainly in the context of all the remarkable chance things that lead to any of us being where we are now and doing what we're doing and the fact that I survived. There were also various assaults as a child, including being hit with rocks, a bike accident, and being hit by a drunken driver while driving the family Buick.

Crawford: How about the war? How did that affect your family?

Fort: Shortages.

Crawford: You remember rationing?

Fort: Yes, rationing. I remember I had a vegetable garden. People were organized around the country to plant small vegetable gardens to grow some of their own food.

Crawford: Victory gardens.

Fort: That's what that was called. And I remember paper drives, collecting newspaper, and scrap metal. I remember being a paperboy during that period, delivering papers early Sunday mornings. My father was a civil defense warden and I would go around with him. Another activity of mine was scouting when I was a child. But I rebelled against that, too, after I got to be a Life Scout at thirteen. I never went on to finish the Eagle Scout [program].

Crawford: What other things? You mentioned the religion. You mentioned Boy Scouts. What other things did you actively rebel against?

Fort: Well, parental authority and parental aspirations. Some teachers who abused their power.

Crawford: You became a doctor.

Fort: Yes, but that was mostly despite them, not because of them.

Crawford: What do you mean?

Fort: That had a lot of chance factors going into it. My college majors, my main interests, were philosophy and English from fifteen and a half to eighteen.

Crawford: When did you graduate?

Fort: I graduated at age eighteen but I never went to graduation ceremonies in college or high school. In high school I finished enough course work so that I didn't need to take the senior year, and I'd skipped a couple grades before that and just got admitted to college without attending a graduation service.

But to go back to how I became a doctor. I was interested in literature particularly. But I also took pre-med courses. So in effect, I had a triple major. My adolescent dream was to be a playwright. I was already very interested in writing and in the theater. But I had some interest in medicine from my illnesses, and from the many books, fiction and nonfiction, I read as a boy about medicine.

Crawford: Had you done some writing?

Fort: No, no.

Crawford: Had you written for the journal, school journal or anything like that?

Fort: At college, yes. I was on the yearbook staff. But I hadn't done any extensive writing. I was president of a film classics club in college and was very interested in film. I knew a lot about films by my late teens. Part of that literary artistic dream was related to my going to Paris when I was nineteen and hitchhiking around Europe but mainly living out of a sixth-floor single room in a small Left Bank hotel for \$4.50 a month rent.

Crawford: This was because you were too young to go to medical school?

Fort: In part, but it was after I was accepted at the University of Chicago, after I won an academic fellowship there, not quite a Rhodes scholarship but one that paid all my fees for two years.

It was during that time that I went off to Europe for several months. I'd finished pre-med at seventeen and I got my bachelors degree from Ohio State in philosophy and English at eighteen, and went off to graduate school there majoring in clinical psychology and finishing the course work and language exams for a Ph.D.

Crawford: That was the Hutchins era.

Fort: That's right, but I never met him then. I subsequently did meet him when I was invited once to the Center for Democratic Institutions in Santa Barbara, where I gave a seminar on bureaucracy. I had a nice conversation with him then.

Crawford: What was your impression of him?

Fort: Very favorable. At the time I went to the University of Chicago I still remember the student newspaper, which was called The Maroon, had a headline: "Is Hutchins god?".

Crawford: What was the climate there like?

Fort: It was the most stimulating, intellectual climate I've ever experienced. It was, like many things in my life, something that I should have taken better advantage of. It was very tolerant and very permissive educationally. You weren't required to go to class but were expected to study on your own. Sometimes I and many other people would stay up all night talking and having what we thought of as very learned and animated conversation or going to lectures, plays, and concerts. I would at times walk all the way on the south side of Chicago from where the university was to the black neighborhoods of the city to go to jazz clubs, or even walk all the way downtown. But more commonly we'd take the Elevated.

Crawford: You heard a lot of jazz?

Fort: I developed a strong interest in jazz at that time.

Crawford: Were you still playing?

Fort: No. I was never more than an average musician, average in terms of a performer, perhaps superior in terms of a lover and appreciator of music.

Crawford: So that was a contrast with Ohio State?

Fort: Ohio State had a number of good teachers, too. But it was not nearly as intellectual--it's hard to compare. If I had been

eighteen and nineteen when I was at Ohio State, I might have been more intellectually involved. But I did do a lot of things at Ohio State: the marching band, the Arts College Council, the student yearbook, and intramural basketball after I got cut from the varsity basketball team. Although I tend towards what used to be called introversion, I was always socially active also. Not in terms of the social changes I later became involved in, but doing things cooperatively with other people and not just things on my own.

But at Chicago there was a tremendous diversity of things available, day and evening. Columbus, of course, I had never liked. I wanted to get out of there as soon as I could, too. It was just a big small town, while Chicago was full of art and music; the city itself and the university. There were a lot of very bright people there that I associated with.

One of the friends I made there has remained my friend and now lives in Washington, D.C. He went on to become the assistant secretary of education. He's an economist and educator. I made some other interesting friends, too, but we didn't keep up.

Then I got accepted to medical school at Ohio State and I had to make a career decision. I would have had to wait one more year to get accepted to medical school in Chicago. By that time I had decided that I did have my own interest in medicine, that it was a career where I could do a lot of good. I had no well-formulated plan about what direction to go in after I got my M.D. But the idea of healing and of helping was attractive to me and learning more about the brain and the body, and about disease and its cures was of interest to me. Rather than wait a year and have to pay twice the fee at the University of Chicago as I would have to pay a year sooner at Ohio State, I accepted the opening at Ohio State.

Crawford: How did it come about that you applied to University of Chicago?

Fort: I had heard what a stimulating place it was and for reasons I'm not fully aware of, I was never attracted by Harvard and Yale, probably because the roots of my anti-elitism were already present, whereas I was very attracted by the diversity and intellectual reputation of Chicago, including the fact that it had abolished football. It was the only major university that dropped intercollegiate athletics, and I admired that.

Crawford: Were there fraternities there?

Fort: I'm not sure but I think there were. I think they were there but de-emphasized.

Crawford: Talk a little bit about your time in Paris in 1949 and what that represented to you.

Fort: Well, two cities had always attracted me from my early teens, San Francisco and Paris. I thought of staying in Paris when I was there, and I falsely thought, as many people do, by simply going there or by going to Greenwich Village, that makes you an artist in the broad sense. In my case, a literary artist, which is what I wanted to be. So, it was the cultural and literary aspects, the history, that attracted me. The opposite of guilt by association: achievement or creativity by association. Of course it's not true, but I think I believed it at that time. It becomes a substitute for doing something yourself.

I was tempted to stay there but it was lonely, I didn't speak the language, and I had two illnesses while in Europe. I took the path of least resistance with communication. It wasn't that I associated with Americans primarily. I knew very few there. But the French students and artists I associated with wanted to practice their English more than I wanted to practice my French. So I never perfected the language, although of course I began to understand it some and to read it. It got better in later years with more visits to Paris and living in Geneva.

Crawford: Did you write plays?

Fort: No, never wrote a play, but I wrote my first nonfiction at age twenty-one, an article on Lorenzo da Ponte, the librettist of Mozart's Don Giovanni and Marriage of Figaro, two of my favorites.

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Fort: Something I thought of during our break in the interview was that there was exposure to a lot of ideologies and that my skepticism about dogmatism, whether in religion or political organizations, became more evolved and more apparent. I remember going to a couple of meetings at Chicago of Students for a Democratic Society, which was an ultra-liberal group; and the Anarchist Society in Paris.

I also remember that I had met a husband and wife who were active members of the Communist Party while I was in Columbus at Ohio State. I was very skeptical about organized Communism and saw it even then as an extreme kind of religion and

totalitarianism and something that I certainly didn't want to be any part of. I never joined any of these groups nor any political, religious, or social group that wasn't open to everyone.

At Chicago, the early civil rights organization, CORE, was active. I remember that I joined in their boycott of barber shops where barbers would not cut black students'--then called Negroes--hair. I would not go to any of those barbershops, but I was not an active participant in organizing that. I hadn't yet developed the social commitment and direct personal involvement, or courage and initiative, that later came to be an important part of my life.

In Columbus in my teens and certainly later at Chicago, I had some early interest in the Unitarian Church because of its inclusiveness, its openness and its rejection of ideology. I was not active at that time. I would simply go to occasional services but was not yet to the point where I participated. For a time, I was active in the humanist movement and the International Society for General Semantics.

There was something else I thought of. At both universities I had personal relationships with some faculty members that particularly impressed me. I became friends with a couple of faculty members at Ohio State, particularly in the philosophy department; one, Eliseo Vivas, particularly stimulated my interest in painting. He was a lover of Cezanne, and I learned a lot about Impressionism. And then there were professors at Chicago, including Carl Rogers and Tom Gordon, that I got to know; never becoming close friends but being on a friendly basis with them.

Crawford: You did course work with them?

Fort: Yes, with both of them. And there were others that I went to professional meetings with sometimes. There was a psychiatrist in Chicago I worked with as a research assistant studying schizophrenia. And that was true in Columbus, too. I studied with a doctor, Milton Parker, who was an expert on EEGs, electroencephalograms. My first college teaching was in medical school. I was an assistant instructor of neurology under the professor who taught neurology.

Crawford: Up to that point in your life, what had been the most important books to you or the most important authors?

Fort: I don't remember a particular book having struck me in such a way that I would say the equivalent of "Eureka, this is it, this

is the answer." I was interested in philosophy in general. I guess Socrates particularly impressed me, some of Shakespeare, and biographies, including several on medical "heroes."

Crawford: Did the Russian nineteenth-century literature have a special place in your reading?

Fort: Yes. I used to like Dostoevsky a great deal. But I don't know that it particularly influenced my life in any way. I was moved by it and impressed by it. But if you're asking about books that had some direct influence in shaping my life, I don't know of any, actually. I was extremely interested in novels, including European novels as well as the novels of Hemingway, Farrell, Dos Passos, Sinclair Lewis, and Thomas Wolfe. All of these would have been while I was still at Ohio State or before, still in my teens.

Crawford: Did you study these in school?

Fort: No, no. I took a number of literature courses but mainly English literature. And I remember that one of the professors that influenced me was a man, Mr. Beck, who loved poetry and who would never be allowed to teach in a college now because he had only a bachelors degree. But he knew poetry and could communicate his love of it. And it was particularly English poetry, Spenser, Keats, Shelley, Dryden, Wordsworth, and Shakespeare. But I don't recall that I had courses on modern American novels. I think I read those on my own.

Crawford: How was all of your schooling up to that point financed? You had one of the University of Chicago fellowships?

Fort: Yes, the fellowship to graduate school. I don't think I had any subsidy from them for room and board, although I did live in a university house, a converted residence that was a sort of dormitory. But at other times I lived in rooms or apartments, sharing with a number of people. My parents paid for that and they financed my college education for the most part, although I did part-time work to help support it, including clerking in a liquor store, research assistant, psychiatric aide, and extern in a TB hospital for which my wife and I got free room and board. But for the most part they paid the fees. As a state resident, the fees at Ohio State were quite modest.

Crawford: Did you remain close with your parents when you were in college?

Fort: Not close but in regular communication by letters and phone calls; some visits. It was hard for me when I went off to college at fifteen and a half. I was very lonely and insecure

and it took a lot of strength, particularly since I lived in a rooming house and had to make new friends and so forth. But somehow I was able to do it. Early on my mother would sometimes send or bring food, and I would mail laundry home.

Crawford: Did you take strength from your contacts with your family?

Fort: I guess that helped to give me some support, yes. And also, I did, as I think I touched on earlier, at some point begin to get some satisfaction in being able to do these things at a younger age than other people could do it. And that remained true into my mid-twenties when it began to even out. In some ways I began to think of myself as older person at twenty-four. That was a dividing point in my life because I'd been so accelerated.

Crawford: That's when you started medical school?

Fort: No, that's when I finished medical school, at twenty-four.

Crawford: You started medical school very early on.

Fort: Even though I had been denied admission for two years because they thought I was too young, I still started when I was twenty and finished when I was twenty-four. Actually, I had finished pre-med courses at seventeen and my B.A. at eighteen.

Crawford: Talk about going to medical school.

Fort: I worked my ass off. You had to go to school eight hours a day from eight to five, very intense, very competitive and then you usually had four hours of homework every night. And you had to go to school Saturday mornings and you had plenty of homework on the weekends, too.

It was particularly difficult in the first year because I rebelled against the repetitive memorizing and regurgitation for frequent tests. The part that interested me led to me being more motivated and was easier. But the rest required a lot of discipline and I was very resistant to it. My grades fluctuated as in my past schooling. I got better grades on the things that I was interested in and where there were more reasonable learning principles and lower grades in those things that were just based on memorization. Although I could memorize, I didn't think it was a good system and I resented it.

But after that freshman year, due to my marriage and secondly to the fact that every single course then became of great interest to me--I just loved the clinical work with patients, the studying of diagnosis, pathology, pharmacology,

psychiatry, medicine, pediatrics, obstetrics, surgery. The one I liked least was surgery for a variety of reasons. But even that was of some interest. So, although the hard work, the commitment and dedication continued to be required throughout medical school, the last three years were very different from the first year, and my grades were high.

Crawford: Let's talk about your meeting Maria Fort now because I know that it's a very romantic story. "Who ever loved who never loved at first sight?"

Fort: And do you think that's true?

Crawford: If the chemistry is there, yes.

Fort: Even if it's love of a photograph?

Crawford: Well, it wasn't love of a photograph, was it?

Fort: No. It was attraction with a photograph but it was love at first sight, at first meeting, actually. It's hard to separate the sight from the meeting. I think it was sight and sound. It was beauty, personality, and intellect combined. And it was love at that first date. It was love on my part and interest and attraction on her part, but love for her developed later.

Crawford: Where did you see the photograph?

Fort: I saw it on the dresser of a fellow medical student during my freshman year in medical school. He was a distant cousin of Maria and just by chance happened to have her picture there. Of course, it involved a lot of other chance factors, the fact that I had not gone to the University of Chicago medical school but had gone to Ohio State medical school. My curiosity: I asked him who she was. I had a bias in favor of European women or other "exotic" women, black or Asian.

Crawford: Why?

Fort: Based on my reading, to some extent, although I can't tell you what specifically, but most of all on my several months of living in Europe and traveling around and meeting many European women and men, often traveling together. It wasn't that I had any specific negative feelings about American women, it was that I came to feel rightly or wrongly that in general European women were more mature and more interesting. Fortunately that bias, combined with Maria's beauty in the photograph, led me to arrange a blind date, which in turn worked out so that I was personally, intellectually, emotionally, and physically

attracted to her from the first and decided that--and this was the first time it had ever happened to me--that she was the woman I wanted. I was also impressed by her ability to speak four languages.

Crawford: She was a student in sociology?

Fort: No, she was working for her bachelors degree at Western Reserve University in Cleveland, living with her mother. Her father and sister had been murdered by the Nazis during the Second World War. She and her mother had gotten out of Hungary in 1948, escaping, in effect, from the Communist regime there, and had settled in Cleveland, where she had an uncle at that time, her mother's brother.

Crawford: How had they survived?

Fort: Their home had not been destroyed, although most of the property they had had been stolen while they were gone, during the war. They had some help from her uncle in America and they had some small remaining funds that they were able to use. He also helped them get their tickets to come to America.

Crawford: But they weren't endangered by Nazism?

Fort: Well, they were. Oh, they were in danger, too, because she and her sister and her mother were taken to Auschwitz. And her sister was murdered there. Her father was in a labor battalion in Budapest and was killed there. But Maria survived Auschwitz with her mother and then they had to trek back across Czechoslovakia and Germany to Hungary after a period of slave labor in a factory. Then they returned to what was left of their home and possessions. In Hungary she went back to school for a while and they tried to rebuild their life.

When we married, she was nineteen and I was almost twenty-one. She's two years younger.

Crawford: What do you remember of your first encounter?

Fort: Well, I found her very attractive in all respects. As I like to joke, she married me for my body and found that I had a brain and I married her for her brains and found that she had a body. But I was very much attracted to her. I had been seeking female companionship and had dated or been around a number of women of various religious and racial backgrounds, and always thought I would end up marrying another "outsider" like myself. But you never know when lightning will strike, so to speak. Being lonely and emotionally and sexually deprived, I was certainly

glad when it did happen and found it hard to wait nine months to get married.

Crawford: Why did you wait?

Fort: She did not want to get married yet. We had no financial resources. She was finishing school, and she wasn't as committed at an early point as I was. Also we had very different attitudes. I didn't feel any need to get married. I just wanted to live together with or without marriage. I don't believe that it's the state's business. I think people should make their own personal commitment. That's just representative of some of the differing philosophy we had to work through. But in order for her to accept my proposal and to have a full sexual relationship, I had to get married. It was a small sacrifice to make. I probably would have had to do that eventually anyway before having children, which we both wanted to do, just so they would be protected from prejudice of various kinds for their parents not being married.

Crawford: What sort of a ceremony did you have?

Fort: A civil ceremony with a federal commissioner, in Maria's home, and a religious overlay to please her mother.

Crawford: Did she take your name?

Fort: Yes, but she had always had the option of keeping her maiden name; she chose not to. Her name was Zinner at that time.

Crawford: And then she went into graduate work, right away?

Fort: Yes. She went back to school at a new university, Ohio State. We both were active in various organizations at college. At different times we both were presidents of the psychology honorary, Psi Chi. She was also president of the German Honorary Fraternity, and other things while both going to school and making a lifelong marriage.

Crawford: Was she interested in humanitarian activities, civil rights?

Fort: She did not have the spontaneous interests in it that I did. But she was not opposed to it. We did not have different views. It's just that I've always been more of an activist and she's respected and helped, but not been involved herself in that way. She's done plenty as psychologist, wife, mother, antipoverty and Head Start official, president of a YWCA, et cetera.

Crawford: How was it when you were in medical school?

Fort: Very difficult. She also studied, and she helped me at times in my studies, like asking me questions of things that I'd be quizzed on in school. We would go to concerts on weekends, sometimes, particularly chamber music on Sunday afternoons. We'd take occasional trips, particularly in the summer. We had a used car and we would drive to different parts of America. We systematically tried to see all of America over the years. But early on we came to San Francisco because that's where I'd always wanted to live. For both of us, in 1952, it was everything we hoped it would be and settled where we would plant ourselves in the future.

Crawford: Were you an activist during medical school?

Fort: In some ways. My time was very limited. I was an activist in that I was anti-fraternity, was one of ten out of 150 students who never joined a fraternity and in that my study partner was one of the two black students in the class.

Crawford: So there were medical fraternities?

Fort: Yes, there are many medical fraternities, which are social fraternities.

Crawford: Socially exclusive in a sense.

Fort: Yes, that's right. They're divided by race and religion, even now.

Crawford: How about CORE? Were you involved in CORE?

Fort: No, no. I was not active in anything other than the marching band and the film classics club for a while. I think that continued into my first year of medical school, but I'm not sure. I think I played basketball sometimes but just on a pickup game basis. The work itself is just so demanding. Of the limited time we had for things other than studying, we spent a lot with four or five couples that we were friends of, including the man who was my best friend and his wife, Joseph and Marilyn French. Other friends were Joan and Gene Kansky, and Elizabeth and Lowell Hughes.

Crawford: When you finished medical school did you anticipate a traditional practice? Did you ever think of that?

Fort: No, in fact, that was one of the reasons I resisted my parents aspiration. I wasn't attracted by the potential income of doctors. In fact, I remember being disdainful of a fellow medical student who either in the sophomore year was already

talking about how much money he was going to make and what a fancy office he was going to have. I never wanted that. I think I had an intrinsic interest in what the profession did and the treatment of illness aspect of it and the understanding of the mind and body. And I probably was attracted by the freedom, the greater freedom that at that time doctors had. Freedom of choice and what they could do. I was not interested at all in having anything to do with business or sales or a conventional American career.

I also had some activity in politics during those years. I remember meeting Adlai Stevenson in the 1956 presidential campaign. I remember crossing an American Legion picket line to go to a Charlie Chaplin movie.

Crawford: Oh, that's interesting.

Fort: But nowhere near the kinds of things I did after I finished medical school, after I reached about twenty-five. It was more personal boycotts of bad things and personal reaching out to things or people that had been rejected by others; speaking out on things, including aspects of medical education I thought were wrong. But no great crusades of any kind while I was in medical school or graduate school. We had all we could do to get through medical school, to fulfill our commitment to our personal relationship, to economically survive.

Crawford: How did you get your internship with the U.S. Public Health Service?

Fort: As I said, I had wanted to get to San Francisco as soon as possible. In your senior year, you apply to internships around the country. Most of them at that time paid slave wages, which I rebelled against in part because I had a wife to support. I looked into the U.S. Public Health Service because of its history of service and its reasonable pay scale. I'm still a medical director (colonel) in the U.S.P.H.S. Reserve.

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Fort: Through the Public Health Service, I had open to me a range of hospitals around the country. All medical students get to list their first, second, third, et cetera, choices. Then the hospitals that you apply to list their choices and the two things are brought together. My first choice was San Francisco and I did not get that. I got my second choice, Seattle. And that's where I took my internship and where we lived for a year. We were somewhat tempted to stay there but still wanted to end up in San Francisco.

Then I remained in the Public Health Service for two more years, completing my active duty. It's a nonmilitary service, but it was considered the equivalent of service in the military. I completed three years in the service, the last two at the federal prison hospital in Lexington, Kentucky. That was residency training in psychiatry.

But it was also training in criminology or penology, and intensive training in drug abuse because it was a pioneer narcotics hospital. That laid the foundation for some of my future specialties in crime and violence, and drug abuse and also in sexual problems, because there were a great many prostitutes and homosexuals there. I learned a great deal about all these problems.

Crawford: Right now we are talking about the prison population and your public health service in Lexington, Kentucky.

Fort: Right. That's where I got the foundation for my later decision to specialize in what I called special problems, problems that I thought needed a new approach, an interdisciplinary approach that considered the social causes as well as the psychological effects. Specifically problems involving crime and violence; drug abuse including alcohol and tobacco; and sexual problems, homosexual, heterosexual, transsexual.

Crawford: This was a residency in psychiatry.

Fort: It was nominally in psychiatry but one of the reasons I went there was that it was a prison hospital specializing in drug addiction. I felt that it would be an extremely interesting and unusual opportunity to learn a lot about aspects of society and of life that I knew very little about. I had, of course, read things that dealt with drug addiction. Nelson Algren and books on pharmacology and psychiatry, but I had only a limited idea of what it was really like.

And this was an opportunity to get a very eclectic kind of training. Even then, I was skeptical of what traditional psychiatrists did, including their adherence to Freudian theory. I saw it as another dogma that was very unscientific, based on a very unrepresentative experience in Vienna in the 1920s.

Crawford: What had you thought about Freudian studies?

Fort: Well, I was intellectually attracted. I mean, his literary outpourings and the things about dreams and about civilization and about sexual pathology were certainly interesting. But as I analyzed what he was saying, over the years--all this didn't

come to me at once--I became more and more critical of him and came to see it as more a literary movement than a scientific movement.

Crawford: And had that been emphasized in your study?

Fort: Yes, Freud dominated psychiatric training in America and to some extent still does, although it's gotten more eclectic now. But at Lexington, Kentucky, in this federal hospital, the training was much more diverse than it would have been almost anywhere else because of the nature of the population. There were 100 psychiatric patients and 1,100 narcotic addicts, 900 of whom were male and 200 of whom were female. So this was also a very extensive lesson in one of my other specialties, bureaucracy and organizations.

I came to know a lot about how complex organizations functioned and what was wrong with them, and began to develop ideas on how they could be improved, which I built upon over the years in creating alternative organizations. It was a very valuable experience.

Another important thing that happened in Kentucky was that I began my social activism. I founded the Lexington, Kentucky, chapter of the ACLU to work on civil rights issues. It was part of the deep South at the time. I was also asked to serve on the Kentucky State Board of the ACLU, operating out of Louisville. That had been in existence for some time. During the same period, we were active in the local Unitarian fellowship where I became program chair (acting minister).

Crawford: What are your memories of segregation at that time?

Fort: The main memory is the absurdity and injustice of having separate waiting rooms, drinking fountains, areas to sit in movie theaters, railroad stations, and bus stations. The name-calling and oppression that went on generally. I had already questioned that kind of thing and in my personal life had never felt those kinds of attitudes even though interestingly enough my parents were not without bias and would sometimes make negative comments about other groups or religions or races.

Crawford: Black, specifically?

Fort: Yes, but it was not something that I ever accepted, perhaps because of my passion for individuality and nonconformity. In my twenties, a friend said I had an irrational passion for rationality.

Crawford: What was the racial balance at the Lexington hospital?

Fort: I don't know for sure but there were a large number of black and Hispanic people, including Puerto Ricans.

Crawford: A larger proportion.

Fort: Yes, because the majority of addicts came from all over the country in the case of women and from east of the Mississippi in the case of men. The largest number came from New York City with its diverse population.

Crawford: And the addiction was to which drug?

Fort: Heroin. But one of the things I quickly learned was that almost nobody uses one drug in isolation. They were admitted there for heroin addiction but there were many who also used cocaine and most were alcohol users, and many were marijuana users also. I learned about all those drugs and that alcohol and tobacco were drugs and were ignored by "experts" and society.

Crawford: Were there any problems that you encountered that you really didn't want to deal with, didn't feel comfortable with? Or didn't feel confident to deal with?

Fort: Well, those are really different questions in that when you begin your medical training, when you see your first patients, you'd have to be a fool to feel fully comfortable, because you know so little and there's so much to be done and it's a very heavy responsibility that you should take very seriously. Some of that carries over whenever you get into any new kind of problem.

Certainly in the early weeks of my stay at Lexington, I knew relatively little about narcotic addiction, about prostitution, and about homosexuality. But I learned quickly, did well at it, related well to people, and found it very fascinating and important work.

I did not like living in the South. But there were things of interest in Kentucky, including Lexington. And we made some new friends that made life nicer than it otherwise would have been. Some, the Michers, Beittels, and Blochs, we still see. Overall I felt confident and comfortable with the problems and the people. My internship increased my self-confidence. The hardest part was the night duty where you'd be awakened by a manipulative narcotic addict who could have come in at any time during the day but chose to wait until midnight to come in, in order to take a few last fixes before they entered. Sure, there

were unpleasant aspects like that, but in general, it was always interesting and challenging.

I'd say the worst part of it was the bureaucracy. The federal bureaucracy, even then, was very hierarchical, very inefficient, and had a great many time-servers in it. That probably annoyed me more than the clientele did.

Crawford: What was the medical staff like there then, the doctors?

Fort: It was a combination of career Public Health Service officers who had the highest positions and short-termers who were serving out their military obligation of two or three years.

Crawford: Were you impressed by their treatment and caring?

Fort: The short-term people, generally, yes. There was a range. Some were not very bright. But most of them were knowledgeable and interested.

Crawford: So, there weren't racial attitudes within the hospital itself. In other words, white doctors treating black patients--

Fort: No. I'm not aware that there was a particular problem with that. That would have been considered unprofessional.

Crawford: So that was your first residency.

Fort: Yes, I took two years there. Then to get back to the San Francisco Bay Area, I applied for and was accepted for my third and final year of psychiatric residency at Herrick Memorial Hospital in Berkeley. In part I went there because it was also a more diverse kind of residency and had a large alcoholism ward so I could broaden my experience in drug abuse. That helped develop my pioneering work in getting the society to accept alcohol and tobacco as part of the drug problem and to put all the drugs together in clinical programs. Also it was in Berkeley and Maria was able to work for a Ph.D. there--she had gotten her masters already at the University of Kentucky.

She also attended the University of Washington while we were there. She went on to complete all the course work for the Ph.D. in psychology. Because we were both working in Berkeley, we settled there. To me it was a suburb and we regularly went to San Francisco and participated in the cultural life of San Francisco. Eventually we would have moved to San Francisco but did not do so because the cost of housing was great and crime had increased. Both of our careers have mainly been in San

Francisco, and we think regionally, considering ourselves San Franciscans.

Crawford: Talk about Herrick Hospital if you would.

Fort: Herrick was a private, nonprofit hospital. It was special in that the psychiatry was dominated by a very successful private practitioner named A. E. Bennett who specialized in shock treatment and in the treatment of alcoholism. At an early point he offered me the opportunity of going into practice with him when I finished my third year of residency which would have guaranteed me a very large income indefinitely. But I was not attracted by private practice or money-making per se and I certainly wasn't attracted to specializing in shock therapy.

Crawford: Shock treatment for what?

Fort: Mental illness. It was schizophrenia, manic-depressive psychosis, and alcoholism. Those were the main things treated there. It is a general hospital but it also had a fifty-bed psychiatric ward.

Crawford: That must have been horrifying.

Fort: Well, I wasn't fully aware of all of the ramifications then but some of it certainly was not pleasant. I can't say it horrified me but I questioned the overuse of E.S.T. and the sometime use of lobotomy. But most of the work was straightforward psychiatry, including antipsychotic medicines and psychotherapy with good supervision from Dr. W. Sheehy and others.

I never was an admirer of traditional psychiatry and as I learned more about what psychiatrists are taught and what psychiatrists are like as human beings, I became more critical. I saw many that could not sustain a marital relationship, that talked in public about the private matters of their patients, that were money-oriented rather than people-oriented. In psychiatry there had been a diagnosis for Negro slaves who escaped so they could be returned. Psychiatry continued to condemn some oppressed groups, including homosexuals for most of the history of American psychiatry, and labeled many women as "hysterics". Increasingly I moved towards the interdisciplinary and public practice approach--sociatry--that I evolved, as opposed to a conventional Freudian, Jungian, or private practice approach.

Crawford: So, by then you knew that you that you would not have a traditional practice.

Fort: Yes. In medical school and in my internship, I considered many different kind of specialties. I liked obstetrics very much. I enjoyed delivering more than a hundred babies. I liked pharmacology and endocrinology a lot. Neurology was another possibility I considered. But I ended up deciding on the very eclectic kind of psychiatric training because it was an extension of my interest in literature and philosophy, understanding how we became what we are and understanding the mind. It was intellectually interesting to me and socially relevant.

Increasingly, I incorporated my training in both psychiatry and psychology into my own more sociologically oriented interdisciplinary blending of academic and practical experience. Specifically into the sub-specialties of drug abuse including alcohol and tobacco, sexual problems, crime and violence, and bureaucracy/organizations.

"From out of the city the dying groan and the soul of the wounded cries out for help." -Book of Job

"A man has not everything to do, but something; and because he cannot do everything, it is not necessary that he do something wrong." -Thoreau

"They are the bravest spirits, who, having the clearest sense both of the pains and pleasures of life, do not on that account shrink from danger." -Thucydides

II MIDDLE YEARS, NEW AND MULTIPLE CAREERS: 1959-1976

Children; Leadership and Creativity; Activism and Paying the Price; Freeing of Public Employees, Alameda County, and the Center on Alcoholism; University of California School of Criminology; World Health Organization and United Nations; The 1960s; The Center for Special Problems, National Sex and Drug Forums, Mobile Help (Health and Social Welfare) Unit, FORT HELP; the Public Health Approach to Drug, Sex, and Violence Problems; Running for Public Office, Church-related Work; Podiums and Consultancies

[Interview 4: December 14, 1992] ##

Crawford: When did you first get into public controversy?

Fort: I guess the first thing that did it was standing up to county government in Alameda County, where I was director of the state-funded Center on Alcoholism from 1960-64.

The issue was the right of public employees to run for office, support candidates, speak out publicly, and otherwise participate in politics on their own time like other American citizens. It meant going against both the establishment and giving up the status that one has as a doctor. Doctors just aren't supposed to do those kinds of things. They're supposed

to have staid, conventional careers, mixing doing good for people with achieving a high income level.

Secondly, people with high positions in bureaucracy like directorships, which I held, aren't supposed to make waves or question authority.

So I went against the institutionalized definition of what is proper as I have done when I question somebody telling a sexist or racist joke, or question people drinking excessively or smoking in other people's faces. It's not the "polite" or expected thing to do.

Crawford: Who did you run up against? Who came out and said, "We don't like this impolite person"?

Fort: Well, at the first level I ran up against the chief medical officer, who was the boss of all the different units such as mine, the alcoholism clinic.

Crawford: How many people did you free to involve themselves in political activity?

Fort: Over the years since 1962, or rather more specifically, 1964, when the unanimous Supreme Court decision came down, more than a million public employees in California, city, county, and state, have been freed to publicly speak in favor of candidates, contribute money to them, display bumper stickers or placards in their houses or cars and, most importantly, run for office. [See following pages 35a-f for full court verdict]

Crawford: How was the pressure to conform expressed to you?

Fort: It wasn't. I'm talking about what we are socialized or indoctrinated to believe as we grow up, the conformity to family, peer, and institutional influence. You have to run counter to that and somehow have the strength to be inner-directed enough not to let "them" determine what you do or don't do. You have to be willing to refuse to go to the back of the bus, as Rosa Parks did. She claimed it was in part because her feet were tired, but the fact remained that she had the courage to stay put in the front of the bus. Very few other people whose feet or emotions are tired were willing to do that. That's the first level.

The second level comes into play when you have to directly dissent or confront people that are your superiors or your equals in the organizational, professional, or political

[S. F. No. 21609. In Bank. May 28, 1964.]

JOEL FORT, M.D., Plaintiff and Respondent, v. CIVIL SERVICE COMMISSION OF THE COUNTY OF ALAMEDA et al., Defendants and Appellants.

[1a-1c] Counties—Charters—Constitutionality. — An Alameda County Charter provision prohibiting any person holding a classified civil service position from taking any part in “political management or affairs in any political campaign or election, or in any campaign to adopt or reject any initiative or referendum measure other than to cast his vote or to privately express his opinion” is invalid in its entirety for overbreadth and uncertainty, which cannot be eliminated by the severance of language, since the provision applies alike to partisan and non-partisan activities with respect not only to county elections but to all elections, and is not narrowly drawn but is framed in sweeping and uncertain terms that except only the right to vote and to express opinions privately. (Charter of Alameda County, § 41.)

[1] See Cal.Jur.2d, Counties, § 13.

McK. Dig. References: [1] Counties, § 5; [2] Public Employees, § 12; [3] Constitutional Law, § 113; [4] Constitutional Law, § 53; [5] Constitutional Law, § 64.

desire to the contrary. Any other approach might support a finding of lack of effective aid of counsel. (See *People v. Ibarra*, 60 Cal.2d 460 [34 Cal.Rptr. 803, 380 P.2d 487].)

⁶On remand the court must again exercise its discretion in making the preliminary determination as to whether petitioner may be addicted to narcotics or in imminent danger thereof. That determination, and any proceedings which follow, should be conducted in accordance with the law as it now exists rather than the law as it existed at the time of the commitment here invalidated. (See *People v. Ortis*, ante, p. 249 [37 Cal.Rptr. 891, 391 P.2d 163].)

- [2] **Public Employees—Removal.**—Although one employed in public service does not have a constitutional right to such employment, he cannot properly be barred or removed from such employment arbitrarily or in disregard of his constitutional rights.
- [3] **Constitutional Law—Fundamental Rights—Political Activity.**—The freedom of the individual to participate in political activity is a fundamental principle of a democratic society and is the premise on which our form of government is based.
- [4] **Id.—Raising Constitutional Questions.**—Generally, one may not question the constitutionality of a provision as it may be applied to others, but where a provision restricting free speech and the free dissemination of ideas is involved, a court in considering a claim of overbreadth and vagueness may take into account the operation of the provision as to factual situations other than the one at bar.
- [5] **Id.—Separable and Inseparable Provisions.**—Where a provision encompasses both valid and invalid restrictions on free speech and its language is such that a court cannot reasonably undertake to eliminate its invalid operation by severance or construction, the provision is void in its entirety regardless of whether the particular conduct before the court could be constitutionally regulated and whether there is a severability clause applicable to the provision.

APPEAL from a judgment of the Superior Court of Alameda County. Folger Emerson, Judge. Affirmed.

Proceeding in mandamus to compel a county civil service commission to reinstate petitioner to his civil service position from which he was dismissed for violation of an allegedly unconstitutional provision in the county charter. Judgment granting writ and declaring provision unconstitutional, affirmed.

J. F. Coakley, District Attorney, Douglas R. Dunning, and Richard J. Moore, Assistant District Attorneys, Thomas J. Fennone and John W. Noonan, Deputy District Attorneys, for Defendants and Appellants.

Bertram McLees, Jr., County Counsel (San Diego), Robert G. Berrey, Assistant County Counsel, and Lawrence Kapiloff, Deputy County Counsel, as Amici Curiae on behalf of Defendants and Appellants.

[5] See Cal.Jur.2d, Constitutional Law, §§ 87, 88; Am.Jur., Constitutional Law (1st ed § 157).

Albert M. Bendich for Plaintiff and Respondent.

Leon M. Cooper, Thomas E. Headrick, Marvin S. Shapiro, Arthur Brunwasser, Marshall W. Krause, Gerald D. Marcus, Daniel N. Loeb, Schofield, Hanson, Bridgett, Marcus & Jenkins, Rt. Rev. James A. Pike and Lemaire & Mohi as Amici Curiae on behalf of Plaintiff and Respondent.

GIBSON, C. J.—This case involves the validity of section 41 of the Charter of Alameda County, which provides: "No officer or employee of the County in the classified civil service shall directly or indirectly make, solicit or receive, or be in any manner concerned in making, soliciting or receiving any assessment, subscription, or contribution for any political party or any political purpose whatsoever. No person holding a position in the classified civil service shall take any part in political management or affairs in any political campaign or election, or in any campaign to adopt or reject any initiative or referendum measure other than to cast his vote or to privately express his opinion. Any employee violating the provisions of this section may be removed from office."

Joel Fort, M.D., is the Director of the Center for Treatment and Education on Alcoholism, County of Alameda, a position within the county's classified civil service system. His salary is budgeted and paid by the county, which is then fully reimbursed by the state for this expenditure. The board of supervisors has jurisdiction over the hiring and dismissal of a person in Fort's position.

In April 1962 Fort, who was aware of section 41 of the charter, became chairman of a speakers' bureau for the Contra Costa committee to reelect Governor Brown, and this fact was reported to the board by Fort's superior, the medical director of the county.¹ After a hearing in June 1962 the board dismissed Fort, determining that his activity constituted taking part in political management and affairs in a political campaign or election in violation of section 41 of the charter.² In July the county civil service commission, after a hearing, affirmed the board's resolution.

¹Fort's activity in this connection was limited to a total of six hours and was on his own time, apart from the hours and duties of his employment with the county.

²It also appears that in January and February 1962 Fort had sought nomination as a candidate for Congress and was then informed by the county director of personnel that, under section 41, Fort could not

[1a] Fort then commenced this proceeding in the superior court for a writ of mandate, and the trial court concluded that section 41 is unconstitutional and directed that Fort be reinstated to his position. Defendants have appealed. We have concluded that the portion of section 41 invoked against Fort is unconstitutional in that it unreasonably abridges fundamental rights of the county's classified civil service employees.

It is unquestionable that section 41 imposes restrictions upon public officers and employees which substantially affect their rights as citizens. It is true that the provision does not directly prohibit a person from engaging in the proscribed activities, but he may do so only at the penalty of losing his employment and its attendant benefits. [2] Although it has been held that one employed in public service does not have a constitutional right to such employment (*Board of Education v. Swan* (1953) 41 Cal.2d 546, 556 [261 P.2d 261]), it is settled that a person cannot properly be barred or removed from public employment arbitrarily or in disregard of his constitutional rights (*Cramp v. Board of Public Instruction, Orange County, Fla.* (1961) 368 U.S. 278, 288 [82 S.Ct. 275, 7 L.Ed.2d 285, 292-293]; *Torcaso v. Watkins* (1961) 367 U.S. 488, 495-496 [81 S.Ct. 1680, 6 L.Ed.2d 982, 987]; *Wieman v. Updegraff* (1952) 344 U.S. 183, 191-192 [73 S.Ct. 215, 97 L.Ed. 216, 222-223]; cf. *Danskin v. San Diego Unified Sch. Dist.* (1946) 28 Cal.2d 536, 545-546 [171 P.2d 885] [holding that privilege of using state property could not be withheld upon the basis of a condition amounting to an unconstitutional restraint of speech and assembly]; *Sherbert v. Verner* (1963) 374 U.S. 398, 404-406 [83 S.Ct. 1790, 10 L.Ed.2d 965, 970-972]). The court stated in *Wieman* that "constitutional protection does extend to the public servant whose exclusion pursuant to a statute is patently arbitrary or discriminatory" and it was said in *Torcaso*, "The fact, however, that a person is not compelled to hold public office cannot possibly be an excuse for barring him from office by state-imposed criteria forbidden by the Constitution."

[3] The freedom of the individual to participate in political activity is a fundamental principle of a democratic society and is the premise upon which our form of government is based. Our state Constitution declares, "All political power

retain his employment if he engaged in such activity. Fort replied that he did not plan to pursue the nomination. The board did not include Fort's candidacy as a ground for his dismissal.

is inherent in the people" (Const., art. I, § 2), and the First Amendment of the federal Constitution establishes the right of every citizen to engage in political expression and association. (See *New York Times Co. v. Sullivan* (1964) 376 U.S. 254 [84 S.Ct. 710, 720-721, 11 L.Ed.2d 686]; *Sweezy v. State of New Hampshire* (1957) 354 U.S. 234, 250 et seq. [77 S.Ct. 1203, 1 L.Ed.2d 1311, 1324 et seq.].) In this state both statutes and judicial decisions have recognized the fundamental right of citizens generally not only to vote but also to hold office (Gov. Code, §§ 274, 275; *Carter v. Commission on Qualifications of Judicial Appointments* (1939) 14 Cal.2d 179, 182 [93 P.2d 140]; *People v. Washington* (1869) 36 Cal. 658, 662), and the fundamental right of employees in general to engage in political activity without interference by employers (Lab. Code, § 1101; *Lockheed Aircraft Corp. v. Superior Court* (1946) 28 Cal.2d 481, 486 [171 P.2d 21, 166 A.L.R. 701]).³

[1b] The restrictions appearing in section 41 of the charter are framed in broad language and cover a wide range of activities. As we have seen, the section declares that a person holding a position in the classified civil service shall not take "any part in political management or affairs in any political campaign or election," including a campaign to "adopt or reject any initiative or referendum measure." Thus the section applies not only to all activities during a political campaign which amount to managerial direction, for example acting as chairman of a campaign, but, in view of the word "affairs," is broad enough to prevent employees from running for public office or from campaigning on behalf of other candidates. The prohibition is also of sufficient breadth to apply to political activity concerning all propositions on the ballot, even including measures which would directly and personally affect the employee such as one relating to his own salary or working conditions. Because of the broad and general terms of the section, it is not clear what additional con-

³Section 274 of the Government Code provides that an elector has no rights or duties beyond those of a citizen not an elector, except the "right and duty of holding office" and voting. Section 275 declares that unless specifically provided otherwise, every elector is "eligible to the office" for which he is an elector.

Section 1101 of the Labor Code provides: "No employer shall make, adopt, or enforce any rule, regulation, or policy: (a) Forbidding or preventing employees from engaging or participating in politics or from becoming candidates for public office. . . ."

duct may be proscribed, for example membership in a political organization or attendance at political gatherings, and likewise unclear is the extent to which an employee is free to voice his opinion on issues and candidates. The only express limitation on the sweeping prohibition is contained in the phrase "other than to cast his vote or to privately express his opinion."

It should be emphasized that the restrictions do not relate solely to measures and candidates in the particular county but to all elections, including national and state elections and those conducted by local entities other than Alameda County. Moreover, section 41 is not limited to conduct regarding partisan offices and issues but relates equally to all candidates and questions, whether or not identified with a political party.

In urging the validity of section 41 the county relies principally on *United Public Workers v. Mitchell* (1947) 330 U.S. 75, 94 et seq. [67 S.Ct. 556, 91 L.Ed. 754, 769 et seq.], where, by a 4-to-3 decision, the United States Supreme Court upheld restrictions on political activities by federal officers and employees set forth in the Hatch Act. That act restricted the taking of "any active part in political management or in political campaigns." (5 U.S.C.A. [Cum. Supp. 1950] § 118i (a).) Unlike the section before us, however, that statute, as the court emphasized, contained additional provisions making it clear that the act was aimed only at active participation in partisan politics and did not restrict public expressions on public affairs and personalities so long as the activity did not involve an "objective of party action" and was not directed toward "party success." It was expressly provided in the act that it did not prevent political activity for or against a candidate not representing a "party" or in connection with any question not "specifically identified" with a "political party" and that questions relating to constitutional amendments, referendums, approval of municipal ordinances, and "others of a similar character" were not to be deemed as "specifically identified" with a political party. (5 U.S.C.A. [Cum. Supp. 1950] § 118n.)

It was concluded in *Mitchell* that the restrictions were an effort by Congress "within reasonable limits" to promote the efficiency, integrity, and discipline of the federal public service by eliminating the danger that the discharge of official duty would be motivated by political considerations rather than the welfare of the public. However, it was recog-

nized that the right to engage in political activities is a fundamental one under the federal Constitution, and it was stressed that the court was not expressing any opinion with respect to issues beyond those presented by the statute there involved. (330 U.S. at pp. 92, 94-96 [67 S.Ct. 556, 91 L.Ed. at pp. 769-771].)

Since the decision in *Mitchell*, the United States Supreme Court has on several occasions applied the principle that where the curtailment of First Amendment rights is concerned the state may prevail only if it can show that it has a "compelling" interest in limiting those rights. (*Sherbert v. Verner*, *supra*, 374 U.S. 398, 406-407 [83 S.Ct. 1790, 10 L.Ed.2d 965, 972]; *Gibson v. Florida Legislative Investigation Com.* (1963) 372 U.S. 539, 546 [83 S.Ct. 889, 9 L.Ed. 2d 929, 935]; *N.A.A.C.P. v. Button*, 371 U.S. 415, 438-440 [83 S.Ct. 328, 9 L.Ed.2d 405, 421-422]; *Bates v. City of Little Rock* (1960) 361 U.S. 516, 524 [80 S.Ct. 412, 4 L.Ed.2d 480, 486].) In the most recent of these decisions (*Sherbert v. Verner*, 374 U.S. at p. 406 [83 S.Ct. 1790, 10 L.Ed.2d at p. 972]), it was said, "It is basic that no showing merely of a rational relationship to some colorable state interest would suffice; in this highly sensitive constitutional area, '[o]nly the gravest abuses, endangering paramount interests, give occasion for permissible limitation.'"

The United States Supreme Court and this court have also made it clear in recent decisions that, even if a compelling state purpose is present, the restriction must be drawn with narrow specificity. (*N.A.A.C.P. v. Button*, *supra*, 371 U.S. 415, 433 [83 S.Ct. 328, 9 L.Ed.2d 405, 418]; *Shelton v. Tucker* (1960) 364 U.S. 479, 488-490 [81 S.Ct. 247, 5 L.Ed.2d 231, 237-238]; *Talley v. State of California* (1960) 362 U.S. 60, 63 et seq. [80 S.Ct. 536, 4 L.Ed.2d 559, 562]; *Wollam v. City of Palm Springs* (1963) 59 Cal.2d 276, 286-288 [29 Cal. Rptr. 1, 379 P.2d 481].) In this connection it was stated in *Sherbert v. Verner*, *supra*, 374 U.S. 398, 407 [83 S.Ct. 1790, 10 L.Ed.2d 965, 972], that "it would plainly be incumbent upon [the state] to demonstrate that no alternative forms of regulation" would combat the asserted abuses without infringing on First Amendment rights.

The principles set forth in the recent decisions do not admit of wholesale restrictions on political activities merely because the persons affected are public employees, particularly when it is considered that there are millions of such

persons.⁴ It must appear that restrictions imposed by a governmental entity are not broader than are required to preserve the efficiency and integrity of its public service.

No one can reasonably deny the need to limit some political activities such as the use of official influence to coerce political action, the solicitation of political contributions from fellow employees, and the pursuit of political purposes during those hours that the employee should be discharging the duties of his position. A strong case, we think, can also be made for the view that permitting a public employee to run or campaign against his own superior has so disruptive an effect on the public service as to warrant restriction. It is, of course, possible to draw a restrictive provision narrowly in order to deal specifically with such abuses.

However, the more remote the connection between a particular activity and the performance of official duty the more difficult it is to justify restriction on the ground that there is a compelling public need to protect the efficiency and integrity of the public service. It is thus at least questionable whether restrictions relating to issues and candidates in jurisdictions other than the employing entity can be justified even so far as concerns partisan activities. Regardless of how that question should be answered, we are satisfied that, in the light of the principles applicable to freedom of speech and the related First Amendment rights, no sound basis has been shown for upholding a county provision having the breadth of the one before us, which, as we have seen, applies alike to partisan and nonpartisan activities and not only to county elections but to all elections and which is not narrowly drawn but is framed in sweeping and uncertain terms that except only the right to vote and to express opinions "privately."

[4] The county, urging us to determine the validity of section 41 only as applied to the particular facts of this case, invokes the general rule that one may not question the constitutionality of a provision as it may be applied to others. (*United States v. Raines* (1959) 362 U.S. 17, 21-22 [80 S.Ct. 519, 4 L.Ed.2d 524, 529-530]; *In re Cregler* (1961) 56 Cal.2d 308, 313 [14 Cal.Rptr. 289, 363 P.2d 305]; *People v. Perry* (1931) 212 Cal. 186, 191 [298 P. 19, 76 A.L.R. 1331].) As

⁴It has been reported that, including members of the armed services, public employees at all levels of government number 12,000,000 persons out of a total of 75,000,000 in civilian and military employment. (The Recorder, San Francisco, Cal., May 14, 1964, p. 1.)

Raines itself recognizes, however, there are several exceptions to this rule. (362 U.S. 17, 22-23 [80 S.Ct. 519, 4 L.Ed.2d 524, 529-530]; see also *Barrows v. Jackson* (1953) 346 U.S. 249, 257 [73 S.Ct. 1031, 97 L.Ed. 1586, 1595-1596]; *Mendoza v. Small Claims Court* (1958) 49 Cal.2d 668, 670 [321 P.2d 9]; *People v. Building Maintenance etc. Assn.* (1953) 41 Cal.2d 719, 726 [264 P.2d 31]; *Quong Nam Wah Co. v. Industrial Acc. Com.* (1920) 184 Cal. 26, 30 [192 P. 1021, 12 A.L.R. 1190].)

One important exception is that, where a provision restricting free speech and the free dissemination of ideas is involved, a court in considering the claim of overbreadth and vagueness may take into account the operation of the provision as to factual situations other than the one at bar. (*N.A.A.C.P. v. Button, supra*, 371 U.S. 415, 432-433 [83 S.Ct. 328, 9 L.Ed.2d 405, 417-418]; *Thornhill v. Alabama* (1940) 310 U.S. 88, 96-99 [60 S.Ct. 736, 84 L.Ed. 1093, 1098-1100]; *In re Blaney* (1947) 30 Cal.2d 643, 650-653 [184 P.2d 892]; *In re Portersfield* (1946) 28 Cal.2d 91, 115 [168 P.2d 706, 167 A.L.R. 675]; *In re Bell* (1942) 19 Cal.2d 488, 495-496 [122 P.2d 22].) Although the exception has usually been resorted to in connection with criminal statutes, the principles applied to protect free speech against infringement by criminal statutes may be of equal or greater importance in regard to noncriminal statutes. (See *New York Times Co. v. Sullivan, supra*, 376 U.S. 254 [84 S.Ct. 710, 724-725, 11 L.Ed.2d 686].) The exception in question is appropriate wherever a provision too broad or vague, if allowed to stand, would amount to a coercive restraint on free speech, as would the one before us since it provides for dismissal from employment in the event of a violation. It should be noted that the court in *In re Blaney, supra*, 30 Cal.2d 643, 653-654, applied the exception with respect to a statute which did not impose criminal penalties but provided for injunctive relief, reasoning that the statute was coercive because an injunction could be enforced by contempt proceedings.

[5] Where a provision encompasses both valid and invalid restrictions on free speech and its language is such that a court cannot reasonably undertake to eliminate its invalid operation by severance or construction, the provision is void in its entirety regardless of whether the particular conduct before the court could be constitutionally regulated and whether there is a severability clause applicable to the provision. (See, e.g., *Thornhill v. Alabama, supra*, 310 U.S. 88, 96-

99 [60 S.Ct. 736, 84 L.Ed. 1093, 1098-1100]; *In re Blancy*, *supra*, 30 Cal.2d 643, 655-656.)

[1c] The Charter of Alameda County contains a general severability clause (section 71), but it is apparent that the overbreadth and uncertainty of the part of section 41 invoked against Fort cannot be eliminated by the severance of language. For example, nothing can be severed from the second sentence of the section to limit its application to partisan activities. The only way in which a limitation of section 41 to a proper scope could be attempted is by reading into it numerous qualifications and exceptions, and this would amount to a wholesale rewriting of the provision which the courts cannot reasonably be expected to undertake. It should be noted that this is not an area in which invalidation of a provision will eliminate the only legislation governing an important subject since the Legislature in 1963 enacted provisions applicable to Alameda County which relate to political activities by local public employees. (Stats. 1963, ch. 2000, pp. 4078-4080; Gov. Code, §§ 3201-3205.)⁵

We conclude that the second sentence of section 41 of the charter is void in its entirety.⁶ It follows that the trial court correctly ordered that Fort be reinstated to his position, and it is unnecessary to consider other contentions made.

The judgment is affirmed.

Traynor, J., Schauer, J., McComb, J., Peters, J., Tobriner, J., and Peek, J., concurred.

⁵The 1963 legislation applies uniformly to all officers and employees of a "local agency," including charter as well as noncharter counties and cities, and it restricts political activities in a much narrower manner than does section 41 of the charter.

⁶No complaint is made as to the only other part of section 41 restricting political activities, namely, the first sentence, which relates to political contributions, and the second sentence of the section is readily severable from the remainder of the section.

hierarchy in which you work, whether that be a business or a governmental agency.

At the third level the media get involved. The first thing that happened when I refused to accept the law making public employees second-class citizens was that they wrote it up (on a small scale). Then the PTA called and withdrew its invitation for me to speak at one of their meetings. That was an interesting lesson. I'm not implying that was a great penalty, but it was followed by far more serious ones over the years. It was ironic, and was representative of what happens to many reformers and whistleblowers. It was the tip of the iceberg of the process of retaliation that includes jobs and promotions that you will never be offered; consultations that you'll never be called on to give; lawyers who will never ask you to be an expert because you've been independent and criticized the process publicly; publishers who won't publish your books; and the media who will write you up unfavorably.

When I ventured into these crusades or took these stands, I was not aware of most of these consequences. As the years and crusades passed I certainly became aware although I still continued to take public stands on matters of conscience and social importance. Over the years, it does take a lot out of you, causes much suffering, and leads to stress-related physical ailments.

Crawford: About the Center on Alcoholism and Alameda County. What happened? Who confronted you?

Fort: I had led the center into a more comprehensive and activist stance against alcohol abuse and its treatment and prevention, but this particular scenario began when I chaired the East Bay Committee of Doctors for the Election of John F. Kennedy in 1960. That was mentioned in a newspaper article and the chief, Dr. Whitecotton, called me in and informed me that the county charter forbade any political involvement by a county employee. He said if I didn't stop I'd be fired. The fact that it was on my own time was stipulated from the beginning. It was never an issue of doing it at work, which I would never have done because even then I didn't believe in mixing work and politics.

The election came about within a couple of months, and it became moot because I was no longer involved in a political campaign. The next step was in 1962 when, following a professional trip to West Africa, I decided that I would run as an independent Democrat for the U.S. Congress.

Then that became public knowledge and somebody brought it to their attention. I wasn't sending out press releases, but the fact that I was campaigning around the county and publicly debating other candidates became known.

Crawford: Whitecotton?

Fort: Whitecotton and the other officials, like the board of supervisors, the Civil Service Commission, and the district attorney. They again told me that I couldn't do that or I would be fired, and it's then that I thought it through more fully and within a day took the firm position that it was my right and responsibility as an American citizen to participate in politics or even run for office.

Crawford: That's a California statute, isn't it?

Fort: It was at that time. It had to do with any charter county employee, not specifically with being a doctor. It was just unusual, for the reasons I mentioned earlier, for a doctor to ever be involved in a controversy like this or, for that matter, to be a member of the Building Service Employees Union, along with the A.M.A., as I was. This was the same period that I was challenging the American Medical Association by publicly speaking out in favor of Medical Care for the Aged under Social Security, and challenging the way the A.M.A. and the county medical society were blocking medical progress and misusing our dues.

I was dismissed, but before it could take effect, I had the opportunity to publicly appear before the board of supervisors because they had to approve it. I lost that by a four-to-one vote. Then I appealed the dismissal to Superior Court. And surprising to almost everybody, including my dedicated constitutional lawyer, Albert Bendich, and renowned legal author and friend Bernie Witkin, I won the decision.

The judge, Folger Emerson, certainly deserves a lot of credit for going against the tide himself by ruling the law was unconstitutional, as I had claimed. Thus I wasn't legally fired and continued my anti-alcohol abuse work. My innovations in that program included defining alcohol as a drug, providing services to family members and to other drug abusers, stressing prevention/education, team building, and bringing non-M.D.s into leadership positions.

Soon, all kinds of repercussions and retaliations for my victory occurred, such as cutting our budget, refusing to fill vacant positions, restricting travel, and having the IRS

investigate me. The case was carried to the California Supreme Court while I continued in my employment. Then, in 1964, I won a unanimous seven-to-zero vote from the supreme court in a landmark case that freed civil servants. It was one of my great achievements. Every law student in California probably studies the case because it was the first of its kind, although most who have benefited from it are probably unaware of the way things used to be or who changed them.

Crawford: Is that statute unusual in the United States?

Fort: No. There was the similar but much less restrictive federal Hatch Act and all the populous counties of California had such charter provisions--San Diego, Los Angeles, San Francisco, Alameda County, and others. When I won my battle, that threw out their charter provisions, too, and made my effort much more worthwhile.

The penalties included loss of income, legal expenses, and "pain and suffering" to save the Center on Alcoholism, because the retaliations of the county officials were so extreme and their morality so deficient. They would have destroyed our program in order to retaliate.

Crawford: What was the tenor of the media involvement as you remember it?

Fort: What I remember about it is that they took relatively little interest in it. They gave it far less importance than they gave my involvements and achievements in bringing about a public health approach to drug abuse, including alcohol and tobacco; sexual behavior; and violence. Bureaucracy and organizational life, the rights of public employees, and abuses of power are still not given much attention by the media.

From the beginning, as I developed my specialty in social and health problems--"Sociatry"--I stressed that a new approach was also needed to bureaucracy and its dehumanizing effects. Almost everyone suffers in organizational life, besides its being very wasteful and inefficient.

Crawford: Not sexy.

Fort: That's right. It's not sexy and people laugh about it, even though it ruins their life. They live a life with much stress and unhappiness and are often looking forward to retirement when they're decades away. But they still do not give serious attention to it as a social and psychological problem. I've been unsuccessful in engendering widespread reforms, but I did go on to create and lead some of the most innovative

alternative organizations in the country, and to successfully innovate at San Francisco's Center for Special Problems. Also, many of the reforms I made were later recommended by Toffler, Peters, and other prominent management gurus.

Crawford: Don't you think there's a lot more attention to employee health now, mental health?

Fort: Indeed, and to stress. But there's a parallel there, too, Caroline, that that attention is occurring in a vacuum without really getting at the roots of it. Why are so many people unhappy with their work? What is there about the way organizations are run that causes all this and makes bureaucracy a problem rather than a benefit? We don't deal with the roots of this any more than we do with crime or drug abuse.

Crawford: Or sexual problems.

Fort: Right.

Crawford: Well, Joel, all of this obviously didn't have any adverse effects on you.

Fort: It does and did have adverse effects. What would be correct to say is it did not destroy me. But over the years it has had an impact, eventually like that cliché, "the straw that broke the camel's back." Every heroic act we engage in, at least ones that involve running counter to the official norms, takes a toll in terms of penalties. Probably, if you stopped it at point A, and became totally conforming with no more dissenting or crusading, it wouldn't leave much of an impact.

There are people on whom it would not have an impact, people who do things because they're seeking publicity or just expressing hatred against somebody or something. People like Timothy Leary, Abbie Hoffman, Jerry Rubin, or later Al Sharpton and Allan Dershowitz who became media "heroes" in the sixties were essentially negative forces who weren't sincere social crusaders.

If you're enjoying it, if it's theater to you and you're getting all kinds of gratification from it, you're not doing anything heroic and it probably doesn't take any toll on you, but it's very different if you are doing things that aren't natural for you, that take a lot out of you, and have consequences for the organizations you're in and, most importantly, for your family.

Crawford: But you won a significant success here.

Fort: Yes. Winning is personally far more gratifying than losing. I've had both experiences. But winning in this context actually brings more repercussions from the society than losing does. A lot of things that would come to you, including rising in the ranks of organizational life, increased prestige within your professions, and financial rewards, decline once you become involved in controversial things.

Your family life suffers because it creates unwanted pressures on your spouse, and, to a lesser extent, on your children. You could very easily end up neglecting your family responsibilities. But I always tried to protect my children and wife from it. Still, they would at times with my various crusades get taunted in school.

Probably Maria, my wife, has paid a direct price, too, because people retaliate against spouses if they can't get at you. Who knows what job or advancements she might have gotten that she didn't. It's not just idle speculation, because people have, at many times over the years, said to her, "Are you related to Joel Fort?" and then gone on to spell out something that I've done or said, making clear that they then associate her, quite improperly, with whatever stands I've taken. It interferes with your sleep. There's a lot of worry and pressure when you're a crusader. Although satisfying in many ways, it's not fun.

It also brings a lot of friends and supporters. Certainly your husband, attorney Tom Crawford, has been one of those who's always come forward to help, something I'm very grateful for.

Crawford: Let us zero in on the time in which you were right out front in terms of drug abuse and sexuality. Let's talk about the Haight-Ashbury during the sixties, what was going on, who the heroes were, who the hippies were, and their collective philosophy. What comes to your mind when you think of that movement?

Fort: Right, well let me give a little background on the sixties, if I may. This may be an important contribution to The Bancroft Library's understanding since it's a greatly misunderstood period due to the news media.

It was a period of great excitement, great social ferment, and of course, tremendous media exploitation. But, when I say

it was misunderstood, a number of important things were going on concurrently, only one of which was the hippie movement.

Because of my many interests, I was fortunate enough to be involved in several of the things prominent in the sixties: the civil rights movement; student activism and, to a lesser extent, radical political activism both in general and with the anti-Vietnam war movement; and the third big social movement, the hippie phenomenon.

They overlapped, somewhat, but for the most part they were separate. Contrary to what the media communicated, most young people, like most older people, were not involved in any of these movements. They were just going about their ordinary routine and could be described as apathetic or, in a more positive sense, as following a standard American life.

The hippie movement got the most attention in the late sixties, the civil rights movement in the early sixties second, and the antiwar movement third. The civil rights movement was mostly led by black people, as it should have been, with a significant minority of white people--mostly church connected or "liberals"--involved. Both the hippie movement and the antiwar movement were almost entirely white, middle-class, and relatively affluent young people.

Also important in the sixties were four major murders that affected many in that period and had a lot of impact on me, especially the murder of John F. Kennedy, with whom I closely identified at the time. I was an early supporter of his, meeting and talking with him early in his campaign. After his election I sought to work in the White House on domestic policy and got interviewed in Washington by John Siegenthaler, a top assistant. Then there was the murder of Robert Kennedy, for whom I had ended up voting after being a McCarthy supporter.

But, second to JFK in impact on me, was the murder of Dr. King, who I'd also met in San Francisco at a public meeting and with whom I discussed doing more about health problems in the South. I had been a supporter of the doctor who ran the Mississippi hunger project, and of the Highlander Folk School, which helped to train a lot of civil rights workers in the South. In the mid-fifties I had started the ACLU chapter in Lexington, Kentucky, and had been on the Kentucky State Board of the American Civil Liberties Union.

Then there was also the murder of Malcolm X, who I didn't identify with or relate to as much as the first three, but in whom I found many admirable qualities. When I worked in the

federal prison hospital from 1955-57, I had contact with a small group of Black Muslim prisoners and helped to make it possible for them to continue to meet and establish their own identity. Those deaths, the even greater violence of the Vietnam War, and segregation in the South (and North) had a profound effect on our society that still haunts America.

Of course, there was student dissent in other parts of the U.S. and the world, too. I happened to visit Paris right after the student riots, there, and saw the placards, graffiti, and other things there. By chance I was in Chicago at the time of the violence at the Democratic Convention in 1968 which I attended. I sat in on some Eugene McCarthy campaign strategizing through two friends high up in his campaign. It was probably about that time that I began to make violence one of my major specialties, although I had seen it as a public health/mental health problem no later than 1965 when I included it among the specialties of the Center for Special Problems.

But not to digress too far, the "hippie" phenomenon became far more than it would have been naturally, because of the tremendous media sensationalizing of it. At some point in San Francisco, in 1966 and '67, there were said to be almost as many reporters as there were hippies. Reporters were interviewing each other as to what the significance of the hippie movement was. Then the academics began to come into it, interviewing the media (and vice versa) and interviewing an occasional hippie, and then writing supposedly learned articles about it.

Crawford: Why did the media find that so glamorous?

Fort: The media found it glamorous because the hippie movement involved sexual liberty; drug-taking, particularly of marijuana and LSD; and an anti-establishment ideology that would sell a lot of newspapers and a lot of radio and TV time.

Crawford: Were they sympathetic?

Fort: That could be answered either way. Generally, no, in what they wrote or depicted, but privately many reporters were into marijuana as well as alcohol, or even sympathized with the anti-establishment views.

In being sensationalistic about it, they helped to bring an inundation of young people to San Francisco who weren't prepared for the experience and who were very disillusioned, and sometimes exploited by it. There were many similar people around the Telegraph Avenue area of Berkeley, in western Los

Angeles, and Greenwich Village in New York City. It wasn't just in San Francisco, and it wasn't just in the Haight-Ashbury, contrary to the media.

There was another element to the "hippie" that particularly appealed to me. The most positive and most neglected aspects of the movement were the spontaneity, the openness to creativity and innovation, and the social concern. To feed the hungry and clothe the poor, and to question the greed, hypocrisy, and materialism of the society.

They were not a representative sample of the total American population. The phenomenon was exaggerated and the attraction of it was exaggerated. But it did involve a significant number of people and it overcrowded the living and walking areas of certain neighborhoods of San Francisco.

Crawford: Venereal disease increased in the sixties?

Fort: Yes, but we've had an epidemic of VD almost continuously, and most seriously in the eighties and nineties with herpes, chlamydia, gonorrhea, syphilis, AIDS, et cetera. What we think is going on is just what the media pays attention to. But the social philosophy and the artistic element were an important part of it. The hippies brought into the society much more use of color and design in posters, clothing, hairstyles, and general "happenings."

They also had a relationship with the evolution of rock music, particularly the groups in San Francisco like the Grateful Dead and the Jefferson Airplane. They helped to make rock what it later became. The very rich and conventionally successful editor of Rolling Stone, Jann Wenner, was part of that. I remember when he was a young student and got arrested on a marijuana charge. I wrote a letter on his behalf as I did also in a more formal way--an affidavit--with the Jefferson Airplane, through their lawyer, William Coblentz, when they got arrested on marijuana charges in New Orleans.

Crawford: Your point being that we should be treating this, not arresting people for it?

Fort: Yes, treating and preventing, which I called a public health approach. Under the narcotic laws, penalties in some jurisdictions ranged up to ten years. In Texas, you could get a life sentence for some marijuana charges. People today have no realization of how severe these laws were, how hundreds of thousands were arrested, and how important it was to get

marijuana properly classified as not being a narcotic, and decriminalized.

But my concern was never limited only to marijuana as I became the leading national spokesman for decriminalization--not legalization. That's one of many ways I was different from some of the later reformers. Mine was a consistent philosophy, which I preached and practiced to college students, minorities, hippies, and to the general public, that you can live a complete life without using drugs, legal or illegal. Also, that marijuana is certainly not as dangerous as it was made out to be, that we needed to attack the roots of these problems, and that we should stop arresting people for private drug use. The concentration needed to be on violence and on people who profit from other people's taking drugs, the major traffickers.

I also pointed out that if you just stamp out marijuana use and attack that in isolation, people simply shift to another, often more dangerous, drug. That was unfortunately proven true later on as people moved to more and more use of alcohol, amphetamines, and heroin as the crackdown occurred on marijuana.

Getting back to the hippies, I worked with the Diggers, which was the most positive group there, led by Emmett Grogan. He was a kind of mythic figure. Many other people would also identify themselves as Emmett Grogan, and he encouraged them to do that. And he would sometimes use other names. There was a lot of fun to them, a lot of creativity.

When the city fathers (no "mothers" were in power then) later conducted the war against the hippie, I was the only city official that opposed it and, instead, was working positively with them. That became one of the reasons why, in 1967, they fired me as Director of the Center for Special Problems on a charge of being "too independent." I always felt that we should encourage the positive aspects they demonstrated. There was no reason to overreact and condemn. But, of course, the lack of leadership qualities in administrators and politicians was clear even then.

Crawford: The Diggers have been compared to medieval mendicants. Didn't they go out and beg for food?

Fort: Not really. They didn't walk the streets begging like people do now. They would try to get restaurants and grocery stores to donate food. They would have places where people could come for free food and they'd have large areas with clothing on display where everybody could come and just pick up whatever

they needed. They were really practicing a kind of community. You could call it begging, but there's a semantic difference along class lines. If some middle or upper-class person calls to ask someone to donate a thousand dollars or a million dollars, that's a fundraising solicitation. If somebody asks somebody to donate a dollar on the street, that's begging.

Crawford: You're right. Well, could they take care of this population pretty well?

Fort: They could have, had these positive elements been responded to creatively by city officials instead of conducting a war on them. It was mainly the media that brought about the war on the hippie. It could have been prevented just like most of our problems.

Crawford: And what happened to Grogan?

Fort: He moved back to New York City after starting to use heroin. For a time in the early seventies he was on the FORT HELP methadone program that I had created. He writes about this in his book Ringolevio so I'm not revealing anything confidential. In New York he died mysteriously in a subway car. Another key Digger, Arthur Lish, disappeared after the "war."

The other very creative force in the hippie period was Al Rinker, the director of the Haight-Ashbury Switchboard. I had invited him to the planning group for FORT HELP in 1969 after I'd evolved the ideas for this entirely new kind of organization. He was the one who proposed we call the new center FORT HELP, the only nonmilitary fort in America.

The Switchboard was a coordinating or networking body. They had a twenty-four-hour phone line, and they would hook people up to all kinds of services. That's what they meant by a switchboard. They'd keep an ongoing, updated list of places to get a room, food, clothing, health care, et cetera.

Crawford: Was that the first of its kind?

Fort: I think it was, nationally.

Crawford: Volunteer-run?

Fort: Yes, volunteer-run. They served a very valuable function which also included making people aware of rock group performances, poetry readings, and general happenings.

Thus, my overall social involvement was at a moderately high level in the human/civil rights movement. In the antiwar movement I was involved, using an absolute scale, at a relatively low level. I gave public speeches against the war, one at the school of Public Health, UC Berkeley, and one at a Montgomery Street (financial district) outdoor rally. The only thing unique about my position was I condemned both the North Vietnamese and the Americans for their indiscriminate killing and I was not allied in any way with any self-styled radical or extremist organization. From the beginning, I just thought the war was totally stupid, wasteful, and destructive.

Crawford: But that was not a focus of what was going on in the hippie movement.

Fort: No, the hippie movement was separate from that and was actually laughed at and frowned upon by people in the antiwar movement. The civil rights movement was also totally separate from both of those. Again, I want to stress that most young people, like most older people, weren't involved in any of these movements. The one that got the most attention was the hippie movement because of its "mediagenic" relationship to sex, drugs, and alienation.

I became involved in the so-called hippie movement first of all because I had created in 1965 the Center for Special Problems--which was the first program used by the hippies (as well as the poor and middle class) for their drug and sex problems. They came in significant numbers to the main office on Van Ness Avenue in San Francisco, the outpatient clinic, and the drug treatment branch I had started at S.F. General Hospital, which became the Haight-Ashbury Clinic.

I retrained and remotivated existing city staff, and recruited a number of outstanding new people, including Marie Angell, Maggie Rubenstein, Agnes McFadden, Neil Ross, Ron Lee, Martin Stow, and Denny Zeitlin. Another was David Smith, who was then a young, very ambitious doctor interested in the drug field and had come to me for advice and education since I already had ten years of national and international experience when I started the San Francisco program. I hired him to supervise the Acute Drug Treatment Branch of the Center for Special Problems while Agnes McFadden coordinated the Jail Branch at the S.F. County Jail.

Crawford: Were you always in trouble at the Center for Special Problems?

Fort: No. It was a wonderful experience and, for about a year and a half, full of excitement. I was given a lot of independence.

"Mistakes" are occasionally made by administrators of cities, counties, and national governments. I mean that sardonically, a mistake where they allow somebody who's an innovator and independent thinker, and who has strong ethical standards, to take over a program.

Crawford: How did it happen?

Fort: It happened in part analogous to what Robert Hutchins once told me about how he became president of the University of Chicago when he was thirty. They don't perceive what you really are or can't agree on other candidates.

Crawford: Why? You're very up-front about who you are.

Fort: Oh, I was a young man at that time, and wasn't what I am now.

Crawford: But you were obviously outspoken and clear about what you wanted to do.

Fort: At that time, there were a relatively small number of people attracted by a demanding job like this because it paid something like \$20,000 a year. It's an unusual doctor who will sacrifice a large income for that kind of job, even though most of them conduct a concurrent private practice.

Also at that time there were a relatively small number of people, doctors or otherwise, who had the needed expertise. First of all, though, you have to understand they sought to hire me to direct a conventional alcoholism treatment program. Then, I quickly presented my written vision of what the program should be and said that the condition under which I would take the job is that they let me build it. And they accepted it. It must have been, in part, because they thought they would get some kudos from allowing such a program to be developed, without realizing the controversy involved with each of these problems and each of these behaviors. This was at the very beginning of the hippie phenomena, the very beginning of concern in this society about homosexuality, and the beginning of awareness of widespread drug use and abuse.

I was left alone pretty much until the war on the hippie was declared, along with the war against the poor and the war on drugs, similar to what happened in the eighties and nineties. While I was left alone, all kinds of exciting things were brought about at the Center with new kinds of services, new staff members and volunteers, and large numbers of new patients with new problems. It included hiring the first acknowledged homosexual in city government.

Crawford: How acknowledged?

Fort: Where he admitted that he was a homosexual and had one related arrest. This became a public issue, but I managed to get it through the Civil Service.

Crawford: Were you seeking to expand the horizons of city hiring at that point?

Fort: Yes, the program dealt with homosexuality and sought to be available to people of all races, religions, genders, sexualities, and ages. I wanted to create a staff that would reflect this and would be more acceptable to people coming there.

I also hired a black social worker, even though city personnel practices limited the number of people I could hire. I tripled the caseload with the same budget, which was unheard of. I also brought in services like Alcoholics Anonymous, Synanon--for the first time in its history--poetry, Antabuse, hormone treatment, et cetera. I was able to split a job for the first time--a social worker's job--so that a female social worker was able to have a child and spend half the time at home and half the time continuing her career. All these things are now taken for granted. But they're representative examples of what I was able to do, despite the restrictions of a civil service system and a very traditional, hierarchical, and authoritarian bureaucracy.

Crawford: And the bureaucracy didn't resent your doing any of these particular things?

Fort: Not at that early time, although it was all slow and unduly complicated, but, as time passed, "disreputable people" such as homosexuals, transsexuals, marijuana and heroin users, and hippies, began to appear in greater numbers at the program. The media began to write it up, although not a single press release was ever sent out by me. These things began to be of greater interest to the media, and hence the public.

Crawford: What was the feeling about homosexuals?

Fort: Very negative. Very controversial. I was the only doctor that I'm aware of in northern California, and perhaps in the country, that opposed the American Medical Association and American Psychiatric Association official stand that these were severe pathologies, and that the purpose of treatment was to convert them from homosexuality to heterosexuality.

My public statements in lectures, interviews, et cetera were quoted often, locally and nationally. I was concurrently opposing the continued criminalization of people for their private drug use or private consensual sexual behavior, and had early on evolved what I later called the public health approach to drugs, sex and violence.

Eventually all of these things brought down the wrath of the chief administrative officer of the city and the health director. There were also two other things which intersected with those. The city declared war on the hippie officially and, through the health department, tried to close down houses where they were living. The State Bureau of Narcotics sought my firing because of my criticisms of criminalization and its destructiveness. Things came to a head. They tried to get me to resign, but I refused, even though they offered six weeks of paid vacation and a laudatory letter of recommendation.

Crawford: They said you lobbied the OEO [Office of Economic Opportunity]. Was there anything to that?

Fort: Oh, yes. I was able, by myself, to get a million-dollar grant that would have funded a health center for the poor in the city. That was one of the subcharges against me eventually, that I had done that instead of going through channels. They wanted me out and wanted to close down the program. When I refused to resign, I was fired on probably the most unusual charge in bureaucratic or government history. The literal charge, not my favorable description of it, was that I was "too independent." The subcharges included increasing the caseload and space of the Center, getting that grant for the poor, and various things like that.

They stopped the poverty grant, the Jail Branch, the Acute Drug Abuse Treatment, and other creative outreaches when they fired me. That ended that. The overall program on Van Ness Avenue was saved and has now lasted thirty-two years. I fought the dismissal administratively and in the courts.

Crawford: Defamation?

Fort: No. I never sued them for that. I fought the dismissal as illegal. There were headline stories for days. I stayed in my office for several days, and probably could have become a national figure if I continued to stay in the office despite being fired. The basis for my staying there was that the city rules officially require being fired by the Civil Service Commission, and not by those corrupt mediocrities that were in charge--Drs. Stubblebine, Sox, and Thomas Mellon, the chief

administrative officer who ran the city for the business establishment.

I lost the battle administratively by a two-to-one vote and in the courts. It's interesting to contemplate what might have happened if I had remained in charge of the only program for dealing with drug, sex, and violence problems. There would be far more services, no Haight-Ashbury Clinic, and much less drug and sex abuse. We could have gotten the city to deal with the roots of problems over these many years since 1967, when the firing took place. But I did force them to commit themselves to keeping the program going when I made the whole thing public.

Crawford: Why?

Fort: Because there was so much outcry about firing their expert in these problems. In order to get enough support from the board of supervisors, a number of whom supported me, and to reduce the public controversy and bad publicity.

Crawford: Well, talk next about "tune in, turn on, and drop out."

Fort: That was a "philosophy" that Timothy Leary originated. But few would have known about it had the media not incessantly quoted it and made front-page stories out of it.

He was totally irresponsible. I got to know him well, testified in several of his trials as an expert witness, and once visited his estate at Milbrook, New York, lent to him by a millionaire friend of his, William Hitchcock. After he drove me around the estate I learned that he was under the influence of LSD at the time he was driving. I knew him well enough that he told me that many of the things he said in Playboy interviews and in public speeches were lies about drugs or sex that he deliberately said to get attention.

But the "turn on, tune in, drop out" thing came, with the news media's help, to epitomize the hippie movement quite incorrectly. While it is true that a central thrust of the hippie movement, at least as articulated by its philosophers such as Emmett Grogan and the Diggers, or Dylan and the Beatles, was to condemn many aspects of our society, there was also the very idealistic aspect. This stressed sharing and concern for others that one could more correctly compare to early Christianity or Buddhism. The hippies did not tie an unconventional lifestyle together with drug-taking as Leary did. The media merged in people's minds drug-taking, promiscuous sex, and the hippie philosophy. While some drug-

taking, particularly of alcohol and marijuana, was common among the hippies and some sexual promiscuity was common, these did not dominate. As with other phenomena, a few titillating things were taken out of the total context of people's lives.

Crawford: So by doing this, they actually encouraged drug use?

Fort: Exactly. Politicians, administrators, and journalists made the equation that if you want to be a hippie, you have to use marijuana, be free about your sexual liaisons, and give up conventional life. They also expanded the generation gap and youth alienation issues, drew more and more people to San Francisco, and scared big business and city administrators. The outsiders equated love with sex instead of what love really means--"caritas."

Crawford: Hadn't Timothy Leary been a respectable sort of doctor at Kaiser?

Fort: Yes, he'd been a psychologist at Kaiser Hospital in Oakland. He'd had a lot of suicides in his family, I think his first wife and possibly one of his other wives or children, at a later point. He'd gone on to Harvard where he and Richard Alpert were on the faculty. Alpert later changed his name to Ram Dass. They did some experiments with a more learned (also Ph.D.) psychologist named Ralph Metzner, giving psilocybin, a psychedelic drug, to convicts and students.

They got into trouble with academic officials for doing that and the media made them both famous. It was then that Leary began espousing this philosophy of "turn on, tune in, and drop out," in large part because he correctly realized that that would make him famous.

Crawford: That's what he was after.

Fort: That's right. He wanted to be as celebrated as Abbie Hoffman and Jerry Rubin, two other antisocial exploiters, were with the anti-Vietnam War. They were willing to do and say anything no matter how many people they hurt or misled.

Crawford: Did you know them?

Fort: I did know both of them. I was on programs with them at various places around the country. College students would regularly invite them, and sometimes me. I debated them on several occasions. Once in Berkeley, there were about a thousand people who came out for a debate between Leary and me, and everyone was dressed in the conventional unconventional

manner of the time. Leary was in white robes, and I deliberately came in a business suit with shirt and necktie. As part of my talk, I asked whether they and Leary were the conformists or whether I was. I tried to use that-- unsuccessfully--as an object lesson to get them to think.

Crawford: Why? Why unsuccessfully?

Fort: Well, because they just laughed at it. They thought that they were being true nonconformists even though dressing in the same manner. But the more important thing that occurred there is that I called upon them to turn on to life, tune into knowledge and feeling, and drop into changing and improving society. I'm not aware that the media ever quoted that, while constantly quoting "turn on, tune in, and drop out." Even though I testified as an expert witness in Leary's trials, it was not because of him. It was because my studies of drugs, which began in 1955, had shown me that the drug laws were destructive and unsuccessful, and that marijuana was improperly categorized as a narcotic.

Crawford: So you would have been relentless against his point of view that drugs gave valuable insights.

Fort: Yes. I preached and practiced non-drug use. He preached and practiced drug use. But both of us shared the view that the drug laws were wrong. He arrived at the conclusion because he wanted to be able to use whatever drugs he wanted. I arrived in a completely different way, trying to do what was right.

Crawford: Leary said, and this is from the Tibetan Book for the Dead, or rather from the manual: "This generation is wiser and holier than any other." Did he believe that? Did he say that to be in favor?

Fort: I think he said that to be popular with the people he was speaking to and to get media attention; perhaps to appear oracular. Anyway, the quote is wrong because it greatly over-generalizes and glorifies. It's as incorrect as its contemporaneous saying: "Never trust anyone over thirty." There's nothing magical about either youth or mid-life.

Crawford: We were talking about your contact with Leary and the debates that you had and you said, "Turn on to life, tune into knowledge and feeling, drop into changing and improving society," turning his saying around to the opposite meaning.

Fort: Leary's "turn on, tune in, drop out" would never have amounted to much had not the media actively disseminated it and

exploited it for their own purposes. As they often do, they played the role of an accessory in social destructiveness. It also represented the difference I had with the advocates of drug-taking, where I was one of the few people that actively communicated the message of living a life without depending on drugs, and was the only one that included alcohol and tobacco in that message from the mid-sixties on to the present.

Crawford: Did Leary do harm?

Fort: I think he did great harm with that help from the media. They always have the choice of ignoring people who say or do antisocial things or making celebrities out of them. Most often they prefer to make celebrities out of them. The problem begins with their making people famous, or even pseudo-heroes, for the most inconsequential accomplishments such as running down a field with a football (O.J. Simpson), knocking someone out (Mike Tyson), or singing a song (Madonna).

I think a lot of professional people were harmful also by claiming that some drugs such as marijuana or cocaine were totally harmless, or even advocating its use. There was a great deal of hypocrisy in the field where a lot of people working as supposed experts were, themselves, regular drug users. And in courtrooms or in legislative testimony when asked about it, they would usually lie about it, denying that they used drugs.

One of the reasons I got into the drug field was that it fascinated me as a kind of thread to understanding both the psychological and sociological aspects of life. It (from alcohol to Valium) reveals so much about people and about society, about our difficulties in handling frustration, our inability to cope, our escapism and pleasure seeking. There is also society's ambivalence about pleasure, a kind of Puritanism which H. L. Mencken defined as "the haunting fear that someone, somewhere may be happy."

Crawford: Leary said that LSD had value or offered valuable insights. Was all of that just a false appeal?

Fort: No. That's an example of how another part of human nature of the species I call "Homo ignoramus irrationalis violentus" (not Homo sapiens) tries to throw out the baby with the bathwater. Marijuana, LSD, narcotics, and some of these other mind-altering drugs do have legitimate and sometimes valuable benefits for individuals in the society.

I always strongly favored legalized treatment: narcotics for severe pain and methadone for heroin addicts, marijuana for nausea or glaucoma, sterile needle and syringes for illegal injections, LSD for specialized psychotherapy, and peyote for Indian religious use. That was another component of my public health approach to drugs, just as in the sexual field, I always strongly favored healthy sex within a loving mutual relationship. One needs to separate out and be very specific about the things that are self-destructive or socially destructive.

LSD can, in some circumstances, with some people, provide valuable insights and facilitate psychological progress, as can the closely related drugs mescaline and psilocybin. But that depends on the person being well prepared for the experience, having a specific purpose in using it, taking a known dose of known purity, and in an environment that is likely to be relaxing. Finally, it depends a lot on the availability of a knowledgeable, trusted guide or therapist.

So it does have beneficial uses and even now should be used in limited experiments very discriminately. Unfortunately, it got thrown out and criminalized in all the hysteria, just like doctors were forced out of treating narcotic addicts or treating people in severe pain with enough narcotics.

What they do is buy it illegally on the street where anybody who wants to use the drug can get it. That's one of the paradoxes. People who want to use it appropriately, under medical supervision, are not allowed to get it. So they have to take an unknown dosage of unknown purity in a form of self-treatment.

Crawford: Which is not desirable in any way.

Fort: Not usually, but many people are now buying it or growing their own marijuana because they know that it can be helpful, including many AIDS and cancer patients who are taking medicines with serious side effects.

Crawford: Are we getting more enlightened on that score?

Fort: Well, the most hopeful sign is the passage of medical marijuana initiatives in California and Arizona. The surgeon general that came in with President Clinton had announced that she would make marijuana available for medical use, which led to her being fired. I was the main expert witness twenty years ago in a suit against the FDA to make marijuana available for

these medical purposes. It won after years in the courts, but it's been blocked by administrative agencies in Washington.

Crawford: Do you approve of the use of drugs like Prozac for helping with self-esteem, that sort of drug use?

Fort: I think we should be cautious about Prozac, Halcion, and other new drugs that are marketed for anxiety, depression, et cetera.

My recommended policy about these prescription drugs for treating psychological illness is that they should be used selectively and discriminately, in the lowest possible effective doses, for the shortest possible period of time. In other words, people should not be put on excessive doses and they shouldn't be indefinitely kept on whatever dose they're put on. It should be periodically reevaluated. They should participate in the decisions. One of the goals should be similar to one of the goals of methadone maintenance programs for heroin addicts. Eventually you want to make the people free and autonomous, rather than have them continue to be dependent on a drug/medication.

Crawford: You testified at Leary's trial. Do you want to follow through on that?

Fort: I have to find the transcripts among the fascinating memorabilia I have in a vast collection of hundreds of transcripts of my testimony in trials, including his. It was either two or three of his trials. I remember that one was in Orange County, California, and one was in Laredo, Texas, in federal court. It involved constitutional issues about the drug laws, one of the big areas of my expert witnessing.

As early as 1961, in the Knesivich case with Attorney Edgar Boyk, I began testifying in constitutional challenges to the drug laws. It involved testimony on the properties of marijuana, cocaine, peyote, Quaaludes, Valium, amphetamines, and comparisons with alcohol and tobacco. It involved religious issues, the right of privacy, cruel and unusual punishment, and other constitutional arguments. There were a great number of those cases all over the country, the most important being separate challenges of the marijuana and cocaine laws in Boston, conducted by Attorney Joseph Oteri.

Crawford: And what was Leary's involvement?

Fort: His cases were among the many where I was the star witness all over the U.S. (California, Michigan, Massachusetts, Oregon, Alaska, et cetera) as I sought to bring about rational and

humane social policies. In testifying in civil or criminal cases you have to study all relevant information and reach your independent conclusion, and then you may or may not be asked to testify. But, in these cases, I was sought out because I'd already written and lectured on public policy regarding drugs (and sex) and the properties of different legal and illegal drugs. It didn't require testifying as to whether the person was guilty or not guilty, responsible or not, or mentally ill or insane.

I was one of the few people who had made this field a major specialty and one of the few that was willing to speak out. So, particularly after my international experience with the United Nations and World Health Organization, I was sought after for many famous drug trials and also submitted letters or affidavits for groups like the Jefferson Airplane (when they were arrested in New Orleans), testified (along with Alan Watts) in a case involving the Kingston Trio's manager, and signed a petition along with the Beatles to reform the marijuana laws in England. In the early 1970s, I was called on for advice by the Ministry for Youth in France and consulted with U.S. Senate and House committees.

Crawford: What was the attitude toward musicians who took drugs then?

Fort: It was a pretty negative attitude going back, at least, to the arrests of Billie Holliday, Charlie Parker, and Artie Shaw. My involvement with musicians was with a number of jazz performers that I treated while on the staff of the U.S. Public Health Service Hospital (for narcotic addicts) at Lexington, Kentucky. Most prominent among them was Red Rodney who played the trumpet with "Bird" (Parker), and who has written about his heroin addiction.

Crawford: I want to run by some of the institutions that were well known and just get your ideas. Huckleberry House was certainly one of those.

Fort: Huckleberry's was a very creative program. It was started by Reverend Larry Beggs. They had a very good group of staff people, very conscientious. They did some pioneering work with runaways. Early on, they consulted with me and I certainly encouraged their work. I had nothing to do with starting the program. I served on their board for a number of years. It helped to stimulate similar programs in other parts of the country. It's one of the rare innovative programs that continues, albeit in a modified form, up to the present day. Larry is no longer involved in it, but I saw him four or five years ago when he had a party for people that had been involved

in the sixties. He spends his time as a kind of farmer now on a ranch in Marin. He deserves a lot of credit for developing the program.

Crawford: I read that several ministers from All Saints Church in the Haight-Ashbury, Kinsolving and Leon Harris, were very active during the sixties there. Did you know of them and their work?

Fort: No, but another minister that did some work was Robert Cromey, who's still around, and several "Night Ministers" who worked in the Tenderloin.

Crawford: Yes, I know Bob.

Fort: What's the name of the church he's with now?

Crawford: He's with Trinity now.

Fort: Oh, that's right. Another collection of ministers that was very involved with young people and others, including the poor, were the ministers in Glide Church. After Cecil Williams came in, he became the major force there and, for one reason or another, the others dropped out.

Crawford: Lou Durham. Is that a name you know?

Fort: Yes, I knew Lou well. He was, I'd say, the mainstay of the group at first, in the mid- or late sixties. And then there was Ted McIlvenna who you know and with whom I started the National Sex and Drug Forums. And later on, Cecil Williams. They shared the responsibilities and the Glide Urban Center was one of the main creative places in terms of social problems in the late sixties. That was one of the many places where I did consulting in the sixties and seventies.

Crawford: They funded other social programs, didn't they?

Fort: I don't know. One group that was involved, through its director John May, was the San Francisco Foundation. They took a very active role in helping to fund social projects.

Crawford: Yes. What do you know of their work?

Fort: Well, I got to know them in that their interests and work overlapped some with mine and I would see some of their staff at various meetings. I got to know them a little better when they gave a small grant to Fort Help in the first years of its operation.

Crawford: One of their grantees was Hospitality House. Were you involved with them and the Tenderloin?

Fort: No, I had no involvement. I knew about it and visited it but I played no role in it.

Crawford: May was the head of the foundation then. Did he help you more than once?

Fort: My recollection is we had a grant for two years, \$25,000 the first year and \$15,000 the second year. But I may be wrong on that.

Crawford: That's very good, I think, for that period and for the foundation. I mean, that's quite a seal of approval.

Fort: That was used to help pay staff stipends or salaries.

Crawford: Well, what other organizations--?

Fort: Well, the Switchboard, as I've told you before. Another thing that was interesting at the time was The Oracle, which was a newspaper that came out in the Haight-Ashbury. They published one article of mine warning about the dangers of amphetamines. Bill Graham was a major player in that he was very involved in money-making and promoting rock concerts and had primarily a hippie/youth audience. The psychedelic posters (and other art) was tied in with the Fillmore West (and East) concerts he put on. He was one of the main financial supporters of the Haight-Ashbury Clinic over the years. But his main involvement was in providing the musical background for the Haight-Ashbury phenomena.

Crawford: Wasn't he very critical of the hippies?

Fort: If he was, I didn't know that.

Crawford: What about the politicians? Phillip Burton was the congressman for that district. And Assemblyman (now Speaker) Willie Brown, of course, lived in the Haight-Ashbury and still does, I think.

Fort: He co-sponsored (with the celebrated ad-man Howard Gossage) a Joel Fort Day in 1967 at Glide Church and he was on the board of directors of Fort Help. Then there was a professor from San Francisco State that was very creatively involved with the Haight-Ashbury.

Crawford: Was that Leonard Wolf?

Fort: That's right. He used to give readings in a theater on Haight Street where they would have concerts and poetry readings. I can't remember the name of it now. I believe it's been torn down.

Crawford: What did the beatniks do? Did they take part in the Haight-Ashbury and the "be-ins"?

Fort: For the most part, those were two separate phenomena. The beatnik phenomenon involved people somewhat older (in the 1950s) than the usual hippies, different neighborhoods of the city, North Beach versus the Haight-Ashbury, and with more artists and writers.

But none of these phenomena are precise geographically or even limited to a certain time period. There was overlap. Both hippies and beatniks lived all over the city, and other cities had big hippie populations. New York and Los Angeles for example. But the media focused on San Francisco and made it the so-called hippie capital.

Crawford: How did the Bay Area population, in general, relate to the hippie movement?

Fort: They related with curiosity, fascination, and fear. The latter particularly among political leaders and big business. That was a factor in their attempt to get rid of me as a leader in San Francisco because I was the only city official working constructively with them. To such an extent that Vincent Bugliosi and Curt Gentry in Helter-Skelter referred to me as the "legendary doctor to the hippies."

Crawford: I read in some news clips that Dr. Sox said that venereal disease was going up 600 percent due to them. Were they scare tactics? How effective was that in the war on the hippies that began later?

Fort: Well, that was a very important part of building up to the war. It's very analogous to the way Lyndon Johnson and his gang and Richard Nixon, Henry Kissinger, and their gang manipulated public opinion to escalate the war in Vietnam and Cambodia with all kinds of lies. By developing a climate of hatred and fear they could justify taking extreme measures.

I was perhaps a casualty, too, of this "war", although there were other factors involved in my dismissal. The justifications that were used against hippies included dangerous drug use, sexual promiscuity and VD (now called sexually transmitted disease), and unsanitary practices. All

of the other health and social problems of the city were just ignored while they concentrated on the Haight-Ashbury.

Crawford: Was it a real threat?

Fort: No, certainly not. All of those things constituted far lesser problems than we have today. Sexually transmitted diseases are much more epidemic now in San Francisco and elsewhere than they were then. The drug problem is far more extensive and severe than it was then, with heroin, amphetamines, and cocaine/crack having steadily supplanted marijuana, a much safer drug. Alcohol and tobacco continue as our biggest drug problems.

Crawford: Time magazine called it a war on the hippies--who waged it?

Fort: Well, they used the term only after it was used here in our media. The war on the hippie seemed to be headed by Thomas Mellon, the chief administrative officer of the city who, under the San Francisco Charter, was more powerful than the mayor. He and Ellis Sox, the director of public health, were egged on by the business community, as it's called, and by the narcotics and vice (sex) police, local, state, and federal.

They said that they were going to wage war on the hippie and bring this to an end. The board of supervisors actually debated putting up signs on the bridges and on the highways leading to the city indicating that hippies weren't welcome. City officials talked of taking much more extreme measures than that, and did raid many households.

Crawford: What about Synanon and Delancey Street? I know that you were involved with them.

Fort: Well, Delancey Street came along much later. Synanon, in the sixties, was an alternative drug treatment program, a very intense live-in adaptation of Alcoholics Anonymous. It was very authoritarian and the core of it was aggressive group therapy, the taking over of people's lives and reeducating them under great pressure to conform to the Synanon philosophy as articulated by its founder and leader Chuck DEDRICH (an ex-alcoholic).

I did support Synanon in its early days as an alternative treatment because I have always encouraged the broadest possible range of treatment approaches. No one of them is going to be successful with everybody or even with most people. The more options we give people, the more likely we are to get something that will help them.

Synanon later on became more and more authoritarian. They lost a lot of people, they seemed to exploit residents and "squares" (outside visitors), and they became more and more inbred with suspicion of outsiders. They finally broke up after some of them were convicted of making threats--and actually trying to kill an attorney who had been critical of them by putting a rattlesnake in his mailbox.

Crawford: I remember that case.

Fort: They sowed the seeds of their own destruction by becoming more and more extreme. For a long time, they got an inordinate amount of publicity because they had a lot of media people in Synanon. The media uncritically built up the organization as they do time after time. They did it with People's Temple and Jim Jones, Leary and the pro-drug movement; Boesky, Milken, and the Wall Street crooks; Oliver North and other Reagan criminals; and O.J. Simpson and other athlete/entertainer pseudo-heroes.

Crawford: Who else stands out for you during that period, not only in the Haight-Ashbury but elsewhere, Berkeley and so on, during the height of the hippie time?

Fort: The thing that stands out in my social analysis approach is not a few (wrongly) celebrated figures but the extraordinary number of young people who were disillusioned, dissatisfied, and alienated from their society; who were attracted by a colorful and creative movement and freer way of life; who wanted an alternative to white, middle-class values; and who tried to create a different kind of society.

This was not a movement led by some pied piper that brought all these people to the East Village of New York or to the Haight-Ashbury. It was mostly media-generated but nevertheless, it reflected that thousands of people, not all young, were turned off by conventional values and officials.

It was about that time that I was a consultant to Playboy magazine, helping on their advice column and writing articles, so there were things I had to research.

Also in 1968, I had the idea for the National Sex and Drug Forums and started it with Phyllis Lyon and Ted McIlvenna at Glide Church. A big part of our program there had to do with training people, including ministers, teachers, and doctors, to be more comfortable with sex and to be able to communicate more healthy sexual attitudes to their students and clientele. ("It's not the best thing in the world but there's nothing

quite like it."--W.C. Fields) ("I don't care what people do as long as they don't do it in the street and scare the horses."--Mrs. Patrick Campbell)

Crawford: Perhaps you could talk about the Sex and Drug Forums more specifically?

Fort: The Sex and Drug Forums came from a creative idea I had in early 1968, which I took to Reverend Ted McIlvenna at Glide Church. He was one of the ministers there along with Lou Durham. Glide was very involved in Tenderloin poverty and youth problems and was a place of social ferment. Ted liked the idea and Phyllis Lyon of the Daughters of Bilitis was already working for him, so with me they developed it further and we created the National Sex and Drug Forums to help train people to do sex or drug education or to enhance their own sexual functioning.

We fixed up a seminar or training room in one area of the Glide building with a lot of big, colorful pillows to sit on, display areas, projection equipment, et cetera.

Crawford: Where did you get the doctors for the program?

Fort: They came from medical school staffs and private practice. The whole area of human sexuality was growing at that time, getting a lot of attention. It was around that period of time that I had more than 800 students turn out for my Sex and Crime course at the University of California, at Berkeley School of Criminology.

Human sexuality courses began to be taught in many medical schools around the country and even began to be required. This had been a neglected area in medical training and practice. A lot of the people who went on to start medical and pastoral programs got their training at the National Sex and Drug Forums.

Also, we developed a number of film and slide materials that people could use in sex education. Now, nearly thirty years later, there's an excess of such materials, and also videotapes are widely available. At that time there was not the wide range of sex education materials or the more open discussion of sex I helped to bring about there and through my role as a radio and television doctor.

One of our goals was to help people to have healthier, happier sex lives and to feel more natural and accepting of sexuality as an important part of life. A lot of this is

summarized in my chapter called "Sex and Health" from the book The New Sexuality. And we wanted to help prevent sexually transmitted disease. We wanted to help prevent unwanted pregnancy. My perspective was somewhat different than Ted's who was more accepting of promiscuity, and of drug use. During that period, I also served on the Episcopal Bishop's Commission for Human Sexuality and the independent Council on Religion and the Homosexual.

I had a variety of debates and discussions, locally and nationally, with the American Medical Association and American Psychiatric Association people, who had far more traditional views about things. As I've noted, I try to avoid using terms like liberal and conservative. I don't think they have a clear-cut meaning. But [conservatism] traditionally carries a specific meaning of being opposed to change or innovation and my perspective was and is to welcome and foster creativity, policy experimentation, and progress.

Crawford: Did the Sex and Drug Forums duplicate efforts of organizations elsewhere? Was it truly radical or innovative in some special sense?

Fort: It overlapped a little with SEICUS (Sex Education and Information Council), which Mary Calderone had founded in New York City. It overlapped a little with the Kinsey Institute, which I visited early on, and the work of Masters and Johnson in St. Louis, whose program I also visited. I got to know the main Kinsey researchers, William Simon and John Gagnon.

Crawford: Who was actively involved in the National Sex and Drug Forums?

Fort: Reverend Ted McIlvenna and Phyllis Lyon were the main people who helped me develop it. We had other staff people that worked on films and helped set up seminars and that type of thing, and we would bring in guest faculty once in a while.

Crawford: Phyllis Lyon was open about her lesbianism. How did she get away with that, or did she?

Fort: Yes, she did. In the years I knew her, she was employed at a place that didn't hold that against her.

Crawford: Was she harangued?

Fort: I don't think so, despite the fact that she and Del Martin were the leaders of Daughters of Bilitis, the main national lesbian organization. I remember at one point, because of my contributions to human rights for homosexuals, they made me

(and Bishop Pike) honorary members which they called Sons of Bilitis. I felt that was an unusual and important honor because it made me an honorary woman as well as an honorary homosexual; and this despite my never encouraging homosexuality over heterosexuality, and my opposition to promiscuity. I always stressed sex with love, as part of the relationship.

But the Forums, to finish answering your question, moved more and more into the sex field, changed its emphasis, and evolved into a broader kind of educational organization. I left to start FORT HELP before the Sex Forum turned into a graduate school which would actually award Ph.D. degrees in human sexuality. I don't know the extent of the accreditation they have, but many have received degrees as I would have, had I continued there. It's a small, specialized college that concentrates on advanced sex education.

Another person that became active there and at Fort Help was a staff member named Maggie Rubenstein, a former nurse, that I had hired at the Center for Special Problems. She became one of the mainstays of the National Sex Forum and later, as an offshoot of FORT HELP, she and two other staff members there, Carolyn Smith and Toni Ayres, started the Sex Information (phone) Line. It, like FORT HELP (and the revised Forum), is still operating.

Crawford: How about Bishop Pike? Was he involved there?

Fort: No. He had no involvement in these things. It was because of his general progressive social attitudes that they honored him.

Crawford: But you knew him?

Fort: We just talked on the phone and I think I met him once, but he did have another more important association with me. He was one of those who submitted a friend-of-the-court (amicus curiae) brief in my landmark case that freed public employees to participate in politics, Fort vs. Alameda County. The state Democratic party; the ACLU, after a lot of initial reluctance; the state AFL-CIO; Bishop Pike; and, I think, one other organization submitted briefs to support my constitutional arguments that eventually were successful in the California Supreme Court.

Crawford: Did he come forward by himself or was that solicited?

Fort: No, either my lawyer or I had contacted him and asked him to do that. He was a lawyer as well as the bishop of the Episcopal Diocese of Northern California.

- Crawford: I have wanted to ask you about your work at Playboy in the 1960s and seventies which I think is quite extraordinary. I don't think there is anything like that now.
- Fort: That was a very exciting meeting in 1971 of people who had written for, or been interviewed by, Playboy. I still remember it clearly, and it was my only opportunity to be photographed by Alfred Eisenstadt and to converse with Moravia, Wills, Talese, Halberstam, Hefner, and many others. That reminds me that I've been photographed by another famous photographer, Joe Rosenthal of the San Francisco Chronicle. He photographed the raising of the flag at Iwo Jima in World War II.
- Crawford: Here you are, in exotic company, the top literary talent in America [showing photograph--see attachment].
- Fort: Indeed I was, and certainly I was, as a literary figure, less estimable than many of those people there, but on an equal basis with some of the others. I had at that time written several articles for them, been on a Playboy panel, and been a consultant on sex or drug questions in Playboy "Forum" and to their foundation (on hot lines, drug programs, et cetera).
- Crawford: You wouldn't guess the subscribers would have the attention span to read that twenty-five-page panel on drugs.
- Fort: You are probably correct, but they still have those panels. They still publish some of the best articles in America, good fiction, a panel, and a large number of scantily clothed, mostly young and white, female bodies. So their basic format remains the same, even though I haven't read an issue for a long time.
- Crawford: Did you ever object about the scantily dressed females to Hefner?
- Fort: I met him on several occasions at the Writer's Conference and at his mansions in Chicago and Los Angeles, but I never talked to him about their priorities. I don't strongly object to it, but, I think if I were doing it, I would add an equal number of men, I would make sure they were voluntarily exposing themselves and not being exploited, and I would balance that with socially responsible and high quality literary materials.
- Crawford: Would you appear scantily clad in the pages of Playboy?
- Fort: It is so unlikely as to be almost impossible that they would ask me, but the answer is yes, I don't see anything wrong with that. One of the things I used to teach in sex education in

the 1960s, was that people, male and female, should be brought up to be comfortable with their bodies, with partial or complete nudity. To be consistent with my beliefs, which is one of my character "flaws," if they asked me to appear I probably would, but I'm not sufficiently well-endowed in terms of my facial, general body, or other external configurations.

I've told you that one of the imaginary organizations I've created, that anyone can be a part of, is the Society for the Plain, Unattractive, and Possibly Ugly. So far I'm the only member of it. However, when I've seen pictures of me in my twenties or younger, I now think I was handsome then.

Crawford: I don't accept the description, but perhaps you should claim equal time in the pages of the magazine.

Fort: It's not something I'd want to do, but the women in it very much want to do it and feel, unfortunately, that it will advance their status in life. My main criticism of it is that they, like advertisers such as Calvin Klein and the beer companies--the biggest pushers of drugs in America, along with the tobacco industry--tend to feature women's breasts and other parts of their anatomy to sell their products. A false concept of beauty and of women is sold.

I do want to say that Christie Hefner is an impressive person. I haven't seen her for many years, but I had a couple of long conversations with her when I consulted with Playboy (at the New York restaurant 21) for the last time on a national survey of sexual attitudes. Even at that time, and now in TV interviews, she is very intelligent, well-organized, and socially conscious. I think she and her father have done a lot of good, but I would like to see them change the stereotypes of the magazine, and, more importantly, stop advertising our most dangerous drugs, alcohol and tobacco. That reminds me that, despite the objections of their advertising department, the Playboy editor published my articles and my famous Comparison Chart of Mind-Altering Drugs, which highlighted the destructiveness of alcohol and tobacco.

Crawford: I'm looking at this collection of people from February, 1971, among whom you are prominent in a bright red shirt and a very dramatic tie, as usual. What are your memories of that occasion?

Fort: I gave my scheduled presentation on "Sex in America" with a good response from the celebrity literati. I talked with Hefner, Mary Calderone, who was the founder of SEICUS, the Sex Education and Information Council of the U.S.; A. C. Spetorsky,

the vice president of Playboy who had organized the meeting; Nat Lehrman, the editor who had worked with me on my articles and the Playboy panel; Alberto Moravia from Rome; Arthur Clark, who wrote 2001 and with whom I played ping-pong; Roman Polanski, because I'd been so involved testifying in the Manson trials, and his wife, Sharon Tate, was one of the victims; Bill Simon, the sociologist from the Kinsey Institute; Calvin Trillin; Gary Wills; David Halberstam; Art Buchwald; Herb Gold; Alan Watts; Morton Hunt; and Gay Talese and his wife, Nan, who is an editor at Random House. I'm reminded of one of my character "defects" in that I rarely follow up on contacts I make, because she is a person I could have written to about possibly publishing some of the books I've been interested in writing over the years.

Crawford: Was it free form, the format?

Fort: No, the format of the meeting involved formal papers and discussions and several social events at the Playboy Mansion in Chicago and their resort on Lake Geneva, Wisconsin. There I drove a snowmobile for the first time, which Maria and I enjoyed. They had a sauna which I remember going into with Newton Minow and having a discussion about the Federal Communications Commission, which he once headed. When I spoke about the future of sex I remember asking, in an attempt at humor, why they were there listening to me speak about sex instead of enjoying sex in the comfort of their hotel rooms. More importantly I talked of the importance of sex with love and the still widespread ignorance about sex, despite the sexual "revolution."

Crawford: That got a response!

Fort: I can't say people fell out of their chairs, nor did they leave the room.

Crawford: Were the conversations on a high level?

Fort: Some were, and some were very pedestrian. I remember having worthwhile and interesting conversations with a number of the people I mentioned.

Crawford: What does that picture of the writers conference tell you today?

Fort: Well, it tells me how much I've aged. It tells me how much more media recognition meant to me then than it has in recent decades, during which I've generally avoided the media. It tells me that, had I pursued that path, I could have been a

very famous person, not only with Playboy's help but with the help of a lot of the people there. It tells me that the fame game probably hasn't changed very much, and it tells me that I've had an adventurous and exciting life, and contact with thousands of people from the poor and homeless, oppressed minorities, the literary elite, prominent politicians, Nobel Laureates, socialites, educators, reformers, and criminals and their defenders.

Crawford: If that group were collected today for a photo would it be a more diverse group?

Fort: Yes, there would be far more women and minorities. They would feel it was politically correct and artistically desirable. Christie Hefner is in charge now and has a different perspective.

Crawford: That's very interesting to me because I was reviewing that "Firing Line" that you appeared on with William Buckley, and the woman doctor, and the New York psychologist, in which he was obviously promoting a point of view that he had with which none of you agreed. He was rather lost, I thought, in that discussion.

Fort: Yes, I think it was on sex education and attitudes toward homosexuals. Was that part of it?

Crawford: Basically, he was talking about sex education in the schools.

Fort: Yes. That was Mary Calderone, the daughter of Edward Steichen, the famous photographer. She was the founder and long-time president of SIECUS.

Crawford: I found that was very interesting because Buckley came from the puritanical, Catholic point of view that premarital sex was simply not to be discussed. In terms of promulgating hatred it seems rather that a discussion like this has done some enlightening?

Fort: It's done some enlightening, but the media overall, and I include book-publishing, movie-making, television, newspapers, magazines, and radio, fosters ignorance and conflict. Obviously, all generalizations have their limits, and there are constructive people of integrity in each of those branches of the media. At the very least they don't attempt to, and/or fail to, educate and inform so that we would have a learned population, as would be ideal for a democratic society.

They trivialize, divert, emphasize image and style, and sensationalize and glamorize evil. They manufacture false heroes such as O. J. Simpson or Ronald Reagan and fail to reward or make heroes out of a wide range of very deserving people. The massive advertising which provides their profits makes people want things, including drugs (alcohol, tobacco, pills) that they don't need and may harm them. They create stereotypes of what women should look like and what their roles should be, and, to a lesser extent, what men should look like.

It's the most important force, especially TV, at least in America and Western Europe, in determining people's attitudes and behavior.

Crawford: Well, in this instance, I thought it was rather tolerant and open-minded of Buckley. You certainly made the point for representing all points of view about sexuality in the schools. And in this instance, I think he used the example of polygamy: because polygamy is favored in some societies, should we present that in the schools? You said we needn't make it a mainstream idea but we should certainly introduce it and maybe give it five minutes in a semester.

Fort: I don't remember that discussion but that sounds consistent with what I have always favored. That is, that we shouldn't be afraid to talk about sex and its various manifestations. We can always couple that with clear, positive values such as that sex is best as part of a total loving relationship, that sex should not be an endpoint in itself, that when you do engage in it, it should be with discrimination and a sense of social responsibility, and things like that.

So I would have indicated I didn't see anything wrong with talking about polygamy. But at the same time, I don't think that should be a big part of any sex education program because it's not that widespread a phenomenon and not that relevant.

Even in the sixties I was recommending what now almost everybody concerned about AIDS or other sexually transmitted diseases is recommending: we need early sex education in the schools and we need to do a lot more to prevent problems. More importantly, we need to practice what we preach, to be exemplars or role models for pro-social behavior. Another of the central thrusts of my life is an emphasis on prevention. In medicine that's known mainly as public health, but prevention of social problems, as well as medical problems.

I've always emphasized attacking the roots instead of dealing with branches of problems. One of the quotes I used in

my lectures is from Thoreau: "There are a thousand people hacking away at the branches of evil, for everyone striking at the roots." The simple modern version of that is that we have a reactive, crisis-oriented, Band-Aid society that responds only after the fact.

Sticking to the subject you brought up of sex education, if we had begun doing that back in the sixties, or if we'd even massively take that up now, we could avoid a lot of our problems. But, instead, we have television and the other media showing scene after scene of promiscuous or adulterous sex, but refusing to promote abstinence/celebrity or condom use. Rather, overpaid athletes and other entertainers are made into bigger celebrities when they boast of having laid hundreds or thousands of women (O. J. Simpson, "Magic" Johnson, Wade Boggs, Wilt Chamberlain, et cetera). In marked contrast, Arthur Ashe, a model of monogamy, fatherhood, and social consciousness was relatively neglected until he got AIDS from a blood transfusion.

I have no objection to nudity. I'd rather see that than the thousands of murders, rapes, and shootings that they depict on TV and in movies. It's been totally acceptable to show unlimited violence but unacceptable to tastefully present eroticism. We have many other failed and/or destructive institutions in this society: politics/administration, churches, education, and family.

Crawford: Are we any different than anybody else in that regard? Europe is, perhaps, less puritanical than we are as a nation.

Fort: France, Holland, and Denmark seem so, but Spain, in this century, has been more puritanical than other countries and the Soviet Union was extremely so. England has always been rather puritanical. I learned the other day, for example, that it was because of Victorian morality that the previously used word for the male chicken in the society, which was "cock," was replaced by the word "rooster," so as not to offend delicate sensibilities. The Chinese New Year used to be called the Year of the Cock every seven years and now is called the Year of the Rooster. They didn't want anybody to think of the male sex organ.

Crawford: Queen Victoria did a number on all of us, didn't she? She really did, because in Shakespeare's time, sexual innuendo and language were very much accepted.

Fort: Yes. A certain amount of bawdiness was quite acceptable.

Crawford: So that's one of your shibboleths.

Fort: Yes, I think among other areas, there should be much more open and healthy discussion of sexuality, that people should not be so hesitant to talk about it honestly and in a positive way instead of hinting that there's something bad about it. We shouldn't talk about it in a way that hurts other people's feelings or involves sexual harassment, which is one of the common uses of sexual innuendo or sexual joking. I'm not in any way condoning that. But people, in addition to talking about politics, the weather, and sports, could include in their discussion one of the most important areas of life, sexuality, (and other very important areas such as religion/spirituality/ethics and death/dying).

Crawford: How about the Mobile Help Unit?

Fort: That was another exciting work of social art that I created. It reflects the emphasis I've always had on prevention and on being proactive instead of reactive. Another facet of my approach to problems is a comprehensive total approach rather than a very limited partial one that ignores root causes. The Mobile Help Unit was developed in the San Francisco antipoverty program in 1968 as the Mobile Health and Welfare Unit. I had a phone, P.A. system, film projector, sink, literature rack, et cetera installed in a converted Dodge van, and trained a staff of two to work with me.

One was a community worker from the neighborhood and the other was JoAnne Donsky, who was trained as a psychiatric social worker. She was encouraged to blend this with the skills of a public health nurse to create a new interdisciplinary profession.

We took the Mobile Unit into different poor neighborhoods of San Francisco on a regularly scheduled basis, made known in advance by widely posted schedules and descriptions on posts and in shops. Then when we arrived we announced our presence on the P.A. system, played music to attract residents, and served coffee and donuts to make it informal, as did our manner and dress. Most importantly, we helped them with their social and psychological problems, passed out preventive educational materials, and made referral appointments on our phone.

By using our knowledge of resources, including humanistic staff members of agencies, we were able to cut through the usual bureaucratic delays and rejections. Additionally we had a permanent phone number in the poverty office that people could call for help during the week between our driving to

their street corner. Despite my other involvements, I was available by phone for the staff to consult. It was simple, efficient, effective, and absurdly inexpensive. It was well received by the poor of all races, and it got good support from two successive local antipoverty directors, Calvin Colt and Don Lucas.

Then, as unfortunately happened many times in my life, something very positive ended for irrational or absurd reasons. There was a political change in the local poverty program and the new administration decided to use the van just to transport people rather than bring services where they live.

Informality was another thing that I've stressed in my different programs, the idea was that you don't have to sit behind the desk or put people on a couch in order to help them. You can help them over a kitchen table having a cup of coffee. You can help them over a pool table or a ping pong table or in this case, a mobile unit in their own neighborhood. Another related idea was simple, easily remembered phone numbers; 86-HUMAN for the Mobile Unit (864-HELP for Fort Help). This idea is now widely used.

Crawford: People came one by one?

Fort: Sometimes groups of people would come. In fact, often. And the way that would be handled is to go off to one side where you could find a place to talk or formally, we would use the front seat area with the windows closed for private discussions while everybody else was in the expanded van part.

Crawford: Was the staff paid?

Fort: Yes, except for me.

Crawford: Whom did you appeal to to set this up and to get it funded?

Fort: I just described my vision or concept to these community action directors, how simple and economical it would be. That's another characteristic of my different projects. The idea that we can do a great deal more than is usually assumed with far less money. One of my revolutionary ideas is that people and vision come before money. Instead of the conventional way where you figure out how to get money and then you plan a program here, you plan an idealistic, comprehensive, rational program and you attract the people that you need to carry it out at a high level.

Then and only then you figure out how much money you need to do it. That's still not the way most things are done. I can't believe some of the stories you hear where people aren't doing cancer research or won't study Alzheimer's because they can't get a grant. If you're really committed to doing something, you'll go ahead and do it even if you don't get grants.

Crawford: What was your income at that time? Where was it coming from?

Fort: At that time, it was mostly from national lecturing, and secondarily from part-time teaching and consulting. Not defining worth by how much money you make and not being greedy were the keys to the kingdom.

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Crawford: Today Dr. Fort is going to talk about FORT HELP, the very special institution which he created in San Francisco in 1969. In the book To Dream the Perfect Organization by you and Lothar Salin, you said two things that interested me, one of which was that bureaucracy is our most serious social problem. The second was that your creating FORT HELP and the other organizations for dealing with social and health problems was a creative art.

Fort: I did say that it's a form of social artistry to create an innovative organization. I think that would apply to the so-called private sector as well as the public nonprofit sector. And it certainly can be a very fulfilling and exciting experience. Maybe that's what you're referring to.

Crawford: We had talked last week about the Mobile Unit and the Sex and Drug Forums, and your ability to land on your feet. That was kind of the theme. So could you talk about the genesis of FORT HELP? You didn't name it?

Fort: No, the name was suggested by Al Rinker, the head of the Haight-Ashbury Switchboard in the sixties, the main networking organization. The official or legal name was the National Center for Solving Special Social and Health Problems. FORT HELP was said to be the only nonmilitary fort and its motto was help without hassle.

Al Rinker was one of the creative people I invited to planning meetings after I'd developed the vision of FORT HELP. I had gotten to know him when I had created and directed the

Center for Special Problems and worked with the "hippies" among others.

In the early years, I was ambivalent and self-conscious about it being named after me. In later years, I thought that was silly because there's a long history of people naming programs after themselves, and in fact, profiting from it, like the Mayo Clinic, the Menninger Clinic, and many others. There was certainly nothing wrong with it, but it was not part of my original concept.

Crawford: Does it establish a hierarchical concept?

Fort: Most people didn't react that way. They didn't explicitly tie it in with my name. It came to have its own life.

Crawford: Didn't people always look to you, though?

Fort: Yes, but I don't think much of it was due to the name. But there's no way of getting around the fact that the creator of a work of art, whether it's social art, or musical art or painting art, the one who develops it and perseveres to carry it out, is inevitably seen differently. It's far more complicated to develop a social creation than the conventional art forms. It takes a lot more effort and a lot longer time. There are far more variables to deal with, far more personalities, institutions, licensing, fundraising, and a whole range of other things.

FORT HELP evolved directly out of the Center for Special Problems, which in turn grew out of a lot of different experiences I'd had in the U.S. Public Health Service, United Nations, and World Health Organization, and in Alameda County government where I had developed and directed the Center on Alcoholism.

That, along with my readings and analysis of bureaucracy and my diverse experiences in dealing with a variety of social and health problems led me to try to create something better. I had long seen bureaucracy itself as a serious social problem. It's a problem that underlies almost every other problem and yet is only laughed about or superficially criticized as when we talk about red tape or fighting city hall. People are not engaged in seriously reforming bureaucracies as they should be doing at all levels. Often, from early adulthood they're already time servers and clock watchers, looking toward the imagined benefits of retirement.

First came the plan that I hurriedly developed to create the Center for Special Problems in 1965, a program that for the first time put together a number of important social and health problems in their full context and served a greater diversity of people. It concentrated on people rather than buildings and on doing what needed to be done, instead of titles, publicity, and bigger budgets.

The Center For Special Problems served as a sort of proving ground for many of my innovations in organizational life and my ideas on how these complicated, difficult problems should be handled. After my confrontation with the city authorities in 1967 when they attempted to get me to resign, threatened to close down the program, and finally fired me on the grounds of being "too independent," I unsuccessfully fought this in the Civil Service Commission and in the courts. Bloodied but only slightly bowed, I went on to develop other creative projects after some of the wounds healed.

After developing the Mobile Health and Social Service Unit and the National Sex and Drug Forums, I began to evolve the vision of a more ambitious Center For Solving Special Social and Health Problems--FORT HELP. The ideas, the basic vision, is described at length in the book To Dream the Perfect Organization.

The vision included setting up a place that would be accessible to people and also accessible by telephone. It would be organized for the convenience of people it was supposed to serve as opposed to the traditional organization which is set up for self-perpetuation and the convenience of those that work in it. It would also be available to people of all races, genders, ethnic backgrounds, lifestyles, ages, residences, and classes. Conventional organizations develop rules and regulations designed to keep people from using them. They are exclusive and elitist rather than inclusive.

I sought to reverse these things and I began to articulate the vision to people I knew and others I thought would be interested in helping to develop the project. I invited them to a series of discussions and planning meetings, sometimes held at sites which we might use for FORT HELP.

As one of the key innovations, I abolished the medical and administrative hierarchies that existed in almost all health or social service organizations.

Crawford: Was that successful?

Fort: Very successful. There were no titles, either medical titles or administrative titles like CEO, chief, medical director, administrator, or whatever. Instead of the usual hierarchy of medicine with the doctor at the pinnacle and nurses, social workers, psychologists, and paraprofessionals being considered inferior, I developed a system where people were expected to have relevant training and experience to do the work but were blended together without regard to degrees, gender, or age.

Along those same lines, one of the big changes was to get rid of the idea of paid staff versus so-called voluntary staff, unpaid. My concept was that everybody would be there voluntarily. An ideal organization would have only people who wanted to be there and there would be no distinction made between which people were paid and which people were unpaid. One staff with equal status. Those that needed the income, would, as funds became available, begin to receive compensation according to their needs and dependents, the amount of time they put in, and so forth. But still no elitist distinction would be made. People generally went by their first names instead of Dr. so-and-so.

Crawford: And you changed the language. You called patients "guests."

Fort: Exactly. My idea there was to get away from the pathological frame of reference, the labeling that's built into psychiatry and psychology. The idea that the first thing you need to do is label them as a patient and figure out what diagnosis fits them. Mental health workers always find some kind of sickness label that they can apply to everybody. That helps to stereotype the person and stigmatize them. I wanted to avoid that and instead put the emphasis on health, strength, and independence (autonomy).

Another idea was also to get away from the sterile, clinical, impersonal environment of most agencies, health or otherwise. So, I developed a concept of people coming into a living room atmosphere. It may not have been the first time that anybody thought of this for a clinic, but it was before much attention was given to creating a physical environment, an architecture that would be a partial antidote for human problems. I designed it so that the "guests" entering the "living room" saw a lot of curved space, bright colors and no little boxes or rectangles of rooms. Also, rather than numbers, I gave each room a positive name, and no room belonged to any staff member as a permanent office. So, a guest--patient--would sometimes be seen in "Happiness" or "Tranquility," or others.

Not everybody was able to accept and act upon every one of these things. But the innovations I've talked about so far, were very well accepted, and worked fine except the guest concept, which was not used by everybody. I pointed out, unsuccessfully, the word "client" was most used by lawyers and prostitutes and not just by social workers.

Crawford: I remember that you did have staff problems.

Fort: Oh, yes, there were several crises that occurred. But before getting to that, I think I should mention another very important innovation was to free women for full leadership roles by abolishing the positions of secretary and clerk. Sadly, that's still a revolutionary concept, more than twenty-five years later. That worked beautifully and I had all staff handle their own appointments, letters, and phone calls.

Crawford: How about nurses? Could they do psychiatrist's work, for example?

Fort: It's not correct to think of the work as belonging to psychiatry or even the new profession, sociatry, which I tried to create. All these people, whether trained in nursing, medicine, social work, psychology, or paraprofessional work, if they could demonstrate the relevant skills and experience and get through a peer screening process, would get on the staff. Applicants, and there were many more than we could take, first went to an orientation, then went through an assessment committee of the staff, and finally peer supervision and individual consultation.

Crawford: But that's a hierarchy right there, in a sense.

Fort: Well, you could call it a hierarchy. But they were simply experienced staff members of diverse backgrounds who had been there and wanted to maintain some kind of quality control. You have to make compromises in the sense that you wouldn't want people to come in for help and be greeted or responded to by a "problem-solver" (another of my concepts) who was not ethical or was not properly trained and experienced.

There were other aspects of abolishing the positions of clerk and secretary: to decrease the time-consuming routines of bureaucracy. When people have to open their own mail, type their own letters, and respond to their own phone calls, it's surprising how much less bureaucratic crap there is. It's also an important aspect of cutting down costs and it's much more democratic. It eliminates the unfair hierarchies where, in many organizations, the administrative secretary really runs it

while having relatively low pay and status. The directors and chiefs get all the credit, the high pay, and the media interviews.

There were many other original concepts built into FORT HELP. Way back in 1969, smoking was abolished for guests coming for help and for staff. No sexual harassment or sexual exploitation was permitted. In fact, one staff member was fired early on when it became known he had done something like this. Most people worked half-time so they could be free for other careers or for being homemakers, whether they were male or female. The staff was fully open to people of all races and ethnic backgrounds, to homosexuals as well as heterosexuals, and indeed at least one transsexual. The restrooms were unisex. Guests were not ghettoized by problem. Education sessions for the general public were held on sex, smoking cessation, weight control, et cetera.

Crawford: Did you take part in the selection process?

Fort: Yes, I did, but not always. We also made an effort to accept the disabled. We had a couple of blind people working there, handling the telephones, and people who didn't have full use of their limbs or who had other kinds of physical problems. In terms of ages, we had people from eighteen to seventy working on the staff.

Let me mention just one more thing that might seem minor. We stressed being available a lot of night hours and by telephone and we were the only program that I know of, even to this day, that was open on Christmas, New Year's, and other holidays. People often need help at these times, but most programs are not available. It's a paradox.

One other thing--no telephones were allowed in any of the helping rooms because typically people travel many miles and spend hours getting there but the phone rings and whoever telephones takes precedence over the person who's there for help. The telephones were restricted to a separate area. All of us handled the phones at different times. When you were with a guest, they and you were not disturbed by phone calls. We also reached out to people by phoning them to see how they were.

Crawford: You finally got an administrator, I think. Didn't you?

Fort: There was never any one administrator. There were different experiments in leadership. It started with all staff meeting together and then three rotating elected leaders. One of the

long-standing leadership systems was a core group that was open to anybody on the staff who wanted to be involved in leadership functions. Democratic decisions were still made by that group, either by majority or by consensus. About a third to a half of the staff would participate in that.

In terms of one administrator, you may be thinking of what was forced upon us in one component of the program, that is the methadone maintenance program for treating heroin addicts. State and federal regulations required that somebody take on certain titles. The way we dealt with that was to rotate leadership so it did not become fixed on any one person.

Crawford: I wanted to talk about the board of directors next. I know that you had to get a board of directors together.

Fort: Yes, that's required for tax approval as a nonprofit organization. We had a very interesting and diverse board. Unfortunately, like every board that I've had any contact with, they were not as active or involved as would have been desirable. But several of them were very helpful when called on individually to review the program or make modest financial contributions. Few of them came regularly to board meetings. The most involved were attorney Art Lantz, Karen Stone, founder of the Nuevo School, and Owen Chamberlain, Nobel Laureate in physics.

In retrospect, if I had to do it over, I would spend more time involving the board of directors. But, of course, I couldn't do everything. It was a very complex and ambitious program and I had certain leadership, inspirational, facilitative, fundraising, clinical, program development, and training functions. Also, I had to support myself and my family because I was donating all my time. I continued to teach, lecture, consult, and write part-time. Most of all, I had concurrent family responsibilities. So, I didn't do as much as ideally should have been done.

Crawford: Was this a fundraising board? You have everybody on here from Willie Brown, who was the state assembly majority leader, to Cecil Whitebone, San Francisco automobile dealer.

Fort: Well, I didn't give as much time or energy to fundraising as I should. I have never been interested in the business world or in salesmanship. Occasionally, some of those people were asked for money or spontaneously donated money but none of them in any large amounts. That was never a significant part of the revenue of the program.

Crawford: How did you fund it? I knew you were against government funding.

Fort: Yes, well, that was one of the major components of my vision I should have mentioned earlier and one of the ironies of the program. Built into it was the idea that we would not seek or accept government funds. At a later point, great problems arose because the staff, over my objections, years after the inception of the program, voted to accept Medi-Cal funds, which is a form of government involvement. I had always felt that any contact with government would stultify creativity, and force programs to gear themselves to government regulations. That was forced on us in terms of the methadone program, that one segment of our overall operations.

But overall, we avoided any kind of government involvement unlike what so-called free clinics all over the country did, while proclaiming themselves to be free. Most of them, including the Haight-Ashbury Clinic, sought and accepted large amounts of government money.

We funded it mainly through staff altruism, modest salaries, fees paid by those who could afford it (serving equally those who couldn't pay), and low overhead.

Crawford: A big part of your clientele were addicts--how did they contribute?

Fort: Despite many people's ability to regularly buy alcohol, tobacco, heroin, cocaine, they will claim they can't afford to pay for treatment or food. We required most of the addicts on the methadone program to pay reasonable fees. We did get small donations and foundation grants in the early years, particularly from the San Francisco Foundation.

Crawford: There was a three-year grant from them, did they renew that?

Fort: I can't remember whether it was two years or three years. I think when they gave it to us, it was time-limited with the understanding it would be seed money and that we would not apply for further funding. We got other kinds of donated contributions. The Zelinsky Paint Company was asked by one of our board members to donate the paint for our interior walls. We painted and decorated our own facility, and built it to a large extent. Delancey Street donated some services to help put up some walls.

So, it was this combination of things, mainly altruism of the staff and the fees paid by those who could pay. Third

would be the innovative organization that allowed a very complex program that served a large number of people to be operated at relatively low cost.

Crawford: And what was your budget?

Fort: I don't remember for sure but we can easily look that up. As I recall, the budget in the early years was something like \$50,000 to \$70,000 and later in the neighborhood of \$100,000 per year. I remember we calculated how much the staff and the other things that we had would cost if it was a conventional government or private program. The estimates were it would be well over \$1,000,000 a year.

A clash of values occurred when people who had been making great sacrifices wanted to get a more reasonable income, and people coming there for help who were eligible for Medi-Cal wanted to make their contribution by using Medi-Cal. There were long staff discussions and some sharp disagreements on this.

I forgot to mention a very important component of how we were able to do such an ambitious program at such low cost was that we were in a low rent space which we converted ourselves to fit our needs. We didn't have any fancy expensive high rent office space.

Fees were often paid for the help they got with sexual problems--heterosexual, homosexual, transsexual--suicide problems, violence problems, overeating problems, et cetera. The whole range of things that the Center was dealing with and for which people came in. At various times that included extensive sex and relationship treatment/education, stop-smoking seminars, overeaters groups, and the gamut of psychological and social problems.

The vast majority of our revenue went to pay people's stipends, which was the term the staff liked to use for their salaries.

One representative year was one in which \$88,000 out of \$136,000 went to pay staff. The office rental was about \$7,500.

Crawford: Let's talk about the therapies before we get into the methadone program per se. Let's talk about the various therapies that were offered: what was the most dominant problem, how you dealt with those varying things, how you delegated, who were the people who took special problems, how that was all sorted out?

Fort: An enormous variety of problems and people would come in. It was tremendously exciting in the first five years, particularly with something new going on all the time. Unlike conventional programs, if you thought of doing something and there were other people that also wanted to do it, you could do it within an hour or a day of thinking of it. It didn't require weeks or months of discussion and outside approval. That's an important part of creativity.

As to which people handled different problems, when people went through the screening process to get on the staff, they filled out an elaborate questionnaire about their training and experience. They were interviewed in person by the multi-member Assessment Committee, representative of the staff. Then they were authorized to work in the areas where they had relevant training and experience; and approved to get training in other areas by reading, observation, seminars, and apprenticeship with experienced staff members if they wanted to work on things in the future that they weren't presently qualified for.

They weren't automatically approved to work on every kind of problem. Heroin addiction was the most specialized field, in part because of the state and federal regulations on who could work with methadone. But even there, the counseling component of the program involved many staff members other than the ones officially assigned to work on the methadone program. We always tried to have people getting methadone also get counseling to try to change their basic character structure, develop a more socially acceptable lifestyle, and become free of both heroin and methadone.

Sexual problems were dealt with by people who had experience and competency in that area. Likewise, drug abusers, overeaters, smokers, and the suicidal, were dealt with by some, but not all staff members. There were certain "generalists" on the staff who had had enough experience and knowledge to work on most things. I certainly was able to work with people with all kinds of problems.

Crawford: Were there some controversial programs that got some adverse notice?

Fort: You mean within the staff?

Crawford: Yes.

Fort: First of all, the smoking rules caused controversy. Not a program per se, but our requirement that nobody smoke. There

was one particular staff member who repeatedly violated that and had to be spoken to and had to be made to go outside and should have been thrown off the staff. I say that because he later was the one who worked as an undercover agent for the state and brought about the whole Medi-Cal tragedy.

Also very controversial was the methadone program. As I mentioned earlier, another of the ideals built into FORT HELP was to stop ghettoizing problems. Traditionally, and even now, there are separate buildings and separate programs for heroin addicts, for homosexuals, for heterosexuals, for blacks, for whites, for poor people, and for middle-class people.

What I sought to do was to stop making those distinctions, to have a program for all humans, for anybody who had a problem that we were specializing in. The attitudes of many of the staff members were so negative towards heroin addicts (and alcoholics) because they, like most of the society, had been indoctrinated into the idea of these people being outcasts, starting with the words "drunk," "junkie," "head," "freak," and "dope fiend," and the sensationalized treatment of the addict in the media. Some resented them in principle and some resented the fact that some addicts would hang around the Center and be more demanding, or less polite.

That eventually led, years later, to the methadone program splitting off and moving to a separate location. Even though the Center continues to exist more than twenty-seven years after I created it, it exists now in two separate programs at two separate locations in San Francisco. The methadone program is on Third Street near Bryant, and the counseling program for the other problems is on Mission Street near Fifth.

Crawford: Let me ask you in what areas you think FORT HELP was the most useful, most successful.

Fort: Well, it certainly was successful in treating many hundreds of heroin addicts; in helping hundreds of people with problems relating to their homosexuality; in stopping smoking; in controlling overeating; and improving the sexual pleasure and marital relationships of many.

Crawford: What was the theory of treating the homosexual?

Fort: My theory was the same as I had introduced in 1965 at the Center for Special Problems, believing that the traditional medical-psychiatric view that such people should be considered sick, was not valid. I felt that homosexuals, like heterosexuals, had relationship, promiscuity, violence,

infection, loneliness, and other kinds of problems within their sexual preference and should have a place where they were accepted without discrimination to deal with these problems.

It was a non-pathological orientation that did not seek to change homosexuals into heterosexuals. Occasionally there are people who have doubts about their homosexuality, just as there are people who have doubts about their heterosexuality, and where they had that goal, they were helped to clarify it and if they wanted to, to change. But the majority of people who came as either homosexuals or heterosexuals, wanted to remain in that lifestyle but had certain problems centering around it. They were excessively promiscuous, they were excessively public, they had difficulty maintaining monogamous relationships. We would provide help to either group and also to a smaller number of transsexuals who came in. The latter received counseling and if it was confirmed that their current gender identity was opposite of that of their birth, they got appropriate hormone treatment and later referral for surgery (if requested).

We had a large number of overeaters that we taught weight control, a combination of exercise, diet, and body image work. We had people look in a mirror privately and naked, and evaluate their own body and discuss what parts of it they wanted to change and why. That was often helpful in getting them to stick to a steady weight reduction program. Early on, I emphasized that there were no magic dietary cures, that what you wanted to do was to eat more moderately and make a sustained change in your eating habits combined with exercise and so forth. I wasn't enough of a promoter or sufficiently greedy to publicize it as Dr. Fort's San Francisco Weight Loss Program.

Crawford: How about the sex surrogate program? That's of interest.

Fort: That was to be a special technique for male heterosexuals that were having problems with what's euphemistically called erection difficulties. This refers to difficulty in getting or maintaining an erection, being impotent, or having premature ejaculations. The sexual surrogate program was an idea that had been used occasionally around the country to help such people by gently and comfortably teaching them how to make love with patience and mutual pleasure.

There were a number of women who were making themselves available for that and some were interviewed and screened by those of us who worked in the Sex and Relationship program at FORT HELP. After prolonged discussion among the staff,

referrals were made available to a very small number of guests. Before the staff approved it, written statements were drawn up by people on both sides of the question. A simple majority of the staff voted for it. But it turned out it was rarely used and only for a brief period. It was mostly a tempest in a teapot or much ado about a little something.

##

Crawford: Let's leave this subject and go into education a bit, and I'd like to talk about the development of your university teaching in criminology and other subjects at UC Berkeley in the sixties.

Fort: My first teaching was when I was in medical school. I was an assistant instructor in neurology in my senior year in medical school. In 1959, I taught my first University of California Extension course and then in 1962 I was hired by Dean Joseph Lohman, former sheriff of Cook County, Illinois, and then dean, to teach the School of Criminology courses, "Drugs and Crime" and "Sex and Crime." These may have been the first such courses in the U.S.

Crawford: Those were very popular courses.

Fort: Yes, they were popular as the years passed but sometimes for the wrong reasons. Drugs and sex became more exciting and interesting as the media promulgated the idea that there was a sexual and a drug revolution, which I don't believe was true. One semester I had 800 people in the "Sex and Crime" course; they jammed the largest classroom auditorium at Berkeley--the Physical Science Building.

I did a lot of innovative things including bringing in guest speakers, including Phyllis Lyon on lesbianism, and using audiovisual materials. The course dealt with the whole range of sexual crimes: exhibitionism, rape, sodomy--which at that time included and still does most of the things homosexuals engage in, as well as many heterosexuals--child molesting, exhibitionism, prostitution (female and male), obscenity, et cetera. The course included the sociology and psychology of these things, the criminal laws and enforcement, and the impact on people. At the final session of that largest class, a surprise stalker ran nude through the room to demonstrate another sex "crime."

Crawford: What do you think the impact of the courses was?

Fort: I think they, like my work in sex and drug education for the National Sex and Drug Forums and my TV/radio programs on these subjects, helped greatly to broaden public and professional understanding of these things. It was one of many things going on that led to more tolerance of individual differences and a greater separation of truly antisocial conduct from private consensual conduct. I always stressed that violence or exploiting other people should continue to be prohibited or prevented, but what adults did in private is their own business. That was not always a popular distinction because of hypocrisy and ignorance.

Crawford: Did you have problems with the university about the subject matter in the courses?

Fort: No, in general I had good support. Dean Lohman was a progressive person, and very politically astute. There were short interruptions in my teaching when I went to work for the United Nations in 1964-65, but I continued most years until the school closed in the late 1970s.

Crawford: Were the UC Extension courses the same kinds of courses?

Fort: There was some overlap, but really a very interesting range of different courses. The two most popular ones, and ones that were taken at several different University of California campuses by many hundreds of students over the years were "Sex, Drugs and Society," and "Love, Hate, Anger, and Violence." In addition to those, I gave a course on "Literature and Psychopathology" and a course on "Youth and the Future." They allowed me to do a lot of innovative things and what I tried to do was take areas I was interested in and wanted to learn and teach more about, develop a new course and then give it.

I had one called "Minds on Trial" at UC Santa Cruz where we talked about the laws on insanity and diminished capacity, violence and the justice system. All together I've probably given twenty different courses from 1959 up to the present time. Since the 1980s I've given UC independent study national correspondence courses on "Sound Mind, Sound Society: Social and Mental Health" and "Managing Conflict and Stress in the Workplace;" and since 1995 for UC Extension in San Francisco, the regular course, "Becoming a Good Person in an Unethical Society: the Ethics of Personal Behavior," and more recently, "Murder and Its Victims."

Crawford: How long were you in the Criminology Department?

- Fort: From 1962 until they closed it for political reasons in the late seventies. The ostensible reason for closing it was that it was not academic enough, which I didn't believe. It was the oldest and best known school of criminology in the country, and even then it was known that we were in a time of rising crime where it was badly needed. The real reason appeared to be that there were two Marxist professors who had tenure in the department, and since the UC administration couldn't get rid of them directly, they threw out the baby with the bath water, eliminating a valuable department to get rid of those two.
- Crawford: Sounds like Cal Berkeley was a conservative place--not the radical image it usually has.
- Fort: Top administrators are mainly politicians and "conservative," but even with students it wasn't a generally radical place, any more than one should believe that all young people then were hippies.
- Crawford: Did the media pick up on these courses?
- Fort: Only a little because as usual I didn't do any P.R. work or send out press releases. The "Sex and Crime" course was written up by Herb Caen in the San Francisco Chronicle, and by the Daily Cal student newspaper. Some of the Extension courses were publicized in special brochures they put out, and two of them were audiotaped and made available to the public.
- Crawford: Did you appeal the closure of the Department of Criminology?
- Fort: It wasn't directed at me in any way, and my personal view is that anyone who accepted Marxian communism or any other extreme ideology such as fascism as the solution to society's problems probably doesn't have the intellectual objectivity to teach at a college campus. However I didn't think it was the right way to go about getting rid of them. It should be done openly, respecting their rights, and having a public debate about the thing.

The closing of the school was one of many personal frustrations and major disappointments that have occurred in my life, because I liked the teaching and the subject matter. Who knows what would have happened if the school had continued. The last year I taught there was 1977, but I continued teaching in Extension until the eighties, until a woman who thought I was too controversial took over the scheduling of liberal arts courses. She is now retired and her successors have welcomed me back.

By contrast I've had a fine working relationship with Mary Beth Almeda, director of Independent Study, and the editor there of my courses, Sangwan Zimmerman. At UC Davis in the Sociology Department and at UC Berkeley in the School of Social Welfare, I taught the courses on social problems, and on the sociology of deviance which together included mental illness, drug abuse, suicide, sexual problems, and crime/violence.

In the Biology Department at SF State--at the time of the student protest and riots there--from 1968-70 I taught an interdisciplinary course called "Man, Society and the Environment," one of the early courses that stressed the ecological point of view, the relationship of humans with the environment. It was cosponsored by the student-run Experimental College.

Crawford: Were some of these courses rather revolutionary for the time?

Fort: Some of those subjects were already in curriculums, although in a narrower, more traditional way, but my many UC Extension courses and School of Criminology courses on "Drugs and Crime" and "Sex and Crime" in 1962 may have been the first university courses on those subjects.

Retrospectively I'm pleased and proud of the diversity of courses I was able to teach, the number of major universities that asked me to teach, and the tens of thousands of students I've worked with. One of the things that gave me the freedom to do that was my early decision about not defining my life by how much money I could make or job or financial security I had.

By not following the traditional lucrative private practice track for physicians and by not seeking tenure and becoming a full-time professor as a more conventional career would have it, I freed myself to do all the other things I was interested in doing: creating social/health programs and leading them, lecturing around the country, writing books and articles, consulting on a diversity of problems, and social reform activities. Also as a professor it allowed me to concentrate on teaching and avoid the bureaucratic inefficiency and corruption of university life.

But now it leaves me without the large income of either an M.D. or a Berkeley professor who gets \$80,000 a year salary plus retirement on nearly a full salary plus full health benefits, and an enormous number of vacation days and free days because of light teaching loads. So you give up a lot, but you gain a lot when you don't follow a conventional pathway.

Crawford: What other directions did your teaching take?

Fort: I lost something that was important when the School of Criminology closed, but in 1979 through Maria, who introduced me to Dean Randy Hamilton of the Graduate School of Public Administration at Golden Gate University San Francisco, I was able to begin teaching there, particularly the courses, "Conflict Resolution" and "Ethics in Government and Business."

Several times I also taught "Evaluation of Public Programs." In 1984 because of the reputation that I had developed in criminology and my work in court cases as a consultant and expert witness, I was invited to teach in the Division of Criminal Justice at California State University, Sacramento. At the level of professor I continue to teach there, one course a semester: "Prisons" or "The Sociology and Psychology of Confinement, and sometimes "Drugs and Crime." Although still on the faculty at Golden Gate University as Senior Adjunct Professor of Public Administration, they have moved toward full-time faculty and more traditional training, so I've not been scheduled for any courses for years.

They have assigned readings, including a course book which I wrote, and essay questions to answer and mail to me for grading. These are subsequently returned to them with my comments and questions. After completion of all assignments and a term project, they receive a final grade and college credits. The courses of the sixties and seventies may have run their course (pun intended). The last popular course, generating hundreds of enrollments, was "Love, Hate, Anger and Violence." I believe that course would have grown more popular as the problems grew and it should have been continued or revived.

I should mention that concurrently with my regular faculty and Extension teaching at UC and my directing the Center on Alcoholism, I did two short-term assignments with the World Health Organization in Asia as a consultant. I think I was the first American and may still be the only one that served as a drug consultant to WHO (and to the UN). In 1963 I did an intensive sixteen-nation study of the causes and effects of drug abuse from alcohol to heroin and cocaine, in practically every country in Asia, and then wrote a 300-page report for WHO on which to base their drug programs.

The second assignment was to serve as consultant to the government of Thailand. I lived in Bangkok for a while in 1964 and traveled north in the country and across the Burmese border and worked with different ministries there.

Because of those two assignments, I became known to the United Nations Division of Narcotic Drugs, which led to my being invited to join their staff for thirteen months as a social affairs officer in Geneva. There too, the drug police in the person of Federal Bureau of Narcotics Commissioner Anslinger again retaliated against me for advocating alternatives to the (even then) failed criminalization approach. The branch I worked for, the Division of Narcotic Drugs, was controlled by the American drug enforcement people.

Anslinger was a man even more fanatical than J. Edgar Hoover and he was the American delegate to the annual UN Economic and Social Council meetings in Geneva which determined budgets and policies. He intervened to try and end my tour of duty at six months, and caused me a lot of trouble, as other narcotic and vice agencies did in San Francisco and Washington, D.C., later on.

As a result of that improper interference I challenged some of the UN personnel policies, such as hiring practices and quota systems in which totally untrained individuals from Afghanistan or Iran who knew nothing about drugs would get positions in our division; and former salesmen from England and France held high administrative positions in the UN. I became one of the few individuals American or otherwise to carry a case to the International Court of Justice in The Hague, represented by a volunteer UN lawyer, Mr. Harpignies. It's usually countries who go to that court but since it involved the United Nations, that was the appropriate body to hear my case. I lost and never got the promotion and pay I had been promised by the (Ghanaian) director.

The United Nations is one of the worst bureaucracies in the world because it incorporates the worst features of most national bureaucracies. A functionary, as they call them, from a poor country and having little education might be placed in the same position as someone with an advanced degree from a Western (rich) country. Every member country has to have a certain amount of representation apart from qualifications. With WHO you usually have to have some professional credentials relevant to your job, so the UN is worse.

Crawford: Let's explore your work in sexuality and other activities such as the Bishop's Committee at Grace Cathedral.

Fort: The Bishop's Commission on Human Sexuality. You'll recall that when I created the Center of Special Problems in 1965, one of the special problems was sexuality, homosexual, heterosexual or transsexual. My work and efforts in public sex education and

attempts to bring about fairness towards homosexuals and transsexuals became known, and I was regularly invited to appear on panels, debate medical and psychiatric potentates, and be interviewed by many national magazines and newspapers. For example Look wrote an article entitled "The Sad, Gay Life" that quoted me extensively.

I was invited to local and national meetings of what were then termed homophile organizations and I wrote a statement that was signed by three national experts including me and Evelyn Hooker, a UCLA research psychologist widely known for her pioneering work on homosexuality. The statement tried to put homosexuality in perspective, to keep people from overreacting to a person's sexuality as opposed to the total life and behavior of a person. That was widely quoted and promulgated all over the country so it had some influence on public attitudes.

As part of all that, I was asked to serve on the Bishop's Committee of the Episcopal Diocese to review what was known scientifically and give advice to the Bishop on what should be done about homosexuality by the church. I also served on the board of directors of the Council on Religion and the Homosexual, which met mostly at Glide Church and included a number of gay and lesbian members, particularly Del Martin and Phyllis Lyon.

Crawford: Did Bishop Pike convene the committee at Grace?

Fort: No, it was Bishop Meyers, his successor. Bishop Meyers, like most church leaders, saw it as a difficult problem to deal with, and referring it to a committee is, and was, the traditional way of delaying action and diluting public outcry. There is no attempt to bring about major social reform which is inevitably controversial.

But we had a well-balanced committee and although I don't remember all the details, I think our report was just filed away. This was a long time ago, in the early days so to speak, around 1968 or 1969. Our recommendations were that there should be greater tolerance and understanding of the homosexual by the church, without encouraging people to become homosexuals or condoning any kind of antisocial conduct; that there was no religious justification for prejudice or oppression. It would be interesting to get a copy of that report from their files.

Crawford: How about Glide?

Fort: Glide was an interesting place because it was very much involved in the urban problems of the time. I was able to use an office there and involve myself in a whole range of activities for the poor, minorities, homeless, youth, et cetera. The main thing that I did there turned out to be the formation and co-leadership of the National Sex and Drug Forums. Then I left to devote my time to building FORT HELP.

Crawford: How did Cecil Williams become so prominent?

Fort: I used to know him and his then-wife very well. He has a lot of ability, he's very intelligent, aggressive, ambitious, and eager for celebrityhood as many people are. Early on he learned how to play the media, play what's come to be called the fame game and the "race card," and be dominant at Glide and in the city.

At the last public meeting I attended there, he asked me to run for the San Francisco Board of Supervisors. I wasn't prepared to move to San Francisco at the time. When I was dismissed by the city health department in 1967 he met with the chief administrative officer and the health director to try and reinstate me, but I do not know what transpired except that it didn't help. Later he, now-Mayor Willie Brown, and ad man Howard Gossage put on a well-attended Joel Fort Day at Glide.

Crawford: Let's talk about your civil rights activities in Berkeley.

Fort: I had started the chapter in Lexington and served on the Kentucky board of directors of the ACLU. I served on the board of directors of the Berkeley Committee for Fair Housing, sponsoring activities to bring about fair housing for minorities in rentals and sales, meeting with realtors, and publicly debating them to try to stop de facto segregation.

I started the Berkeley chapter of the ACLU, which up to that time had only a nondemocratic centralized office in San Francisco. Then when I ran for Congress in 1962 civil rights was a major part of my platform, to such an extent that a couple of black leaders told me I should tone it down to get elected. That was an interesting lesson in politics with its hypocrisy and compromises.

I was president of the Academy of Religion and Mental Health of the East Bay, which brought together ministers, psychiatrists and lay people, trying to bring about cooperation and mutual understanding. During the same period I was also on the Education Committee of Consumers Cooperative; the Council on Alcoholism; the Council on Social Planning of United Way;

medical society committees on ethics and on drugs/alcohol; and the board of directors of Books Unlimited Co-op.

Crawford: Weren't you involved in Democratic clubs?

Fort: Yes, I was president for a while of the Berkeley Democratic Club, attended and spoke at the state Democratic convention several times, did voter registration, worked at election headquarters to get out the vote, and attended the 1960, 1968, and 1984 Democratic conventions. I also spoke once at the Republican Platform Committee and consulted with presidential candidate George Romney. But it's been many years since I believed in the political parties per se, or that problems are solved by being "liberal" or "conservative."

I grew more skeptical of organizations, including political ones, and soon became an independent, and at times a declines-to-state voter. At that time I expressed my social and political concerns through voting for independent candidates like Eugene McCarthy or John Anderson and sometimes by active participation in the Democratic party.

Kennedy's murder was a big blow. We grieved a long time. I had attempted to go to work for Kennedy, having been a very early supporter. I talked with him and his sister, Jean Smith, before he became so famous. It was at a political luncheon in Oakland in the early stages of his presidential campaign.

I heard him and Lyndon Johnson debate at the Biltmore Hotel in Los Angeles and I heard his acceptance speech at the Los Angeles Coliseum. I had identified with his ideals and sense of hope. I volunteered to work on his domestic policy staff and went through a screening in Washington with one of his associates, John Siegenthaler, but never got beyond that. I assume they already had enough people that they knew better. Later I did consult with Dean Markham, who headed the White House Office on Narcotics.

##

Crawford: Maria's most often been a full-time worker, hasn't she?

Fort: Yes, but she had some years of unemployment, some of part-time work, and the years of graduate school at Ohio State, the Universities of Kentucky and Washington and the University of California Berkeley working on her M.A. and Ph.D. in clinical psychology. That's another part of my life philosophy, that I've always been a feminist so I encouraged my wife and my

daughters to have their own careers and to fully develop their potential.

Crawford: But it didn't bother Maria that you didn't work full-time?

Fort: No, she too is free of avarice despite as a child in Hungary having a somewhat wealthy family until robbed by the Nazis-- German and Hungarian. Actually in my twenties, thirties, and forties, I would often work sixty hours a week or more in my multiple careers, but much and sometimes most of this was unpaid. Some call this volunteerism, some philanthropy, some altruism. At times when we had financial problems, there was certainly some encouragement if not pressure to bring in more money, mainly for the raising of three children. But it's a pressure I felt anyway and it wasn't necessarily imposed by her.

Beyond freeing yourself of the love of money, other aspects of what I think of as becoming a wiser and better person are to simplify your life in general and to control your time. One of my maxims is: time is life. It's so obvious, but most people don't really build it into their life. To the extent you control your time, you are in control of your life. That includes such things as avoiding driving in commuter traffic, controlling the telephone, not pressuring yourself or others to move from one appointment to another, and stopping not only to smell the flowers but to hear the music, read the books, and help others.

That reminds me of one of many innovations in the helping centers I created in the sixties: not the fifty-minute hour, which is economically and arbitrarily determined, but giving people as much time as they need insofar as is possible. Sometimes they only need ten minutes and sometimes they need two or three hours. It's absurd if somebody is on the verge of suicide and they come to a psychiatrist or psychologist's office where fifty minutes later, she or he says, "Well your time's up. Good-bye. I'll see you next week."

Crawford: A little ironic.

Fort: Yes. It's also absurd, as happens routinely, that when the phone rings at some mental health clinic or private office, a person who has traveled for an hour to get there at some expense and difficulty is interrupted by the therapist answering someone else's phone call. The professional person just takes that for granted.

Crawford: The telephone.

Fort: Yes. So people should pull their plug on their telephone or just turn off the ring and hook it up to an answering machine.

##

Crawford: Today we are sitting in the Theological Library at Berkeley, where you are studying, and that will mean a new podium for you soon.

Fort: I don't know if it will lead to a new podium or another "hat" but it is connected with my attempt to be ordained as a Unitarian Universalist minister by the local church. I don't intend that to be mainly a pulpit ministry, but rather a social action ministry incorporating my informal "ministry" against hate and violence during the past four years with my anti-twenty-one-gun salute to victims of gun violence, and the Pledge Against Hate and Violence which I'll insert here.

"Pledge Against Violence and Hate:

Believing that an end to violence and hatred must begin with the individual, I hereby pledge that I will:

Treat all people fairly, justly, and kindly--without humiliating or defaming them;

Use non-violent conflict resolution and open communication in disputes/disagreements with family, friends, co-workers, et cetera;

Avoid physically harming others;

Work toward ending the manufacture, sale and use of guns and other weapons;

Reduce the use of alcohol and other drugs involved in gun, car, and other violence;

Boycott all groups--political, social, or "religious"--which advocate or practice hatred or violence;

Try to reduce violence and bigotry in movies, television, games, toys and music;

Be a role model for non-violent, loving, cooperative behavior;

See myself as a Citizen for Ethical Behavior and Responsibility, and part of a Society for the Prevention of Violence or Cruelty to People.

To demonstrate my commitment to these principles I hereby pledge to consistently oppose violence and hatred in the world."

When I began my studies in 1985 at the Graduate Theological Union, it was an extension of my lifelong interest in philosophy and my past leadership in the Academy of Religion and Mental Health, in Unitarian fellowships, and the American Humanist Association. The theology courses are in addition to those that I regularly take in UC Extension. In part it's a desire to develop a universal religion and another part is to understand the problem of evil.

I've always been a universalist, a unifier, and I'm trying to find the commonalties of the great world religions and encourage people to be universalists, to move away from dogma, rituals, church buildings, superstition, idol worship, and hatred which often comes from organized sectarian religions. Religion is misunderstood to be church worship (attendance) rather than practicing ethical religious values.

I'm sometimes overwhelmed by the evil in the world. I've had so much exposure to it with mass murderers, rapists, criminal lawyers, journalists, exploitative politicians, incompetent administrators, and many personal attacks and injustices stemming from my professional work and crusades. More broadly I've always been sensitive to other people's suffering, whether I see it as a doctor, a social reformer, or world traveler.

Crawford: How was it to go back to school?

Fort: It's an interesting question. I have remained since childhood curious and wanting to learn new things. That's been continuous and mostly satisfied by omnivorous reading, talking with thousands of diverse people, travel to over ninety countries and fifty U.S. states, watching numerous movie and TV cultural or documentary programs, and visiting the major museums and ruins of the world.

But taking courses has been an important part of my quest for knowledge or wisdom: the many courses I took in fifteen years of college and postgraduate education and the many I've taken in my thirties, forties, fifties, and sixties in UC

Extension, Continuing Medical Education, and the Graduate Theological Union.

I've been selective in what I take, so the courses are usually interesting, but some prove to be less worthwhile than I hoped. Ones that stand out are: "The Problem of Evil," "Thomas Merton," "World Religions," "Violence Against Women," and "What the Living Can Learn from the Dying." In terms of the personal experience, one of the interesting facets is that in contrast to my youth, where I was always the youngest person in my classes, now I'm the oldest person, but I haven't experienced any particular discrimination. There is stereotyping at both ends of the spectrum, where it's assumed that you're too different and less acceptable when you are too young or too old.

Another more distressing finding with courses I've taken in recent years that relate to my fields of expertise, such as violence or drug/alcohol abuse, is that there's been little progress in thirty years. Much misinformation is still being communicated and much ignorance remains, although the number of specialists has increased a hundredfold.

Crawford: We haven't talked much about your radio and television work--I know you explored questions about sex on the air well before Dr. Ruth!

Fort: I'm not sure what my first radio show was. I think it was probably a series I did on KPFA which could have been in the late fifties, shortly after in 1957 fulfilling my dream of moving to the San Francisco area. I originated a series called "The Labyrinth," where I explored various interesting aspects of society. I remember I had C. Northcote Parkinson on, talking about Parkinson's laws of bureaucracy, and I had the Oakland city auditor, Martin Huff, doing a program "Taxation Despite Representation."

My recollection is these were half hours and that they were played on all Pacifica stations (Berkeley, Los Angeles, and New York). I was periodically called upon as a guest on news and talk shows, and from 1965 to 1977 I did a large number of local, regional, and national radio and TV shows: the "Today Show three times, "Firing Line" three times, "Jeopardy," "The Barbara Walters Show," Kup's Show and Studs Terkel in Chicago, Joe Pyne in Los Angeles, "The Advocates," "The Mike Douglas Show," and was on the network news about fifteen times.

I refused hours of TV time and national press coverage, including a Time cover story when I was the star expert witness

in the Hearst and Manson trials. I still feel it's wrong for doctors, lawyers, or the media to exploit crime. With the "California Girl" Bay Area radio program of Don Chamberlain, I became one of the earliest media sex doctors. That was sometime in the late sixties or early seventies.

Crawford: What was the format?

Fort: First of all, I was a frequent guest and the consultant for the program. It was a combination of presenting factual information about sex in a positive, straightforward, non-sensational way, and responding to numerous phone calls seeking information about different forms of sexuality, sexual practices, sexual anatomy, and relationships.

The show developed an enormous following all over northern California because it was one of the first in the country to use frank language and answer questions about sex in an honest, direct manner. Long before the media sex celebrities of the eighties, Don and I were talking on the air about vaginas, penises, breasts, masturbation, condoms, sexuality, et cetera. He used as a theme a very popular song, "California Girls" by the Beach Boys. It was geared more to women, although women weren't the exclusive callers. It was heard on KNBR, and it was on every weekday for two hours. At some point a "California Girl" magazine on sex, love, and relationships was started and I wrote a monthly column for it based on letters sent to me for advice.

Then I did my own series in the late sixties at the invitation of KPIX-TV (Channel 5) San Francisco. I was asked to do a sixty-four-program public affairs series, which I called "What's It All About?" using the Bob Dylan theme song, "The Times They Are A-Changing." These were half-hour programs, low-budget productions, which I tried to enliven by having a number of interesting guests, visual aids and interesting commentary. It ended up being shown locally at least three times, mostly at times like six a.m. weekday mornings or one p.m. Saturday afternoons, and then it was shown repeatedly on all the other Westinghouse stations.

So it was really a national series shown in Pittsburgh, Baltimore, Boston, and Philadelphia in addition to San Francisco. I had guests like Kurt Herbert Adler, Bill Graham, Alan Watts, a couple of congressmen. It dealt with human history, biology, psychology, culture, social problems, and utopian concepts of where humanity should go. I was paid only \$100 a program.

Crawford: Something like Bill Moyers?

Fort: But at a much lower production level. There was no research staff, special effects, or promotion. Then there was a KQED series in the late sixties. That was a much shorter series. It was designed to go indefinitely but after twelve programs they ran out of even the modest funds it required; I worked without pay. I had a good producer named Lynn Murphy, and the series was called "Help, If Your Problem Is...."

Each week dealt with a different problem including drunk driving, violent crime, cigarette smoking, obesity, breast self-examination. One of my creative concepts was to show for the first time on TV a breast being self-examined. It's difficult to teach women how to do that without demonstrating on a real breast.

Crawford: Any problems with that?

Fort: No, the only program where one person made a fuss was one about obscenity. The word "fuck" was used one time to illustrate four-letter words and our reactions to them.

Crawford: How about positive response?

Fort: There were many positive responses. I tried to make it an attractive format by combining a brief lecture on the subject with visual aids, letters, and interesting guests. For instance, on the overweight program I had a very large woman who was a working model. My attempt was to dispel negative images women have about being overweight, and to show that people can live successful lives despite that. The other innovative thing I would do is spontaneously open letters from viewers. It wasn't feasible to do phone calls on TV at that time, but I would answer letters on camera, and that was a challenge.

I was also asked to put the program on KQED radio, the regional public radio station. There I initiated phone calls to people by picking names randomly from the San Francisco phone book. I introduced myself, told them what the topic was and asked if they had any questions. It was an interesting alternative to the conventional call-in talk show format. Instead a call-out.

Crawford: You've been very critical of KQED in recent years, in running for the board of directors.

Fort: Right. A long time ago they were much more creative, did investigative reporting, and had a very good film department. Another of my projects at KQED and PBS nationally was with Richard Moore, their chief filmmaker who later became head of KQED for a few years. He and I did a film called "The Unreasonable Man." It was about bureaucracy and how to reform it, combining serious commentary with creative visual effects, and satire by a comedy group in the city.

After a year's delay by the PBS bureaucracy it was shown nationally on PBS. We had great frustration and disappointment for a variety of reasons, as with many film projects--too many people got involved and too many different points of view had to be reconciled. Then Dick Moore had to give it up to do his administrative work managing the station and was replaced by a Boston filmmaker who wanted it to be Godard-like.

Some found the criticism of bureaucracy too strong, and finally, and most frustrating, it was shown without being listed in TV schedules or promoted in any way, and it was put on opposite the first TV showing of "A Man For All Seasons." A great irony. The title of my film comes from a George Bernard Shaw quote which I've always liked: "The reasonable man (and woman) adapts to the world. The unreasonable man (or woman) forces the world to adapt to them. Therefore all progress depends upon the unreasonable."

Crawford: Did you write the show?

Fort: No, I played a central role and I guess I would be called the star of it in conventional language, but a number of people, including filmmaker Mallor Slate and a KQED assistant producer named Zey Putterman, contributed to the final version of it.

Crawford: When was that?

Fort: It was about 1972. Then I had another TV project and film also in the seventies and with KPIX where I'd done "What's It All About?" I'd been doing a series of encounter workshops between police and radical revolutionaries to try to de-escalate the violence that came out of San Francisco State and UC Berkeley confrontations and the growing anger between minority groups, student groups, and police. Another piece of social artistry.

KPIX Public Affairs Director Len Schlosser decided to film one of these all day at the studio. I invited an Esalen staffer, Suki Miller, to co-lead the group and arranged for a number of San Francisco police, California Highway Patrolmen and student radicals to participate. After putting on a sixty-

minute version for CBS-TV in northern California, it was later edited to a thirty-minute film by Psychological Films. This film, "To Make a Start in Ending Violence," was later put on videotape (VHS) to be recirculated in their catalog.

Another film I helped to plan and had a key role in was "Death Diploma," brought out in 1987 by MCA Home Video. For this I interviewed the so-called Hillside Strangler in a Washington prison and analyzed several other mass murderers.

One of the interesting questions is why I didn't pursue these aspects of my creativity, this social artistry. I could have done a lot more radio and TV doctoring, not just with sex questions but with drug, violence, and other questions. I think there were two main reasons. One is the diversity of interests and activities I've always had. There were too many other things.

A second reason was my great ambivalence and often severe criticism of the media. So many of their decisions are made for political and business reasons, and I thought the content of my program would be interrupted by commercials, and image or style would be pushed rather than substance. I've never liked the fame game, although I would have liked greater recognition of my many socially beneficial achievements.

##

Crawford: William Jefferson Clinton's inauguration is today, and we are going to talk about your political consulting among other things today.

Fort: In the late 1950s I first testified on insanity before a legislative committee as chairman of the Committee on Therapy of the Northern California Psychiatric Society. Over many years, in addition to numerous sessions before the California Assembly or Senate I testified in about twenty states on a variety of subjects, mostly as the leading expert on mind-altering drugs. Around that time, I was invited to give testimony before a number of U.S. Senate and House of Representatives committees that dealt with areas I was involved in, particularly the House Committee on Juvenile Delinquency, where I consulted with Carl Perian, who was Senator Thomas Dodd's chief assistant. Periodically I would visit with him in Washington.

I've also been to the Executive Office Building and many congressional offices for personal meetings with White House officials and Senate and House staff members. On one occasion

in the late 1970s I worked in the House Office Building for some weeks as consultant to the House Special Committee on Narcotics.

Crawford: When you were a consultant to the Congress did they pay your way back?

Fort: Yes, but when I testified before state or federal legislative committees, no expenses were paid. What was extraordinary beyond the number of states and committees was the moderate to large impact that I was able to have through my extensive experience and knowledge of drugs nationally and internationally; my articulate and calm presentation--often without notes; and my nonuse, nonadvocacy of legal or illegal drugs.

I gave creative suggestions for a new and more successful public policy as well as alternatives to drug-taking. In Alaska, where I was invited by the attorney general, my testimony to the legislature and later in a court case led to its becoming the first state to decriminalize marijuana. It meant that people possessing small amounts were no longer made into criminals, prisons were less crowded, millions of dollars were saved, and more attention was given to violent crime. Similarly, Oregon modernized its law some time after I testified before their Board of Pharmacy.

I also was an expert witness in many major constitutional challenges of various drug laws around the country, including ones that dealt with peyote, used by Indians who were part of the Native American Church. In a 1970s cocaine case, a Massachusetts judge threw out the cocaine laws as unconstitutional following my testimony. No field has been more dominated by lies, superstition, incompetence and destructive behavior than the drug field.

But not to get sidetracked, I also testified in Nevada, Iowa, and Texas, which was a particularly important one since at that time they had the death penalty for some marijuana offenses.

Crawford: And what was the exact nature of those testimonies?

Fort: Well, it varied with whether it was a court case or a legislative hearing. Another committee that I was closely involved with was the Senate Committee on Labor and Human Needs, chaired by Senator Harold Hughes of Iowa, the former governor there. I consulted directly with him and with his

assistant Wade Clark and would periodically talk to them on the phone and in Washington.

I remember one day picking up the phone here and calling Senator Hughes and the gratification I had in being able to make a phone call directly to a United States Senator (as I have done with state officials, judges, presidential and congressional staff) and have him talk directly and immediately to me as I would talk to any "ordinary" person. It was nice to have that kind of access and influence and to have earned it by knowledge and ability, rather than by monetary contributions.

Crawford: There was some important legislation related to alcohol in the 1970s, I remember.

Fort: Yes, and some of that came out of Senator Hughes' committee and some at the state level. My testimony and my consultation with him and his assistant did have something to do with that new legislation. Senator Hughes was an ex-alcoholic and was very committed to doing something about that problem and to giving it a higher priority. He was also an unusually ethical senator and because of the pervasive corruption in American politics, he voluntarily left the Senate at the height of his power and popularity.

Crawford: I remember reading a quote about you by John Ehrlichman--from the late 1960s. You must have been considered for a high position because he said, "Under no circumstances make Joel Fort a member of this team. He's too independent." What was that all about?

Fort: I think that's when they were setting up a special advisory committee or commission on drugs in the Nixon administration.

Crawford: 1969? Right.

Fort: In the year prior to that, I had consulted with the Ford Foundation. I remember that June 1968 date particularly for the same reason we all remember where we were when President John Kennedy was murdered. That is, Robert Kennedy was memorialized that day in St. Patrick's Cathedral, just a short distance from where I was participating in the Ford Foundation meeting along with Eliot Richardson, Dr. James Goddard of the FDA, and some others. I remember walking past the cathedral and seeing the long lines waiting to get in to pay their respects.

Crawford: Did you actually deal with Ehrlichman?

Fort: No, no. He said that to someone named Roger Smith, who was working in the drug field in San Francisco or possibly to a writer in the drug field named Ed Brecher, who wrote the Consumer's Guide report to drugs, one of the most comprehensive books on drugs. I was an advisor to him on that book.

Crawford: Did you ever make the Nixon's enemies list?

Fort: I don't know. I've never gotten hold of that and I've never asked for any file the FBI or CIA may have on me.

Crawford: What other congressional committees had some interest?

Fort: Well, there were several others. I know Senator Dodd was complimentary about my testimony, saying it was the best testimony he'd ever heard before a congressional committee.

Crawford: Were those two the principal committees with which you've consulted?

Fort: Yes. The Senate Juvenile Delinquency Committee and the House Narcotics Committee, but also the Senate Labor and Public Welfare Committee. I testified before a number of others. As consultant to the House Select Committee on Narcotics, I gave seminars for the staff, planned policy positions and legislative hearings, studied reports and internal documents, and consulted with their staff attorney Joseph Nellis. He had hired me following testimony I gave in San Francisco before the House Crime Committee, for which he held the same position.

It was a very contentious hearing where I was attacked by a congressman named Watson, who was running for governor of South Carolina and wanted maximum publicity. It was one of many times where excerpts of my testimony and clashes with committee members were carried on all the national network news programs as well as in the local media.

Crawford: When was this?

Fort: It was during the early seventies. I have transcripts and reports put out by all these committees, personal calendars from those years, and newspaper and magazine articles that can pin down exact dates. I haven't read most of them and I never looked at most of the national coverage of my speeches, testimony, or expert witnessing. So, it's all blurred together in many ways and I'm not sure of the exact dates. I was more interested in doing important things for society than in what the media was saying.

Crawford: Did the media pick up on this narcotics committee because you were being attacked?

Fort: The media picked up on it because of the outspoken and creative testimony about what should be done about drugs. It was a subject they had defined as highly important in the 1960s and 1970s. My consistent position then and now was at variance with the powers that be; it was that we should take a public health approach to drug abuse.

Many who claimed to oppose my views usually didn't really oppose them. Over the years, in private, they would tell me they actually agreed with me and then when the microphone would go back on after a commercial they would start attacking me. It was utter hypocrisy.

But to return to the main point, there was a lot of demagoguery and a lot of political campaigning for office based upon how "hard" on drugs one could be. That was mainly demonstrated by calling for more and more criminal penalties against users and sellers while ignoring, for the most part, the major traffickers and the roots of the problem.

Crawford: Was that committee thinking of proposing legislation to that effect?

Fort: Yes. Ostensibly, all congressional and state legislative committee hearings are for the development or review of laws. In the seventies in addition to court and legislative testimony, I testified and consulted with both the National Commission on Marijuana and Drug Abuse in the United States and the Canadian Commission on the Non-Medical Use of Drugs. I had a particularly important influence in Canada, where the chair of the commission, Le Pain, was a very intelligent and distinguished lawyer who later became a Supreme Court judge in Canada. I think he's now in Ottawa. At my urging he changed the scope of the commission to include alcohol and tobacco. It became a much more comprehensive and influential report than the American report which also was well above average. I appeared intermittently on national television as well as giving innumerable lectures, seminars, and workshops.

Crawford: Could you talk about those national shows that you appeared on and how well informed the various moderators were?

Fort: Some of them were very well informed. Hugh Downs stands out in my mind, a very nice person; a thoughtful, sincere person. I enjoyed my appearances with him on the "Today Show" and I remember him taking Maria and me to breakfast after one

program. One of the hardships of these shows is that often you fly all day or sometimes all night on the so-called redeye to get there very early in the morning. You have to be up and sometimes at the studio by six a.m. New York time, which is three a.m. California time, and it's very arduous.

Crawford: Didn't they fly you back there?

Fort: Yes, they did. I suppose I could have gone days earlier, but I had other commitments at the time. I had responsibilities usually at one or another of the clinics I had founded. And I was doing part-time university teaching, so usually I didn't stay very long. I think probably the main reason was I always took family life seriously and that's probably one reason I never became a politician, along with my passion for truth-telling. I wasn't willing to sacrifice my wife and children in order to gain the prestige and large income of a government officeholder.

Barbara Walters was another I remember well. She wasn't particularly well-informed, and is a very artificial person. On one of her programs I debated Governor Nelson Rockefeller, and he was so insecure that he insisted on having two other guests on his side. So I had to debate three of them, including a very ambitious and irresponsible New York doctor who was the publicity seeker best known for testifying before the New York legislature while holding a young boy on her lap and describing his heroin addiction. It later turned out that he didn't use heroin at all.

Crawford: Who was that?

Fort: Her name was Judianne Densen-Gerber. The sex field as well as the drug field is full of people who are self-promoters and who are willing to say the most extreme and false things, sometimes very harmful, in order to get attention. They know how the media operate, and pander to the desire for sensationalism and extremism. I remember talking to Rockefeller afterward about his famous art collection and he told me I could see it if I ever came to Albany.

Crawford: What was the substance of your debate?

Fort: This was at the time when he was calling for new and harsher laws against drug offenders with long mandatory sentences. I said this would not work and would lead to worse problems. That all proved to be true just as my predictions about what would happen in the Haight-Ashbury after the war against the hippie proved to be true. They later did scientific studies of

the impact of that Rockefeller law and found the juries wouldn't convict people. More people went free than were actually punished because the law was so extreme. We also debated the proper role of treatment and education.

Crawford: That must have had a vast audience, prime-time commercial television.

Fort: No, the "Barbara Walters Show" at that time, I believe, was syndicated. If it was on prime time, I don't remember. It was not the Barbara Walters' interview of celebrities that now appears on ABC periodically.

Crawford: Was he impressive to you?

Fort: No. As with most politicians, it was a lot of pontificating and a very shallow knowledge of the subject matter: the nature and extent of the drug and crime problems that he was proposing these laws for.

Crawford: In light of what's come out about John F. Kennedy, how do you evaluate him in his period?

Fort: To me, even now, he remains an inspirational figure. Bill Clinton is an advanced stage of part of what John Kennedy represented. Kennedy, however, was much more knowledgeable, publicly energetic, and inspirational than any of the presidents since Theodore Roosevelt including since 1963. Kennedy brought new hope and excitement to politics and the arts. He took Hubert Humphrey's idea of the Peace Corps and made it a reality, he developed important civil rights legislation and policy, started nuclear "diminishment," and took us to the moon.

I still see Kennedy that way. However, I've become much more aware of his moral corruption, including womanizing, lying about his health, precipitate and poorly executed actions in Cuba, and his augmentation of Eisenhower's initial involvement of the United States in Vietnam. Certainly, as to the Vietnam War, he is far less responsible than Lyndon Johnson and his accomplices in mass murder and wasted billions of dollars (Dean Rusk, Robert McNamara, McGeorge Bundy); and than Richard Nixon and Henry Kissinger. We cannot directly compare Clinton and Kennedy, but clearly, Reagan was the biggest fraud and the least competent of the three. He should get a special Oscar for the longest (eight years) sustained performance by an actor.

The world is far more complicated than when Kennedy was president. We have the trillion-plus national debt, thanks to Reagan and Bush and other practitioners of greed; the pettiness and hostility of the media; the increase in hate and extremism; and the loss of hope. All in all, Clinton has great potential and was more ready to be president but is not likely to come to greatness due to the combined attacks of Gingrich, Limbaugh, Dole, Helms, the gun industry, the tobacco industry, the health care industry, extremist church groups, and the media--and his own character flaws.

Crawford: We haven't talked much about the human potential movement.

Fort: My career has been intertwined with that, but there is a kind of arrogance about the concept of human potential which seems to have evolved into the phrases "new age" and self-esteem. The human potential movement seemed to be closely associated with humanistic psychology, and it became delineated in the sixties with so many other movements--the hippie movement and the activist movement.

Crawford: You were involved with est [Erhard seminar training]--what were your impressions of Werner Erhard?

Fort: I went to see what he had to offer at a large meeting once, and I knew many people in est, but I never met him. I did consult on a court case where his divorced wife sued him and claimed that he had "brainwashed" her into signing over financial rights to the est empire.

I don't think there is such a thing as "brainwashing," but there is certainly pervasive lying, manipulation, and exploitation in our society. It always involves an interaction. The people who were attracted by est or other similar enterprises were searching--they had a kind of vacuum, a dissatisfaction, and they wanted someone to tell them how to live their lives, how to be happier. That's why so many "how-to" books and seminars do so well. For people like Erhard, the motivation was the same as for Milken or Keating, to get wealthy or powerful. As to those who join, they are seeking meaning, spirituality, friendship, a substitute family, and community.

Crawford: What happened in the court case?

Fort: It never went to court. The lawyers, as is often the case, settled it, and arranged to keep it out of public view, because there were a lot of embarrassing things in the documents sent to me to study. It was certainly quite possible that he

misrepresented things to his ex-wife, but I don't know what role she played in this.

Crawford: Is Scientology a very important movement?

Fort: Scientology is a powerful movement now, as large as any of the other cults or new "religions." I have consulted on several cases involving Scientology as well as the Unification Church, People's Temple, et cetera; and had conversations with some of the leaders, including Reverend Moon.

Crawford: Were these brainwashing cases?

Fort: Yes, they had been charged with that, and some people have suffered very adverse consequences from est, Synanon, Lifespring, Scientology, et cetera. Others seem to have benefited from them.

Crawford: Did any parents ever ask you, not necessarily to deprogram their children, but to work with them?

Fort: They have asked me for advice, yes, on how to deal with it. I've also been asked for advice by leaders and members of some of these movements. Like the Unification Church as well as the others I've mentioned. Speaking of religion reminds me of the joke about the Pope and God. I'll tell it because the use of humor is part of my life.

Crawford: You tell jokes all the time. You might as well do it on tape.

Fort: I think humor is a very good outlet, and I want to encourage other people to tell jokes that don't degrade or defame. The Pope prays daily in his private chapel to communicate with God. One day God appears before him and says, "Your Holiness, I have a few questions to ask you." The Pope says, "Certainly, Lord. What are they?" And God says, "Will there be married priests?" The Pope says, "Not while I'm Pope." Then God says, "Will there be female priests?" The Pope says, "Not while I'm Pope." Finally God says, "Will there be homosexual priests?" The Pope says, "Not while I'm Pope." Then the Pope says to God, "Lord, can I ask you a question?" God says, "Certainly, Your Holiness. What is it?" The Pope says, "Will there be another Polish Pope?" And God says, "Not while I'm God." [laughter]

"Will I go like the flowers that perish?
Will nothing remain of my name?
Nothing of my fame here on earth?

Earth is the region of the fleeting moment.
Do men have roots, are they real?
No one can know completely what is your richness,
What are your flowers, oh inventor of yourself!
I will go away forever, it is time for crying.
Send me to the place of mystery..."
-Náhua (Mexican) funeral poem

III LATE (LAST) YEARS: WISDOM, DIVERSIFICATION, NEW CREATIONS
(ARTISTRY), LOVE, ILLNESS AND DECLINE: 1976-1997

The Legal System and Serving as an Expert Witness: Hearst,
Manson, and Other Cases; Retaliatory Attack through the Board
of Medical Quality; the Dissenting Life and the Crusading
Spirit

##

Crawford: Today we're going to talk about your work as an expert witness
and court consultant, and maybe we can start by having you tell
a little bit about the history of expert witnessing, when it
started and what the parameters are.

Fort: The law defines an expert witness as someone who knows more
than the average person about a particular area. Thus,
obviously, the definition is not very specific and it's not a
very high standard.

In the area of criminal responsibility, and to a lesser
extent in other areas that I've consulted or testified on,
often people with relatively little experience and only modest

knowledge of the subject are fully accepted as experts. It then comes down to either a theatrical or a numbers game, with the criminal lawyers, or less often the prosecutors, staging a performance for the jury and several "experts" on one side saying "she's insane, she was brainwashed, she was high on alcohol or cocaine," and three or four on the other side saying she was not. At the least the jury is confused and often they negate each other.

Obviously, such a standard ignores quality entirely and "comprehensibility," by which I mean presenting your conclusions in understandable language. Ideally you should know a great deal about the subject matter and the facts (police reports, witness accounts, physical evidence, autopsy findings, past records, et cetera). You should be objective, thorough, and independent of the adversary system. You should go more by actions of the criminal than by words, and by behavior around the time of the crime than by statements (often lies) made by a defendant or their attorney months or years later.

Ideally you should be fair and honest in answering questions from both sides. You should be able to explain the reasons for your conclusions and not just say it's this or that just because I say so. That's an outline of the highest standard that should prevail in the courtroom but rarely does.

Crawford: When do we see expert witnesses and medical testimony in the courtroom?

Fort: Well, that raises an important point. Actually, medical testimony and within that, testimony that relates to psychiatry or drug abuse or attitude change, i.e. brainwashing, or prostitution or homosexuality or some of the other areas I've testified on is only a small segment of overall testimony in courtrooms. Among those who testify are pathologists (coroners), orthopedic surgeons, neurologists, for example, in cases involving medical testimony.

There could be airline pilots in an air safety case; and automobile manufacturers or technical personnel in auto safety cases. An enormous range of experts are involved when you think about the thousands of things that people sue over. Or the hundreds of things that people can be charged with--re criminal law violations. Any of those things could involve one or more areas of expertise.

So, this area that gets so much attention, drug expertise or forensic psychiatric expertise, is really only a small part of the picture. But it's one more example of the media's preoccupation with what is variously called vice, sin, evil, or the dark side. The public never realizes the broader perspective: 90 percent of civil and criminal cases are settled without trials; thousands of trials go on each day while the media only cover Manson, Hearst, Menendez, or Simpson, and the vast majority of criminals aren't caught, let alone tried, convicted, or imprisoned. Medical malpractice cases bring far more doctors to testify than issues of criminal responsibility or drug abuse (alcohol, tobacco, cocaine, heroin, et cetera). We have to keep in mind that broader picture. Then there's the overall game-playing and foolish rituals of the lawyers, including the judges.

Another relevant factor is that the law is unequal in many respects. If the prosecution asks you to consult on a case and you reach conclusions unfavorable to them, the rules require that they make that known to the defense. They then would automatically call you as a witness because it's very impressive to the jury that somebody who had been called in by the prosecution reached conclusions favorable to the defense.

Crawford: So, it's obligatory.

Fort: It's obligatory for the prosecution to make it known to the defense. However, if the defense engages you to consult and possibly testify in a case, they can engage a hundred people if they want to and if any of them reach conclusions unfavorable to the defense (conclusions that favor the prosecution) that's censored out of the case. It's never made known to the jury or judge. The additional benefit to the defense of doing that is that if they've engaged you before the prosecution contacts you, then you can't consult with the prosecution even if you do nothing for the defense. That's sometimes used as a tactic. I've known of two criminal defense lawyers who sometimes contact all the psychiatrists who do court work in that geographical area, formally engage them as a consultant, possibly by a small retainer, and then, if the prosecution calls them they can't consult.

Much more frequent than that is the practice when the evidence and the conclusions of legitimate experts are against them, of shopping around for a consultant/witness until they find somebody who, out of ignorance, greed, or publicity-seeking, will come to a conclusion favorable to their position.

No one ever knows about the few or many people who examined the criminal and found him not insane or "drugged."

Crawford: Only on the defense side.

Fort: Only on the defense side. If that were to happen with the prosecution, they would all become known to the defense and almost automatically called to the witness stand by the defense.

Crawford: So this shows a bias.

Fort: It's a bias in the system. Another even greater bias, or inequality, in the system is that the defense has no obligation to make known its information to the prosecution. Although in California a recent change in the law has helped to balance the scales of justice. The prosecution is required to make known every single piece of evidence, information, or witnesses they have, to the defense.

One of the strategies is to keep the jury and the public from knowing what really happened, and certainly never to admit guilt (accept responsibility) in any way, even if you were caught on videotape or with the "smoking gun."

Additionally some of the attorneys that the media have given prominence to get that prominence out of their ability to suppress evidence so that the jury is never allowed to hear certain pieces of evidence that show/prove guilt. That's the way Klaus von Bulow was acquitted in his second trial.

The Baileys, Cochran, Dershowitzs, Joneses, et cetera who specialize in defending rich or celebrity murderers go through a standard routine that the media never exposes: charge vast amounts of money (in advance), plead not guilty, manufacture an alibi, say someone else did it, hide evidence, claim some form of mental illness (psychosis, stress disorder, drug/alcohol intoxication, heat of passion), attack the victims as deserving death, discredit and intimidate witnesses, select as biased a jury as possible, leak favorable stories to the media, drag out the trial to get more money and publicity, see that the judge's instructions to the jury are as technical and confusing as possible, and appeal when they lose.

Crawford: Well, what are we to make of a system in which the prosecution and the defense both can find four medically trained people to say exactly what pertains to their side? Pro on one side and

con. This person was insane. This person was conscious and responsible.

Fort: Well, first, there's not an adequately high standard for being an expert in the courtroom. Secondly, it's so abused that probably it should be gotten out of the courtroom and limited only to sentencing and not to the guilt or innocence phase of the case. Thirdly, it shows that there's a great deal of mediocrity and lack of ethics in our society, including in the professions of psychology and psychiatry.

It's not just medically trained psychiatrists, but increasingly psychologists that are involved in this system, too. It's part of psychology's drive toward equality with M.D.s' licenses, status, and fees. They're called on not quite as often as psychiatrists but in significant numbers. They bear an equal responsibility for deficiencies of the system. But most of the responsibility lies with the lawyers who defend, prosecute, judge, and legislate. The experts are an extension of this absurd adversary system.

Crawford: You've said that you thought that these people should have five years of special training. Is that feasible? Is that likely to happen?

Fort: Five years of relevant experience. Yes, it is feasible. I don't call for five years of special training. I believe that first of all it's not sufficient to just have an M.D., or a Ph.D. degree, or even have training in psychiatry and psychology. I've had both kinds of training but that doesn't automatically make you an expert in criminal responsibility or on drug abuse.

What you need to have is experience working with criminals. And it's almost unknown for private practitioners of psychiatry or psychology to see such people in their clinical practice or to have worked in jails or prisons. A real expert needs to have a significant amount of ongoing contact over at least a five-year period with criminals and some understanding of criminal behavior and criminal lawyers; or have worked with police departments or other relevant agencies.

What we do now is like my being accepted in a courtroom as an expert on heart transplants solely on the basis of being a licensed physician and without anybody asking me whether I've worked as a heart surgeon or done many heart transplants. In this field, they don't ask for that. It is assumed that a

psychiatrist or psychologist knows everything relevant to questions that involve alcohol, heroin, cocaine, or mental illness and insanity.

Crawford: Do the attorneys on the opposite side of the case try to disqualify you?

Fort: Yes, that's another interesting thing. First, when they can, they try to stop you from testifying by threats or by challenging your qualifications on the "voir dire" that precedes your actual testimony of the facts. Then as you imply, the procedural rules usually permit attempted character assassination to discredit the person's testimony.

Interestingly enough, the federal rules bar that kind of thing, but federal judges who have absolute power can just disregard the rules. That happened to me in the Hearst case where the judge was a personal friend of the Hearst family, allowed them to park daily in the federal building, gave them front-row seats and allowed their team of sixteen attorneys and investigators, including F. Lee Bailey, Alan Dershowitz, and others to massively attack me and even put several perjured witnesses on the stand to lie about my past. It was very unpleasant, as anyone can imagine, and one of the most difficult tests of intellect and courage I've experienced.

Fortunately, if you can stand up to it, as I've always been able to do in that trial and some other "trials of the century," then it becomes counter-productive for the lawyer. Nevertheless, desperate lawyers who are losing cases will continue to do it if they can't make any progress in a legitimate way. The more we can encourage them to work toward the theoretical ideals of the legal system, truth and justice, the better society we'd have. Of course, their goal is to win as in sports, business, and politics. Rarely are they dedicated to truth and justice.

Crawford: Let's talk about insanity and diminished capacity. Those seemed to be the pleas that are most talked about. And you've said that you'd like to abolish the plea of insanity--

Fort: And diminished capacity. In California, that law has been considerably modified. Some even say that "diminished capacity" no longer exists. But those kinds of defenses are still used in a modified form. It might be by claiming intoxication, that is, being under the influence of alcohol or other drugs. Almost any defense that can be imagined will be used by criminal lawyers such as the battered woman syndrome;

post-traumatic stress disorder; some absurd thing called Munchausen Syndrome, where women are supposed to commit abuses against a child or even kill the child simply to get attention; post-menopausal depression; premenstrual tension; side effects of Prozac or Halcion; fetal alcohol syndrome; brain damage; racism (black rage); or poverty.

Recently in the Menendez brothers case in Los Angeles the lawyer, Abrahamsen, got a hung jury, unlimited publicity, and several million dollars by manufacturing a defense of sexual abuse by the murdered parents with no evidence to support it--only the sudden claim of the psychopathic killers; and by getting a psychiatrist to change his report.

The official definition of diminished capacity requires that defendants as a result of mental disease or defect have a substantial impairment in their ability to premeditate, deliberate, or other requisite components of the crime of "homicide." Whether or not you are convicted of first-degree murder, second-degree murder, manslaughter, voluntary or involuntary, depends on your lawyer being able to persuade the jury beyond a "reasonable doubt" that you couldn't premeditate, deliberate, or have an intent to kill.

"Experts" come into the courtroom and state that they have concluded that as a result of intoxication with alcohol or amphetamines or even aspirin (one case), or as a result of schizophrenia or post-traumatic stress disorder, the person could not premeditate, or deliberate.

The punishment decreases proportionately so that one who kills someone else--leaving aside war or clear-cut self-defense--may end up with anything from probation to the death penalty--or "life" which means an average of seven to thirteen years.

It's very loose, very abused. That kind of testimony is best reserved for a sentencing procedure, where you can individualize a sentence based on evidence about a person's background, their mental state, or their physical state. But for the guilt phase, with the low level of performance and the many abuses that occur with psychiatric, psychological, and drug testimony, it would be better not to have it in a courtroom.

Crawford: You think it would be better just to present the evidence?

Fort:

Right, right. The system is so absurd that even people that are videotaped or otherwise caught while committing crimes often go free or are convicted of a charge far less than they committed, such as Marion Barry in Washington, D.C., John De Lorean, some of the legislators taking bribes, the Los Angeles police with Rodney King, and Dan White, who was not videotaped but observed by many people committing his double murder at City Hall in San Francisco. So, even when there is a "smoking gun," there are many absurdities in the law beyond the misuse of expert testimony and the winning-is-everything adversary system.

I was talking earlier about not going automatically by the degrees you have and I want to carry that a little further. I believe that ex-criminals should sometimes be called as experts in criminal behavior. For example, in the Hearst case, if you wanted to understand the pattern of behavior of somebody carrying out bank robbery, why not have an experienced bank robber, hopefully a reformed one, testify? Assuming it's not sufficient to show the detailed and complete videotape of her carrying out the robbery as an independent team (S.L.A.) member.

I mention that example because one of the defenses that didn't work in the Hearst case was that she carried out the San Francisco bank robbery under total coercion. Concurrently it was claimed that she was "brainwashed" and three psychiatrists were brought in who compared her to a Korean War P.O.W. or a victim of hypnosis, while totally ignoring her actions and her "Tanya" diary.

To use a case involving drug abuse as an example there are a wide range of people like halfway house and twelve-step (A.A., N.A.) workers who work with alcoholics and other drug abusers who could serve as witnesses. The concept should be broadened.

To get back to "insanity," that defense is still used around the country, and more than diminished capacity. But, not nearly as often as the media would have you believe. I think the figures are well below one in a hundred criminal cases. The definition of insanity is based on the 19th century McNaughten rule from England. It has two major components: that the person not know the difference between right and wrong and not be aware of the nature and quality of their actions. That would mean that if you had a gun and shot somebody with it that you not be aware of what the gun did or aware that it

would kill somebody, and not know that it was considered wrong by society to kill.

Crawford: And you don't credit that very much.

Fort: These mental and drug/alcohol defenses have been mostly used as one of many tactics of criminal lawyers attempting to get guilty clients off. This is the core of the adversary system and so-called legal ethics. In practice, it refers to being allowed to do almost anything--lie, cheat, slander, et cetera--to fully (zealously) represent your client. Ignore that they committed their crime and ignore their future danger to society.

There is also the problem of prosecutors making political decisions, not prosecuting some criminals who should be prosecuted, plea-bargaining excessively, and sometimes manufacturing or distorting evidence.

From my standpoint as an ethicist trying to practice ethical values including truth-telling, teaching courses on ethics, and working as a lay minister, I don't think what many lawyers do is ethical at all. It's irresponsible and antisocial.

While I'm on that point, more than abolishing the insanity and diminished capacity defenses, I actually favor far more radical reforms such as getting rid of the adversarial system entirely. We should try to move courts to what is emblazoned on their walls, the search for truth and justice. The Constitution and the Bill of Rights don't call for an adversary system or for most of the anachronistic procedures we have.

Crawford: How could you do that without the adversary system?

Fort: Start with an official goal of seeking truth and requiring all lawyers as well as witnesses and jurors to tell the truth and be prosecuted for perjury when they don't. Other countries have effective systems. We can experiment with and incorporate professionally trained, nonpolitical judges to investigate cases impartially as in France; professional jurors; lay judges to work with the trained ones; and restrictions on media coverage as in England. We could make all relevant information available to the jury and judge and eliminate all the time-consuming and dishonest attempts to suppress evidence.

Then have them decide whether the person did the crime they're charged with, without vague semantic questions like

"guilty beyond reasonable doubt" and "moral certainty." The real question for a jury is whether the person charged with murder murdered the victim or didn't. Activating juries so that they can ask questions is also important. That is permitted by the law but most judges don't tell them about it or encourage it.

To use the most media-exploited case in American history as an example: a man, O. J. Simpson, celebrated by the media just for running up and down a field with a football, was first found guilty by the police, second by the prosecutor, third by a judge at a preliminary hearing, and fourth by the Superior Court judge in turning down a request to drop the charges. The evidence of guilt was overwhelming as it was in the McVeigh case or the Rodney King beating case.

Thus it is rare for an innocent person to go on trial and foolish to presume innocence. Again, open-minded skepticism is called for without assuming either innocence or guilt. I think there are many other modifications that should take place in our present system: getting rid of unanimous decisions and having ten out of twelve or nine out of twelve decide; and picking the first twelve qualified people or twelve at random for the jury without the bias and fraud of so-called jury selection experts. A good juror to lawyers is one likely to be biased in their favor. Investigations of the private lives of jurors and witnesses should cease.

Our system isn't working. Like many other institutions in our society the legal system is broken and needs fixing. Truth and justice are rarely to be found.

Crawford: You've made the statement that there are few criminals who are insane or psychotic.

Fort: There are few that are insane. There are more that are psychotic, but nevertheless, serious mental illness is not very much involved in crime. Most schizophrenics or other seriously mentally ill people are not involved in criminal acts. Conversely, most of the people who commit criminal acts, particularly violent crime, do not have any serious mental illnesses. If any diagnosis were to be communicated to the jury, it would be the diagnosis of sociopath or psychopath, meaning a character disorder or in current psychiatrese, Antisocial Personality Disorder. That's not considered anything like psychosis or even neurosis.

Crawford: What's a good case of one that's gotten off on insanity?

Fort: The John Hinkley case, where he shot President Reagan. In those cases where I've been an expert witness, I've had a very high success rate, sometimes against seven experts on the other side where I was the only one testifying for the prosecution, once against five, and many times against several psychiatrists or psychologists.

Crawford: Hasn't there been a case, then, where insanity's gone through?

Fort: Overall, in California and nationally, there have been a number of cases, including a couple I've been involved in, where after studying the case, I concluded that the defendant was insane. But they're rare. However, there are many more diminished capacity cases where the person has gotten a much more lenient sentence, was held to a much lesser degree of responsibility because of mental illness or because of use of alcohol or other drugs. The best known of those is the Dan White case. In these cases, the expert and then the jury must decide whether the criminal's ability to premeditate, deliberate, or form an intent, was substantially impaired.

Crawford: Talk about the White case a little bit.

Fort: I had no direct involvement in that case, but I have reason to believe that I played an indirect role in it by not being called upon for consultation by the D.A. It seemed to be a setup with the then district attorney seeking police support for his reelection campaign and not putting on the strongest possible case. He allowed a series of professional defense psychiatrists to claim diminished capacity on the basis of alleged depression and high blood sugar (the so-called Twinkie defense).

Then the district attorney failed to put on any authoritative, knowledgeable expert witnesses to counter that. Logically, I would have been one of the people he would have contacted because I had recently been prominently featured in the Hearst case and even before that was considered one of the leading experts in the country. So he couldn't have missed knowing about it, knowing that I had started the programs on violence, drugs, et cetera in San Francisco and was teaching criminology in Berkeley. I could have easily demolished their absurd defense of a cold-blooded, fully planned murder.

Crawford: And you're saying his case was weak.

Fort: I believe he deliberately put on a weak case in order not to antagonize the police or his conservative supporters who hated White's victims: liberal Mayor Moscone and gay Supervisor Milk.

Crawford: Who was involved?

Fort: The two that I remember most in that case were Drs. Martin Blinder and Donald Lunde, because I've encountered them in some other cases. Every time I have, the jury has ended up accepting my testimony over theirs. Ironically, Blinder was one of several bright young staff members I recruited for my Center for Special Problems in the mid-sixties.

Crawford: What was the result?

Fort: Their testimony was that White should not be held responsible and the jury ended up agreeing and settling on manslaughter rather than murder. Thus, he got a relatively short sentence, a riot followed, and the media made even more profit.

Crawford: But you felt that he deserved a severe--

Fort: One of my principles in and out of courtrooms is that the actions of a criminal speak louder than his or lawyers' words. White's behavior--sneaking into the building, bringing his gun, loading and reloading it, and then carefully escaping--all showed that he knew what he was doing, could premeditate and deliberate, and thus, did not have diminished capacity.

In the Simpson case, and many others, it's an Alice-in-Wonderland kind of absurdity at many levels. Even when caught in the act, caught with the body or weapon, or videotaped, the criminal lawyer and perpetrator will plead not guilty and deny responsibility. Like Simpson, you may be a sexually promiscuous playboy hiding behind a smile, yet having a juvenile record of violent crime; an adult record of cocaine abuse; frequent wife-beating with threats and stalking; purchase of a weapon; a long trail of the victims' blood; false alibis; an attempt to flee; and other major evidence of guilt. Yet, the injustice system permits people to avoid any kind of accountability, especially the rich. It's part of our society's general lack of accountability. In some ways you can think of it as a psychopathic society, or an age of psychopathy.

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Crawford: Last time we talked about expert witnessing, what you thought expert witnessing should be and how to approach it. Today I'd like to talk about individual cases in some depth. I noticed there was a letter from a lawyer in Shasta County who wanted you for an expert witness. And he said, "The reason I want Dr. Fort for an expert witness is that he is not a prostitute to either side."

Fort: Yes, I remember that case, particularly because strangely enough some aspects of it are still pending after all these years. The person was convicted and sentenced to death and some taxpayer-paid, aggressive defense lawyers are still trying to get him off. They are using two increasingly common tactics: discrediting the man's trial lawyer so that they can get the higher courts to say he should have a new trial, and challenging his not presenting psychiatric testimony during the trial.

Alternatively, they would try to discredit such testimony if it had been presented. The reason he didn't present it was that I had thoroughly evaluated the case at the request of the defense attorney who had access to all the things that the prosecution had.

I interviewed the man in jail, talked to the attorney about the case, and as I often do, visited the site where he had hidden the bodies of his victims, near the area where he lived. I attempted to reconstruct what probably happened and what his probable mental state and responsibility was at the time of the crimes. What's important are actions at the time of a crime and immediately after, as opposed to words spoken years later at the time of trial, where there are memory distortions and strong motivations to lie.

The lawyer took my advice and did not put on a psychiatric defense. The man was convicted, since the evidence and his pattern of behavior showed clearly that he murdered the victims and knew what he was doing. When you attempt to bury bodies and hide your crime, it doesn't take a particularly knowledgeable or intelligent person to infer from that that you knew what you were doing was wrong and you were aware of the nature and quality of your actions.

This attorney, very responsibly, accepted that, since I gave him all the reasons why the man should be held responsible. Then, years later, they attempted to discredit him and also to attack me. They ended up harassing me, forcing me through a compliant judge to give a deposition, sending

subpoena server to my house at seven o'clock on a Sunday morning, and scaring my wife and me out of bed.

Crawford: On appeal.

Fort: As part of their appeal, that's right. It was mainly an attempt to intimidate and retaliate against me. It's one more example of how our system allows abuses and is lacking in ethics.

Other death penalty cases I've been involved in have also included manufactured "evidence" of drug/alcohol abuse, brain damage, mental illness, et cetera, and unscrupulous tactics which paradoxically violate the constitutional rights of witnesses who stand in the way of the criminal lawyer.

Unfortunately, there's a banality of evil in most murder cases. The media don't think it's significant unless somebody "important" is involved, it's especially bloody or bizarre, or there are multiple victims. There's elitism among victims as there is in the broader society.

All victims should be equally important. The fact that somebody happens to be wealthy or happens to be in the entertainment or sports business, should not result in them getting more attention. Simpson, Tyson, Rose, et cetera, are less important to the society than garbage collectors, teachers, nurses, social workers, and doctors.

Crawford: Do you think anything should be done about profiting from crime, that is, on the part of TV, movies, and books?

Fort: Yes, I agree with those laws that have been passed in some states that criminals cannot profit from books or films--in New York it's called the "Son of Sam" law. It was passed after his series of murders and conviction. But there's no law controlling the way ambitious attorneys can profit from such crimes. Many milk them for more than should be permitted, in terms of publicity and money, (fees often paid by taxpayers when they're court-appointed) and other kinds of income they get from books, lecturing, or films.

They should never be allowed to profit from it. Newspapers, magazines, radio stations, and TV news and talk shows are the main exploiters and profiteers from violent crime. They also thereby foster fear and racism. Defendants should not have more than one attorney--not the seventeen

costing over \$10 million in the McVeigh case (plus thirteen support staff).

Crawford: How can they stop them from profiteering?

Fort: By passing state and federal laws so that all money earned from their story, would go to local and national victims' organizations, and preventive programs.

Crawford: You talked about consulting with both sides in a case. Do you ever run into trouble with the attorneys over that, that they don't want to show you what they have?

Fort: Usually not, because if the attorney has consulted you, it's because they have some respect or appreciation for your ability, although in some instances it may be because they haven't thought of, or can't get, anybody else. Once you consult with the defense attorneys, they cannot lose by it, as I have previously explained. The prosecutor in some instances would be less likely to contact you knowing if you come to a different conclusion than they have, then that has to be made known to the defense. I'm the only one I know of who seeks information from both sides and is willing to talk with both attorneys before reaching my conclusions.

I've explained previously that overall you do pay a big price for independence and honesty. You are less likely to be called upon by those whose definition of a good expert is one that will come to conclusions favorable to their side just as they define a good juror as one that comes to a verdict favorable to their position. Criminals and the media define a good lawyer as one who will get you off when you're guilty. Like the gap between the haves and have-nots, there's a large gap between what people say in public and what they do in the "in-justice" system.

Crawford: Have you ever been called by the prosecution and gone over to the defense?

Fort: Yes, there have been several cases like that. And then there have been several where I actually came to conclusions that represented both sides in some ways, and were accepted by both sides. There are two of them that come quickly to mind. One was the Ruchelle McGee case. He was a prisoner at San Quentin, involved in the Marin County shootout at the courthouse where people were killed during an escape attempt. An effort was being made by his defense attorney to get him a new trial.

It was a proceeding that was going on for a long time and he wanted them to stop, so he could settle down in his prison life and not be disrupted by lawyers and trials. As is often the case, they refused to listen to him, and took over his life. Another very questionable and unethical practice.

Parenthetically, that happens in a number of death penalty cases where some murderers want to be put to death and prefer that to life imprisonment. A rare one even feels guilt, accepts responsibility, and wants to be punished. But attorneys, without a second thought, control their life, and proceed with appeal after appeal, year after year, usually paid for by taxpayers. The individual is not even consulted about it. Lawyers should be required, like doctors, to obtain written informed consent.

In the McGee case my conclusions about what happened and his degree of responsibility were such that he and the prosecution both accepted them, despite former Attorney General Ramsey Clark testifying on his behalf. His attorneys still pushed the matter, but the judge ruled against them and McGee was returned to prison to complete his sentence. My work saved weeks of trial and tens of thousands of dollars in this and numerous other cases.

Another case involved a man who hijacked a Santa Cruz bus with sixty or seventy people on it, and held them hostage in some kind of park building. I was contacted by the prosecution, studied all the information available, interviewed some of the people that had been held hostage, talked to the defendant, and concluded that he was insane. He was responding to delusions, i.e., there was a direct, causal relationship between his delusional thinking and the hijacking and kidnaping that he carried out. The delusions were specifically telling him to do what he did do. He made no attempt to cover it up. He behaved in a manner consistent with the psychosis that he had.

When I reached the conclusion that he was psychotic and legally insane, and gave the detailed reasons based on the evidence, the prosecution accepted that and worked out a plea bargaining arrangement with the defense. He ended up being sent to Atascadero, the hospital for the criminally insane.

There have been other instances that are less fresh in my mind, where my conclusions served both sides in different ways and even more where my involvement led to plea bargaining and early, simpler resolution of cases.

I remember another one. In the Juan Corona mass murder (twenty-six victims) case, I testified three times as a consultant to the defense in proceedings to determine whether he was competent to stand trial. One of the interesting aspects was that, by my choice and with the unusual cooperation of both the prosecution and the defense, I testified in that high-profile case--not a media-designated "trial of the century" but a "trial of the decade"--without the media ever becoming aware of it. So my name was never mentioned publicly. Then even though I was invited three times, I chose not to testify in the public trial that later occurred with excessive media attention.

I also avoided publicity in the Robert Alton Harris death penalty case here in California in 1992, even though for more than a year I consulted with first the attorney general's office, then the San Diego District Attorney's office, and finally, the governor's office, regarding possible clemency. I didn't have to testify and was reluctant to do so. My key role never became known to the media, and you'll recall that the case was in the headlines every single day for weeks. It shows also how little the media really knows about what's going on. I'm just one example of hundreds in our society who are doing important things that aren't recognized because the person doesn't seek publicity and because the media do very little research and are very superficial in their approach to the so-called news.

Crawford: It wouldn't be important that they mentioned names of people involved as expert witnesses, would it?

Fort: Well, I agree with you. I don't think it is important. But they play a cult of personality game, a fame game. And those who form symbiotic relationships with the media and are willing to play this game, including using P.R. people, are the ones that become celebrities.

I issued a formal statement in the Hearst case saying that I didn't think it proper that before testifying in a case that an expert give interviews or get involved in anything that might impair their objectivity or distract from their professional task. I further asked that insofar as I was quoted in the courtroom, I preferred to be referred to anonymously, and not be photographed. They paid no attention, hounded me for interviews and photos, and offered me the cover of Time magazine, a live appearance on CBS national news, and an hour or more on the main San Francisco TV station.

Crawford: I know you got a lot of publicity there. On what did you base your opinion that Corona was insane?

Fort: I didn't find him insane--or incompetent. I testified he was competent to stand trial. Competency is another dimension of the legal system that involves psychiatry and psychology. In a competency proceeding you determine whether the person is able to cooperate with their attorney and whether they understand the legal proceedings in general. It's much simpler and a much lower standard than insanity.

Crawford: That's at the first stage.

Fort: Yes, this is before they go on trial. The defense team headed by Terence Hallinan had employed me as a consultant and I interviewed Corona and studied the data about him, having had access to everything. The judge, after hearing my testimony, agreed he was competent. The prosecution, as is always the case, were pleased to have him found competent, so they could proceed with the trial. This is another example where all parties involved agreed with my decision. It could be an example of how consultants/expert witnesses could routinely be more independent, appointed by the court, and serving both sides rather than becoming part of the adversarial system.

He did stand trial. Since we're on that case, I'll just mention briefly that I also participated in helping to select a jury in that case and in a way very different from the people who have made a lucrative career out of jury selection. They're employed, almost always by the defense, to find a jury likely to be sympathetic to the defense of a criminal. What I sought to do with my colleague, who's a mathematician and statistician, was to work out a way of picking a jury that would be objective and independent and not be biased for or against Corona because of his ethnic background, his social class, publicity, or for any other reason.

We did that in large part by developing a telephone survey that was carried out in the manner of Gallup or Harris, a scientifically selected random sample of the population of the county where he was going to be tried. We measured attitudes that were likely to be found in the pool of jurors that would be interrogated. For the actual jury selection we developed an elaborate questionnaire that each prospective juror had to fill out. Then we evaluated them, prioritized, and made recommendations as jurors were picked.

Crawford: Is that always done in these big cases?

Fort: No, no. Most cases don't have outside consultants or experts on jury selection. It's done by attorneys who may actually have as much or more expertise at it than these outside experts. Even though it sounds in conflict with what I've just said, the attorneys also may not know anything more about it than a lay person because nobody really knows scientifically how to pick a jury. Human personality is not that well understood and there are too many trial variables. A tremendous amount of time is wasted on that. If we changed to eleven-to-one, ten-to-two, or nine-to-three for jury verdicts, they'd no longer be able to hang a jury by going all out to pick or convince one juror to acquit the criminal.

Crawford: But what if you had a black man on trial and you get a white suburban jury? That's going to be tougher. You really want to have racial mix on the jury.

Fort: Yes, but you see, that happened at Simi Valley--appropriate (seamy) place for the Ronald Reagan Library location--where the trial was held of the Los Angeles police who beat up Rodney King. Attorneys spent weeks picking the jury, and they picked an all-white jury. I agree with you that sometimes that would have unfortunate implications. But we should not assume that all whites are racist and that all blacks are tolerant and unbiased. That's a racist attitude itself. If we picked the first twelve or randomly, we'd do better.

Crawford: Doesn't that help against biases, though, if the jury can be questioned by the attorneys?

Fort: It might.

Crawford: Such as the Rodney King case. You wouldn't want to have a jury in which everybody on the jury had a brother who was a policeman.

Fort: Well, some of those things do work as rules of selection. But some don't, because we're complicated people. Not all police think alike. I think it's theoretically possible for a police officer, a lawyer, or other people routinely excluded from juries to be a very good juror. There are white or black people on a jury who might be influenced by their own encounters with crime, by their own interests or non-interests in religion, or by their biases for or against particular attorneys and their tactics/theatrics or attorneys in general. The point being that a lot of factors enter into a juror's decision-making, only one of which might be racial bias or anything else.

As I used to say in the sixties about homosexuals, they're not totally sexual beings. They should not be identified and reacted to simply on the basis of sexuality. Like all human beings, their sexuality is part of a far more complex and complete lifestyle. When we pick a juror it's based on hunches or on educated guesses. My system probably would be as good as the present system and would save days or weeks of time and hundreds of thousands of dollars in every trial. At least we should experiment with new ways of achieving justice and prove that they work. The present system doesn't work and is often unjust and absurd.

We need to introduce throughout our society, including the legal system, innovation, experimentation, honesty, flexibility, and openness. As I mentioned, activating jurors to ask questions is another example. A jury might become hung or end up with a bad verdict simply due to misunderstanding or mishearing something that could easily be clarified if they asked questions during the trial.

Crawford: Have you been impressed by and large with the juries that you've observed?

Fort: Where I've gotten to talk to jurors, you mean? I've never gotten to serve on one. I've been eager to serve and have been empaneled several times. But I've always been eliminated by the attorneys who are allowed many challenges without giving a reason.

Crawford: But what I meant to say was, the juries' verdicts, have those been by and large credible?

Fort: In the cases that I've been involved in, I haven't kept an exact tally, but to the best of my knowledge, about 95 percent of the time, the jurors have ended up agreeing with my testimony. Overall, in criminal trials some 95 percent of those accused have done the crimes they're accused of (and often many others), and the vast majority are found guilty by juries as they were by the police, prosecutor, municipal court judge, and public opinion.

Crawford: What fees are you paid for being an expert witness?

Fort: In the early years when I started, my standard fee was \$25 per hour. I have to bring out that one of the unusual aspects of my part-time career as a consultant/expert witness in legal cases is that from the beginning, I've also done it free or at a reduced fee when people or an organization, or the district

attorney's office, or a defense attorney did not have the money to pay. I've always done this also with my other careers as clinician, lecturer, consultant, writer, et cetera.

So I have done a great many cases without any income whatsoever. I have often been called by public defenders, district attorneys, private attorneys, and private citizens asking for consultation on a case or on a problem. It can be a health or social problem, a rape case, a murder, or a psychiatric problem, for telephone or short-term help. The biggest such case recently in my career was the Robert Alton Harris double murder-death penalty case, where I put in dozens and dozens of hours and since neither the attorney general or the governor had a budget for it, I received no compensation whatsoever, except letters of praise and thanks.

Some time in the seventies, a Santa Cruz judge who'd been the former district attorney there and with whom I'd worked, spoke to me after I had testified. He said, "Everybody else knows far less than you do, is far less honest, and far less expert, is charging much higher fees and you should too." I don't remember the amount, but it was probably \$75 per hour. I hadn't given full weight to the fact, and I still don't fully accept that people are judged in our society by how much they charge and how much money they make. I've always rejected that system of evaluation as I've rejected the P.R. fame system.

Nevertheless, it is a fact that in this field, as in many others, those who charge significantly more are thought to be "better." Although I haven't taken that much into account, I have progressively raised my fees with inflation and with the changing times as well as because of the variables within the legal system that I've mentioned. Now, when I am paid a full fee, I receive \$300 per hour or more, and on a rare occasion, I've been paid \$450 per hour. Still on most occasions, I do the same quality work for much less, probably averaging only \$150 when I am paid.

I learned last year during the Robert Alton Harris case that a prominent expert who had gotten a lot of national publicity for some murder cases but has about one-half of my experience or ability, will do nothing unless he's paid \$450 per hour. For him it's a full-time profession, while for me it's always been part-time and intermittent. Being free of greed has always existed in me and has given me much greater freedom to do a lot of things that have been creative, adventurous, interesting, and socially beneficial. Related to that is that I have no retirement fund, no investments, no

large savings, only one moderately priced car, and one house (for thirty-five years) which still has a mortgage.

Crawford: It's interesting how you've worked that out with Maria, too.

Fort: She's always been a true helpmate, but sometimes out of concern for me, she had reservations about the dangers and stresses of my involvements and crusades. As a longtime feminist, I was a mentor to her and my daughters in developing independent careers and being self-supporting in adulthood.

Crawford: So, technology can really be enslaving.

Fort: Yes, and we must subordinate it, control our use of time, and "get a life" for ourselves. Reexamine things we have taken for granted, simplify, and free ourselves of conflict, greed, and hate.

Technology can also be liberating. For example, the VCR I consider the second greatest invention after the telephone, since it frees you of the false advertising and time constraints of TV while allowing access to classic and contemporary movies, documentaries, music, art, et cetera.

Crawford: I wanted to ask you about the Manson case, because in that case you did testify on both sides, for different individuals.

Fort: Yes, but at different stages of the proceedings. I was first called into the case by the defense attorney for Leslie Van Houten, Maxwell Keith. He asked me to evaluate the relative degree of responsibility that she, and to some extent, the other women in the so-called Manson family, shared for the Tate-La Bianca seven murders; and the degree to which Manson was responsible. In that case, I had one of my most vicious and aggressive cross-examinations by Manson's attorney, Kanarak. It lasted a very long time, many hours.

The way in which I ended up independently serving both sides is that while my testimony concluded that the women were less responsible than Manson or Watson, it brought out the high degree of responsibility Manson had. So, as Vincent Bugliosi and Curt Gentry say in their best-selling book Helter Skelter, my testimony helped to convict Manson because he was so much more responsible. At the same time I did not say that the women had no responsibility.

So, while called by the defense, the testimony functioned independent of the adversary system. Subsequently, as a result

of my effective testimony, knowledge, and experience in studying and consulting on the Manson family, I became the major expert witness in the Tex Watson trial and in his lawyer's unsuccessful effort to have him found incompetent to stand trial. I think you have a letter commending me from the prosecutor, Steve Kay, in that trial.

After that, I also performed consultation and expert witness functions in two further trials of Leslie Van Houten, the first guilty verdict having been reversed on appeal. There were also several other Manson family cases that I played some role in.

Crawford: Did you interview Manson himself?

Fort: Yes. Yes, I spent hours with Tex Watson, more hours with Van Houten, and a couple of hours with Charles Manson. I've also interviewed three or four other members of the "family" and interviewed lawyers on both sides along with having access to the numerous documents, police reports, confessions--as, for example, Susan Atkins' confession in the original trial--and witness interviews that I customarily study before reaching my conclusions.

Years later, I interviewed Manson at the California Medical Facility at Vacaville in conjunction with a Van Houten trial. I also have had some correspondence with him when I attempted to interview him for an unsuccessful MCA videotape, called "The Death Diploma". It involved interviewing and analyzing a number of prominent mass murderers, including the "Hillside Strangler," Bianchi. Manson was willing to do this additional interview, but the San Quentin prison authorities refused permission.

Crawford: How would that have been positive?

Fort: I'm not sure. I had doubts about it myself. It would only have been positive if accompanied by my explanatory commentary. It was a videotape never shown on television and it wasn't mass advertised. I doubt if it had very much circulation.

Crawford: How were you presented to him?

Fort: I don't remember all the details, but he knew that I was consulting with the prosecution and he remembered that I had testified in the original Manson group trial. In the original case, he was sitting in the courtroom at the defendant's table with several lawyers and a packed courtroom, most of it media,

since it was defined by them as a "trial of the century."
During my testimony he actually screamed out that I wouldn't
know a hippie if I saw one.

Crawford: Why?

Fort: Well, he didn't like my testimony, nor did the unarrested
members of his group who on the sidewalk outside made death
threats against me and the others who testified against Manson.
But when I interviewed him in prison, there was not only his
menacing appearance and behavior, but a glaring example of some
of the carelessness and stupidity that takes place in jails and
prison.

I was escorted to interview him in a room not usually used
for interviews, an office area of the prison. A guard was
stationed outside the door, assigned to stay with him and keep
him under observation. Manson, being of very short stature,
often likes to stand up. I was sitting behind a desk and
Manson stood up and rose over me across the desk. The room was
fully furnished with office paraphernalia.

At some point, the guard assigned started flirting with
one of the secretaries in the office and moved to another part
of the area. He was no longer accessible and no longer
functioning to observe and guard Manson. Manson picked up a
very large wooden name sign, a solid piece of triangular-shaped
wood where the name of the person in the office is carved. He
held it up, brandished it like a weapon, and said, "You know,
only one of us might leave this room alive." He has a very
intimidating stare and of course, all the background of horror
and potential for evil. It was a scary experience.

Crawford: What did you do when he said that?

Fort: I continued to talk to him calmly, being fearful, but trying to
remain calm, and passed on to other subjects rather than
responding with overt fear or any kind of precipitous action.
Of course, I kept hoping that the guard would come back over
very soon. Only F. Lee Bailey in my experience was as much of
a "terrorist" and intimidator, and I'm glad I had the courage
and ability to cope with them.

Crawford: Why did Manson try to intimidate you?

Fort: I'm not sure whether it was specifically because of the
questions I was asking him, which had to do with some of the
practices that the family followed and what he would have the

young women do. I was asking him about their drug taking, their sexual practices, his relative degree of control over them. So that might have been part of it. Another part of it might have been his memory of my role in the original trial, or the nature of his personality, or it could have been because I was consulting with the prosecution.

Crawford: What was your response when he yelled at you that you wouldn't have known a hippie if you saw one?

Fort: Oh, that was to the effect that he was mainly responsible for the Tate-LaBianca murders, and attempting to control the young women and men that were part of his "family," and my analysis of mind-control techniques.

Crawford: But you did establish that they were brainwashed to some extent, didn't you?

Fort: That was the second major case I'd had where this issue was involved, although the media hadn't yet started using the term "brainwashing" in criminal cases as they came to do in the Hearst case.

Crawford: Robot.

Fort: Yes, they used expressions like that. Mindless robot or just being controlled by him. We may want to talk later about the first case where this issue came up, the Presidio mutiny trial, where I consulted with attorney, now San Francisco District Attorney, Terence Hallinan, and his father, Vincent Hallinan. The issue or phenomenon is what in social psychology is called attitude change, but sometimes called mind control.

Later in the Hearst trial and in trials involving the Unification Church, Est, Lifespring, and Scientology, I also used my knowledge and rational analysis to show how people become believers and converts. At the same time I questioned that whole concept of "brainwashing." There are many techniques and people who manipulate, influence, and attempt to control thinking, including advertising/public relations, lawyering, and politicking, but it's not a magical Svengali-like process. It's an interaction.

Crawford: What did you say about the women, that they were incapable of doing these crimes?

Fort: No, I did not think they were without responsibility, despite the fact that he had a major influence on them.

It happens when somebody is a seeker looking for meaning in their life, lacks clear values, has few sources of hope and meaning, and by chance or design comes across a person or program, whether it be a political group, a church, a "human potential" business, or any other program that seems to provide answers. Then over a period of time, when it gives them pleasure, excitement, and some sense of significance, they become a convert, a member. It takes time and it's always an interactive process, not something totally imposed by an all-powerful, charismatic leader.

Crawford: Did you ever find for "brainwashing"?

Fort: Not in that simple sense. Overall, it's another instance of a media-created term from the Korean War which they teach us to use because it oversimplifies and sensationalizes.

Crawford: The press sort of misconstrued that case then, when they asked why did Dr. Joel Fort find that women could be under the influence of Manson to that extent, when Tex Watson was not.

Fort: That's interesting. I didn't know they said that. But "they" may only be one reporter. As I've told you, I usually don't read the stories and haven't watched television where I've been covered. But that's a legitimate question. In the original trial, you'll recall, I said that my testimony found that Watson, Van Houten, and the other women did have responsibility for their actions, even though Manson had the greatest responsibility, and played a more significant role. So, I did include Watson along with Van Houten and the other women from the beginning.

At the next level, Watson had the major responsibility, a greater responsibility than the women, second only to Manson, because Watson led the team of killers into both the La Bianca house and the Tate house for the total of seven murders. And Watson told them about washing off the blood and changing their clothes and getting rid of weapons, and things like that.

But again, I stress that did not absolve the women of responsibility. Separately, in my consultation and testimony in the Van Houten trial and retrial, I made clear that she should be held responsible, that she was neither insane, nor had diminished capacity. As usual, the jury agreed despite several opposing expert witnesses, and she was convicted and is still in prison. There are different levels of leadership, and responsibility, activity and passivity, knowledge and ignorance.

With many kinds of crimes, there are several people involved. When a group of people rob a bank, as for example in the Hearst case, where she was a collaborator with several other members of the S.L.A. in a complicated bank robbery, she did not organize the robbery, so some people there properly could be said to have played a more significant role. But it doesn't mean she and other participants in the robbery have no responsibility at all.

That's very common in crimes, to have more than one participant. It's very common, as in other aspects of life, to have one person with a stronger personality or more leadership ability and another person with a weaker personality and less leadership ability. That doesn't mean that only one of them has responsibility for the crime. Our ineffective and unethical legal system and the pervasive lying in the society have undermined the idea or virtue of responsibility/accountability. We need an American Civil Responsibilities Union.

Crawford: What was the sentence for Manson and the others?

Fort: Death penalty in the original case. Then the U.S. Supreme Court threw out the death penalty and their sentences were automatically changed to life sentences. Not "life without parole" which has recently become popular. When you get an ordinary "life" sentence, you serve only seven to thirteen years on the average and are eligible for parole at regular intervals. It used to be every year and then it was changed to every three years.

That's why the media get field days regularly, by making the public think that Manson or some other media-celebrated murderer is about to get paroled. It's just a technicality. The parole board will never parole those people and it's totally phony for the media to write it up that way. But all of them are serving life sentences and theoretically have the possibility of parole. The only ones that might ever get parole when they're elderly are some of the women, such as Leslie Van Houten. However, Watson has been allowed to marry, have conjugal visits, and father children.

Crawford: Don't you think, though, that if Manson showed himself to be charming and industrious and sacrificed his time to help other people, and so on, isn't there a possibility he could be paroled?

Fort: You're correct in implying that those would be factors that the board (Adult Authority) usually looks upon favorably. In his case, though, there would be too much adverse publicity and a lot of skepticism about the "new" Manson.

Crawford: Even with the fading of memory?

Fort: No, because his memory is kept alive as prominently as Jack the Ripper, Al Capone, Jesse James, John Dillinger, or O. J. Simpson. In other words, their image, their mythology is manufactured and perpetuated by the media. So he won't pass into distant memory.

There's also the whole matter of victim's rights groups having become more prominent. One of the groups I consult with in San Francisco is called Justice for Murder Victims. I have gone to some of their meetings and helped them in various ways. Sharon Tate's mother organized a similar group in Los Angeles that remains active, and regularly appears before parole boards to campaign against these people getting paroled.

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Crawford: In the last session we were talking about the Manson case. I was amused to see in Helter Skelter that Bugliosi and Gentry described you as the legendary hippie doctor. Where did that come from?

Fort: Well, he meant it as the legendary doctor to the hippies. We talked a number of times and have been on several TV programs together. As he points out in the book, I didn't follow a hippie dress code or the hippie lifestyle. This relationship came about because I was sympathetic to youthful idealism and had been the first public official in San Francisco to work in a positive way with the group of young people that came to be labeled the hippies. I put it that way because I'm an anti-labeler and anti-stereotype person.

As a group, like many other segments of Bay Area people, they came to the Center for Special Problems that I started in 1965 and I was often invited to meetings of key organizations in the Haight-Ashbury, particularly the Diggers. In this manner and through my Acute Drug Abuse Treatment Unit I spawned the "free clinic" movement.

Crawford: Anything more you want to say about Manson?

Fort: I've already described his intimidating appearance and manner. In terms of his verbal productions, he's very talkative. Some of his ideas are bizarre, but he does not display any overt psychosis. There are some things he says that could be interpreted as schizophrenic or schizoid. But he was never close to being judged legally insane despite the best efforts of the media and his lawyers to present him as a madman and a crazy person, an image of somebody who must be severely mentally ill. His acts were violent, extreme, and clearly antisocial, and he comes across that way in conversations. But in general, his speech and manner are controlled. There may well be manipulation and acting built into it.

Crawford: Do we have more of these kinds of killers, mass murderers today? And to what do you attribute this obsessive behavior, if that's what you call it?

Fort: Killing? Well, we have dozens of well-known mass murderers that have been caught and convicted and probably many multiple/mass murderers are still free. I personally have seen a great number of them, probably somewhere between twenty and thirty. I haven't made an exact tabulation, but I once calculated the number of murder victims of criminals that I've consulted on or testified about, and that's well over 300, including Corona who killed twenty-six; the two Houston mass murderers who killed twenty-four people; Willie Steelman, a serial murderer of six in the Stockton area; the Manson "family," including Watson, Van Houten, and a number of others who killed up to thirty-three people, including five at the Tate house and two at the La Bianca house; Kemper, who murdered eight; the "Hillside" Bianci; Mullin; Frazier; several snipers; and hundreds of single murders; et cetera.

The Hearst case was my second "trial of the century" and simultaneously my greatest triumph and greatest ordeal as an expert witness. After six months of thorough and independent consultation, I concluded she was a full participant in the bank robbery along with other S.L.A. members and should be held equally responsible. The jury and 90 percent of the population in a poll agreed and my testimony was crucial in her conviction. This led to terrible retaliation, including loss of a book contract with W. W. Norton, who had agreed to publish a book on expert witnessing before my involvement in this case; and framed, false charges against me by a state agency.

Over and beyond that, I had terrible experiences with the media, that I guess you're alluding to. It included their gross invasions of my privacy, despite my pleas and my refusal

of interviews and photos. In 1976 in the courtroom, the Hearst family, one of the richest and most powerful in America, through their attorney, the most ruthless and most publicized in America, F. Lee Bailey, after repeatedly slandering me, then threatened me, saying on the record that they would cut off my legs and see that I could never crawl into a courtroom again. Within a year of my testimony, false charges were brought against me by the state medical board while I was on a plane returning home from consulting with the United States House Committee on Narcotics, a press release was issued for the first time by the board about an individual doctor, even when doctors had done terrible things like killing a patient, rape, or cutting off the wrong limb.

Crawford: Which agency?

Fort: The Board of Medical Quality Assurance, and the State Health Department issued a press release statewide and nationally, making false charges about me. The media printed and aired this without a single reporter calling me or anybody that knew my work to get the truth (or what would be called the other side of the story). It also was done without even looking at the historical record in terms of the threats that had been made against me in the Hearst case.

So, when I got off the plane, I was met by my wife crying, and telling me what had been done. As I explored it over the days and weeks, I found out that falsified evidence had been used, that there wasn't any basis at all for the charges that had been made, and it had been done entirely to try to ruin my reputation and to see that I could not testify again, just as had been threatened.

The core of the blatantly false charge was that I had improperly profited from Medi-Cal funds that the state had paid to the FORT HELP clinic. The Los Angeles Times, the San Francisco Examiner, the San Francisco Chronicle, if even one of them had bothered to check, they would have found that not only had I never received any Medi-Cal money, but I've never received any salary at all for my work there. For all those years I had entirely donated my time as I have to a number of other programs and people. It was vicious, irresponsible libel. Once that happens, there's no way you can ever reverse it. When subsequent stories appear that may be accurate and balanced, they're buried in back pages and the final chapter doesn't occur until five years later, after various hearings and court proceedings.

That's an example of how the media can collaborate actively in attempting to destroy a person, and that's the media at their worst and most irresponsible.

Crawford: I have a story from the Chronicle, written by John Balzar. And he quoted from you here to the effect that this is an example of what you let yourself in for when you associate yourself with the absurdities and waste of government bureaucracies. Did he call you before he printed the story?

Fort: What is the date of that story?

Crawford: It's 1978; I don't have the precise date.

Fort: This article by Mr. Balzar is certainly a very fair and balanced article and was not part of what I was condemning. He accurately quotes me and does present both sides of the case. In fact, this is an interesting paradox about the media. About 90 percent of the reporters and interviewers locally and nationally that I have encountered in my long career have personally been very friendly and interested in their dealings with me. I had no reason to feel any personal animosity toward them, and became friends with a few of them. It's more a matter of the institution of which they are a part and how that institution works. But this article refers to somebody apparently releasing a rumor to them. This was before the press release came out.

Some of it has become compressed in my mind about dates. But what I said earlier is certainly correct, that when the state filed charges, it came as a complete shock to me. I had, as this article indicates, heard rumors that they were going to do something and had suspected something because they had held up payments to FORT HELP. But they gave an entirely different reason for that: that the staff had used incorrect diagnoses for clients and all we had to do was submit other diagnoses.

As soon as I learned that they were holding up payments, I went with public interest attorney Robert Gnaizda, formerly a high official of the State Health Department, to Sacramento. They said that they were looking into things that might be wrong, but it was nothing to worry about. However, just in case, I immediately stopped the use of my name and license by our staff to forestall problems: thus no more Medi-Cal.

There is an irony in the way I made myself vulnerable for this. Among the many values that I built into this very innovative program was the idea of participatory democracy so

that major decisions would be made by staff vote. Over my objections--because I had always been opposed to seeking or accepting any government money--the staff voted to accept Medi-Cal so that they could start paying a reasonable stipend to some of the staff members, and so that some of the addicts and others coming for help could feel better by paying something for the service instead of getting it free.

Thus, I opposed taking Medi-Cal. I lost in the vote, accepted that, and then allowed them to use my name with the important restriction that they adhere to all laws and regulations which also should be completely researched. So, the irony is that even though I always opposed it and even though I personally never received a cent of the money, the state and the media were able to damn me.

Crawford: How much attention to this was there?

Fort: Oh, it got an awful lot of attention in the media. It was shameful and it made me feel embarrassed and naturally, angry.

Crawford: You must have had a lot of friends in the media.

Fort: Well, I didn't have any friends in the true sense of the word. But, there certainly were a number of people who had friendly feelings and/or admired me. I don't think there were many who had animosity. You have to remember, I was a non-cooperator with the media. The greatest sin to the media is if you don't talk to them when they want to talk to you, don't give interviews readily. Even though I was always polite, and treated them with respect, I was not a cooperator. That was held against me as were my general criticisms of the media.

Crawford: How long did the stories appear?

Fort: For at least a couple of weeks and then occasional stories over the next few years.

Crawford: What did you do?

Fort: Again, I could only fight it by legal/administrative action and had to go through laborious administrative proceedings. Under state law, you don't go to court until you've completed administrative proceedings. It dragged out as most of these things do. Finally, I had a hearing before an administrative law judge, years after the original charges. During the procedure, Bernie Witkin, California's leading legal authority, for the first time in his career, came into a court and

testified as a character witness for me. It was amazing and amusing to see the judge and the prosecutor rushing to get his autograph and bask in his shadow. Another thing that happened during that time was the repeated presence of Lyndon LaRouche's followers, who tried repeatedly to deride and assault me outside and inside the courtroom. They had also done this once at an Oregon university and once at a Boston TV studio.

Several of the witnesses against me spoke about how much they respected me and how much I'd done for the community. The hearing ended with the judge cutting off our cross-examination of the state's witness or further testimony by witnesses called on my behalf.

Some of the health department officials were shown to have falsified documents about who participated in meetings, when meetings took place, and what had been done. All those things came out in the administrative proceedings, as did the fact that Stanford University, for example, (and other hospitals and clinics) had fraudulently gotten millions of dollars from the Medi-Cal program and no doctor was ever charged with anything. They had made fortunes for themselves and for the university.

We had a lot of other witnesses who would have been very effective. My lawyer was Charles O'Brien, the former chief deputy attorney general of California who had been my friend for years, and was a very great help. The judge falsely communicated to him in lawyer talk that he was going to rule in my favor, so there wasn't any point in his putting on more witnesses.

On the record, the judge also praised me for my honesty and integrity. Months later, he deviously rendered a decision upholding the board's proceeding against me, which I then had to appeal to Superior Court. O'Brien was furious because it was the first time in his career that a judge had made this kind of false communication. O'Brien also said he'd usually succeeded with his guilty clients and ironically, failed with me, his first innocent client. It ended up that my license was put on probation for one year since the Superior Court and Appellate Court handled it in a very perfunctory and political manner and the Supreme Court refused to hear it.

Crawford: That's an adverse judgment.

Fort: That's right, and the final decision was that I had improperly allowed my name to be used, not the charge of fraud, which was on their false press releases.

So my license was not interfered with. Probation means that your license is not suspended, is not taken away. But I had to report to a medical board probation officer several times which was degrading.

Crawford: How often did you have to report to him?

Fort: I think it was quarterly.

Crawford: Why didn't you appeal that?

Fort: We did appeal as I indicated, but for a variety of reasons it didn't get anywhere. It lost by a two-to-one decision in the Appellate Court. One justice, William Newsom, wrote a very strong opinion saying that the charges had been totally without merit and that this was a travesty. Just as we had been led to believe with the administrative law judge that he was going to rule in my favor, we'd been led to believe that we'd get two votes in the Court of Appeals. But we only got one. Then I appealed to the Supreme Court where it takes four justices to vote that they will accept an appeal. Only one did, Chief Justice Bird. So, the case was never heard by the Supreme Court.

Crawford: Why did it take five years?

Fort: The insolence and inefficiency, and callousness of the legal system, or more bluntly, lawyerism. For the most part, it's receded into the background along with other sufferings, but it's one of the most serious of many "slings and arrows of outrageous fortune" I've had to bear over the years for being an independent thinker and crusader.

I'd allowed the staff at FORT HELP to use my name and status as a doctor even though I personally never received any money, directly or indirectly. What the articles failed to make clear was that the rule up to that time permitted counseling to be done by non MD's, but the state, in order to attack me, changed the rules without ever notifying us. They changed the rules, saying that private, nonprofit programs could no longer do this, whereas state and university programs could continue to bill Medi-Cal for services rendered by non-MD's. When they changed that rule, we became the only private, nonprofit program against whom they enforced the law, and I became the only individual in the state against whom they enforced it.

Let me add one more vicious thing that was involved here. After giving false reasons for why they held it up, after saying they weren't sure what the rules were, and after my saying to my staff, "I don't want to take any chances. Don't use my name anymore. I no longer authorize it," what they did was enlist one of our staff members as an undercover agent. He then volunteered to be our liaison between FORT HELP and the state Medi-Cal authorities to make sure "nothing would go wrong." In that capacity, he saw to it that everything would go wrong and we didn't learn about this until after all the damage had been done. A former friend of the spy, a psychologist from Peru, who was a close friend of his mistress, called me and told me that she had seen the documents that he was working for the state at FORT HELP, and had worked in the past for the State Bureau of Narcotics in an undercover capacity.

Crawford: Who was he?

Fort: Juan Alcedo, who had been on our staff for several years and was married--after deserting his children and first wife--to one of our best staff members.

Crawford: As a therapist?

Fort: Exactly, and pretended colleague, who had given us other trouble in the past, ranging from smoking to chronic lateness and theft.

Crawford: Well, who launched this?

Fort: I think it was engineered by the most powerful family in America, the Hearst family, multi-billionaires who own an enormous communications empire. It was implemented by Bailey and some of the sixteen other lawyers and private detectives, including Dershowitz, among others, that were working with him on the Hearst case. They enlisted the aid of one of the members of the Board of Medical Quality Assurance. He's a Sacramento psychiatrist who was a professional defense witness in murder trials, and my testimony had negated his in the "vampire" murder case and others.

This so-called vampire killer was a serial murderer whom this doctor testified should not be held responsible for his acts. My testimony helped to convict the man. He and a man named Hensel, an official of the health department, were the two people who carried out this piece of villainy that caused me so much suffering and drastically reduced my productivity

and health. It was as a result of that I developed high blood pressure and its consequences.

Crawford: Did you get treatment for that?

Fort: Yes. I'm on medication now.

Crawford: So, that's never left you?

Fort: That's right.

Crawford: Is it a dangerously high level of blood pressure?

Fort: No, it's under control now. But despite being under control, it still damages you, as do the side effects of medication.

Crawford: So that even when you went into the Hearst trial, you already had these forces against you.

Fort: Well, things have a cumulative effect, too. I already had aroused the enmity of the narcotics police, going way back to the sixties; and of the alcohol and tobacco industries that are two of the most powerful lobbying forces in the country. Among my other enemies not involved in this were the Manson family that had threatened me for my testimony in those trials; Lyndon LaRouche, the political cult leader and presidential candidate, and his followers who had plastered death threats against me all over the city of San Francisco for my work with drug addicts; and Edmond Kemper, the mass killer in Santa Cruz. After my testimony in the Kemper trial, I received a serious death threat and was guarded by the police overnight and had to carry a body alarm for a long time.

Crawford: What did you think when you got those threats? You obviously took them seriously. But you can't live in fear.

Fort: Well, it causes fear, including for your family. It interferes with your ordinary functioning and over the years, it has a cumulative effect.

Crawford: How were those threats expressed?

Fort: By telephone. And in the case of Bailey and the Hearsts, it was expressed in the courtroom by the statement to the jury and more than 100 journalists in the courtroom. The California Supreme Court in the Synanon case ruled this constitutes a death threat.

Crawford: The judge allowed that?

Fort: Yes. The judge was highly partisan. He allowed the Hearsts to park in the federal garage and to sit in the front row; and allowed Bailey and his many assistants to say and do anything they wanted, totally against the federal rules of evidence. They were allowed to attack me in any way they wanted to, including both the repeated slander and the use of perjured witnesses against me.

##

"Having reached the shore myself, I carry others to the shore. Being free I make others free. Being at rest I lead others to rest."

-Buddha

Fort: One of our creative tasks for this oral history/autobiography was how to sort out the diversity of interests and specializations, the many concurrent part-time careers I've been involved in over the past forty years. This included university teaching, national and international lecturing, consulting on a variety of social and health problems, clinical diagnosis and treatment, creating and leading nonprofit public programs, writing books and articles, ministering, and cutting across all of those, independent social reform.

A more creative approach would have been one that cuts across chronology and traditional categories. It would capture me more because it would reflect the way I've lived my life, as a polymath, interdisciplinary, eclectic, ecumenical person.

It could reflect the great variety of countries (over ninety) and cultures I've visited or studied and the variegated peoples in America and abroad that I've gotten to know and sometimes become friendly with.

Sometimes it's better to ask such things as: Who are you? What are the main attributes of your character? What are the highlights and lowlights of your life? What are your accomplishments, satisfactions and dissatisfactions, and thoughts about life, death, love, and religion? What journeys have you been on? What adventures, inward and outward? What

crises, attacks, victimizations have you been through and how have you survived those?

We have touched on some of that and dealt extensively with the creation of new institution and new approaches to social problems.

Crawford: I agree. Certain words are kind of a self-definition. One we should discuss is adventure, as you are using it here. You're talking about inward adventures. We know you've traveled everywhere in the world and worked in many, many countries. But let's start with adventures, with inward adventures, today.

Fort: I'm not aware of specifically having sought to have an adventurous life or to be adventurous. But I certainly became aware decades back that I did have an unusually adventurous or daring life, that my various involvements and interests had brought me into contact with a tremendous diversity of people, sufferings, arts, and countries.

Although I've traveled widely, I should mention that it's included all the U.S. states, but certainly less than half the countries of the world. I've had pleasurable experiences with a great many people and unfortunately very disturbing conflicts and confrontations with a number of people from murderers and criminal lawyers to addicts and government officials.

Being forced to cope with these unpleasant things and being able to survive parallels a lot of the mythic adventures that Joseph Campbell and others have talked about. Although I don't agree with what's become almost a cliché--that suffering makes you stronger or ennobles you--it also kills or disables a great many people.

Crawford: Have you been disabled by it?

Fort: Well, it certainly affected my health, because there have been so many things that I've questioned and challenged about traditional beliefs in medicine and psychiatry, religion, drug abuse, sexology, and institutions and their leaders--corruption, irrationality, injustice, and incompetence. There have been so many things that I've dissented about or have been actively engaged in reforming, that the reaction and retaliation has been unpleasant, and the support minimal because of my independent position. It parallels the very simple thing that we all experience as children when somebody unfairly calls us names or unfairly excludes us from the game.

A lot of the exclusion occurs because you're a woman or your skin is different or you're thin or you're fat or you wear glasses or you have a certain religion, or you're smarter than other people.

Part of irrational and ignorant human nature is to single out things that are different and then to react negatively against that instead of appreciating the richness of diversity. We are all one species, out of Africa, evolved a few million years ago from less complete life forms and ultimately from star dust 15 billion years old.

But cumulatively, particularly depending on the intensity of each confrontation and the power of the institutions and the people that you're confronting, it takes a toll, physically, mentally, and socially. It certainly produced tremendous frustration, discontent, interference with marital and general social life, and loss of the rewards one with my ability and achievements would ordinarily receive. Once you're labeled as a controversial person, a dissenter, a reformer, you're indiscriminately lumped together with radicals and extremists.

Crawford: Doesn't being a dissenter give you a kind of an aura with a part of society, a kind of flamboyance? You've been called controversial ever since you were a young man. Have you ever built upon that as an image that is desirable?

Fort: I think you're accurately reflecting what some people have thought, particularly those who don't make waves, rock the boat, or question authority. But my activism and my reformist activities have been constructive, ethical, and prophetic.

Crawford: Perhaps dissenter is the word.

Fort: I have been a dissenter, a reformer, a crusader. In other words, not just criticizing but being actively involved in creating examples in my personal life and in organizations of what should be. I am an unabashed idealist and do-gooder. I'm outspoken in encouraging people to be openly idealistic, having some vision of the way things should be and trying to make that vision a reality in their own life and in the life of others. That is being truly religious and saintly as opposed to church membership, primitive rituals or idol worship, and power-seeking. We can all be involved in making it a better world if we change ourselves and those around us. As Socrates said, "Let them who would change the world first change themselves."

I also want to say something about the "aura" around me. Yes, at times I have enjoyed being seen as somebody who was outspoken and independent, and has made life better for very large numbers of people. But I don't think I've ever been flamboyant, or tried to be charismatic, probably to my detriment.

Another character "defect," so to speak, that I have by conventional standards is I've always been ambivalent and critical about the media and critical of the fame game or cult of personality. That isn't to say that I would not have enjoyed having more influence or being made into a role model for more people. Almost every week I'm reminded that thousands remember the things I've done or stood for. Had I been willing to play the media game in this P.R. society, I certainly could have had as much influence as people like Ralph Nader or Bill Moyers, or even as much as a star athlete or other entertainer.

I use Moyers and Nader as comparisons because I think they both are people of some dedication and social concern and have done most of their work without titles. I've also tried to do things without depending on titles, but also without a large income, a staff of assistants or followers, public relations, and the other paraphernalia of imagined success.

Crawford: Twenty years ago, were you as exposed, let us say, as Ralph Nader is today? You were on "Firing Line"; you wrote for Playboy magazine. You were on a Playboy panel and so on. So haven't you had the same kind of media exposure that Nader has?

Fort: For short periods of time, I've had comparable exposure, including the national TV news and talk shows. But that, with rare exceptions, came spontaneously through my long-term, pre-existing positions on issues, knowledge, and experience. I was involved in areas that the media began paying a lot of attention to rather than getting involved in them after they were already known to be things that would engender publicity. I was active in the sex and drug and violence fields and in forming alternative organizations at a time when the media became interested in them.

Some of the things I did got a lot of attention but some of the most important things I did got almost no attention, such as my freeing public employees to participate in politics and other human/civil right activities, such as fair housing.

Crawford: Did you think that by being a pioneer in the area of drugs and sex you would have some national media exposure?

Fort: No. I did not know that. I started in the drug field and to a lesser extent in the fields of sex, crime, and violence forty-plus years ago. I was a pioneer who began in these fields when none of them were major topics of interest.

It wasn't that I would not have liked to get more recognition, including a MacArthur grant or the Nobel Prize-- which I have been nominated for--or to have more impact, it was just that it didn't happen doing things in what I thought was the right way. What I tried to do was find things that were interesting and socially beneficial. I tried to make my life meaningful, to improve society and find work that I liked to do whether or not I was paid. Just what I recommend to others and since I don't believe in retirement, what I'll continue to do up to death or extensive disability. We need to blend leisure and work rather than just working in order to have leisure. It's much more important to do things that engage you and are socially beneficial whether or not they bring a large income. The greatest power we have is the power to do good.

Crawford: Were there any national TV programs that you turned down?

Fort: Yes. After testifying in the Hearst case, CBS network news offered to fly me down to Los Angeles to interview me live on the national news. And I turned that down. Channel 5 KPIX-TV offered me as many hours as I would like if I would go on and just answer questions and discuss the Hearst case. I refused interviews during the case and afterward for a variety of reasons.

As I've told you, Time magazine offered me, in the presence of the assistant U.S. attorney, a cover story if I would give them an exclusive interview about the case. I could have done it, but for a variety of reasons, including a sense of privacy, but most of all because of my anger at the exploitative and sensationalistic world of the media, I didn't pursue it.

In other instances, my boycotting of the media came about by simply not responding at all, or quickly enough, to their phone calls. I was invited to be on the Donahue Show, and "60 Minutes" for various things I've done over the years. Sometimes I didn't return the phone calls at all or for two or three days, by which time they'd found another guest.

Crawford: Why was that?

Fort: Because I had evolved an ethical position that I wanted to be consistent with. I have perhaps an irrational concern about

being consistent in my behavior, between my behavior and what I say I believe in. Being as critical as I am of the role of the media, that was the best I could do to balance that.

Crawford: But why would there be a substantial difference between the William Buckley "Firing Line" and Phil Donahue?

Fort: There were two differences. One was the time period. These were different times in my life. I'd been bruised or attacked in different ways. I was at a different age. Another part of the answer is that the Buckley show is seen by a very small number of people compared to Donahue, which in turn is seen by a much smaller number of people than watch the national news.

I not only felt ambivalent about the role of the media, but I've always felt ambivalent about fame and elitism because I'm an anti-elitist. One of the things wrong with our society and with human beings is the way they create hierarchies. But it's a complicated view because I would have liked to have more impact on the society which tragically, in some ways, can only come through by being a major media figure.

Crawford: So that's a compromise that you might be willing to make?

Fort: No, I don't think so. My views have become even more clearcut over the years. I think there's even more evidence of the generally destructive role of the media, the way they feature evil totally out of context and the way they put forward very disreputable and shameful people as role models for the society, such as O. J. Simpson, Magic Johnson, Madonna, Timothy Leary, Ronald Reagan, Henry Kissinger, Robert McNamara, and Arnold Schwarzenegger.

My attitudes are clear but I would be willing to selectively do more with the media, particularly as I feel my time is running out. I sometimes think about doing some systematic, one-time appearances on major programs in order to try to communicate some of the things I think I've learned and to bring some sense of understanding of what can be done in terms of public policy in the areas I know so much about. It wouldn't be justified to do it just to make myself more famous. But I might do it if I could convince myself that I could do some good by it, and if I have the energy.

Crawford: You brought up hierarchy as something you have long fought against but when you sit behind a desk, isn't that hierarchical?

Fort: Where I developed new programs, I created the living room atmosphere where there were no desks for one person to sit behind and the other person to sit in front of. There were comfortable chairs or big, soft pillows and people would sit informally and relate to each other at a more human level.

There's always an implicit hierarchy. But you can diminish that as much as possible. Nobody can completely dissolve the hierarchies based upon age or knowledge. When I was a youth, I was stereotyped and excluded from many things as being too young. As I moved into what society considers old, the same process is occurring at the other end of the continuum where words like "elder," "senior citizen," "golden years," "retired" are brought forward which I find very offensive. It's a difficult adjustment, as is learning how to die.

But let me finish on the very important point of trying to get rid of hierarchies in organizations. Ordinarily, I would sit without any desk between us and that's the way I still do it when I have control of the surroundings. I would also continue to try to get rid of administrative and medical titles. There are still implicit hierarchies not only based on age, but gender, dress, appearance, color, language, and knowledge. Probably the most institutionalized hierarchy is youthful beauty and handsomeness as opposed to people like myself who are plain, if not unattractive physically.

Crawford: I wouldn't call you either plain or unattractive.

Fort: In fact, one of my imaginary societies that I thought of in the past year that I think would have great success, would be a Society of the Plain, Unattractive, and Possibly Ugly. The majority of people probably fall into that, yet live in a society where false standards of beauty and worth are communicated by advertising, motion pictures, television, and the media, broadly.

Crawford: That's a good point.

Fort: When I look at photos of myself when I was a boy and up into my early twenties, I think that person may even have been handsome. But at that time, I had no such thoughts. I didn't think of myself as particularly plain or unattractive but I certainly didn't think of myself as physically attractive, although I was physically fit from playing a lot of basketball and marching around in bands in high school and college. That perspective is interesting: to look at what you were then as compared to what you thought of yourself at the time.

##

Crawford: Will you introduce the subject today?

Fort: What I thought would be interesting and spontaneous would be for you to describe the areas of my life that stand out in your mind about me, my character, my social reform actions, the things you know of that I've been involved in. Why was it important to do my oral history? Discussing that will lead in a number of relevant directions.

Crawford: We determined to do your oral history because your career in a number of areas, particularly public health, is of interest in terms of the innovations and the social institutions that you've created and sustained. Going back, when I think about your life, I think one of the interesting things is that not only did you see inequities early on, because everybody does and everybody experiences them to one degree or another, but that you committed yourself to fight them and that you've been unswerving as a crusader. It's that crusading quality about you, regardless of field or subject area, and that you pledged yourself to that battle.

Fort: I think one of the interesting things that your response suggests is how the character is formed that allows somebody to be a consistent crusader in the way you described.

Crawford: That's a good jumping off place. Let's talk about that.

Fort: Various people over the years have made interesting comments that reflect aspects of my character. I'm pleased that I have the capacity for maintaining long-term friendships as well as a marriage of forty-six years. I have several friends that I've had for more than forty years, two from the University of Chicago days of 1948-50. One of them once said of me that I have an irrational passion for rationality.

Timothy Leary, following one of our debates, once said of me that I'm "in this world but not of it." Just recently Houston Smith, the prominent theologian and expert on comparative religions, inscribed his book to me in a very complimentary way. I've forgotten the exact words, but Robert Masters, another author, described me as "the fighter against the new inquisitions" and Joe Gores, the mystery writer, as "the man who has done more for San Francisco than anyone." The book Helter Skelter calls me the "legendary doctor to the hippies". Senator Thomas Dodd said I gave the best expert testimony to Congress that he had heard in his long career, a

Glide Church monograph called me "A Genius in His Own Time," and equally complimentary in a different way, some high officials of San Francisco called me "too independent" in firing me in 1967 as director of the Center for Special Problems after I refused to resign.

Crawford: I read somewhere that you were a Christ-like figure. That is, you incline toward martyrdom of some sort.

Fort: That I don't remember.

Crawford: If so, that's not too far removed from the crusading spirit. Perhaps you could talk about that a little bit more, about where that spirit came from, when you learned the price you'd have to pay and how you decided to forego the straight path to success, so to speak. When we talked about the crusading spirit earlier you talked about things in your own life that made you realize that life wasn't totally equal across the board. You didn't talk too much about when you decided you wanted to fight inequity.

Fort: To become a Knight of the Woeful Countenance like Don Quixote, except I haven't tilted at many windmills. Maybe some windbags among the mighty. It's been actual entities and people.

Crawford: Oh, but metaphorically speaking, you've been very active. Why does Masters say new inquisitions not inquisitors? Are there new ones, and are they being affected by crusaders?

Fort: Well, I never asked him exactly what he was referring to, but I took it to mean that he was impressed by my challenging a lot of the shibboleths and sacred cows of the society.

I have preserved my independence up to the current time, but I'm now a shadow of what I used to be, Maria says a large shadow. The horrors that surround us remain the same, but the gap between what I now do and what I think needs to be done grows ever greater. Although I feel I've made contributions in ways probably more diverse and more extensive than most people, there is so much that remains to be done that I have a chronic feeling of frustration.

Also, as we work through this oral autobiography I'm naturally much more conscious of aging and the relative imminence of death. I have many more physical difficulties than I had in the past and it requires a lot to surmount them and try to live a generally normal life. The worst is the chronic interruption and deprivation of sleep and the fatigue

that ensues due to loss of elasticity in the bladder. Also neck pain from two degenerated cervical discs; and edema; and esophagitis. Thus partial disability is a part of my life now, and with much more limited time to do the things I'd like to do, and still have the intelligence and creativity to do.

Crawford: What's your proudest accomplishment in the nineties?

Fort: I'm tempted to answer it in the traditional way with some kind of social or organizational achievement, but as part of gaining wisdom I think my greatest accomplishments are to have sustained a loving marital relationship for forty-six years, to have raised three children who are living socially responsible and productive lives, to have many good friends, and to have been a prophet, a witness, a pioneer in many areas.

Crawford: Do you think of yourself as a man who was especially right for the times in the sixties?

Fort: I've never thought of myself that way, but I think that your point is valid. The central thrust of the sixties coincided with much of my commitment and philosophy, but I've been in some senses just as much a man--person--for the seventies, eighties, and nineties. It took until the 1980s if not the 1990s for my visionary ideas on violence, drugs, including tobacco and alcohol, sex, organizations, and ethics to be accepted by much of society.

IV INTERVIEW WITH MARIA FORT

Early Years and Family in Hungary; Meeting and Marrying Joel Fort; Graduate School, Medical School, Residency and Internship; Children; Life in the Sixties; Crusades, Price of Activism, and Life in the Public Eye; The Work of the Expert Witness; Long Friendships; Life With the Knight of the Woeful Countenance; Summing Up; Pastimes and Pleasures

[Date of Interview: December 20, 1995] ##

Crawford: How would you describe Joel Fort, your husband of more than forty years?

M. Fort: He is a very complicated, wise, loving person. He is a true Renaissance man with many facets and interests. He is like a very large diamond with thousands of facets and it's very difficult to see all the facets. New facets show up both horizontally and vertically in terms of time and within any one area there will be new knowledge emerging and manifesting itself.

Crawford: Does he spend a lot of time reading and thinking?

M. Fort: He spends much of his time thinking and reading. He always has, but there were times when he didn't have the luxury of time, when his time was much more committed to his projects and other interests. He has a special ability to relate things in a way that nobody else does. I guess you could say it's creative/innovative, but it's probably above that in terms of levels of abstraction when he puts his mind to something.

Crawford: Does he talk about it?

M. Fort: Yes. He talks more about his thinking than his reading, but it depends who he is talking with. He is able to relate to so many things with so many people that it really awes one.

Crawford: You are Hungarian, Maria. Let's talk about your background.

M. Fort: I was born in Eger, Hungary, which is a resort city. It's about eighty miles northeast of Budapest, and that is where my maternal grandparents lived. My parents lived in an industrial city, Miskolc, which was forty to fifty miles northeast of Eger, a sort of triangle between the three cities. I lived in Miskolc, but I spent a lot of time in Eger with my grandparents, aunts and uncles and cousins, especially around holidays. I grew up in what I would say is an upper-middle-class family. My father was an attorney and he also had a degree in agricultural economics, because he was responsible for a large estate that his family owned. He was also practicing law in Miskolc, and the estate was in the country not too far away.

Crawford: Some of the family were in concentration camps?

M. Fort: Yes. My grandfather and my aunts and uncles. There were a few who survived, and they left the country in 1948. My father's youngest sister and her family. They were in Budapest and they left for Australia. My mother and I left for the United States in November of 1948. Her youngest brother had been in the United States since 1939.

We took the train to Vienna, and then flew to America. I was seventeen. I came to Cleveland first, because that's where my uncle's wife's family was, and a number of those were Hungarians. I finished high school there, and then I enrolled at the women's college of Western Reserve University.

I had hoped to become a physician, however, that wasn't feasible, because of the amount of time it takes to get your degree, with the various residencies and internships. In Hungary, it would have taken me only about four years after high school, plus another year or two, but considerably less than what it takes here. So I sort of abandoned that, and pretty soon--around New Year's of 1950, Joel and I met on a blind date that he arranged.

Crawford: He said he saw a photo of you and it was more or less love at first sight.

M. Fort: That's correct. We met forty-six years ago this (1996) Christmas-New Year's season. It was arranged through my cousin, who went to medical school with Joel. We met and started to see each other, and then we got married nine months later.

Crawford: Was it love at first sight for you?

M. Fort: Yes and no. It sort of grew on me. I was impressed by what I heard about him.

Crawford: What were your impressions?

M. Fort: My first impression was that he was shy but interesting. He was a wonderful conversationalist, very bright, very caring. I also saw that he had quite a different public persona versus a private persona. Those two have begun to merge during the years, but there is still a difference.

Crawford: You were married quickly.

M. Fort: Yes, it sort of went from the December dates to April, 1951, then short times together in the summer. I went to meet his family in September and his father said, "Why wait? Why not get married now?" So we got married now; in September. Within a week we got the wedding plans together. It was small because of lack of time and finances and so forth. Just family in the living room of my mother's house.

Crawford: A religious ceremony?

M. Fort: Yes, for my mother, but it was a very simple one, very small one. And then between the decision to get married and the wedding, I transferred to Ohio State, where Joel was a sophomore in medical school. I was a college sophomore, and I had some difficulty at first because I had, of course, just come here and my English wasn't perfect. I speak four languages, but the depth of vocabulary required in college was a challenge.

My teachers weren't very understanding. There was an English teacher who gave me a difficult time because she thought I should be performing the same as everybody else who was born here, which wasn't very realistic.

So I transferred and by then I had decided I would major in psychology rather than pursue a medical career. The fact that I was speaking English all the time made my grades go up. My English wasn't very good, but I had a broader knowledge of a lot of things than most of my contemporaries, because in Europe you learn a lot more subjects even though you go to school less, because there are no extracurricular activities.

So I banked on the knowledge I gained in ten years in Europe all my life. Including cultural issues--music history,

art, and all those wonderful things. I think another thing that bound us together was classical music. We used to go to Severance Hall for the Cleveland Orchestra, where I ushered; and we went to other concerts. We also liked popular music--rock and roll and jazz--but our biggest passion was classical music.

Crawford: He likes to say you married him for his body and then discovered his mind. [laughter]

M. Fort: That's funny, and he says he married me for my mind and discovered my body. He has a wonderful sense of humor. I hate to use the word "unique" all the time, but he has a unique gift of using the language. The way he transposes words is sometimes humorous and sometimes gains more depth than was originally intended.

Crawford: Was he an activist when you met?

M. Fort: Yes, in that he was antisegregation and against sorting people out for things other than their innate givens and abilities, like the color of their skins or their race or religion or nationalities. Anything that divides, he was against.

He was also involved in the tremendous medical school burden with the long hours. He was president of the Film Classics Club at Ohio State, and used to bring in all kinds of exciting movies to the campus.

His activism emerged again in Lexington, Kentucky, during his residency, where he organized the first chapter of the ACLU. He tried to integrate the movies too, and whatever else wasn't integrated. This was in 1955.

Crawford: The movies weren't integrated?

M. Fort: No, people of color sat in the balcony. And then he got into the Hungarian Revolution in that we sponsored some Hungarians who escaped in 1956. He was also active in the Unitarian Fellowship, where he was program chair. The church helped sponsor the Hungarians. Meanwhile, I was in graduate school.

Crawford: How did you sustain yourselves?

M. Fort: Joel was a resident doctor with the U.S. Public Health Service, which paid a living wage. By then we had a son, Titan, who was born in November of 1956 in Seattle, during Joel's internship. He took a reasonably well-paying residency because he didn't

feel the training at a more prestigious school was worth the sacrifice of his wife and child.

Crawford: Did he want to practice medicine at that point?

M. Fort: He always wanted to study psychology and psychiatry, something to do with the understanding of the mind and behavior. The hospital in Lexington treated narcotics addicts who were prisoners sent there by the courts or who came voluntarily. It also served as a psychiatric hospital, so he had training in drug abuse, corrections, and mental illnesses.

This lasted two years, and then he wanted to finish his residency elsewhere. That's how we came to the San Francisco area, which we had intended to do practically since we were married. That was the first opportunity we had to live there, as he finished his training at Herrick Hospital in Berkeley.

Crawford: He continues to study today in the area of religious studies-- has he always been interested in that?

M. Fort: Yes, but he was less involved in churchgoing while the children were growing up. Before that, he was active in Unitarian Fellowships in Lexington and Berkeley. He got back into it ten or fifteen years ago when he started taking courses at the Graduate Theological Union and going to Christmas Eve services at the Unitarian Church of Berkeley. He is more interested in the social and ethical aspects of it and is chairing the Social Action Committee there.

Crawford: He first used the word "crusader" in the history when referring to the Alameda County case where the right of government employees to be politically active was challenged. What did that represent in his life?

M. Fort: That was the first time that something threatened his career progression and also the financial security of our lives. But there was never any vacillation on his part when he chose that course. He was always willing to take the consequences; to be accountable for his actions. During that lawsuit he never lost his job because the court issued an injunction that he could stay.

Crawford: They retaliated against him?

M. Fort: They made it uncomfortable, and that has been fairly regular, because he took stands against some pretty powerful interests. As he got more interested in drug abuse and became one of the foremost authorities on drug abuse internationally and in the

U.S. with all levels of government, he saw the ravages of drug abuse and took on the tobacco and alcohol industries as well as the illegal drug industry and the drug police.

Crawford: He said he thought you were jeopardized by this in that you didn't get jobs you might have.

M. Fort: That was in 1964. At that time I was still in school, and as we moved from place to place I pursued my Ph.D, but it wasn't to be because universities and particularly psychology departments were pretty much antiwomen.

Crawford: Overtly?

M. Fort: Not overtly, but it was quite obvious. I did the research that was to be done, but they never passed me on the exams and never told me why.

Crawford: Did that have anything to do with Joel Fort?

M. Fort: Not at that time. The things he became involved in that were controversial didn't have so much of an impact on me, because by that time I was working for the government and they were very understanding. I think his activism had more of an impact on the children. In that respect we have been lucky because there was a lot of understanding on the part of their classmates and teachers.

Most of the teachers were supportive; I'm sure there was some negative impact, but I don't know to what extent, because the children didn't come home saying, "Mommy, the teacher said so-and-so." Maybe once or twice somebody said something because he was in the headlines and on television--the whole media phenomenon.

Crawford: You were working for OEO [the Office of Economic Opportunity] then?

M. Fort: I went to work for OEO in April of 1966. I stayed there and never regretted it, even though the agency was closed down by Reagan and I temporarily left my job in 1981. It was an incredible proving ground and set of experiences with an amazing bunch of people, a lot of whom were volunteers. It was an opportunity to trail-blaze in social programs.

Crawford: How did you manage with three children?

M. Fort: Well, first of all, I am quite well organized. I was very lucky--I had an excellent part-time housekeeper for thirty-five

years, and then as Joel's career took different turns, his time became more flexible.

Crawford: Joel went on several U.N. missions. Did you go along?

M. Fort: Yes, for the longest one: the whole family went to Geneva while he worked at the U.N. European office. He went on one as consultant to the World Health Organization in the summer of 1963, in Asia, and I didn't go because I had an infant child and the other children were five and six. He went on a second mission as consultant to the government of Thailand in 1964, and the result was that I had to become more self-reliant, which I was anyway.

##

Crawford: Let's talk about coming back to San Francisco in 1965 and the Center for Special Problems, where Joel had confrontations again.

M. Fort: He tried to do several things there; I mean it was a sort of confluence of history and his ideals. One part had to do with the hippies, whom the city was trying to keep outside the imaginary city walls--he was trying to work with them and make them welcome--and the other one was the Federal Antipoverty Program, where he tried to get them large grants.

For some reason the city wasn't happy about that or his work on drug and sex problems and they tried to get rid of him. The charge was that he was "too independent," and they asked him to resign and made him all kinds of offers. He wouldn't, and they fired him, and that hit the front pages of the newspapers for days.

Crawford: But he was involved in so much at the time, and that kind of launched him, didn't it?

M. Fort: Well, it depends on what you mean by launching. I would say it branded him, or typed him as "controversial."

Crawford: What did he think about that label?

M. Fort: Well, he didn't see anything controversial about it, because he thought it was the right thing to do.

Crawford: Did that bother him, to be in the public eye?

M. Fort: Not at the time. No. I think he would have preferred to be in the public eye for different reasons, but I don't think it bothered him.

Crawford: The press called him "Joel Fort, the man of the sixties--the man for this time"--what do you think of that?

M. Fort: That was because the hippie movement and the youth movement was tied up with drugs, LSD and marijuana primarily, and he had done a lot of studies about that and was up to date on it. He tried to assist the people who were involved. His position was always to get beyond drugs, and to get people to self-actualize to their own potential rather than to use drugs, including alcohol and tobacco.

I meant to say before that one of the important things he used to say early on was that there was a continuum between licit and illicit drugs, that they were not really all that different in terms of their effects. He always tried to assist people, and what he did after he lost his job was to write a lot of scientific papers as well as testify before Congress and state legislatures on drug issues. He was working with the National Student Association and they started to seek him out for lectures all over the country.

Crawford: Did his being in the public eye bother you?

M. Fort: Not really. It bothered me from the standpoint that the media wasn't any different then. They wrote what they felt like writing rather than staying close to the facts, but actually his press was not negative then. Even when he was fired, or when he was dealing with Alameda County in connection with freeing public employees to participate in politics on their own time, the media and public opinion were on his side.

Crawford: That speaks well for the media.

M. Fort: Yes. And that was the national media too--I mean, he was really all over, including the national and local TV news.

Crawford: He has said he was ambivalent about the media coverage. Do you think fame appealed to him?

M. Fort: I think he was ambivalent and it came to a head in the Hearst case, because they were hounding him at the time. He had opportunities to take advantage of his fame as the star witness, but his ambivalence came from the fear of losing his privacy and his longstanding criticism of media practices and values. He is essentially a private person, and to the extent

he couldn't control what gets into the public domain about him and couldn't expect objectivity or fairness, he would feel negative. But on the positive side he thought he had something important to offer to the general public that should be disseminated.

Secondly, there were a lot of ironies coming together. The staff of FORT HELP wanted to take government money, even though Joel was opposed to it. Since he created the organization with totally participatory management he chose not to oppose the majority opinion and this gave his enemies an opening to attack him.

The other anomaly was that other organizations have done much worse things, but were not even cited or singled out for sanctions. The case was run on an administrative level and there were indications that the administrative law judge was not acting according to the law and the facts, because he gave contradictory signals--he would say something positive about Joel's character and then come down with a decision that was totally opposite. There were just too many things to show it was a managed situation, a frameup.

Crawford: Do you think the Hearsts were involved?

M. Fort: They had the power, but the ultimate irony was that they had a falling-out with F. Lee Bailey and were suing him. But during the Hearst case, Joel certainly had the opportunity to play the fame game, where he could have been on the front page of every newspaper and on every TV news program. In the presence of the prosecutor he was offered the cover of Time magazine if he would give an exclusive interview. But he always preferred to be independent and not give press interviews while a case was going on or even afterwards, because he wanted to maintain his independence.

Crawford: What did all the trials and expert witnessing represent to him?

M. Fort: I think it was a tremendous challenge to him intellectually. He went after that just as thoroughly, meticulously and in an unorthodox fashion as he does everything else. He enjoyed the challenge and talking to both sides, which he always did regardless of who he was called by, the defense or the prosecution, or whether he was appointed by the judge. His testimonies are absolutely brilliant. Several times it ended up in death threats, as in the Hearst trial, the Kemper mass murder trial, and with the Lyndon LaRouche party.

Crawford: What did that involve?

M. Fort: It was very bizarre. I am not sure what their position was, but it had to do with his starting a methadone maintenance program as part of the services for heroin addicts.

Crawford: What form did the threats take?

M. Fort: They had lampposts and telephone poles plastered with flyers that called for his death, and Nelson Rockefeller's.

Crawford: Did he make the Nixon enemies list?

M. Fort: I am sure he did, but I don't know.

Crawford: Was he always focused on causes?

M. Fort: Oh, yes, and that was part of his activism throughout his life. Most of the time he is for the underdog. His whole conflict-resolution activities and universalist ethical theories grew out of this sense of justice.

Crawford: Didn't he ever like the elitist perks a little?

M. Fort: No, no, he didn't care for elitist anything. I think he enjoys the nice things in life, but he wouldn't seek it out, certainly not at the expense of others.

Crawford: I like to look at that Playboy picture of all the writers--an impressive collection of people, but shocking in that it included only one woman--Mary Calderone. Would it be different today?

M. Fort: Yes. At that time Hugh Hefner was running the magazine and since then his daughter runs it and then, times have changed.

Crawford: Does he miss the limelight?

M. Fort: He is not interested in being in the limelight; I mean he could be if he wanted to. But again, to be famous in America, given the media and the degree to which they invade your privacy, is to lose your privacy, and his privacy is much too precious.

Crawford: Have your children become activists?

M. Fort: No, to Joel's great chagrin, but my theory about this is that they have seen what the cost was to him. They couldn't help being exposed to it, the various issues would be discussed around the dinner table, and I used to entertain a tremendous amount and this stuff was always in the forefront.

Crawford: Who were the close friends?

M. Fort: We have a cadre of friends, local and all over the world, whom we keep in touch with. Then there are people prominent in drug abuse, youth affairs, and the legal system because of his work. Old school friends and people he worked with in the programs he created. Joel has some friends going back to medical school. We just reconnected with a friend from when he was sixteen years old.

Crawford: Well, "Knight of the Woeful Countenance." What is the allusion there?

M. Fort: Tilting against windmills, going against the tide. Such people are visionaries and way ahead of their time--I can cite many things from thirty years ago that Joel did that have come to pass but then seemed to be tilting at windmills.

Crawford: Prophetic?

M. Fort: Prophetic and proactive. He was always ahead of his time because of his tremendous intellect. He sees things, connections, combinations and outcomes that the average person doesn't and it is a mixed blessing--a blessing in some ways and a curse in others.

Crawford: Do you feel that he suffered greatly?

M. Fort: Yes, especially at the hands of the Hearsts and F. Lee Bailey; and the narcotics police agencies whom he criticized for years.

Crawford: You have one of the best marriages around. Did all of this draw you together?

M. Fort: Yes, there was always that haven that either one of us could come to. The relationship was very soothing, and re-energizing, but the stress did take a toll eventually on his health.

Crawford: Talk about that.

M. Fort: He would be dropped from things, disinvited. It had an adverse effect on his ability to do what he wanted to do, because of that label and what goes with it. The health problems came after the libels and false charges. In the early 1980s he began to experience serious symptoms which turned out to be high blood pressure, cardiac arrhythmia and other things. Terrible!

Crawford: What would you say are the highlights--and lowlights--of his life?

M. Fort: I think his marriage is a highlight. His tremendous achievements. The realization of the tremendous number of people he touched and continues to touch is extremely rewarding to him. He will go to an Extension class and there will be people who know about him from x, y, or z context and people will call him and tell him how he touched their lives. People still call him and write to him from different parts of the country and the world to consult him. He ran into some young man at Handgun Control Inc. and he later asked Joel to advise him on his career.

His teaching has been very rewarding to him and I don't think there is anybody else who taught the scope and the many types of courses he has at universities all over the place. Just amazing.

Crawford: Does that occupy most of his time?

M. Fort: I don't know if most. Now he is about to get involved in another project with the State Department of Education. It has to do with a study of the relationship between literacy education and recidivism of prison inmates. It is exciting, and he will have a part-time research assistant.

He also still does some forensic consulting, not as much as he used to. I think that has to do with his health and his lack of interest in testifying. His health has slowed him down, but he still has a lot of energy.

Crawford: What are his thoughts about life, death, love and religion? These are questions he asked of himself during our sessions.

M. Fort: Life, he says, is a terminal condition. [laughter] He has always enjoyed life to its fullest. It is amazing what he was able to crowd into an hour, a day, a week, a month, a year. I am sure he has told you that we are on fast-forward now, and of course your perception of time and what is left changes as you grow older.

Crawford: I have never seen him take a drink--did he ever?

M. Fort: Oh, yes. Never heavily, but he did drink occasionally in the past, but he quit twenty years ago. He didn't like it very much, and he felt that he should be a good role model if he was preaching against the use and abuse of drugs.

Crawford: What about death?

M. Fort: He likes to talk openly about it and it bothers him that society pushes it under the rug. I think he would like to talk about it more with his family, but the children and I are not very much interested in discussing it. They are just not ready to deal with that.

Crawford: And love?

M. Fort: Love is very important to him, it always has been. It is hard to contemplate what his life would have been like if he didn't have this strong consistent relationship which changed of course during the years as we changed individually. Also the context of our lives changed as he influenced things that surrounded him.

Crawford: What do you like to do together?

M. Fort: That will vary. We always give each other space and allow the other to do their thing. I have my own activities as well as some separate friends, and there are things I like he doesn't and things he does I don't do, but there is always respect for each other's activities. I usually do my errands, shopping and so on, on the weekends. He will volunteer to do it and to do things around the house, but I don't think it is a good way of using his talents and time, and I am more at home with certain things around the house. We go to museums, parks, to see our children, to concerts, and to dinner. We have done a lot of traveling together. Sometimes I go somewhere connected to my job and also sometimes when I need a vacation and he doesn't feel up to it he will send me alone.

Crawford: Life together has been an adventure?

M. Fort: Yes. I still don't know what turn it will take, what lurks around the corner. It has been quite an adventure in terms of people, things we have done, the places we have gone. He had all sorts of invitations by virtue of his various activities and many areas of knowledge. He has been around the world three or four times and traveled in over ninety countries, some for professional purposes and some on his own, such as the 1987 March Against the Arms Race in Moscow.

Crawford: You were tried as a couple.

M. Fort: There were some trials but they were transitory, and the fact that we allowed each other space helped a lot, like I have a sense when I should not respond.

Crawford: You certainly do laugh at his jokes!

M. Fort: They are funny. Not always, and I don't laugh when they aren't funny. [laughter]

Crawford: He has said that when growing up in a Jewish family he felt like an outsider.

M. Fort: Yes, that is correct. He was an atheist from age six, and never accepted Judaism or any other church dogma. I think that had a lot to do with the way he is, but not as much as being a gifted child.

Crawford: Who influenced him the most?

M. Fort: His mother. He was closest to his mother emotionally and intellectually. She was a very gentle person, very cultured--practically a concert pianist--and to this day Joel regrets not having taken his piano lessons seriously. He tried as an adult, but didn't go very far. But he constantly continues to learn--takes courses, reads widely, listens to radio and TV documentaries, asks questions.

Crawford: Did you know his mother?

M. Fort: Yes. She died in 1957 and that was a tremendous loss--he will still get tears in his eyes. By the way, he will still cry openly at times about injustice, suffering, great music, et cetera. He doesn't feel a need to be macho or any of that stuff; he will show his emotions.

Crawford: Where did he get the crusading spirit?

M. Fort: You know, I think it is a form of rebellion.

Crawford: A rebellion against--?

M. Fort: Oppression. Remember, he grew up in a small town and he was so brilliant that he got punished rather than encouraged. There was a certain mentality in the 1930s that didn't allow for those things--it was negative rather than positive--so he was constantly fighting that at home, in school, and with peers.

Crawford: What would you add?

M. Fort: His relationship with the children. Did he talk about it?

Crawford: Not too much.

M. Fort: I think that is very important because he has a great deal of love and affection for his children and is in regular contact with them. They still rely on him for a lot of things and he provides them with answers and assistance as needed. But at the same time he always told them they didn't have to go to college or do anything in the way of careers or churchgoing that they didn't want to. He would support whatever they were doing and is proud of the fact that they are all decent human beings. They help others and each other. So the family has always been very important to him.

Crawford: You've given him a wonderful tribute.

M. Fort: Well, he deserves it.

Crawford: What would you change?

M. Fort: Perhaps it might have been at times better if he limited himself a little more; focused on fewer things. By the same token, you can also say that he was able to achieve tremendous heights in many areas, but who knows what heights he might have achieved had he been more focused.

Crawford: If he were young today, in the 1990s, what might he be involved in?

M. Fort: Well, certainly the things he is involved in: antiviolence, antiguns, homelessness, hunger. You know, he made a venture into politics that didn't pan out--it was very interesting because some of the things he was crusading for then still haven't happened, like ending the seniority system in Congress. So if he got in there he would do something about it. Unfortunately there are so many things he hoped to do, wanted to do. Another of his crusades is against the alienation and dehumanization of bureaucracy.

Crawford: How did he shape your life?

M. Fort: Ever since we met he encouraged me and helped me do what I wanted to. This was in the early 1950s, when feminism wasn't in the forefront for the media or public opinion. Of course I was in some ways prepared for this, because of my upbringing in Europe. We complemented each other very well and he deserves a lot of credit for the way I am and my use of the English language. He helped me a great deal and I am grateful for that and I am enjoying all that very much.

Crawford: Thank you, Maria. We will stop here.

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The Man From HEER

Man at the Top

masculine

imagination

number one

snappy

WINNER

beautiful things he never

INTOUCH

sexy HUMOROUS

EXTRAORDINARY

Loving

Charming

beautiful

Lovely

very busy woman

mother

feminine

PEOPLE ARE TALKING ABOUT...

Marla

Joel

ANNIVERSARY CELEBRATION

the Perfect Marriage

elegant

Woman for All Seasons

"SWEET"

BED HOT

SOMEONE YOU
GOT TO TALK TO.

very nice

TOPS

exciting

AND

Radical Prophet

Simply brilliant

bright new ideas

famous

Parents

ORIGINAL

TIMELY

Friendship

delightfully

NICE

lovers

FUN



GO

CAN

YOU CAN UNDERSTAND

Getters

NICE

NATURAL

there's nobody else exactly like you

A new approach

DEPENDABLE

smart

NEAT IDEAS

CHARM

innovators

First Class

a really good marriage

Scholarly

tremendous

sophisticated

Something special

Believability POSITIVE

The bold approach

Sensuous

GET INTO ACTION

Enduring Beauty

We help here.
We help there.
We help every where.

vital

Fairness

Alive

When you're first and others follow, that's called leadership.

plugged

in to life

THE FABULOUS ACCESSORY THAT GOES WITH EVERYTHING YOUR MIND

Action

MUSIC

IMAGINATION

Real Live People

"One nice thing after another"

Creative

The past is only a beginning

The gift that grows

BEAUTY

The Man From HELP

by EDWIN KIESTER, JR.

Dr Joel Fort is certainly not one of your run-of-the-mill establishment shrinks. He describes himself as an "ex-psychiatrist," thinks the whole system of mental health is hypocritical and sees politicians as the most deviant group in our culture. He was one of the first to consider drug addiction as symptomatic of a larger social disorder. Now that the rest of us have gotten around to agreeing with him, he's off on another trip. Maybe we'd better keep an eye on him to find out where he's going to lead us next.

Edwin Kiester, Jr., is a freelance writer now living in San Francisco. He profiled Dr. Thomas Szasz in a recent issue of HUMAN BEHAVIOR.

Joel Fort has a spherical face, a monk's bald pate, and a low-keyed, almost hypnotic voice that refuses to rise out of its groove of subdued inflection, no matter what the subject. He can tell you that "Politicians are the most deviant group in America" or "The scientific journals are thoroughly politicized and part of the moral corruption of the society" with no more passion or fire than he might comment that summer is foggy in San Francisco. One day we were sitting in the lobby of his Center for Solving Special Social and Health Problems, nicknamed "Fort Help," when a young visitor passed, puffing on a cigarette. "Er, ah," coughed Fort apologetically, pointing to the prominent No Smoking signs. "Could I ask you to put that out, please?" One would never have guessed that Fort considers nicotine possibly the deadliest substance around.

But however soft, Fort's voice is one that has been widely heard over the past decade or so as America has wrestled with its drug-abuse problems. Back in the heyday of the hippies and the Haight-Ashbury, he was first to advance the heretical thesis that youthful drug-takers could not be viewed apart from an entire society conditioned to seek a chemical solution for every problem. He pointed out that young people who saw the law being violated by both individuals and government every day were not likely to be deterred by arguments that drug use was illegal, and added that "legal," or adult drugs, like alcohol and nicotine, were demonstrably more harmful than the proscribed varieties.

Fort has been hammering home that message ever since, in books, lectures, articles, legislative testimony and TV appearances. Perhaps more than any other individual, he has come to be identified with the view that drug abuse has social roots and a social solution, instead of individual psychological ones.

Recently, while the drug problem has subsided somewhat, some of Fort's views have been adopted by the establishment. Even so conservative a body as the Presidential Commission on Marijuana and Drug Abuse, chaired by former Pennsylvania Gov-

"We try to help people to help themselves. When they do that, they have less need for experts."

APPENDIX B

ernor Raymond P. Shafer, has declared that alcoholism is a greater menace than illegal drug abuse, and has pointed to social reform rather than punitive measures as the way out of the drug quandary. And Fort himself has gone on to direct his attention to other problems, including sexual adjustment, alcoholism, social alienation and malaise. He has, however, received little credit from his colleagues, perhaps because he seems to have been right before they were. "I agree with Joel on everything except one point," one critic said. "He thinks he's God, and I don't." Another put him down: "When you examine what he really says, and not just the inflammatory language he uses, you find he is quite middle of the road." And a third dismissed Fort as simply an apologist for the hippies, mouthing their views to win personal popularity.

Not long ago, I spent a few days with Fort to discuss his ideas and how they might have changed along with the drug scene, and to try to get a fix on what kind of man he was and how he saw himself. The tone was set the first time I dialed his number. "Hello," said a pleasant, tape-recorded voice, "this is Doctor Fort. I'm sorry I can't talk to you now because I'm working on a book. You may be able to reach me later at the Center for Solving Special Problems, phone 864-HELP; or if it's not urgent, you may wish to write me. When you hear the tone, you have 30 seconds to leave a message. Have a happy and loving future." I told the voice what would make my future happy—an interview. A few days later Fort called back, live. "I'll have to take a sunshine check for the moment," he said in that same insistently optimistic way. "I'll phone when I return from my next trip."

When we finally did get together, he was quick to point out that drugs had never been, and still were not, his main interest. We pulled up a couple of brightly colored canvas director's chairs in the Fort Help lobby and he gestured toward a leaflet detailing the list of problems the Center tries to deal with—alcoholism, compulsive gambling, transsexual adjustment, sexual difficulties from impotence to premature ejaculation, insomnia and depression. All of them, he said, stemmed from the central fact of man's alienation from a society that incessantly tries to beat down his individuality and nonconformity. But his views, he said, were not negative. Like his telephone messages, they were essentially hopeful.

"To a certain extent, we have to learn to focus our rebellion, but the

of a society should not be to destroy rebelliousness. Rebellion in the sense of nonconformity, of questioning arbitrary and irrational authority, procedures and laws, ought to be encouraged. People who have that thwarted end up suffering resignation, apathy and alienation; they turn to other avenues of expression, whether it be booze or grass or something else.

"The focus of an individual life has to be to channel dissatisfaction and discontent or, to put it another way, to learn to love deeply and to hate selectively, and to direct your efforts toward bringing about social change and progress. Even when you don't succeed, the process of responding to society that way—with belief in yourself, optimism and some vision of where you want to go—and I believe we desperately need a vision, a concept of what our life is about and what our society should be—that process, even when you don't achieve a particular goal, makes your own life fulfilling.

"My favorite quotation is from George Bernard Shaw: 'The reasonable man adjusts to society; the unreasonable man forces society to adjust to him. Therefore, all progress depends on unreasonable men.' That's the message I try to get across."

While we talked, a steady stream of long-haired, Levi-clad young men and women drifted by, perhaps the younger brothers and sisters of the original Diggers whom Fort had befriended in the Haight-Ashbury. Each of them waved jauntily to their founder-leader, as the Fort Help literature describes him, and called him by his first name. Fort is 43 and has a strong rapport with people much younger without attempting to be one of them. His only concessions to the so-called youth culture are an occasional turtleneck shirt and his sideburns. He is insistent that distinctions of age and talk of a generation gap are merely more evidence of society's penchant for pejorative labels.

Fort was trained as a psychiatrist but it would be difficult to put a one-word label on his interests and activi-

ties now. He lectures on drug and related problems at the School of Criminology at the University of California in Berkeley, has served as consultant to the World Health Organization and to several government agencies, and has authored a best-selling book, *The Pleasure Seekers*, which gives his views on the arguments about hedonism versus puritanism. He has appeared on William Buckley's *Firing Line* and anchored his own Public Broadcasting Service program, testified in the Charles Manson and Timothy Leary trials, and led the unsuccessful California campaign to decriminalize at the ballot-box the use of marijuana. He has also, to the dismay of colleagues, written on drugs for *Playboy*. "One drug policeman [Fort's term for a narcotics agent] told me, 'Doctors should write for medical journals,'" Fort recalls. "I told him, 'I can reach more mem-

ways. Its main objective, he says, is to clear away the very human problems bothering people so they can achieve the full potential they have within them. The center makes a deliberate attempt not to stigmatize these problems as "sick" or "abnormal," not to use the words *mental health* or *cure*. Those who ask for help—not patients—are assigned to a "helper-problem solver"—not counselor—who may use methods ranging from methadone maintenance to encounter techniques to hypnosis to peer therapy to lend-a-hand. Fort calls the place "eclectic."

I asked Fort why there was a need for such a center when, by his own assertion, society has too many institutions already. "It's obvious that the traditional facilities are both outmoded and dehumanized," he said. "In fact, I regard the whole system of mental health as hypocritical. What



Fort feels no generation gap when working with his long-haired young staffers.

bers of my profession through *Playboy* than I can through the *AMA Journal*."

About one-fourth of his time is given over to Fort Help, which is located on the fringes of San Francisco's Skid Row and which he describes as "the only nonmilitary fort in America." Fort regards it as a revolutionary institution in many

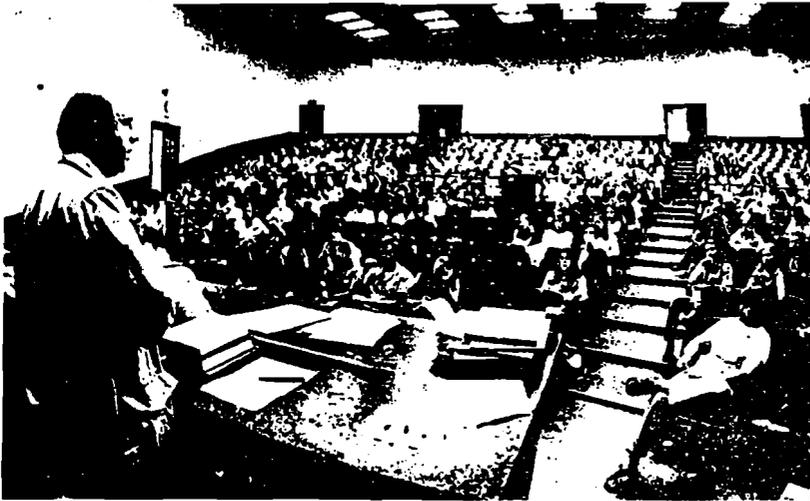
ways. "All the sociologists studying other deviant groups should be studying American politicians." was needed was something that would get away from the medical-psychiatric stigmatizing by labeling and ostracizing the 'sick' and destroying their self-esteem. We felt there should be a facility that recognized people as individuals and dealt with the problems that bothered them, not just those society deemed important. Our objective isn't 'adjustment,' but facilitating the growth and enhancing the self-esteem and dignity of the individual."

The concept of the "helper-problem solver" arose to downplay the mystique that only a "certified" specialist holding a degree could help people with problems. Some of those who occupy the role at Fort Help are indeed physicians, psychologists, social workers and educators, but, says

Fort's license plate—and his outlook.



"All the sociologists studying other deviant groups should be studying American politicians."



Fort lectures on "Sex and Crime" at the School of Criminology at UC Berkeley.

Fort, they are selected for human attitudes, commitment and maturity, not professional credentials. The point is always to get people involved with themselves and each other. "We try to help people to help themselves," he said. "When they do that, they have less need for experts and specialists."

How, I asked, did these beliefs square with his training as a professional psychiatrist?

"I'm an ex-psychiatrist," he said. "I think it's a hypocritical profession. I've never had a private practice, and I gave up a \$30,000-a-year salary because I wanted to be true to my own values."

Somewhat like Dr. Thomas Szasz, author of *The Myth of Mental Illness*, who calls psychiatrists "jailers" and the profession a farce and a fraud?

"Szasz still practices psychiatry. I don't."

I asked Fort when he first became interested in medicine and helping others as a way of life. He traced it back to his boyhood in the steel mill town of Steubenville, Ohio, and the influence of his father, who had wanted to be a physician, but for depression-induced financial reasons had to settle for a career as the town podiatrist.

Young Joel was an early and omnivorous reader whose most prized possession was the flashlight that allowed him to continue reading under the blankets late at night. He graduated from high school at 15 and matriculated at Ohio State, still wavering between philosophy, which he saw as a way of helping men through their minds, and medicine, which could help them through their bodies.

Too young to enter medical school on graduation, he took a year's graduate study in the social sciences at the

University of Chicago, then spent a year barnstorming around Europe before coming back to Ohio State to study medicine. He interned in the U.S. Public Health Service, at hospitals in Seattle and at the federal drug institution located near Lexington, Kentucky.

"I got a grounding in drug abuse, sexuality and bureaucracy—fields in which I have had an interest ever



Fort joins a briefing on abortion techniques by Oakland physician Dr. Van Maran.

since," he says. He then specialized in psychiatry in the mistaken belief that it would help to explain the many irrational absurdities of life.

"Those in charge of society go to great efforts to beat people down, to overwhelm them."

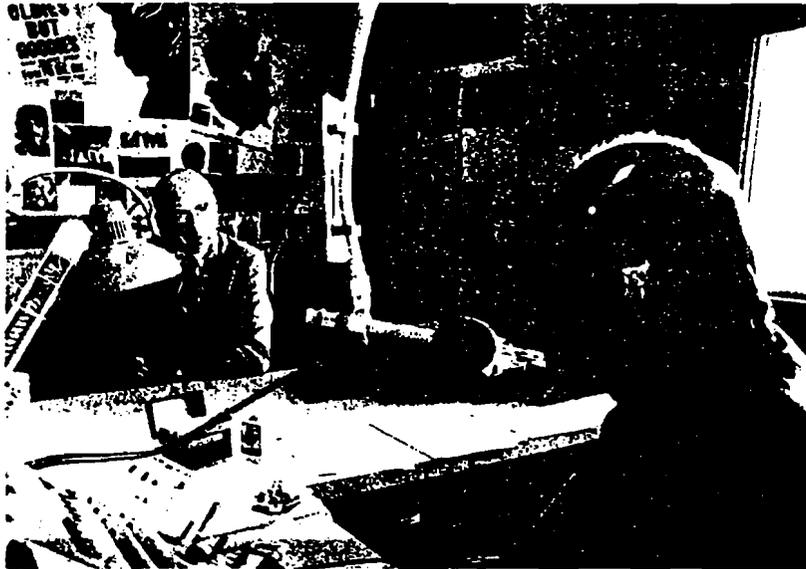
Fort settled in the San Francisco area in the late 1950s and quickly plunged himself into controversy. He launched a state-funded, two-county alcoholism treatment program, one of the first ever established under a governmental banner, and simultaneously began lecturing at Cal. In 1962, he made a foray into politics, seeking the Democratic nomination for Congress. Local officials took him to court on grounds that the charter forbade campaigning by government employees. Fort won in court, but lost the nomination and eventually lost the job. The budget was cut and his staff reduced until eventually, in protest, he quit.

He then spent 18 months traveling for the World Health Organization, investigating drug use and drug traffic through the Far and Middle East, and arrived back in San Francisco just as the flower children were beginning to bloom on the city's streets. Officials were baffled by an onslaught of seemingly rootless young people who let their hair and beards grow and elevated hallucinatory drugs to a mystical experience. With no weapons to deal with them except the traditional ones of arrest and punishment, officialdom turned to Fort as the drug expert for help.

His answer was a far-reaching, innovative and compassionate program that received worldwide attention. Among its features were the first storefront free clinic, a treatment for those suffering the effects of bad trips, the first hot-line crisis intervention telephone. He also prevailed upon city authorities to soft-pedal the enforcement of drug laws, and place treatment ahead of arrest.

At first everyone seemed delighted, but soon what Fort calls "the war on the hippie" began. City officials concluded that Fort was not reducing the

problem, but increasing it. Young people were flocking to San Francisco from all over the country in the belief that they could pursue a drug culture without official interference. San Francisco was getting a bad name and Fort's outspoken views, blaming society for the problem and lumping illegal drugs together with legal ones, didn't help. Fort was asked to quit and, when he refused, was forced out through a series of loopholes in the civil service laws. This time, he lost in court.



Oakland disc jockey Don Chomberlain runs a daily sex talk show on KNEW radio. Fort is a special consultant to the program and often drops in as a guest.

But the incident gave Fort a national platform to advance his views—and also helped formulate some of his current ideas about politicians, bureaucrats, and entrenched institutions. His crime, he concluded, lay in exposing the system's inflexibility and shortcomings rather than any overt offense.

"I think institutional pollution is the core problem of our society," he said, recounting the incident and how it had influenced his thinking beyond drugs. "And I think the people who lead us are the least able people in our society. Politicians are the most deviant group in America, and all the sociologists studying other deviant groups should be devoting their energies to studying *Politicians Americanus*. Democrat or Republican, it makes no difference because I think any given politician simply joins whichever party seems best calculated to serve his own interests.

"Those in charge of the society, and I include the mass media, go to great efforts to beat people down, to make them feel powerless and impotent and to overwhelm them with all kinds of things they don't really want

to know, statistics about violence and crime, widespread despair and hopelessness, so they feel alienated and frustrated and seek some means of escape.

"I think the tendency to label people is part of the same trend, to get people apart from other people by calling them drug users, heads, freaks, addicts. But all use of drugs is not abuse of drugs. Most people use drugs, whether the drug be alcohol or cigarettes or marijuana, as one component of a much more complex life.

"I try to stress that with sexuality, too. To identify somebody as a homosexual makes no more sense than to look around a room and refer to somebody as that heterosexual over there. Both carry a false implication that 24 hours a day, seven days a week, a person is totally a sexual being. We should relate to them as people who, among other things, may do something we don't do or may disapprove of. We have no right to label them, and we even do a tremendous amount of destruction when we label them with pseudoscientific psychiatric labels, or in laymen's terms as queer, freak, junkie, or rummy. That does more harm than the behavior does.

"I do see that society's indiscriminate use of drugs of all kinds, from

"The benefits of drugs have been overdone just as the dangers have been sometimes exaggerated."

alcohol to heroin, is inversely related to social progress. That is, the more we tend to deal with all our frustrations and discontents through turning out, the less likely we are to attack the roots of discontent, and I stress as part of my interest in preventive medicine, attacking the roots. Thoreau put it very well: 'A thousand people striking away at the branches of evil for every one striking at the roots.'

"Again, we're taught to do that by our opinion formers, and people have to be retaught to get more at the causes of things. So I talk of that as trying to take society beyond drugs. My approach is entirely different from the traditional one, because I don't put down the user, and I don't put down pleasure. I don't say that nobody ever feels good after using coffee or alcohol or tobacco or marijuana. But I do say that the benefits of drugs have been greatly overdone just as the dangers have sometimes been exaggerated by ambitious self-appointed drug experts, and politicians. There's no drug we need for our life. We can relate and love and turn on without using a chemical."

Keeping in mind his distinction between use and abuse, I asked Fort if he himself used any drugs—including alcohol and coffee—or if he ever had. "Oh, of course, I take aspirin from



Fort listens to Black Panthers seeking funds and help with an Oakland project.

time to time if I have a headache, although I try not to; and I drink coffee," he replied. "And I've tried all the others at least once—except tobacco. When I was in the Orient for WHO I even visited an opium den in Macao and took a few puffs on a pipe, but I didn't know how to do it, so I didn't feel anything. I even had narcotics once, for severe pain after an operation for some exotic condition of the bile duct. But I tell people there are all kinds of pleasurable and joyful experiences that they can have in addition to drug use, and I try to live

at. A central theme of my life is consistency. Friends have suggested that I have an 'irrational passion for rationality and consistency.' I don't consider it irrational, but I certainly do have a passion for consistency—or a contempt for hypocrisy. I feel I cannot condemn the hypocrisy of politicians, diplomats, doctors, self-appointed radicals and liberals and conservatives if I am myself that way."

A few days later, Fort and I continued the conversation over one of his semi-approved drugs—coffee—in his home in El Cerrito, in the steep hills back of Berkeley. The secluded glass-walled and timbered home sprawls down a hillside, with the cool, bookstrewn living room looking out through fir and eucalyptus trees across San Francisco Bay toward the Golden Gate Bridge. Fort had asked me to breakfast with him and his Hungarian-born wife, Maria, whom he met on a blind date while she was a student at Western Reserve. Over bacon, coddled eggs and homemade Hungarian pastries, we discussed the addictive aspects of food. Maria Fort keeps a wall full of cookbooks of every nationality and specialty, and talks knowledgeably about the most abstruse parts of cuisine. I asked Fort how he could cope with gourmet cooking; wasn't he tempted to overindulge? He replied that he had nothing against pleasure and later, when I asked whether she cooked with wine—how did that square with teetotalism?—he said, "Most of it burns off in the cooking, and I think it would be fanatical to ask someone to change their cooking patterns on the basis of alcohol use." Finally, when I timidly and apologetically asked if I might have a second cup of coffee, this being a drug to which I am incurably addicted, I brought down the house. "Don't expect me to be such a moralist," he said.

At a time when the American family is supposedly in a state of collapse, Fort's relationship with family and home can only be described as square. He calls it "the major source of my self-renewal," and spends more than half his time at home, reading, writing and sunbathing—"That's a real turn-on for me." He is remarkably direct about the subject of sex; when I asked him his favorite recreation, without hesitation he said "Love-making," and he put in second place, "Interpersonal relationships with my family." Third, he said, was reading. He goes through three books a week, and lately has been working on Aleksandr Solzhenitsyn, whose courage in the face of communist bureaucracy he greatly admires.



Fort and wife, Maria, in San Francisco.

Still, Fort is increasingly time-pressed, and one of the few times I saw him show emotion was when he discussed the time he wasted driving to and waiting at airports. "Fort's Law," he said once, "is that time expands according to what you're motivated to do with it. I've tried to arrange my life so that my work and my leisure are the same. I've twice sacrificed high-paying government jobs in order to reach more people, and I've spent more of my time following my own inner directedness. I feel that's what more people should be doing.

"The positive side of what I believe," he said, "is that there can be a brick-by-brick rebuilding of society. It's individuals who change societies—not committees, not bureaucracies, not politicians.

"I believe in the Socratic injunction, 'Let him who would change the world first change himself.' I point out that we have the greatest access to institutions that we're a part of—our own family, the schools where we're students or where we teach, the agency or organization where we work, whether it's private or public, the organizations or service clubs we belong to. The proper way of rebuilding society begins with the place

where you're at, and humanizing the process in your own school or classroom. As enough people do that, neighborhoods are rebuilt and cities are rebuilt and the society is rebuilt. It's from the bottom upwards that society is changed, not from the top down.

"There are very few people encouraging others in our society in a way that increases their self-esteem. The mass media discourage them through their worship of the cult of personality. Ralph Nader I see as a glaring example. The more it comes to seem that you have to be a totally unique individual, if not a fanatic, to achieve anything, the more other people think they can't do anything. I think we have to go to great pains to dispel the idea, to teach people not to equate publicity with human worth. A great number of people are doing significant things that don't get any kind of recognition.

"There's a statement attributed to Buddha that I think illustrates my philosophy very well. Asked if he were a god or an angel, or if he were some other magical or mystical thing, Buddha replied, 'I'm not a god. I am not an angel. I am awake.' I think that's a very beautiful statement. We should work toward awakening everybody to their own potential, their own ability to revitalize the institutions they're a part of, including their own family. That's the way to change society, and to take society beyond drugs." B

Fort draws his camera and retaliates.



"Fort has received little credit from colleagues, perhaps because he was right before they were."

BUREAUCRACY AS A SOCIAL PROBLEM

by Joel Fort, M.D.*

and the Organization Man-Woman
as Deviant

Journal of Public
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We are a bureaucratic, organizational society. We are born in bureaucratic hospitals, educated in bureaucratic schools, and we spend much of our leisure in bureaucratic associations. Most of all, we work out our lives in highly bureaucratized groups, involving rigid hierarchical and authoritarian structures. Whether it be health care, police, taxes or international relations, it is a matter of inflexibility, unresponsiveness to human needs and growing totalitarianism of which committees, investigations, meeting after meeting, memo after memo, and seniority are only the more obvious tops of the iceberg. Obviously, society considers or accepts bureaucracy as the most rational and efficient social grouping to serve its needs and as the only possible way of doing things. This has been the trend, going back to the building of the Egyptian pyramids, the ancient Chinese irrigation systems, and the development of early Christianity by the first Popes.

Bureaucracy as a social problem, contrary to the rhetoric of political campaigns, involves both public and private sectors and flourishes in both Republican and Democratic administrations. Most of what is said of government bureaucracy applies equally to IBM, General Motors and other business organizations in which millions of the labor force work. In 1820 the federal government employed some 8,000 people. In 1900 this had risen to 250,000. And now 6,000,000 people work for the federal government, including the military. Bringing into the picture state and local government, we have more than 12,000,000 people employed by government out of the total labor force of 80,000,000.

The essential theoretical features of bureaucracy, as written about by academic sociologists, are specialization, a hierarchy of authority, a system of procedures and rules for dealing with all contingencies, impersonality, and selection and promotion based upon technical competence.

However, a much more frightening and accurate picture of what bureaucracy really means is found in such works of fiction as Franz Kafka's *The Trial*, Gian Carlo Menotti's opera *The Consul*; and in non-fiction books such as *The Organization Man*, *White Collar*, *The Lonely Crowd*, *The Peter Principle*, and others. Parkinson has humorously and correctly pointed out that in organizations, work expands so as to fill the time available for its completion; that officials multiply subordinates not rivals; and the practice is to make work for each other. Institutional pollution must be corrected if environmental pollution, drug abuse, war, crime, or any of many other problems are going to be solved.

Of course there are many factors in addition to bureaucracy which impede social change and constitute social problems. In the individual these include *apathy, fear, resignation, ignorance and irrationality or hatred*. In the broader society, preventing creative social change are *intolerance for individuality and non-conformity, political extremism and selfish pressure groups, police, religion, psychiatry, schools*, and, in general, the power structure of society.

mediocrity and senility in that our bureaucratic system is dominated by men old both in age and spirit, whose training for their positions was inadequate and from an out-moded era. They are inherently resistant to change, incredibly slow and constantly seeking and finding excuses for inaction. The dominant themes of most organizations are *mediocrity, status-seeking, over-conformity* and a *don't-rock-the-boat* mentality, and a preoccupation with perpetuating the leaders and agencies at any cost. There is an absence of altruistic or human goals and an *amorality* so pervasive that massive abuses of administrative authority occur daily. There is in our bureaucracies a banality of evil much as Hannah Arendt described in the millions of Germans who permitted Nazism, an evil which permits senseless violence in VietNam and in our cities and, through daily sins of omission and neglect by health and welfare officials, kills thousands.

There is a fine line indeed between the excesses of the bureaucratic process and totalitarianism. Adding to the difficulties of bringing about positive or meaningful social change are our antiquated charters and regulations, out-moded procedures and personnel, fragmentation of government (in the Bay Area alone we have about one thousand separate governmental units), and a political process where our most important jobs go to the least qualified people (often rotten apples from the bottom of the barrel), who tend to serve only narrow, selfish interests, and who are the ones who helped create the problems in the first place. Join to this a conspiracy of silence by the communications media and an "emperor's new clothes" silence on the part of most individuals, and we have our most important and difficult social problem and our most serious group of deviants. As Samuel Butler said, "The history of the world is the record of the weakness, frailty and death of public opinion."

Our organizations show a marked displacement of goals, a reversal of priorities between ends and means so that they fail to serve human needs and human problems (the original purposes for which they were supposedly created). Robert Michels' iron law of oligarchy inevitably occurs, where a small unrepresentative clique controls all aspects of the organizational life, making all the crucial decisions and subjugating subordinates, clients, customers, or patients.

There is always a delicate balance between the freedom and satisfaction of the individual and the "efficiency" of the overall organization which makes unwelcome demands, limits the individual's behavior and frustrates his or her satisfaction. The organization *demand*s subordination, dependence, and passivity, whereas the individual *needs* and should have independence, self-actualization and activity. This system, this bureaucratic structure, is dangerously obsolete, ineffective and dehumanizing. Rapid change cannot be dealt with by a system designed to handle the routine and predictable or by 19th century practices and mentalities. Furthermore, employees' needs for personal growth and self-realization cannot be met by bureaucracy's highly mechanistic and authoritarian concepts. For some highly specialized operations, in fact, machines and mental defectives would make the best employees.

We must learn to fuse or blend the individual and the organization so that both, simultaneously, obtain optimal self-actualization. Employee-centered leadership, flexible and tailored to the situation and we can and should.

We must learn to fuse or blend the individual and the organization so that both, simultaneously, obtain optimal self-actualization: We can and should have employee-centered leadership, flexible and tailored to the situation, and human groupings that are more rational and humane while producing a minimum of undesirable side-effects with a maximum of satisfaction for the individual. Participatory democracy and basic constitutional rights have to become essential

elements of organizational life even to the extent of employees electing or consenting to heads, chiefs, directors, etc.

Bureaucracy should be replaced with adaptive, problem solving, temporary (ad hoc) systems of diverse specialists, linked together by coordinating and evaluating executive specialists. The successful, mature individual will learn how to cope with rapid change, live with ambiguity, identify with the adaptive process, make a virtue of contingency and be self-directed. The individuals working in such a system would derive their satisfaction, identity, and status from helping others and solving problems.

The basic prescription or solution, as I see it, is to re-orient and re-focus our society to create and foster constructive and creative individualism which will provide a sense of meaning, identity, and purpose in all of our lives. To our youth, whom I see as our main hope for achieving this goal, I think we need to call for, on a national scale, *youth power*. And here I refer not only to the young in biological terms, but also the young in heart. The older generation, of course, will not easily give up its exclusive power and status presently institutionalized through seniority and tenure systems and absurd civil service and personnel practices. Only after an organized and protracted effort by the young and by others committed to social progress will the needed changes be brought about. All of us, young and old, black and white, should resist assimilation into a world we never made. We should demand individualized attention, education, and vocations.

We should question all irrational and hypocritical policies, and all pompous and incompetent officials. We should judge people, particularly "leaders", mainly by what they do, not by the nice things their speech-writers and public relations men say about them. *Demand that things be told like they are*. In essence, we need to move to the front of the bus and stop being a nation of sheep to be manipulated by the corrupt and the power-hungry.

Do not fear the penalties of dissent: being labeled a trouble-maker, too aggressive or a non-organization man; being dismissed, forced to resign or not promoted; being slandered and hated by the tyrannical and the preservers of the status quo. The penalties for not speaking out are far more serious since they include death of the spirit, alienation, and destruction of our society. The rewards for speaking out amount to life and significance. A person who does not share in the actions and passions of our times cannot be said to have lived.

Develop love for people, beauty, art, literature and music. Become an inner-directed, self-actualized individual fully involved in the society around you and Facilitating others, whose epitaph will say far more than "He was chief of this" or "He lived for sixty years". As de Toqueville said almost two hundred years ago, "I am tempted to believe that what we call necessary institutions are often no more than institutions to which we have grown accustomed. In matters of social constitution, the field of possibilities is much more extensive than men living in their various societies are ready to imagine." Or as Jefferson put it, "... laws and institutions must go hand in hand with the progress of the human mind. . . . We might as well require a man to wear still the coat which fit him when a boy as civilized society to remain ever under the regimen of their barbarous ancestors."

I propose a new ethic and a new culture of Promethean man daring to combat overwhelming (but not insurmountable) forces, lighting candles, and indeed beacons, rather than cursing the darkness, responding positively to individual diversity, and making full use of his potential as he turns on to knowledge and feeling and drops *in* to help make a peaceful social revolution. This, and only this, will end the generation and leadership gaps; make life meaningful; prevent violence, fragmentation of our society, and deviance; and for the first time, produce a civilized world.

THE NATIONAL CENTER FOR SOLVING SPECIAL SOCIAL AND HEALTH PROBLEMS

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1968 public policy statement on homosexuality drafted by Joel Fort, M.D. and issued by Joe Adams, Ph.D., Evelyn Hooker, Ph.D., and Joel Fort, M.D. at the National Homophile Conference in San Francisco

Homosexuals, like heterosexuals, should be treated as individual human beings, not as a special group, either by law or social agencies or employers.

Laws governing sexual behavior should be reformed to deal only with clearly anti-social behavior, such as behavior involving violence or youth. The sexual behavior of individual adults by mutual consent in private should not be a matter of public concern.

Some homosexuals, like some heterosexuals, are ill. Some homosexuals, like some heterosexuals, are preoccupied with sex as a way of life. But probably for a majority of adults their sexual orientation constitutes only one component of a much more complicated life style.

Psychological Reports, 1971, 29, 347-350. © Psychological Reports 1971

ATTITUDES OF MENTAL HEALTH PROFESSIONALS TOWARD HOMOSEXUALITY AND ITS TREATMENT¹

JOEL FORT
*National Sex and Drug Forum*²

CLAUDE M. STEINER
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Summary.—A random sample of 163 professional therapists in private practice in the San Francisco Bay Area were surveyed on their attitudes toward treatment of homosexuals, diagnostic categories, and other matters. Results indicated a majority had some (limited) experience with (predominantly male) homosexuals, most would use but few preferred group therapy for homosexuals, treatment goals were mixed, change of sex orientation in treatment was minor, but belief in its possibility widespread; there was considerable disagreement with some diagnostic categories, little support for mandatory treatment, near-unanimity on liberalization of the law, widespread support for non-exclusionary employment policies.

The views of mental health professionals on matters relating to homosexuality do not appear to have been investigated statistically until quite recently. The present authors have been able to locate only a medical poll (Anon.) including a single question related to homosexuality, and a very recent study of physicians' attitudes in treating male homosexuals (Pauly & Goldstein, 1970).

In the first, two-thirds of 27,700 physicians favored legalizing homosexual practices between consenting adults, while 92% of the psychiatrists responding were in favor of such legalization. In the second survey, members of the Oregon Medical Association were asked about their comfort in treating male homosexuals and if their attitudes toward male homosexuals adversely affected their treatment of such persons. In marked contrast to the responding group as a whole, most of whom admitted to some discomfort in the treatment of male homosexuals, 100% of the psychiatrists reported "often" or "always" feeling comfortable in such a situation. Psychiatrists reported unanimously (98%) that their attitude toward male homosexuals "seldom" or "never" adversely affected their treatment of such patients. The authors point out that it may be difficult for some physicians to acknowledge negative attitudes toward patients. They appear to accept the more positive results for psychiatrists, on the grounds that these specialists, because of their greater experience in treating homosexuals,

¹A table giving complete results of the questionnaire will be made available to readers requesting it. Inquiries may be addressed to the National Sex and Drug Forum, 330 Ellis St., San Francisco, California 94102. It is also available in Document NAPS-01534 from ASIS National Auxiliary Publications Service, c/o CCM Information Corp., 909 Third Ave., 21st Floor, New York, N. Y. 10022. Remit \$2.00 for microfiche or \$7.40 for photocopy.

²Creator and former director, Center for Special Problems, San Francisco, California.

³Former Research Director, Daughters of Bilitis, San Francisco, California.

may have become "desensitized" to whatever aversions they may have had toward such persons.

However this is to be evaluated, it seems desirable to have more detailed information on the attitudes of mental health professionals toward homosexuality and its treatment. The present systematic study was carried out, beginning initially as a research project of San Francisco's Center for Special Problems (sex, drug, crime, suicide), by surveying psychologists, social workers, and psychiatrists in private practice in the San Francisco Bay Area. The study's purpose was to acquire information which would be of use both to therapists and also to homosexuals, some of whom may want some degree of professional help during their lifetimes.

METHOD

A total sample of 163 professional therapists was used, including all of the 63 social workers listed as being in private practice, and randomly selected samples of 50 each out of 483 psychiatrists and 393 clinical psychologists. In response to solicitation over an 8-mo. period in 1967-1968, 147 returns were received, including 18 blanks; the returns represented 86% of the full social worker list, 94% of the psychiatrist sample, and 92% of the psychologist sample.

The majority of questions were phrased so as to elicit "yes," "no," or "can't say" responses. For these questions, differences among replies from the three types of respondents were tested for significance by use of chi square.

RESULTS

Characteristics of respondents: Those responding had practiced psychotherapy for an average of 14 yr., ranging up to 41 yr. An over-all 88% were in private practice, including all psychiatrists.

Extent of treatment: Of the therapists responding, 88% had treated homosexuals in their practice, including all psychiatrists. The number treated ranged from one to 200 male homosexuals, and from one to 25 female homosexuals, representing on the average 5% of their professional practice.

Treatment goals: Slightly over half of the respondents (52%) established specific goals when they treated patients, social workers to a greater extent (69%) than psychiatrists (47%) or psychologists (35%). These differences were significant ($\chi^2 = 11.078$, $df = 4/122$, $p < .05$). Of those with specific goals, 97% said they would work with a goal other than change of sexual orientation, for instance, self-acceptance, self-assertiveness, improved interpersonal relationships. However, when asked whether they would treat a homosexual with the direct aim of changing sexual orientation, the respondents were more evenly divided, 38% of all who answered would, 43% would not, 19% were unable to say. A belief that change of sex orientation was possible was expressed by 72%.

Group treatment: Most of the therapists had at some time practiced group therapy, ranging from 61% of psychiatrists to 85% of psychologists. Of the

social workers, 79% had; the average for all groups was 75%. These differences were significant ($\chi^2 = 6.646$, $df = 2/125$, $p < .05$). An over-all 85% would accept a homosexual in a heterosexual group, but only 14% considered group therapy the treatment of choice. Sixty-one per cent thought it was suitable treatment when coupled with individual therapy.

Change in sexual orientation: Utilizing standards reported below, an over-all 42% (50) of the 118 persons replying to this question stated that some of their homosexual patients had achieved a change of sexual orientation, 30% of social workers, 47% of psychologists, 54% of psychiatrists. These differences were significant ($\chi^2 = 10.544$, $df = 4/118$, $p < .05$).

Only 34 of the respondents reported ~~that~~ ^{whether} they had success in changing the sexual orientation of patients who were exclusively homosexual at start of treatment; the number of such "cured" patients represented a median of one per ^{responding} professional therapist, and ranged from 0 to 100.

Sufficient evidence of "change of sexual orientation" was considered by 62% to exist if patient reported preferring and making heterosexual contacts. However, 78% would accept this if combined with no homosexual contacts. Strikingly, 22% of the entire group were unwilling to accept even the latter as sufficient, and required additional evidence, such as greater comfort about choice of love object, more stable relationships, fuller satisfaction from relationships, achievement of insight into personal dynamics, self-acceptance as member of biological sex, or other evidence.

Legal rights: Over-all 94% of respondents were willing to inform their homosexual patients of legal rights while in treatment, ranging from 87% of psychiatrists to all social workers. These differences were significant ($\chi^2 = 9.841$, $df = 4/125$, $p < .05$).

Diagnostic categories: A psychiatric diagnosis of "personality disorder" for homosexuals was supported by 73% of the group; only 33% believed that the diagnosis should be "sociopathic personality disturbance." Eighty-three per cent would label homosexuality as "sexual deviation"; only 35% agreed that it should be classed along with transvestism, paedophilia, fetishism, and sadism. All diagnostic categories were taken from the American Psychiatric Association's *Diagnostic and Statistical Manual*.

Illness-disease: On a question whether psychogenic or functional conditions in general should be considered illness or disease, 41% said yes, including 54% of psychiatrists but only 28% of psychologists. The difference was significant when social workers were excluded, for "yes" and "no" answers only ($\chi^2 = 5.547$, $df = 1/65$, $p < .05$). With specific regard to homosexuality, 64% over-all would not consider it as illness or disease. More than 90% in all felt public misunderstanding arises from the terms "illness" or "disease" in relation to homosexuality.

Mandatory treatment: Homosexuals convicted of a sexual offense should be

required to undergo psychological treatment, according to only 36% of those surveyed. If not convicted, 4% favored mandatory treatment (20% could not say).

General attitudes: Nearly all respondents (98%) felt it was possible for homosexuals to function effectively. Likewise, practically all (99%) opposed laws treating private homosexual acts between consenting adults as criminal.

With regard to employment, 27% over-all believed homosexuality should disqualify an individual from security-sensitive Federal employment, including 37% of psychiatrists, but only 19% of social workers. This difference was significant for "yes" and "no" answers only, when psychologists were excluded ($\chi^2 = 4.860$, $df = 1/64$, $p < .05$). For other types of civilian Federal employment, only 2% thought homosexuality should disqualify; and for state and local civil service less than 1% thought it should disqualify. The over-all percentage increased to 8% who favored disqualification for teaching positions, 5% who would disqualify homosexuals from other employment and 12% who would disqualify homosexuals from the Armed Services. Regarding the Armed Services, only 2% of social workers but 19% of psychologists and 18% of psychiatrists would favor disqualification of homosexuals. These differences were significant when separate comparisons were made between social workers' and psychologists' responses, and between social workers' and psychiatrists' responses, if "yes" and "no" answers only were counted. In the first case, $\chi^2 = 4.547$, $df = 1/72$; in the second case $\chi^2 = 5.001$, $df = 1/70$, $p < .05$ in both cases.

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WHAT IS "BRAINWASHING" AND WHO SAYS SO?

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Like those who claim to be religious without living an ethical life and those who claim to be researchers without using scientific methodology or reasoning, the preponderance of talkers and writers on "brainwashing" know not what they do. (While this may not be uncommon in this age of psychopathy and ignorance, it cannot lead to understanding or to solutions of whatever real problems might exist.) Such individuals usually begin with undefined, and perhaps undefinable, terms like "brainwashing," "deprogramming," and "cult"; use opinion as fact and values as science; and almost invariably take a giant step backward by using as their foundation a few American literary or journalistic works about the Korean War and alleged Chinese torture and thought reform.

Notwithstanding, there are two dictionary definitions of "brainwashing": 1) forcible indoctrination inducing someone to give up basic political, social, or religious beliefs and attitudes and to accept contrasting regimented ideas; and 2) persuasion by propaganda or salesmanship. But like such popular terms as "drug abuser," "mentally ill," or "sex deviant," the application of the brainwashing term is highly subjective and arbitrary. These terms or labels are generally applied to an individual or group that we disapprove of.

A basic problem is that the term or label we use for the phenomena we study can introduce prejudice at the outset and predetermine our conclusions. A false image of scientific truth can easily be presented through press agency and skillful misuse of supposedly prestigious degrees or organizational titles. As I began pointing out in the early 60s, if we call a substance such as alcohol a beverage, instead of a drug, or call a minority type of sexual behavior such as homosexuality, deviance or mental illness rather than just different, we have almost fixed the results in advance. The very pejorative term "brainwashing" or the only slightly less biased terms "mind control" and "indoctrination" involve no more or less than the influencing, persuading, converting, or changing of attitudes. The latter terms, however, put the subject in context, avoid bias, and remind us that it is the discipline of social psychology and its sub-specialty, attitude change, that has the most to offer and is the proper frame of reference, rather than traditional psychiatry and psychology, or techniques and behavior supposedly seen with American soldiers in the Korean War.

To further put this matter in perspective, realize that among the powerful forces influencing our attitudes and behavior are the well-accepted institutions of the family, the schools, the media (including its mass advertising/propaganda), conventional religion, psychiatry and psychology, bureaucracies, and peer groups. To look at Synanon, Scientology, Est, Lifespring, Hare Krishna, the Unification Church, Jews for Jesus, the Moral Majority, or dozens of other relatively new religious, psychological, or political groups out of the context of old religions and these other traditional and powerful influences on thought and action, dooms one to misrepresentation and confusion.

Still another important distinction should be made between duress or coercion on the one hand and essentially voluntary conversion or attitude change on the other (Davis, 1974; Fort, 1981; Frank, 1974). What one is willing to say or agree to with a gun at one's head or while being tortured is very different qualitatively and quantitatively from joining and participating in an organized group, old or new, conventional or unconventional.

THE PATTY HEARST CASE

Illustrative of many of these above principles and concepts is the Patty Hearst Case of 1976. My official involvement in the case began in September, 1975, soon after her capture and following requests by her original defense attorneys and later the U.S. Attorney's office that I serve as a consultant. Over the following six months, I was able to thoroughly study all facets of this unique and complicated case. As was clear from the tape-recorded interviews with Patty Hearst documented by *The New York Times*, an administrative psychiatrist (L. J. West of the Neuropsychiatric Institute at the University of California, Los Angeles) and a psychologist (M. Singer) at the University of California, Berkeley) suggested and developed the "brainwashing" defense and assisted criminal lawyer Frances Lee Bailey in using it for the trial; they also helped recruit other witnesses to testify on Hearst's behalf. Interestingly, long before the beginning of the trial, West stated in a letter to the Hearst family that their daughter, the then fugitive bank robber, had been brainwashed, thus indicating that some psychiatric experts are of the opinion they need not talk to a person, or study the (voluminous) evidence of a case before reaching their presumably scientific and legal conclusions. This is an extraordinary belief, indeed! According to *The New York Times* of April 12, 1976, "Dr. Louis West gave Hearst a concise statement of the line he thought her defense should take."

However, to properly and independently assess criminal responsibility for a bank robbery and/or kidnapping and defenses against accountability (whether the defendant and their lawyer claim "brainwashing," insanity, diminished capacity, or intoxication), a psychiatric or psychological expert must consider and balance: present and past statements by the defendant and witnesses; investigative reports, tapes, and/or films; the effects of kidnapping on victims; and the structuring of attitudes by family, friends, captors/associates, psychologists/psychiatrists, and attorneys. (For example, before trial Patty Hearst spent over 60 hours with psychologists and psychiatrists and 250 hours with her attorneys.) Confusion, normal memory loss, coaching, and lying can all affect what a defendant says, and common human motives like hatred, greed, excitement, and approval can certainly account for criminal behavior.

Concerning the Hearst case, the range of my investigations included: 1) reconstructing and comparing Hearst's pre- and post-kidnap attitudes and behavior by interviewing her, her parents, her friends, FBI agents, lawyers, etc.; 2) studying police reports, S.L.A. tapes, her Tania diary, the competency interviews, and trial testimony; 3) studying the history, personalities, and philosophy of the other S.L.A. members; 4) looking at the detailed FBI records of dozens of other kidnap victims and interviewing many of comparable age and social class; and 5) reviewing what was known about attitude change, conversion, "brainwashing," kidnapping, terrorism, etc. (U.S. District Court, 1976).

Applying an analytic framework and a time line to the data I collected, I will summarize my findings as they apply to an understanding of attitude change and "brainwashing." Patty Hearst's childhood and youth up to early 1974 revealed little contact with, and hatred for, her parents, raising by a punitive housekeeper, being sent away to different schools, rebelliousness, ambivalence about her family's race and class attitudes, loss of belief in the Catholic Church, boredom, lack of goals, and disenchantment with the man she was living with and having sexual relations with since the age of sixteen. Then came the abrupt kidnapping by the S.L.A. and the subsequent confinement in a large closet for one to three weeks with toilet privileges, reading light, food, drink, radio news and music. Hearst described her captors as intending to release her, taking good care of her, allowing her more and more time out of the closet to exercise and to talk with them, and that in a couple of weeks she began to feel sympathetic toward them, even accepting violence as a way of changing things.

Next, there occurred a steadily increasing interest in, identification with, and acceptance of her by the S.L.A., all of whom, except one, were similar to her in age, race, and class, and most of whom were female. Hearst found herself attracted by their beliefs, goals, commitment, and expressed social concerns. In her statement of April 3, 1974, she said that she had taken the new name, "Tania," and had become conscious. She said that she had not been tortured or "brainwashed." Rather, she had freely chosen to join the S.L.A. to become a revolutionary instead of returning to her former way of life. Later that month, Patty robbed a San Francisco bank with three other young female converts to the S.L.A. and Cinque. Operating (i.e., moving) spontaneously and with enthusiasm, she held customers and employees on the bank floor with her gun loaded and with no one pointing a gun at her.

In mid-May, in Los Angeles and while alone for an extended period in a fully operable car, she fired her automatic weapon at store employees who were arresting the Harrises and freed them; later stole a number of cars with them and kidnapped a young man. Hearst told this man that she had joined the S.L.A. and had voluntarily robbed the bank. From then until her capture in mid-September, 1975, there was much travel in California and cross-country as part of an underground existence; the dictation and editing of her Tania interview for a proposed book on the S.L.A.; "disillusionment" (with the Harrises) but with a continued adherence to a radical and antisocial lifestyle; the rejection of her pre-kidnap life of family and friends; and a growing interest in feminism. During this time there were long periods of time away from both Harrises, but Hearst made no effort to escape or to otherwise change her life, and even made no attempt to contact long-trusted friends of the past.

When arrested, Hearst had a loaded gun, gave her occupation as "urban guerrilla," and publicly held up a clenched fist. In jail she spoke of her politics as being "real different," expressed a strong interest in revolutionary feminism, and voiced having problems with her defense.

Finally came the pre-trial and trial period of semi-isolation in jail where her attitudes were heavily influenced by authoritarian, manipulative, and highly structured (toward a "brainwashing" defense) interviews and statements by West, Singer, Bailey, and other defense doctors and criminal lawyers. Using the crude language of academia and journalism, this process could be variously called "deprogramming," "reprogramming," "brainwashing," "rewash-

ing," or simply *creating* what the defense team hoped would be successful defense for a trial.

As I ultimately testified and as the jury quickly concluded, no magical thought or behavior control process was involved in this case and no coercion/duress was being exerted on Patty Hearst at the time of the bank robbery. Only some 12 percent of the American people in nation-wide polls disagreed with my testimony in the Hearst case and with the final verdict. The Korean-Chinese model of presumed "brainwashing" was misinterpreted initially (and currently) and had no applicability to the Hearst trial. And in any case, no Americans in Korea or China had ever demonstrated a long-term acceptance of their captors' belief systems; more importantly, none of them shot at, robbed, or kidnapped others (Biderman, 1961; Bowart, 1978; Marks, 1978; Schefflin & Opton, 1978).

Indeed, my own studies of thirty-five American kidnap victims of comparable background and age (U.S. District Court, 1976) indicated no evidence of acceptance by them of their kidnapers' ideologies or any kind of partnership with them in robbing and kidnapping others. (The same was true of Unification Church members who were kidnapped by deprogrammers and later recovered and interviewed.) Coincidentally or perhaps no so coincidentally, Hearst's criminal lawyer, Bailey, attacked and blamed one of the kidnap victims I studied in his defense of the kidnapper, just months before the Hearst trial, and for a large fee. One might well ask how could a "nice" (white, affluent, well-educated, etc.) girl like Patty Hearst or five "nice" girls and two "nice" boys like the other S.L.A. members rob a bank, shoot, steal, kidnap, etc.? What happened to Patty Hearst and the other members of the S.L.A. was by no means related to P.O.W. experiences, hypnosis, "brainwashing," possession by the devil, or other magical pseudo-explanations.

Intense but not unique peer pressure, imitation of role models, general alienation, rejection of family and conservatism, and boredom were all involved in Patty Hearst's voluntary conversion to the S.L.A. "theology." To her they appeared committed, idealistic, glamorous, and purposeful since she had previously lacked direction or social anchoring. Although faster than many conversions, Patty's conversion was not sudden and it did not constitute a complete transformation or turnabout as generally portrayed by the media, or by some authors only superficially acquainted with the facts of this case. *All criminals, all the members of the S.L.A., and more broadly, all people have their attitudes and behavior, pro- or anti-social, formed and molded by a wide range of environmental forces.*

The specific combination of factors (peer pressure, role models, alienation, boredom, etc.) should also be placed within the context of the broad social movements of the 1960s and 1970s, where millions of mostly younger Americans embraced new hippie, "human potential," drug-taking, religious, sexual, and experiential lifestyles which were in marked contrast to the "status quo" values of their families and of American society.

THE AFTERMATH OF THE HEARST TRIAL

Had not the very large team of Hearst lawyers (Bailey, Johnson, Dershowitz, etc.), psychiatrists (West, Lifton, Orne, Stubblebine, etc.), investigators, highly paid witnesses, and journalists been decisively defeated in their

effort to get the defendant off by claiming "brainwashing," we would have had very widespread dissemination and misuse in criminal and civil proceedings of "brainwashing" defenses. During the trial and in the months before, there was a carefully orchestrated effort to make the term and the undefined concept palatable and acceptable using the media circus that had (for at least the tenth time) designated this case as "the trial of the century."

Nevertheless, while sponsors of "brainwashing" as a legal defense may have failed notably at the Hearst trial, *they did succeed in establishing a precedent for others to use the brainwashing charge against unpopular groups and social causes in contemporary society.* Since the Hearst trial, there have been a rash of pro-"brainwashing" books and articles; the creation of ostensibly scientific front organizations that disseminate alleged evidence of "brainwashing"; one-sided testimony before legislative committees favoring restrictive legislation against certain churches and groups presumed to practice "brainwashing" against members; and a national public relations campaign to build up those who testify, kidnap, "deprogram," or write about the evils of new groups and of "brainwashing." Wittingly or unwittingly, major newspapers, television, book and publishing empires (including the Hearst Corporation and *The Los Angeles Times*) have participated in this multi-pronged effort.

A good case in point involved the Unification Church, also known as the "Moonies." In this key civil court case, what was at issue was the kidnapping, so-called "deprogramming," and conservatorship proceedings which were directed against certain young adult Church members because of their alleged disability or inability to function and/or care for themselves. As a consultant to the Unification Church attorneys, I was able to bring out the relevant variables in this case and to show, in turn, the bias, lack of science, and outright absurdity of the claims made by the presumed experts who testified on behalf of the persecutors of these Church members. When a favorable decision came down from the California Appeals Court, it dramatically decreased such kidnapping/ conservatorship, i.e., "deprogramming," attacks (Bromley, 1981; Durst, 1984; Evans, 1973; Fort, 1981; Shupe & Bromley, 1980). Notwithstanding, this particular case symbolized better than anything else how the "brainwashing" term has taken a new direction: *No longer just a defense against criminal responsibility, but now a full scale charge against unpopular groups or views and social movements and a rationale for extricating individuals from such groups and commitments.* Additionally, whenever a hostage expresses gratitude for release some simple-minded journalists and psychiatrists label it "brainwashing" or "Stockholm syndrome."

However, to the extent that the hierarchies, beliefs, or rituals of a religion, a psychological group, or a political organization bother us or seem worthy of study, we have a responsibility to provide perspective and context; that is, we should look at Catholicism, Judaism, Mormonism, Christian Science, Born Againers, Sikhs (in America), Unificationists, peyote or snake worshippers, Scientology, EST, the U.S. Labor Party, and dozens of others.

To the extent that deception or misrepresentation is used by newer groups, so, too, is it used by old religion, psychology, and politics--and by Freudian psychiatric "cults," advertisers, politicians, and the media.

And to the extent that a religious leader may be living a life of wealth and privilege or is non-white, we must ask ourselves are we equally concerned

about, and interested in, studying Popes, Jerry Falwell, Billy Graham, Reverend Ike, Maharajis, Reverend Moon, etc.

CONCLUSION

While claiming to be studying certain religions or psychologies, many have been using a one-dimensional, out-of-context, viewing-with-alarm approach; and while claiming to be scientific, many have failed to define their terms, be objective, use random or large samples, have control groups, produce replicable results, or carefully interpret data. Professional elitism and other intolerances, questionable values and motives, and violations of human rights are so prevalent that they are taken for granted and not seen. Although the "brainwashing" term has not created these problems, it certainly has been placed in the service of their perpetuation.

As with other fields I have specialized in over more than thirty years from alcohol to heroin abuse, sexual problems, bureaucracy and organizations, and crime and violence, we see ignorance, irrationality, confusion, competition, hatred, and failure (Fort, 1980, 1981). Those who do not know what they are doing and/or do not know that it is wrong meet the legal definition of insanity. Indeed, we are living in a society with much insanity, perhaps reflecting the dominance of the highly technical and adversarial legal system and the sensationalistic media business.

We must instead research the researchers and guard the custodians. We must learn to utilize the large body of knowledge of attitude change and social psychology/sociology/cultural anthropology. We must recall the Hippocratic injunction to do no harm; the religious call to do good, be kind, and help others; and the American ideals of freedom of choice, justice, democracy, and the pursuit of happiness.

It is more important to live a religious life in the sense of love, altruism, compassion, tolerance, etc. than to be a church member or church goer. And it is more important to study whether a particular church invites its members to live a religious life than to study its indoctrination or conversions, trappings, and rituals. Those we disagree with or disapprove of cannot simply be dismissed or discredited by name-calling, psychiatric labeling, or "brainwashing" allegations.

Voluntary joining of a group is not the same as coercion; influencing or persuading is not the same as controlling; and unusual or different beliefs and behavior is not the same as sickness or badness.

We would all benefit by starting over, beginning with explicit goals and definitions. Among these goals could be living an ethical life; practicing the highest standards of science and medicine; respecting the rights of others; and fostering independent thinking, inner-directedness, and happiness. This in itself might be part of a new (universalist) religion and blend the best of science and religion.

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Narcotics, 1965.

Giver of delight or Liberator of sin : Drug use and "addiction" in Asia¹

By Joel FORT, M.D.²

- It is better to journey hopefully than to arrive "

Chinese proverb



Flowering poppy field

Contents³

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 - V. Causes and effects
- VI. Control and enforcement
- VII. Treatment and rehabilitation
- VIII. Education (and prevention)
- IX. Research
- X. Conclusions and recommendations

I. Introduction

If one seeks to understand the use and abuse of mind altering drugs in a given culture or society, it is desirable to view the phenomenon within the broadest possible context, a context which will reveal the roles played by a particular drug, the inter-relationship with the use

¹ The term Asia as used here does not include the Asian portions of the USSR, the Near East, (Turkey, Syria, Lebanon, Jordan, Israel) and the Arabian peninsula.

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³ This article will be published in two consecutive numbers of the *Bulletin*. The first part, in the present issue, contains the first four chapters indicated in the table of contents; the full table has been given here for the convenience of readers.

of other drugs, and the complex socio-psychological forces causing, and being affected by the drug use. In a like manner, narrow, parochial or ethnocentric attitudes of individual commentators, specialists, agencies and countries can benefit from an understanding of the drug abuse picture in other less publicised, less frequented areas of the world. Therefore, let us examine a vast area of the world, Asia, which uses and produces vast quantities of narcotics (opiates) and cannabis for varied historical, sociological, and economic reasons. An understanding of the Asian "addiction" pattern along with a study of that region's attempts to change and control the use of these drugs, can illuminate not only the Asian "delight or sin" but also related situations in America, Africa and Europe.

The author has been fortunate in having had the opportunity to study this subject at first hand in Asia on three occasions: first, in 1960 on a personal and professional visit, and again in 1963 and 1964 as a Consultant for the World Health Organization. During these visits to Asia he was able to make a study of sixteen countries stretching from Japan to Iran, their way of life and their problems, including those of drugs. He also studied extensive collections of books and documents relating to drug "addiction". In each country he had discussions with medical and health officials as well as with law enforcement and prison personnel, customs

agents, probation and parole staffs, members of university faculties and research institutes, representatives of international and bilateral aid programmes, journalists, drug users and "addicts", and ordinary citizens. He visited offices, hospitals, prisons, laboratories, "dens" and related places where these substances are obtained and used. Factual comprehensive information, both verbal and written, has been sought in as unbiased a manner as possible and cross-checked against as many other sources as possible. Problems of cultural bias and language differences cannot of course be completely overcome.

The territory herein discussed encompasses an area of 3,755,000 square miles (excluding the almost equal area of the People's Republic of China which could not be visited but is discussed at some length) and a population of about 972,000,000 embracing diverse languages, cultures, histories and patterns of drug use.

The major psychoactive drugs used are opium, heroin, cannabis, and alcohol but in several of the countries there is also considerable use of manufactured sedative and stimulant drugs, and of indigenous substances.

Since the region as a whole is in the category of being socio-economically under-developed it is not surprising

that the typical users of what the laws refer to as "narcotics", come from the lower classes and are uneducated. They are generally male and between the ages of 15 and 50. In many of the countries and with many of the users in most of the countries the use is traditional and has been culturally tolerated although usually the actual present-day laws prohibit this use. Because the laws and governmental practice usually reflect "Western" values on the matter, all users of "narcotics" are referred to and handled as addicts although many, and in some countries most, are occasional or intermittent users of substances that are not addicting (producing tolerance and an abstinence syndrome) from a pharmacological standpoint. Recently the term "dependency" has been recommended by the World Health Organization to replace "addiction" and in the past some made a distinction between psychological and physical "addiction".

The major drug abuse problems of Asia occur in Hong Kong, Thailand, Iran, and in a different sense, as can be seen, in India and Pakistan. Several other countries are involved in the illicit production or distribution of opium or cannabis (to be discussed in a subsequent section) and India is a licit producer of opium used principally for the manufacture of analgesic alkaloids.



Opium smoker

Among the major questions to be considered in this article are: the causes or reasons for drug use in different cultures; the effects of this use on the individual and on society; and the value of present policies for coping with the problem. A number of trends in drug "addiction" in Asia have become apparent in recent years, some of which are dealt with here, including: the increasing use of heroin particularly by the young; the emphasis on law enforcement approaches and on "strict" penalties; the absence of adequate or comprehensive treatment and rehabilitation programmes; lack of attention to the underlying socio-economic bases of addiction; a dearth of research and of educational and professional training programmes; and continuation and growth of the illicit traffic in narcotics despite national and international "control" policies.

II. History

Although there are individual and different patterns involved in the history of drug use in each country, two major traditions of drug use have been dominant in the region and will be discussed at some length here, namely, the Chinese and the Indian. An understanding of these traditions is essential for an adequate appreciation of the contemporary picture of use and abuse, and the degree of success to be expected from present approaches.

China

In China it appears that opium was used as far back as the Tang Dynasty (618-907 A.D.) for medicinal, and perhaps also non-medicinal, purposes. Some say that in Asia the drug was first introduced in Persia and India by Arab traders who did not carry it to China until the ninth century. The Portuguese (until 1769) and the British (who took over control of the trade in 1773) in association with local merchants tried to expand the consumption (by smoking in combination at first with tobacco) of opium, and by the late seventeenth century the practice had become widespread. In the early eighteenth century the British were importing 30,000 pounds of opium per year into China from India, an amount which progressively increased to 750,000 pounds per year in the first decades of the nineteenth century. By that time other countries were competing for the trade as, for example, the United States which was importing Turkish opium.

Apparently, an attempt was made in the fourteenth century to suppress the opium trade; in 1800 the Chinese government made the importing of opium illegal; and in 1879 an Imperial Edict was issued forbidding the sale or smoking of opium, but all of these efforts were unsuccessful.

The two Opium Wars which took place between 1834 and 1858 dramatized the continuing conflict between Chinese prohibition efforts and British trade, the first war being precipitated when the Chinese Imperial Commissioner for the Suppression of the Opium Trade seized 20,000 chests of imported opium in Canton at a time when the annual importation amounted to 40,000 chests (6,000,000 pounds). The penalty paid by the Chinese for losing the war was \$21,000,000 including \$6,000,000 for the opium they had seized, and the ceding of Hong Kong to England. The opium trade rapidly became the major economic activity of the island, employing some 80 clipper ships and most of the working population. By 1850 Hong Kong was handling three quarters of India's crop (which *in toto* was providing one fifth of the Indian government's revenue). In the meantime, in 1845 the first local opium monopoly was established when the government sold the rights to the highest bidder, a Chinese businessman. Throughout this period the expressed Western attitude was that opium use was harmless (for Chinese) and profitable.

In an attempt to end the trade, the Chinese fought (and lost) the second Opium War which ended in 1858 with Britain (aided by France) obtaining through the Treaty of Tientsin the opening of five major ports to foreign trade and the full legalisation of opium importation and the cultivation of the opium poppy.

Against this background of attempts by the Chinese government to suppress opium use (presumably because it was felt to be detrimental to the country's development) it was not until 1891 that the English House of Commons criticized the trade and in the same year the Hong Kong authorities placed controls on the official trade (which by 1898 fell to 34,292 chests with proceeds of \$357,666). Further restrictions occurred in 1913 and 1924 but the trade in continental China continued to provide a significant, although decreasing portion of the national revenue up to and including the period of active dissemination of drug use during the Japanese occupation which began in 1937.

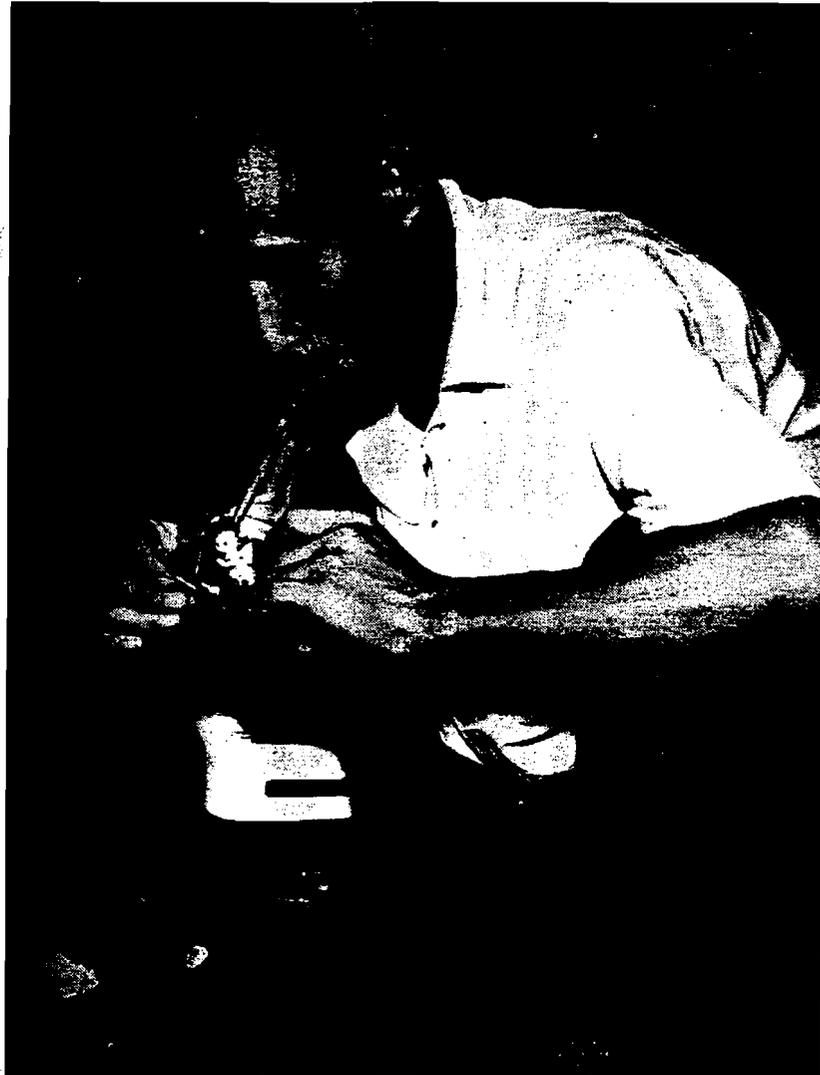
In the early years of the twentieth century it was estimated that 8,000,000 people in China were using opium and that the annual consumption was 22,500 tons. In the 1920s an official committee estimated that 25 per cent of the adult population (including 2 per cent of the females) of Hong Kong and the rest of China were using opium and that there was general public support, or at least acceptance, of this use, even among the upper classes. It was further noted that both smoking and less often, eating of opium, were increasing with only half the consumption being legal. Illegal opium was available at low cost without limitation, but it was of lower "quality". In the mid-1930s it was estimated that 10,000,000 people were using opium.

In terms of what was to become a much more serious problem in later years, in the 1930s, mention was made of heroin as appearing relatively frequently in Hong Kong and being manufactured in Macau and in Manchuria (by the Japanese).

At this point it should be noted that this information about Hong Kong and China shows only the broad outlines of the historical pattern of use but tells very little of how and why opium became popular, and whether the attempts to suppress it were based upon economic, social or other reasons. Despite the gaps in the (translated) historical material it seems evident that use had been widespread for several centuries and, from accounts as recent as the 1930s, Chinese of all social classes used opium on occasion as an integral and duly accepted part of business and social life (analogous

to the use of alcohol in most Western countries), and some used it regularly and frequently.

Some time in the third millenium B.C. the euphoric properties of the female *Cannabis sativa* plant became known to the Chinese and the drug was described in the pharmacopoeia of Shen Nung written circa 2730 B.C. There being some then, as now, who considered pleasure or happiness immoral, the plant came to be called the "Liberator of Sin" by them. Others, perhaps the majority who used it not only as a euphoriant but for different ailments or diseases such as arthritis, malaria, and constipation, referred to the plant as the "Deliverer Giver". It is from these early polarized concepts which people continue to argue today that the title of this article is taken. The subsequent pattern of use in mainland China or in Hong Kong is practically unknown.



Chasing the dragon

except that some believe that it continues to be widely used including use in indigenous medical preparations. Formerly use occurred mainly in Sinkiang Province, which also exported charas to India.⁴

Alcohol, particularly in the form of wine from rice, millet and grapes, has a history of use which is impossible to date but must be of several thousand years' duration. Its use for religious purposes, entertainment, and medical treatment has been described. The extent of alcohol consumption among the Chinese or the "European" population of Hong Kong has not been measured but it is generally believed that alcoholism among the Chinese population is uncommon because of the traditional sanctions against excessive drinking, public drunkenness, and drinking apart from meals.

India — Pakistan

The history of the use of opium in India is said to have begun in the ninth century A.D. through the influence of Arab traders. Over the next several hundred years the opium poppy came to be widely cultivated in many regions of the country; it became an important trade commodity with China and other Asian countries; and it was consumed by eating, drinking or smoking in all social classes. In the sixteenth century the drug came under a state monopoly which later passed to local private merchants, then to the British East India Company, and finally back to government control.

The historical pattern of opium use in India is well-illustrated by the report of an 1893 Royal Commission which concluded that the main use was for oral consumption by adults and children: that this use was by a "small" percentage of the total population and was generally moderate with no evidence of harmful physical or moral effects; that the use was due to the universal tendency of mankind to take some form of stimulant to comfort or distract themselves and to a popular belief in the medical effectiveness of the drug; and that it would be impractical and unenforceable to prohibit use or to limit it to medical purposes because of the ceremonial and social uses to which it was put and its acceptance by Hindus, Moslems and general public opinion. An increased consumption of alcohol was also feared if opium was prohibited.

The medical uses of opium in India including what is now Pakistan have been somewhat better documented than the social and ceremonial uses. The drug was introduced into the Hindu system of Ayurvedic medicine in the fourteenth century and probably into the Moslem system of Unani medicine not long after.⁵ The *materia medica* of each contains eight basic preparations which

were and are used for diarrhoea, pain, to increase sexual power, and to produce sensations of pleasure and vigour. The drug became widely used as a household remedy. The recommendations of shopkeepers, as well as the climate, and varying religious and caste attitudes also played a role in the frequency of use.

All in all, prior to the twentieth century, there is general agreement that in India opium use (by eating or drinking) was very common among all social classes and both sexes without any social stigma. It is not known how many used it regularly or frequently or how many may have been addicted, but on the basis of excise revenue, R. N. Chopra & I. C. Chopra⁶ stated that the total consumption was much smaller than in China (despite the low cost and unrestricted availability). It would seem reasonable to estimate that the number of Indian users of opium ranged up to many millions in the first decades of the twentieth century.

As for cannabis, it was some centuries after its use was well known in China that it became known or reached India, probably not later than 800 B.C. How the plant came to be universally called "Indian Hemp" is not known but it is perhaps because its cultivation and use became almost a science, and was closely interwoven with religious philosophy in India. As in other countries, the plant grew relatively easily in a wild state and was also carefully cultivated in some areas to produce a maximum amount of active drug. The three main forms in which cannabis is consumed in India are: *bhanga* which is made from the dried flowering tops of the uncultivated female plant; *ganja* made from the dried flowering tops of the cultivated female plant; and *charas* which is the pure resin extracted from the tops of the cultivated female plant.

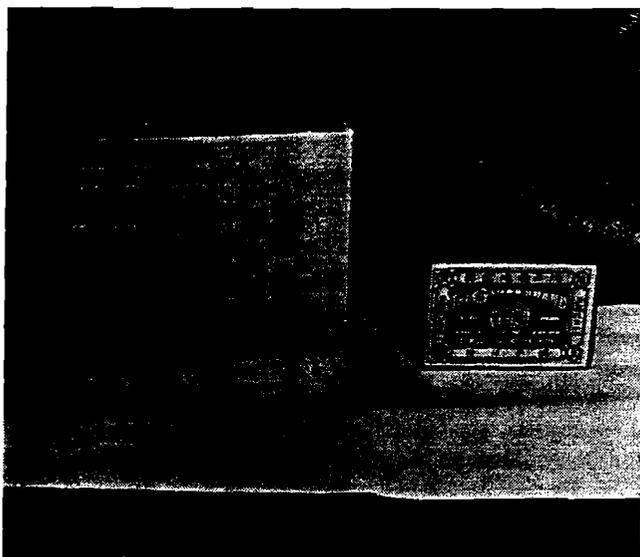
Careful cultivation to obtain a maximum yield of the active drug consists of preparing and manuring the soil, sowing the seeds (usually in August), trimming the plants in November, removing weeds, and when the flowers begin to form hiring a "ganja doctor" to cut down all male plants which would otherwise fertilize the female plants and cause the flowers to form seed. The female plants then mature in January and the crop is harvested about a month later. In 1893 the Indian Hemp Drug Commission reported the total area under cultivation to be 6,000 acres but there was no estimate of the extensive wild growth of the plant.

Both ganja and charas came to be most commonly smoked in earthenware or water pipes sometimes mixed with tobacco, datura or opium. Bhang is sometimes smoked and sometimes chewed, but most commonly it is taken as a beverage (as is ganja sometimes) or confectionery. Numerous preparations in combination with

⁴ See *Bulletin on Narcotics*, Vol. V, No. 1.

⁵ See *Bulletin on Narcotics*, Vol. XVII, No. 1.

⁶ See *Bulletin on Narcotics*, Vol. VII, Nos. 3-4.



Block of "999" morphine

various other ingredients exist and go by many different names. The effects produced are believed to be similar, with ganja four or five times as potent as bhang, and charas two or three times as potent as ganja.

Cannabis consumption in India was most frequently a group phenomenon and had many social aspects such as passing the "chillum" for smoking or drinking bhang from a common bowl in some Hindu, Sikh, and Moslem religious centres. The plant is considered holy by the Hindus, having been described as a sacred grass during the Vedic period. In one legend the guardian angel of mankind is believed to live in its leaves and in another account the plant sprang from nectar dropped to earth from heaven.

In the 1830s cannabis preparations began to be used in India as part of modern or "western" medicine. Pain, insomnia, and depression were among the symptoms treated with it. Similar preparations have been used in Ayurvedic medicine since the seventh century A.D. and in Tibbi medicine since the tenth century A.D. The range of complaints for which it was (and is) given included haemorrhoids, dysmenorrhoea, arthritis, diarrhoea, gonorrhoea, malaria, mental illness, pain and insomnia.⁷

Cannabis use and growth remained unrestricted in India until 1881 when a law to limit use of the drug was passed.

In 1894 the most detailed study that has been made of cannabis was published (3,000 pages), the Report of the (1893) Indian Hemp Drug Commission, which found no significant evidence of mental or moral injury or disease arising from the moderate use of cannabis

drugs. It stated that regular moderate use produced the same effects as moderate use of whisky, and added that moderation did not lead to excess any more than it did with alcohol. Certain restrictions were recommended, however, and an act was passed in 1896 limiting and licensing cultivation, importation and sale.

As with opium and cannabis, the production and use of alcohol in India has a multi-century history but is much less documented. Religious, dietary, medicinal and entertainment uses have each been involved in the use of beverages fermented from rice, grain, sugar, molasses and honey. A substance called "soma" is believed to have been one of the earliest fermented beverages.

Other countries

In the other Asian countries less is known about the historical aspects of drug use. In some, such as Persia, individual traditions developed, whereas in others there occurred variations or combinations of the Chinese and Indian patterns.

The use of opium in Iran (Persia) was mentioned in 850 B.C., 371 B.C., 900 A.D., 1000 A.D., and 1051 A.D. with records of medical studies in the tenth century A.D. and subsequent introduction into therapeutics. It is commonly believed that the Arabs, using the drug to allay their hunger during desert crossings, introduced it to Iran. In the sixteenth century a beverage called Kooknar made from the opium poppy boiled in water was widely drunk in some regions of the country. By the mid-nineteenth century cultivation of the opium poppy and the use of opium became widespread, including extensive use as a remedy for many diseases. A lucrative export trade, mostly to the Far East, also developed. In the Persian language (Farsi) the drug is referred to as Taryak meaning panacea rather than Afion which is the Greek name for opium. In 1910 legal measures were promulgated to prohibit completely the non-medical use, but this met with no apparent success. In 1928 a law was passed to establish a government monopoly of opium and effect a gradual decrease in cultivation leading to a total ban after ten years, with heavy penalties for illegal use or traffic. Again in 1933 a ban on cultivation was issued for 25 districts of the country but this was not enforced. As the middle of the century was reached, it was estimated that there were as many as 1,500,000 opium users ("addicts") in Iran, an annual harvest of 700-1,200 tons (with 90 tons exported), daily smoking of 2,000 kg, widely available in public opium smoking houses, frequent prescribing of the drug by physicians, and social acceptance of its use. Opium production and the consumption were prohibited by a law of October 1955.⁸

⁷ See *Bulletin on Narcotics*, Vol. XVII, No. 1.

⁸ See *Bulletin on Narcotics*, Vol. VIII, No. 3.

The cultivation and use of cannabis or as it is known in Iran, hashish, has been known to exist for hundreds of years but is little documented and since present-day use appears to be relatively small in the country, it will not be discussed here.

Likewise, it is difficult to reconstruct the historical pattern of alcohol use or to document current practices in regard to the drug, but it is known that there has been and is at present widespread use and some abuse despite the Moslem religious prohibition against such use. Legends and archeological fragments indicate ancient alcohol production from grapes, dates, and a flower known as *haoma*.

With *Burma* which was under British rule for some decades, prior to its becoming independent again in 1948, there was apparently no tradition of opium use in most parts of the country and some segments of public opinion opposed it, so England was unable to develop its customary free trade in opium and instituted a system of excise control which, however, did not affect the several Burmese States which were governed separately. Although there are reports indicating that the excise control was not effectively enforced, licensed opium shops were opened to sell to licensed smokers. It was stated that opium was necessary for the Indian and Chinese population of the country. The revenue from these shops averaged 5,500,000 Indian rupees per year. This system was interrupted by the Japanese occupation and was not resumed after independence. The poppy has been traditionally cultivated and widely used in the frontier hill areas of the country, particularly the Kachin, Shan, and Wa States. It is also part of the traditional medical system.

Prior to the Japanese occupation there were government shops in at least Rangoon and Mandalay selling cannabis (*ganja*) primarily to the Indian population of Burma.

Opium use in *Ceylon* occurred to an unknown extent; under a 1910 Opium Ordinance, procedures were established for consumers to register and receive through a government officer raw or prepared opium at a fixed price. Parts of this law were repealed in 1929 and following that addicts were not registered or licensed, although opium remained available through special shops until 1948.

Cannabis has been widely used and cultivated in *Ceylon* for many years. Indigenous medical systems have made extensive use of the leaves and seeds for preparations used for relief of fatigue, improvement of appetite, insomnia, and aphrodisia.

Indonesia had a government opium monopoly until 1944 under the Dutch, and briefly under the Japanese. Licensed stores would sell to licensed users who were

supposed to use the opium only in certain sections of the city. Use was thought to be mainly among the Chinese population and in 1925 an estimate of 500,000 smokers was made.

Despite *Japan* having spread the use of narcotics in enemy and captive countries, in Japan itself prior to the Second World War "addiction" was considered to be almost non-existent and it was believed that the "national character" prevented it.

Opium was introduced to *Korea* as early as the third century B.C., while morphine was introduced in 1905 and became widely used during a 1919-20 cholera epidemic.

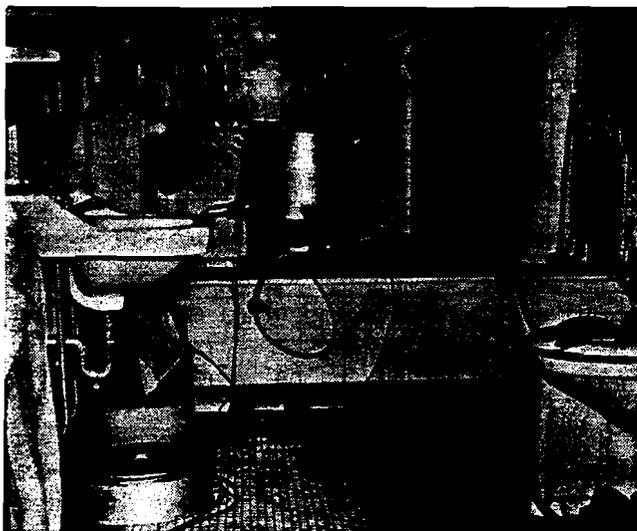
In *Laos* (and the rest of Indo-China prior to 1954) licensed opium dens were established by the French, and addicts, after hospitalization and determination of proper dosage, were sold their necessary supplies. The Meo and Yao and other hill-tribes people have for hundreds of years smoked or eaten opium and used it as a remedy for a wide variety of ailments.

Until 1909 in *Singapore* opium was legally imported and sold by licensed traders but after that year a government monopoly was established. A registration law was passed in 1929 and in the mid-1930s the British banned any further registration, except for male Chinese adults.

One half of the total revenue came from prepared opium which was selling at the rate of 250,000 pounds per year (an estimated 2 ounces per month per "addict"). After new registrations were prohibited, others bought opium illegally (at the same price) or shared the rations of the registered addicts. The opium shops closed for more than a year during the Japanese occupation and then re-opened with closer controls. In the pre-war period there were thought to be more than 40,000 regular users. The situation in Malaya (now part of Malaysia) developed in an apparently similar manner with opium dens not being officially closed until 1948.

The smoking of opium (at first mixed with tobacco) in the *Philippines* goes back at least to the tenth century A.D. when it is believed to have been introduced by the Chinese. In the sixteenth century opium eating was popular, but under Spanish control, use by the Filipinos was banned. Under the United States the tariff on opium was reduced in order to discourage smuggling and large quantities were imported, but in 1905 use of the drug was prohibited.

Thailand has a history of opium use dating back at least 200 years, always considered a "problem" of the Chinese population. Numerous edicts were issued by the Kings, including those of 1811 totally banning opium consumption and sale; in 1839 prohibiting the buying and selling of opium; and in 1852 establishing



Clandestine heroin laboratory

licensed opium farms and restricting smoking to the Chinese. In 1908 there was a plan to reduce consumption gradually and in 1912 the government took over control of the import and sale of the drug. Over the succeeding years various governments emphasized the desirability of abolishing opium use but the situation continued. Finally in 1959 all production, sale and consumption of opium was banned.

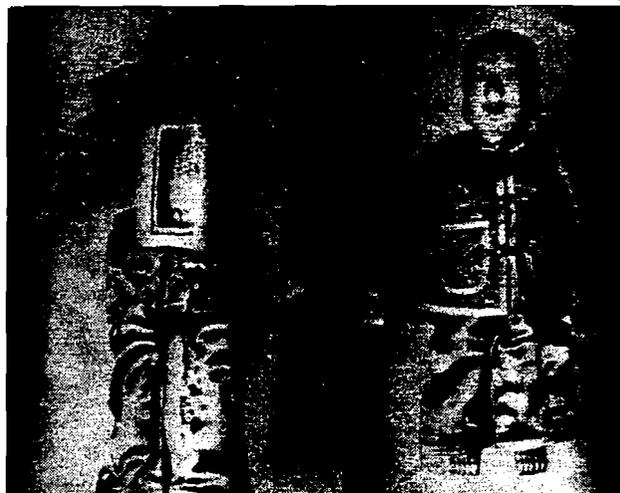
III. Present pattern and extent of use

Drug use having come to be considered a clandestine activity, one cannot obtain a precise census of drug users, but estimates based upon the historical pattern, drugs cultivated or seized, numbers arrested or hospitalized, reports of various officials, and users themselves, etc. form the basis of the estimates arrived at in this article.

The present extent of use of the drugs under discussion in the People's Republic of China cannot be estimated, but what little information is available suggests a significant decrease. Of the three other predominantly Chinese communities, Hong Kong has an estimated 150,000 illicit narcotic (mostly heroin) users; Macau 6,000 (mostly opium); and Taiwan (Republic of China) 40,000 (mainly heroin and morphine). In these and several other countries of the region, following abrupt post-war bans on opium use, heroin which is much easier to hide and consume and is much more dependence-producing, has largely replaced opium. Overall, the most common method of administration is by inhalation for heroin, and pipe smoking for opium (some eat it), but intravenous injection is also employed on a significant scale, particularly in Taiwan. The procedure known as

"chasing the dragon" is the preferred means of inhalation: heroin, usually along with a barbiturate powder is placed on a flat piece of tin foil to which a flame is directly applied, producing fumes which are inhaled through a paper tube, through a match box cover ("plugging the mouth organ"), or occasionally directly. Less commonly tobacco cigarettes to which heroin has been added or applied to the tip ("firing the ack-ack gun") are smoked.⁹

In contemporary India where widespread indigenous medical, quasi-medical, and illicit use all occur, there may be as many as 1,000,000 regular users of opium and 1,000,000 of cannabis (bhang and ganja), most consumption being by eating or drinking with only limited smoking occurring. The government official estimates around 200,000 users of each of these drugs.



Secret compartment in doll

There are also millions of illicit (since varying degrees of prohibition exist in most states) users of alcohol and on a much smaller scale, use of barbiturates, chloral hydrate and cocaine (in the 1930s 500,000 users were estimated).

The present situation in Pakistan probably parallels that of India proportionately but is not as well documented. The practices in East Pakistan are different from those in West Pakistan but together they probably have more than 200,000 opium users. The drug is taken by mouth and for the most part is obtained from licensed vendors. There is widespread use of cannabis, including ganja, bhang and charas which is the main "problem" in West Pakistan. The method of use is similar to that described for India. Alcohol is widely consumed despite religious, and sometimes legal, prohibition.

⁹ See *Bulletin on Narcotics*, Vol. X, No. 3.

Iran now has an estimated 500,000 opium and 20,000 heroin users. The traditional opium use was banned in 1955 and in recent years there has been a steady increase in heroin use, particularly among the young, and in Teheran. Opium is both smoked (in pipes of different design than the Chinese ones) and eaten. The latter method has increased as the price has risen. Heroin is sniffed directly, or inhaled as in the Hong Kong "chasing the dragon" method, and less commonly, injected. Seizures indicate some cannabis use but the extent cannot be estimated.

In Malaysia there are probably approximately 40,000 users (10,000 in Singapore and 30,000 in Malaya), mostly Chinese. Opium is the drug of choice and is smoked (mostly in "dens") but there is also some use of morphine by injection.

Japan would also seem to have about 40,000 illegal narcotic users, consuming predominantly heroin (by injection) but also opium and morphine. More than 90 per cent of these users are Japanese and the rest Koreans and Chinese who used to comprise almost half of the "addicts". This narcotic problem appears to have developed after the Second World War and after there was a serious problem of amphetamine abuse. This latter problem has persisted to a lesser extent, and there is also significant use and abuse of barbiturates, alcohol, and a locally produced drug, Spa, which has mixed pharmacological effects.

The number of narcotic users in Thailand, including Thai (the majority now), Chinese, and hill-tribes people, probably approaches 250,000. Since the abrupt 1959 ban on opium there has been a steady increase in heroin use (mostly among the young who now predominate) although there is still extensive opium use. The heroin is taken by "chasing the dragon" and sometimes by injection, and opium by smoking. Cannabis is widely used in the country, particularly in the north-east by smoking in pipes or cigarettes or adding it to food. It is often in combination with the opiates. Amphetamine abuse has become apparent in recent years, and barbiturates are not infrequently mixed with heroin to produce a combined dependency. A plant called *kratom* (*Mitragyna speciosa*), believed to have narcotic effects, is used mainly in the south.

Korea has perhaps 15,000 users of narcotics, mostly heroin by injection. There is apparently not much use of cannabis.

Burma has an estimated 100,000 narcotic users, mostly of opium (which is smoked) and mostly in the Shan and Kachin States, and by the Chinese in cities. Cannabis is extensively used in the form of ganja, mainly by the population of Indian origin but also by Burmese villagers. *Beinsa* (*Mitragyna speciosa*) leaves are chewed or used

to make a syrup or powder which is eaten, smoked or made into a "tea". Alcohol use is common and increasing.

Laos may have 50,000 users including hill-tribes people and Chinese. Opium is almost exclusively the drug of choice and is taken by smoking. Abuse of other drugs has not been noted.

The Philippines has 5,000 users, two-thirds of whom are Chinese who prefer opium by smoking, and the rest Filipino who use morphine (and less commonly heroin) by injection. There is some use of cannabis and growing use and abuse of alcohol. Barbiturates and amphetamine abuse constitutes a small but growing problem.

Indonesia has an estimated 1,000 users, mostly Chinese who smoke opium usually at small "dens". There is some intramuscular use of morphine. Cannabis is widely used, mainly in Sumatra. The use and abuse of sedatives (barbiturates and meprobamate), tranquilizers, and amphetamines is relatively common, mainly among the upper and middle classes.

Ceylon has about 5,000 opium users (probably mostly Indian and Chinese) who smoke or eat the drug. Cannabis, as ganja, is used by as many as 200,000 people. It is commonly sold as a powder which is smoked in a cigarette. The country, like India, regards alcohol use seriously and is the only country of the region to keep detailed statistics on alcohol use, which are very useful for comparison. The most commonly used and abused drug in the country is alcohol which is consumed in the form of *toddy* (fermented palm tree sap), *arrack* (distilled toddy) and *kasippu* (illegal arrack).

IV. Production and traffic

The illicit traffic of opium and opiates in the region mainly arises from two major overlapping factors, the complex socio-psychological needs and problems of the users and the economic dependency of the growers (producers) on their drug-producing crops. This traffic, of course, has only developed its well-established and flourishing circuitous connexion between production and consumption through the efforts of a well-organised international "business" which takes advantage of the relative ease of concealment and transport. The business (or businesses) is headed by a combination of successful criminal tycoons, who in Asia mainly consist of Chinese residents of the various countries, local high-level investors including sometimes government officials, and some Europeans remaining from the days of French Indo-China.

The chain of distribution then includes local buyers, usually of Chinese origin, sometimes locally based armed escorts, numerous middle men, chemists to convert

the raw opium into morphine and heroin, smugglers (both professional and amateur), and local distributors in the countries of use. Often involved also is collusion and corruption of police, army, customs, and other officials.

The chain of production and distribution of cannabis products is far simpler since it is easier to cultivate, requires no complicated harvesting or chemical transformation, and is less in demand, thereby being less lucrative.

Despite the number of international treaties and national laws which have as their purpose the cessation of non-medical opiate (and cannabis, etc.) use and production, the illegal trade has continued to grow and in most respects presents a far worse situation today than it did in the past. Statistics on the number of users reveal little since figures for years long past used for comparison are little more than guesses and since most use was moderate and by adults. After the abrupt bans on opium, widespread use of the much easier to transport, conceal and administer heroin, developed, and more and increasing use by young people has occurred.

Probably at most 10 per cent, and probably much less, of illicit narcotics are seized by enforcement officials. For the entire world 40 tons of opiates per year are seized.

Several nations legally produce opium for the world's medical requirements. In the region under discussion only India is thus concerned, but it produces about two-thirds of the world's needs. Some of this goes to satisfy the needs of India's vast numbers of opium users, sometimes called "quasi-medical", with an unknown percentage escaping into the illicit traffic.

The main source of production of illicit opiates in Asia (and the world) is a four-country relatively inaccessible low mountain area of Thailand, Burma, Laos and China (Yunnan Province) where the total production may be roughly estimated at 1,000 tons a year. Those growing the crop are hill tribes who use a slash and burn type of agriculture and move on when the land is exhausted. For most, the opium poppy is their only cash crop and a large percentage also use some of the opium themselves. It is considered an acceptable way of life, and for most it is the only way they know.

The principal northern cities of Thailand, Chiangrai, Chiangmai, and Lampang and ultimately Bangkok, serve as the main destination of that opium, with a significant portion being used within the country and the major part being disseminated eastward and southward to other Asian countries and to America. Some opium also passes directly from Laos southward, usually by planes referred to jocularly as "Air Opium".

The main opium growing tribes of the region are the Meo, Yao, Lahu, Lisu, Akha, and Karen which together

number in the hundreds of thousands and migrate relatively freely within the four-country area. An average 10 per cent (range 5 — 40 per cent) of these people smoke or chew opium themselves but most of the carefully cultivated crop is sold directly or traded to Chinese, sometimes referred to as "Haw tribesmen".

Only the area of cultivation in Thailand has been systematically studied.¹⁰ Non-official estimates of the production range from 80 to 400 tons, while government estimates have indicated much lower figures.

After purchase (usually by the traders or agents sent to each village), the opium (or morphine or heroin) slowly moves southward to the above-mentioned Thai cities, by jungle trail, road and river, using people, animals, cars, trucks, boats, trains and planes. Armed guards are present for the first phases of the journey and these are often "Haw" tribesmen troops who finance themselves in this way.

The relatively simple chemical manufacture of morphine and heroin (diacetylmorphine) is sometimes done in the border areas but often in the larger cities along the way, including Bangkok. Acetic anhydride is the main chemical used in this process.

To reach their ultimate destinations the narcotics must pass through numerous middle men who often use great ingenuity in secreting their cargo.

In Burma the opium poppy is mainly grown in the Shan, Kachin and Wa States, where opium dens also exist and possession of the drug is permitted. Most commonly, what is not used locally passes on to the Thai border area where it is stored while waiting for portage into Thailand. Payment is usually made in gold bars. An estimate of 200 tons annually has been given for the Kachin production alone.

In Laos, yearly opium production has been estimated at 70 tons, some of which is considered among the finest in the world since it contains up to 18 per cent morphine. Of what is not used within the country, most passes overland to Cambodia or by air to Saigon, the Gulf of Siam, or the South China Sea. Some variations occur such as trans-shipment through Laos of illicit opium from the other countries.

The direct contribution of the adjacent provinces of China, particularly Yunnan, has not been estimated.

Typically poppy seeds are sown in the spring, are in bloom by late autumn and the harvest begins in mid-January, first with the peeling off of the petals, lancing the pods, collecting the milky fluid, and pouring it into large vats of boiling water. The opium then congeals, rises to the surface, is skimmed off and rolled into balls.

¹⁰ See *Bulletin on Narcotics*, Vol. XV, No. 2.

This crude product is then further refined by boiling, after which it is colloquially referred to as "confiture" or "jam".

From Bangkok the drugs follow varied routes to Hong Kong where the greatest demand exists. Some goes via Malaysia and intermediate points, some via Japan and the Philippines, and some via Korea. At each of these and some other points of Asia, a portion is used locally and the rest trans-shipped to Hong Kong and eastward. As far as is known, narcotics do not pass directly from the People's Republic of China into Macau or Hong Kong.

A pound of raw opium costing \$25 in a hill-tribe village may be worth as much as \$1,000 if it reaches the United States as one ounce of refined heroin. The price steadily increases as the drug moves from the place of

the poppies' growth to more distant cities and as it is made more concentrated.

Thus we see a highly organised, complex, dangerous, successful and destructive business which transcends frontiers and politics and which involves "primitive" farmers, professional soldiers and international criminals.

The drug cargoes travel in many different sizes and shapes, hidden in food or clothing, placed in false compartments of numerous conveyances, carried by seamen and tourists, and rarely intercepted. Few of the higher echelon of the business are ever apprehended or imprisoned and, all things considered, few objective observers would feel either satisfied or optimistic about the existing situation. The reasons for this will be made clear in subsequent chapters.

Giver of delight or Liberator of sin: Drug use and "addiction" in Asia¹

By Joel FORT, M.D.²

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- VI. Control and Enforcement
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V. Causes and Effects

Long tradition of general cultural acceptability (and sometimes encouragement) of drug use exist in many Asian countries; religious writings and traditions sometimes include the use of opium or cannabis; indigenous medical systems utilise these substances as an important component of their pharmacopoeia; social events, celebrations and festivals have made use of them. Such additional factors as beliefs that the drugs cure diseases, relieve fatigue and hunger, and intensify sexual pleasure, as well as the quest for euphoria or relaxation, bring in psychological aspects also, and play an important role, often in combination with socio-cultural factors. In some countries it has been a common practice to administer opium to infants for sedation and control of disease symptoms, thus establishing acceptance of drug use at an early age as normal and natural. Also in some areas ready availability at low cost and economic dependence on opium as a cash crop of people such as hill tribesmen are a major cause of drug abuse.

The etiology of drug abuse has often been the subject of over-simplification and myth making but in fact there is not any single cause of drug use or abuse. Indi-

viduals are affected in markedly different ways by mind-altering drugs, depending on a combination of their personality structure, the pharmacology and dosage of the drug and the social context in which the drug is taken. Not all users are to be considered as abusers or addicts. Whether a given individual uses opium, cannabis, alcohol, etc. will depend upon a balance of the social factors mentioned above, his or her psychological needs, the availability, over-all and in terms of his income, of the drug, and an element of chance. Since research efforts have been negligible, no scientifically precise conclusions can be drawn as to etiology. The few studies done, for example in Hong Kong, Thailand, Japan and Singapore, give as "causes" such factors as curiosity, insomnia, depression, association with other users, desire to increase longevity, need for relaxation, building up of physical strength. The growing shift to heroin use seems to reflect an increase in the emotional component as a cause of drug abuse, although where extensive opium use persists, social tradition remains uppermost as a cause.

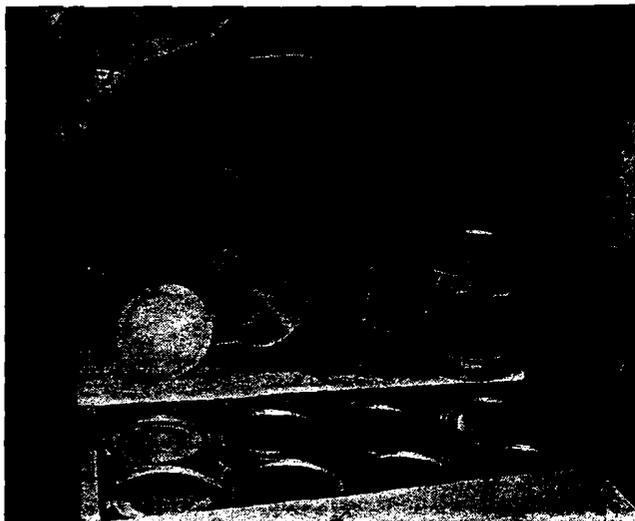
Despite the dearth of scientific studies, two things seem clear: notwithstanding the sanctions against drug use which have been relatively recently superimposed from outside, the long-standing cultural acceptance of drug use as normal persists as a major cause of contemporary use in Asia and, as in other regions, a great many factors are involved.

Even more difficult to assess are the effects of the abuse of opiates and cannabis, the most widely used drugs. Since drug abuse is usually intertwined in Asia with the core problem of under-development poverty, disease, illiteracy, hunger it is not surprising that most illicit drug users are affected by these problems. These may well be causes and not effects of drug use. Cannabis does not produce physical dependence or permanent physical damage to the body but there have been some reports of insanity having occurred as a result of cannabis use, usually the very potent forms (charas or hashish). It is, however, possible that the psychoses ante-dated the drug use if chronic or occasionally happened from an

¹ The term Asia as used here does not include the Asian portions of the USSR, the Near East (Turkey, Syria, Lebanon, Jordan, Israel) and the Arabian peninsula.

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³ The first four chapters were published in the *Bulletin on Narcotics*, Vol. XVII, No. 3.



1. *Opium hidden in a pineapple can*

excessive dose and disappeared after the drug effect had worn off. With opium and heroin, chronic excessive use usually brings about constipation, loss of appetite and impotence but these are all reversible when the drugs are discontinued. There is no evidence in Asia of a decreased life span as a direct result of drug use although one can presume that frequently diseases such as tuberculosis would be aggravated and thus progress more rapidly.

It is in the more subtle psychological and social dimensions that effects need to be carefully assessed. As has been pointed out, the pharmacological effects of these drugs are quite variable. It has sometimes been suggested that opium and cannabis have been popular in Asia because they fit into the more passive contemplative traditions as compared with the popularity of alcohol in the west because of the tradition of "aggression" there.

Direct association of drug addiction with crime, family disruption, job loss or other possible important social problems is difficult to assess. Since the imposition of abrupt bans on opium and cannabis in the past twenty years, those using or handling these drugs for non-medical purposes became and continued to be criminals but this is of course quite different from saying that drug use produces criminal behaviour either in the sense of property crimes or crimes of violence. As the heroin traffic has developed, and the price of both heroin and opium increased and these narcotics became more difficult to obtain, the problem has become interwoven with crimes against property to obtain money for drugs, with delinquency among young people, with prostitution, and in the case of the traffic, with organized crime.

Since most known illicit users are unskilled workers or periodically unemployed, it is difficult to determine whether chronic drug use alters their employment pattern on a long-term basis. The author's studies suggest that on an over-all basis, in Asia opium or cannabis use has had little effect on vocational life. With heroin the context is quite different since the problem has appeared quite recently and since the drug leads to physical addiction: there is much more detrimental effect on the individual and society although how extensive this is is impossible to know precisely.

Concerning the use and abuse of these drugs, the most important question in terms of effect and the least answerable is a philosophic one: is individual energy or initiative lost or diverted into relaxation or euphoria or escape to such a degree that the person's creative potential cannot be realised and the development of the country retarded or made impossible, or can the person sufficiently divert himself from poverty and misery through the use of these drugs to function effectively in the society? For the under-developed nations of Asia where extensive drug use is common the answer is extremely important. The position taken by the Commission on Narcotic Drugs of the United Nations on that question is unequivocal: the development of the individual and society is harmed by drug abuse.

VI. Control and Enforcement

Historically the countries of Asia either let drug use go uncontrolled or imposed regulations on distribution and pricing. It was not until the close of the second world war that imposition of bans on the drugs and prison sentences for those using or selling these drugs or cultivating their raw material came about. Since that time the movement towards controlling drug use through the imposition of criminal sanctions has continued and accelerated in Asia, although the penalties for use have in general remained lighter than in other regions of the world and some countries have followed different pathways. The countries with the most complete criminal legislation covering this subject are Japan, Hong Kong, Thailand and Iran.

Most of the countries of Asia are parties to at least one of the multilateral narcotics treaties in force and it is relevant that the first international conference on narcotics met in Shanghai in 1909. The aim of the international treaties is to prevent misuse of narcotics, by providing for the control of production and distribution, suppressing the illicit traffic, establishing local control and administration, and reporting to international organs. The 1953 Opium Protocol allows for the production of opium for export by only seven countries including India and Iran. At present Iran is not exercising

that right but India has under cultivation 25,000 hectares, (which will be reduced to 13,000 in the near future), of opium poppies with a total annual harvest of from 640 to 950 tons, about half of which is exported. An elaborate system of controls under a narcotics commissioner exists for this production and only negligible amounts are diverted into illicit channels. The production is also used for the legitimate supply to the practitioners of the traditional system of medicine and to the "quasi-medical" users. In the development of drug laws in India, opium-smoking has been considered more as a vice than opium-eating, although in both cases control policies have been gradual, particularly as applied to the user as opposed to the trafficker. The control policies in India are left to the individual states and most of the larger states permit registered users to buy opium or cannabis (*ganja* since *charas* is banned) at licensed shops in limited amounts. The criteria for registration by out-patients medical examination are not very explicit but the over-all emphasis is on preventing new users rather than eliminating the existing ones. New users are not registered and the amount sold to the old ones is reduced over the years.

A sharply contrasting control system exists in the other countries of Asia, a number of which have established

formal centralized narcotics control administrations, usually of an inter-departmental nature under the direction of law enforcement agencies such as police, customs (or excise). Co-ordination, exchange of information, planning and international co-operation are carried on by these administrations and sometimes efforts of rehabilitation or education.

There are usually several different drug laws with multiple amendments in each country and a given individual may receive quite different penalties for identical offences. In most instances the penalties for illicit use or possession range from six months to several years in prison, plus a fine, and the penalties for illicit production or sale are somewhat more severe.

Unfortunately in the imposition of these penalties the law often fails to distinguish between the different drugs which represent problems of different seriousness, e.g. opium, heroin, cannabis, and often fail to sufficiently separate users from traffickers.

There is considerable variation and inconsistency in enforcement, prosecution and sentencing, both within a country and comparing one country to another. Some countries do not enforce the laws against addicts either because the enforcement officials do not consider it an important problem or because they do not have adequate



2. Drug addiction in Hong Kong

staff and equipment. In a few countries the addict is sent to a hospital rather than a prison and does not appear as a prisoner in the records. Other countries place the main emphasis of their enforcement policies on the users and no country is apprehending a significant number of the top businessmen of the illicit narcotic traffic. One reason for this is the complexity of the production and distribution but equally important are the existing duplication of efforts, poor organization and competition of enforcement services in some countries, lack of training, low salaries and sometimes corruption. The existence of other more important social or political problems for the officials to occupy themselves with and the political difficulties of developing adequate border controls between neighbouring countries also play a part in that respect.

Criminal statistics relating to addiction which could be considered adequate or meaningful are not always available in Asia and it is therefore very difficult to reliably assess the effectiveness of the present enforcement and control systems. The apparent increase in illicit traffic, however, both within and outside the region, the growing use of heroin rather than opium and its increasing association with crime and delinquency, would all indicate that these systems are not very successful in Asia.

Since to some extent drug addiction is a "crime without victims" in sociological terms, much of the enforcement effort depends upon informers and the incentives or rewards provided for such informers. This technique of enforcement is used in varied degrees and with varying success by the Asian countries. A few countries with major heroin problems have attempted to control the importation of acetic anhydride which is used in the conversion of morphine to heroin.

One must include in over-all control efforts in Asia aid provided internationally and bilaterally, including the efforts of the United States Government. The United Nations have provided expert services and fellowships, have held seminars, participated in surveys and have also contributed by the outposting in the region of officers of the Division of Narcotic Drugs of the United Nations Secretariat. Also a United Nations Advisor has been provided to Iran for several years and additional special advisors on intelligence and rehabilitation are presently being provided to that country. CENTO has also given some aid to Iran (and other Near Eastern countries) on this problem. That despite all of these actions, the over-all problem has worsened should be a source of great concern to all.

With the exception to be mentioned in the next chapter, the jails and prisons of Asia provide only incarceration and custodial care as their part of the enforcement process.

VII. Treatment and Rehabilitation

On an over-all basis, treatment and rehabilitation programmes for addicts are rare in Asia. With a few exceptions, those prisons and hospitals that are designated as "rehabilitation facilities" provide only physical care and work. Adequate and proper withdrawal treatment, voluntary commitment procedure and after-care programmes are rare. Little attention is given to correcting the underlying social and psychological causes of drug abuse and dependence. There is also an insufficient number of trained personnel to carry out even the existing quite limited programmes.

The most extensive rehabilitation programme in Asia is found despite the small size of the territory, in Hong Kong. Those addicts, either male or female, who have been arrested go to a general prison where some partial withdrawal treatment is provided. A selected minority of the male prisoners with shorter sentences are sent to a specialized addict prison, Tai Lam, which provides a work programme, physical rehabilitation, and limited after-care. Some after-care is also provided by a Discharged Prisoners Aid Society. Relatively small numbers of male volunteers seeking, for various reasons, to give up drugs are provided with an excellent programme jointly operated by the Castle Peak Mental Hospital and the Society for the Aid and Rehabilitation of Drug Addicts (SARDA) which is gradually taking over responsibility for the entire programme from the Government. Methadone withdrawal treatment is provided followed by some psychiatric care, social work service, a work programme with incentive pay and active recreation, for up to six months, then trial home visits with nalorphine tests, and follow-up visits after discharge. Some of these patients after completing the hospital treatment are sent to Shek Kwu Chau island for up to five months of convalescent care including work, food and recreation. Other social welfare agencies provide help to some addicts in Hong Kong and there is a society which meets weekly as a self-help movement similar to the American "Narcotics Anonymous".

Macau has a Centre for Treatment and Rehabilitation of Narcotic Addicts which is run by the government and administered by the police. Male addicts are admitted irrespective of residence (unlike Hong Kong) and with no waiting period. Both volunteers and prisoners are accepted and provided with withdrawal treatment, work, and physical rehabilitation.

Iran provides methadone withdrawal for addicts awaiting trial, in the main prison in Teheran and maintains a special addict hospital which gives three weeks of methadone withdrawal, limited social work services and some physical rehabilitation for small numbers of

male and female volunteers. There is a long waiting period and the hospital is greatly understaffed.

Singapore provides tincture of opium withdrawal for addicts in its prisons and maintains the well-known

Opium Treatment Centre on St. John's Island. Due in large part to the knowledge and dedication of Dr. Leong Hon Koon, male volunteers and carefully selected prisoners are provided with tincture of opium withdrawal, physical rehabilitation, work, social services, a rudimentary six-month's parole system for prisoners, and medical follow-up for three months after release.

Korea maintains eight quarantine camps in different parts of the country, and these provide one month of tranquillizer withdrawal treatment and physical rehabilitation for volunteers and selected prisoners.

Thailand has both a Government Narcotic Hospital for volunteers at Rangsit, and a new Addict Prison in the same location, near Bangkok. Withdrawal treatment using opium or methadone, physical rehabilitation, minimal psychiatric care, social work services, and three-month's after-care follow-up for a small number of patients are provided. In-patient convalescent care has been provided at the Rangsit Hospital in the past and a new hospital is in an advanced planning stage.

All of these facilities and resources are fairly recent in origin and have treated only a small number of opium or heroin addicts. No specialized facilities exist for cannabis abusers.

Nothing approaching a comprehensive and adequate out-patient and in-patient treatment and rehabilitation programme exists in Asia. Such a programme should be developed as soon as possible in those countries with major drug abuse problems and should include for narcotic addicts a combination of methadone withdrawal, physical rehabilitation including correction of underlying physical illness, occupational and recreational therapy, vocational training, education, group and individual psychotherapy, self-help movements, nalorphine testing, probation or parole supervision for those who have been arrested, civil commitment procedures and, most important, long-term out-patient follow-up services to help users fight relapse and adjust to a normal way of life. Centres need to be established on a decentralized basis in all the areas of the country where there are large numbers of addicts. Extensive professional training programmes are necessary to provide the staffs of such programmes which would include physicians, psychiatrists, nurses, social workers, and many others.

VIII. Education and Prevention

In Asia educational efforts are very few in number, quite limited in scope, sporadic, and mostly in the nature of propaganda.

Such campaigns have been conducted in Hong Kong and Macau consisting of anti-narcotics statements in posters, leaflets, broadcasts, etc.



3. Heroin addict: three phases (21.7.61 — 20.3.63 — 5.8.63)



4. *Tai Lam Prison — Prisoner due for release. During the time he was at Tai Lam, he gained more than 14 lb. in weight. He told the photographer: "I'll never come back to prison again. No more drugs for me."*

Japan has also used anti-narcotic posters and brochures. Taiwan and Thailand have had a few days of anti-narcotics propaganda in recent years and the latter country has had posters printed in the past.

None of these efforts appear to have had much effectiveness.

As has been mentioned, training seminars have been held within the region for enforcement officers by the United Nations, for representatives of many of the Asian countries.

IX. Research

Despite the size of the drug abuse problem in Asia and the failure of current approaches to the problem, research has yet to be developed, in most countries, even in terms of simple collection of accurate statistical data.

Hong Kong has the most extensive research programme and has collected considerable social data on addicts, has initiated some psychological (one of which found a

sample of addicts to be more neurotic than the average) and follow-up studies, and is engaged in experimental studies with nalorphine and with aversion (faradic) shock methods of discouraging narcotic use.

The Teheran School of Social Work has carried out a number of worth-while projects, including an analysis of social information obtained from 4,000 hospitalized addicts, depth analysis of a stratified sample of 300 of these addicts, and an attempted follow-up of those who were listed in the records.

Much social data has been collected from Singapore addicts but it has not yet been analysed.

Japanese research in this field is mostly pharmacological. Some analysis of social data and follow-up of selected criminal addicts has also occurred.

Detailed social data about the addicts seen at Rangsit Hospital in Thailand has been compiled.

The picture in other countries is mainly one of limited anecdotal and superficial information on arrested addicts, collected by enforcement agencies.

X. Conclusions and Recommendations

The production, use and abuse of mind-altering drugs is an important social and health problem in Asia, affecting not only several of the major countries, but the region as a whole and the international community. Unfortunately, despite the extensive laws, organizations and institutions which have been developed to deal with the problem, only the most general estimates are available on its extent and pattern, and it appears to be growing worse in many significant respects.

There is often a tendency to minimize the seriousness of heroin, sedative and stimulant abuse, and on the other hand, to exaggerate the seriousness of opium and cannabis use.

Perhaps the most important recommendation one can make is to urge that the present preoccupation with administrative and enforcement approaches to this problem be accompanied by preventive and rehabilitative efforts directed at the socio-psychological and economic roots. Such a recommendation is somewhat utopian considering the deficiencies of "human nature" and the complex "vested interests" which want to maintain things as they are. Some rapid change of emphasis is imperative if the growing use of heroin is to be checked.

Use of a drug must be carefully distinguished from abuse, and consideration given to such factors as potency, amount taken, method of administration, frequency of use, etc.

A total programme of drug addiction control in Asia or elsewhere must include simultaneous efforts to reduce

the availability of the drug, rehabilitation of those already using or abusing it, and prevention of new addictions. Even massive efforts directed at only one of these areas can only be partially successful if the other areas are neglected. Thus, local cultivation must be eliminated; borders controlled; smugglers, chemists, salesmen apprehended; and public attitudes changed.

Detailed comments have already been made in the above sections on what is needed to provide adequate enforcement and rehabilitation programmes in Asia. Quality should replace quantity, e.g., a well staffed small hospital with a comprehensive programme is better than a poorly staffed large hospital providing only minimal withdrawal treatment, food and work. Most needed (and much less expensive than building and staffing institutions) are out-patient programmes including clinics and parole and probation services where long-term help can be provided to prevent relapse. The professional disciplines required for a satisfactory out-patient (or in-patient) programme hardly exist in most of the Asian countries, so existing medical and other professional schools and hospitals must train at least minimal staff, perhaps with the United Nations and World Health Organization's assistance.

Basic data collection and record-keeping procedures should be taught to the responsible officials and adopted into their on-going programmes, so that they and others will have some basis for assessing "progress".

A number of important research studies are desirable, and possible only in Asia, including cross-cultural comparisons of opium and heroin use by Chinese, Japanese, Iranians, etc.; epidemiological studies of the shift from opium to heroin in some countries; measuring the effects of religious belief (Moslem, Buddhist, etc.), urbanization and family disruption on drug use; studying the effects of chronic opiate use on health, life expectancy and work performance and comparing opium to heroin, determining the pattern of use over many years, follow-up studies of "cure" rates and comparisons of treatment effectiveness; and investigations of inter-relationships between opium, heroin, cannabis and alcohol use and personality and character structure. With adequate planning much research can be built into the clinical and correctional programmes that are developed. The most beneficial new legislation for most of the Asian countries would be a civil commitment law which would provide that both those volunteering for treatment and those arrested for various offences (who can have the criminal proceedings dropped or suspended) can be sent under civil (non-criminal) procedures to a narcotics hospital for up to six months followed by required attendance at an out-patient clinic for up to two years. The many different laws covering drug offences should be replaced by a single new one

liberalizing the penalties for use (and separating the different drugs) and possession and leaving the more severe penalties for the traffickers. Medical and public health departments should play a leading role in narcotics control administrations and all rehabilitative, educational and research efforts.

At least minimal educational programmes are needed in most of the Asian countries, including alcohol and synthetic drugs as areas of concern as well as the opiates and cannabis. The two major goals of such programmes would be to develop negative attitudes towards drug use, using objective information and to encourage early detection and treatment of drug abusers. Opinion leaders and young people should receive special attention. Indiscriminate campaigns using fear techniques should be avoided. Target audiences should be clearly delineated and the content of the educational effort individualized and communicated in terms of the particular group.

The most valuable outside assistance which could be provided through international and bilateral aid programmes would be individual consultants in each of the major areas where improvement is needed, or perhaps a travelling seminar.

Long-range (5-10 years) planning with establishment of priorities and co-ordination at all levels is essential. When drastic changes are contemplated, a policy of gradualism would seem desirable with full appreciation of cultural traditions and awareness of the danger of the user substituting new and more dangerous drugs, or more deviant forms of behaviour. Early efforts to forestall further abuse of sedatives and stimulants may prevent future development of problems as serious as those which presently exist with opium or heroin.

Although we have observed that drug abuse in Asia is found with quite varied political and social systems, religions, climates and histories, all of these countries share its detrimental effects. What should be of concern to society — more than the use of a "pleasure-giving" drug by an individual — are such things as impaired mental and physical health, job and family disruption, loss of creativity and productivity, accidents and crime, in so far as these occur as a direct result of drug abuse. The experts and specialists in the field could, to advantage, try to determine whether their attitudes are based on moralistic, mythical and ethnocentric foundations or on objective verifiable reality. In the region that once knew Buddha and Confucius, is it remiss to speculate on the alternative means of pleasure there are for the tensions and miseries produced by the perennial Asian problems of war, disease, poverty, hunger, and illiteracy? Is it not perhaps more surprising that so many Asians are not using these drugs, than that so many are?

consider

- How is drug abuse defined?
- Which drugs are most widely abused?
- Which chemicals have the greatest impact on human sexual behavior?
- How do alcohol and marijuana affect sexual behavior?

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Sex and Drugs

The Interaction of Two Disapproved Behaviors

A review of some basic concepts concerning sex and drug use is important as a preface to discussing the interaction of these two areas of behavior.

Sex: Basic Concepts

- For most people, sex is but one component of a complex life-style and occupies a small amount of their time. Despite this, sex generally assumes greater importance than many activities that are more frequent and time-consuming.
- In one or more of its dimensions, sex is much disapproved of by some people. Some sexual behavior is illegal (eg, rape) and some is objectively unhealthy (eg, interaction that results in gonorrhea or syphilis or in unplanned or unwanted pregnancy).
- For most people, sex is one aspect of broader interpersonal relationships from which intimate physical contact—whether kissing or more elaborate forms of sexual interaction—cannot be separated.
- Although the belief is widely held that a pervasive sexual revolution is under way, the truth is far from this. Most Americans from the teens to the 80s are troubled by some degree of

fear, guilt, and ignorance about sex.

- The mind and the brain—not the penis and the vagina—are the main sex “organs;” thus, sexual interest is easily turned off by preoccupation with other matters, fatigue, noise, or an unwitting or deliberate word or gesture.
- There are no generally agreed-on definitions of sexual health, healthy sex, or normality, although terms such as “deviant,” “perverted,” and “abnormal” are often used subjectively and arbitrarily to refer to disapproved behavior. We shift our standards from statistical to biological to moral to legal to social (something that harms others is “abnormal”), or we use a mixture. Of course, it is not really true that everything good in life is either illegal or unhealthy. However, probably the only form of sexual behavior generally accepted as normal in the United States is heterosexual intercourse within marriage.

Drugs: Basic Concepts

- The term “drugs,” used in its proper context, includes analgesics, antibiotics, antihistamines, and many other classes of agents as well as psychoactive or mind-altering drugs. These

last, in turn, include alcohol and tobacco, the most widely used and abused mind-altering drugs, in addition to sedative-hypnotics, tranquilizers, marijuana, narcotics, and LSD-type drugs.

- Any drug can be used once or occasionally, regularly or irregularly, moderately or heavily, or in other patterns. Only some drug use actually involves abuse, which should be defined as excessive use of any drug, whether alcohol or heroin, that objectively damages health or impairs social, educational, or vocational functioning. Abuse is one part of the continuum of drug use, and one part of abuse is the addiction or

a person sexually competent and fulfilled.

By the same token, no drug can be said to be a specific aphrodisiac, since none has consistent, uniform sexual effects. Any one drug on any given occasion may have no effect on sexual desire and performance, may affect them negatively, or may affect them positively. Placebo effects are common with all drugs and also occur in relation to sexual performance.

A substance could correctly be termed an aphrodisiac if by its specific effect it aroused an individual to seek out and participate in sexual experience of any kind or if it routinely

The drug most involved in sexuality in Western societies is alcohol. Alcohol, as well as marijuana or other drugs, may be used to decrease anxiety, lower inhibitions, or reduce guilt.

physical dependency that occurs with the depressant drugs, including alcohol, sleeping pills, and narcotics.

- If drug abuse is defined as any illegal drug use, the most common abuse is use of alcohol and tobacco by persons who are under the age for legal use (generally 18 or 21). Following closely in frequency is the use of prescription drugs by persons other than those for whom they were prescribed.

- Most misunderstood and most important for understanding the intricacies of mind-altering drugs is the concept of drug effect. Myth has it that a given drug, such as alcohol or marijuana, affects all persons in the same way. Depending on the viewpoint of the spokesperson, this effect may be described as violence, passivity and dropping out, sexual excess, impotence, brain damage, brain enhancement, etc.

Actually, the main ingredients in the drug effect, assuming average or moderate dosage, are the personality, character, mood, attitude, and expectation of the user. These interact with the pharmacologic properties of the drug and with the cultural and social setting in which the drug is taken. Thus, no drug by its intrinsic properties will make someone commit a burglary who would not otherwise do so, turn a noncreative ignoramus into a creative genius, help solve family or social problems, or make

prolonged or enhanced sexual interaction. No substance fits either of these definitions, although placebos and a number of drugs, including alcohol and marijuana, can intensify or enhance an already developed or occurring sexual experience. This effect is based primarily on social and psychologic factors and on the sexual and interpersonal background and experience of the partners.

An anaphrodisiac is a drug or other substance that by its specific effect impairs or stifles sexual interaction. This effect varies with the dosage and purity of the drug as well as with social and psychologic factors. A number of drugs in moderate or large dosage produce anaphrodisiac effects, short-term or long-term. This is true of probably all of the psychoactive drugs except possibly caffeine.

Sex and Medicinal Use of Drugs

In a discussion of the interaction of sex and drugs, medicinal and recreational uses of drugs must be considered separately. In both situations, however, several sex-related factors are relevant to dosage, whether self-prescribed or physician-prescribed; these include body size, actual and potential pregnancy, menopause, and gender identity and role. Also, in each situation there is a mixture of physiologic, psychologic, and social effects; placebo effects based either

on the prestige of the physician or on the standing of friends and acquaintances; and sexual dysfunctions as a by-product of drugs given or provided by others.

The drugs with the biggest impact on sexuality are the sex hormones—testosterone, estrogen, progesterone, or a combination. With the embryologic and maturational anatomic development of the sex organs, these hormones provide the foundation for complex adult sexual interaction. In the form of the birth control pill or injection, the female sex hormones have provided a highly reliable, simple, and relatively inexpensive (for Americans) means of separating reproduction from sex. This has contributed to increased sexual freedom.

Sometimes sex hormones cause a decrease in libido. One role of these hormones is in therapy of persons with gender identity or transsexual problems. A lengthy period of evaluation and counseling is desirable to differentiate such problems from those associated with homosexuality and transvestism before estrogen or androgen is prescribed or surgical treatment is recommended.

Depending on dosage and length of use, drugs such as antiadrenergics, antiandrogens, anticholinergics, anorexics, and antialcohol preparations (eg, disulfiram) may impair orgasm, ejaculation, potency, and libido.

Sex and Recreational Use of Drugs

The basic groups of psychoactive drugs are: depressants (including alcohol, sedative-hypnotics, and narcotics), stimulants, antidepressants, tranquilizers, marijuana and LSD-type drugs, and a miscellaneous category (nutmeg, glue, gasoline, etc). Much drug use that is technically and superficially medicinal is in reality recreational. When taken in larger doses than needed or for more than minimal time, drugs in any of the groups listed can have an adverse effect on sexuality. When, however, the drugs are taken or prescribed discriminately for a precise complaint such as severe pain, temporary insomnia, or depression, they may well bring improvement in sexuality as well as in general function.

The drug most involved in sexuality in Western societies is alcohol. Alcohol, as well as marijuana or other drugs, may be used to decrease anxiety, lower inhibitions, or reduce guilt. The general attitude in some countries, such as

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France and the United States, is falsely to associate alcohol consumption with virility, potency, and manliness. Overall, it is wise to recall Shakespeare's injunction in speaking of wine: it may provoke desire but diminish performance.

Physicians should know their patients' patterns of behavior in regard to both sex and drugs before exhorting any of them to "take a drink to relax" or to use other drugs before engaging in sexual activity. Even moderate use can have negative rather than positive sexual effects; in fact, overindulgence in alcohol or other depressant drugs is a common cause of secondary impotence.

The impact of marijuana smoking on sexual behavior is uncertain, but the effects generally parallel those of alcohol. Reportedly, subjective experience is often enhanced, depending on the sexual and interpersonal backgrounds of the participants. Sexual performance (and perhaps interest) appears to diminish, especially in heavy users.

Alcoholism, narcotic addiction, pill dependency, and other forms of drug abuse are usually accompanied by greatly diminished sexual interest and performance, impotence, and sterility. All of these are reversible when use of the drug is discontinued or when the amount consumed is markedly decreased.

Cigarette smoking adversely affects sex in many ways, ranging from offense of potential partners (bad breath and discolored teeth), to impairment of the sexual response cycle (nicotine-induced vasoconstriction), to premature death.

Preoccupation with any drug, the interpersonal conflicts engendered by drug abuse, the expense, and the damage to health—all are likely to dampen sexuality. Fear of arrest and

imprisonment has an anaphrodisiac effect. Further interference with normal sexual function occurs when liver or brain damage or serious automobile accident injuries result from alcoholism or when cancer and heart disease result from smoking.

Treatment of Sex and Drug Problems

In the treatment programs at the National Center for Solving Special Social and Health Problems, "guests" (not "sick patients") enter a living room atmosphere rather than a traditional setting. This embodies the change in attitudes toward persons with sex or drug problems—a humanizing and an individualizing—that I recommend to workers in these fields. The cure rate for these problems will be increased greatly if we end the labeling, rejecting, and "ghettoizing" of persons with sex or drug problems and instead emphasize health, strength, and independence and help them to help themselves.

A variety of traditional and nontraditional treatment techniques have proved useful, among them medical-nursing services, counseling therapy (group, individual, couples), self-help groups (Alcoholics Anonymous, Synanon), role playing and psychodrama, hypnosis, behavior modification, exercise, meditation, and use of audiovisual aids such as tapes and films.

Conclusions and Recommendations

Sex education and drug education should begin in early childhood through parental ex-

ample of naturalness about the body, concern and tolerance for others, and an ability to relate to others and be happy without dependence on alcohol, tobacco, marijuana, or other drugs. In the schools, including graduate and professional, both sex and drugs need much more emphasis and objective consideration. Honest information can slowly immunize us against the subtle (and not so subtle) drug and sex "pushing" that pervades our culture. Consenting adult sexual interaction and private drug-taking that does not involve force or exploitation should, in my opinion, be decriminalized. Healthy, fulfilling sex is part of a total interpersonal relationship, represents one of the best alternatives to drugs and violence, and is likely to move those who experience it closer to social responsibility.

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**TOWARD A NEW UNITARIAN UNIVERSALIST THEOLOGY/RELIGION:
EVANGELICAL, LOVING, UNITED, AND UNIVERSAL----(PERSONAL
THEOLOGY SEMINAR, UNITARIAN UNIVERSALIST CHURCH OF BERKELEY,
SEPTEMBER 21, 1997)**

I thank Professor Loomer and Martha Helming for developing this diverse and stimulating series that has been of much benefit to us. I approach this topic with a perspective that to some degree we are all theologians and philosophers. I cannot claim to have heard the voice of God or even to have been given stone or gold tablets left by an angel. I do bring you tidings of great joy: most of the time for most people most things go well. Since my long ago youth I have thought much about theology, variously defined as dealing with the nature of God and religious truth; rational inquiry into religious questions; and man's relationship to God. Interestingly, spiritual is defined as pertaining to God or belonging to a church or religion---often two very different things. Some 90% of American adults say that they believe in God, heaven, and prayer, yet most live their lives as if they don't believe.

To talk of a new Unitarian Universalism requires first a review of the "old" Unitarian Universalism as in "Give Me That Old Time Religion." It began as Protestant Christian, anti-trinitarian, and with the belief that all, not just a chosen few, can be saved. Clearly there were and are many differences within Unitarianism from the 16th Century to the 20th, and from Hungary's Transylvania to New England to California; and many differences between Unitarianism and Universalism before their 1961 merger., or even now.

Note that there may be only about one hundred thousand active members of the denomination with about the same number of friends, associates, sympathizers. By contrast, let us ask what evangelism, what doctrines, what rituals, what ethics led to billions of Catholics, Protestants, and Moslems; and many millions of Jews, Buddhists, Mormons, and Hindus.

What do we know of God, or think we know: aged, white, male, American, Christian, unmarried, celibate with one possible exception, living in heaven, generally uninvolved, unresponsive to most prayers and most suffering, mysterious, vengeful, sometimes cruel or even murderous; sometimes

forgiving and loving, full of contradictions, and an avid sports fan. Not a portrait that fits religious ideals.

Michael Servetus, the 16th Century hero of Unitarianism, burned at the stake as a heretic by Calvin, wrote: "we have become atheists, men without a God because as soon as we try to think about God we are turned aside to three phantoms, a haunting confusion of three beings by which we are deluded into supposing we are thinking about God; the kingdom of heaven knows none of this nonsense." Karen Armstrong in "A History of God" emphasizes that throughout recorded human history people have been spiritual animals, have worshiped gods to propitiate the forces of nature, to express wonder and mystery, and to find hope and meaning. God as a concept has many often contradictory meanings that differ with each age, generation, denomination, etc. Jack Miles in "God: a Biography" makes the same and many other relevant points. I commend both books to your attention.

As for me I see much that is unknown and perhaps unknowable, much that is uncontrollable and overwhelming, a possible first cause to the big bang supposed origin of the universe, and a possible source of hope and meaning. Hopefully free of dogmas and ideologies such as liberal, conservative, right wing, and left wing we can with open-minded skepticism accept the possibility of a God. It would be one of many things we cannot explain or fully understand such as music, art, the intricacies of language, humor, joy, evil, and most of all, Love which in its fullest sense may be another name or manifestation for God. Pascal recommended that we live by the hypothesis that there is a God and if we're wrong it won't matter.

I believe that a loving God won't care what you call it, or what your belief system is, or what religious practices you follow, or even whether you believe. Most humans will continue to believe in a God for the indefinite future and will mistakenly think that buildings, dogmas, bureaucracies, and rituals are the ways to believe. If God is an illusion, it is one of many we live with or by, and it is probably a beneficial one. To condemn the belief or use of the word, God, is unnecessary and harmful. Belief may help people to live better lives. The essential message of the great world religions is

a positive one of good news, hope, and meaning; not one of exclusion, formalism, and regulations. Compassion and some version of the Golden Rule are central. Can we learn as a congregation and a species to treat others as we would like to be treated, to really love our neighbor including spouses, partners, friends, fellow workers, and even the people around you right now.

A new Unitarian Universalism would be catholic with a small c, protestant with a small p, and be based on an integration and synthesis of pagan-Buddhist-Taoist-Jewish-Christian-Muslim-humanist thought. It would be ecumenical, inter-denominational, inclusive, and dedicated to ethical living starting with truth-telling. Not just on Sundays or Christmas or Yom Kippur or Ramadan but all hours, all days, and throughout life. It would be able to live with ambiguity and complexity; reject hate and violence; and face aging and death openly.

The reality of Unitarian Universalism is what Unitarian Universalists do, how they live. As Socrates stated, "The shortest and surest way to live with honor in the world is to be in reality what we appear to be." The greatest power we have is not the power of money or of titles, but the power to do good. Second comes the power and the freedom to say no whether you are mad as hell or joyful as heaven. A Unitarian Universalist gospel, including unity and universality can be promulgated by each of us as we seek to attract all those who hunger for community, oneness, and love. --- An examined life lived fully.

Each of us then becomes part of a real or metaphorical God of mystery and love; each of us engaged in godly work on Earth as we help religion come alive. We concentrate on a top line of vision and humanity rather than a bottom line of greed and materialism. Then we could evolve into Homo sapiens religiosus instead of the Homo ignoramus, irrationalis, violentus we are today. If we do that, does it matter whether we created God or God created us, as we now approach the 15 millionth millenium (incorrectly called the year 2000)?

Humans continue to face the eternal questions: who are we, why are we here, where are we going, did we make a difference, how will we be remembered? To ask and answer these questions

we need, and the world needs, the mixture of rationality, spirituality, and universality provided by the new Unitarian Universalism----a religion for living.

Together we must engage in a brick-by-brick rebuilding of both theology and society through our personal example and by actively reaching out to bridge the confusion and multiple fragmentation of color, church, country, language, money, age, gender, appearance, etc. We can offer a new vision of the human race and its future. The proper metaphor for this is the tale of the French aristocrat strolling through central Paris in the Middle Ages. As she came to the I'le de la Cite where Notre Dame was being constructed stone by stone, she stopped to ask a worker what he was doing. "I'm hauling stones," he said. As she walked along she stopped to ask the same question of a second workman doing the same thing and he answered, "I'm building a wall." Finally at the end of the long block she spoke to a third man and this time the answer was, "I'm building a cathedral." Together the new Unitarian Universalism can build this metaphorical cathedral. It is time to lift the first stone.

Boel Fort, Professor of Criminal Justice. Cal State at Sacramento, Professor of Ethics at the U.C. Extension in San Francisco, active in social action and justice issues at UUCB, *Toward a New Unitarian Universalist Theology / Religion: Evangelical, Loving, United and Universal.*

PERSONAL THEOLOGY SEMINARS

JULY 1997

FINAL REPORT

"THE EFFECTS OF LITERACY EDUCATION ON PRISON INMATE RECIDIVISM"

(Sponsored by the California State Department of
Education, #5267)

by:

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INTRODUCTION

The history of this project has been covered in previous (progress) reports, oral and written, and will not be repeated here.

We seek to understand what is known about the complex interaction of literacy training, prisoners, and recidivism; and what important things need to be done in the future to reduce recidivism through increasing and improving literacy education in our prisons.

The nature of literacy, its definition, or how best to acquire it, are not agreed upon by authorities. The term refers to a wide range of reading, writing, and calculating competencies. One text calls it the ability to comprehend written language at an elementary level, i.e., to say and understand written words corresponding to ordinary speech. Generally it is referred to as functional literacy and is considered to be the ability to read, write, speak, and compute at a level sufficient for an adult to cope with everyday situations; to be in control of their lives.

More simply, UNESCO and the United States Solicitor-General consider literacy as successful completion of grade eight.

Some divide it into prose literacy where one understands news articles and warranties; document literacy with understanding of maps, schedules, etc.; and quantitative literacy with ability to balance a checkbook or calculate a tip. The National Literacy Act (see below) calls for a level of proficiency necessary to function on the job and in society, to achieve one's goals, and to develop one's knowledge and potential.

Believing that most definitions are too simple, the National Center for Education Statistics in 1992 studied the literacy skills of a representative sample of Americans over age 16. They looked at the prose, document, and quantitative literacy and divided the skills into five levels of proficiency. The findings were: 40 million performed at Level 1 of simple, routine tasks with texts and documents; 50 million at Level 2 able to locate information in texts and make low level inferences. These "illiterates" are not evenly distributed since one in seven white adults, two in five Black adults, and one in two Hispanic adults were found at Level One. At Level three were 61 million nationwide, thus able to handle information from long and dense texts and do appropriate arithmetic. Some 20 percent of respondents, roughly 40 million adults, were at the highest Levels 4 and 5 of prose, document, and quantitative literacy. The results correlated well with education or the lack thereof.

Furthermore, those at Levels 1 and 2 were much more likely to be unemployed or employed only part-time, earn low wages, and/or be on welfare.

Most importantly for our study, adults in prison were far more likely than the general population to perform at the lowest two levels. They tended to be younger, less educated, and from minority backgrounds.

Estimates of the extent of illiteracy vary enormously and are often crude, as for example a federal figure in 1975 of 63 million U.S. citizens unable to meet adult educational requirements, increasing to 72 million (then half of all adults) in 1982. In marked contrast, the 1982 English Language Proficiency Survey found the non-literate U.S. adult population to be between 17 and 21 million with 7 million of these from homes where a language other than English was spoken (a variable usually not mentioned).

International concerns about illiteracy and its negative effects on social progress led the United Nations to declare 1990 as International Literacy Year. This was to promote literacy as a basic human right and an aid to development. They called for universal literacy by the year 2000 as have our recent Presidents regarding Americans.

Congress enacted the National Literacy Act of 1991 with the same ambitious goal for 2000 and specifically to assist federal, state, and local agencies; conduct research and demonstrations; establish a national data base; collect and disseminate

information; and establish a National Institute for Literacy. The Act stated that 30 million U.S. adults have serious literacy problems, that this is closely associated with poverty and the economic well-being of the country, and current literacy programs reach only a small number of those who need them. As to prisoners, it sought to achieve functional literacy for all with screening and testing upon arrival and mandatory participation in literacy programs.

In 1989 the California legislature added Section 2053.1 to the Penal Code, requiring literacy programs in all state prisons to ensure a ninth grade reading level for inmates. It was to be available to 25 percent of eligible inmates by 1991 and 60 percent by 1996; and include the use of computers.

Senate Bill (S.B.) 775 in 1995 requires the Department of Corrections to implement and evaluate by 1998 a two year inmate literacy program in six prisons, using computer-assisted instruction. S.B. 356 and Assembly Bill 403 which are before the current legislature, would extend literacy training for prisoners, parolees, and probationers through public library services.

Those concerned with prisoner literacy call for learning to read well enough to hold down a job, cultivate positive social relationships, and no longer view criminality as a viable alternative. Some want social and ethical education to accompany literacy training.

In addition to an exhaustive search of the literature on the

relationship of literacy education to recidivism we sought other input by putting a brief description and request for information on the World Wide Web, and by directly contacting prison programs in California, New York, Texas, Florida, and Minnesota. None had done follow-up studies on this important subject.

The California Department of Corrections reported that all 32 prisons have literacy programs with the goal that 60 percent who test below a ninth grade level on the Test of Adult Basic Education (TABE) should receive literacy training.

The U.S. Department of Education estimates the adult prison inmate illiteracy rate at 60 percent and says that 85 percent of juvenile inmates have reading problems. The Correctional Educational Association gives an illiteracy rate of 75 percent for adult inmates (the same number that lack high school diplomas). In the same year, 1991, they found only nine percent of adult prisoners enrolled in basic education programs and only seven percent in General Equivalency Diploma (GED) programs.

The National Institute of Corrections calls not only for more literacy programs but also for ones that have a well-defined program philosophy, a well-trained and dedicated staff, support from administrative and security staff, course content with relevant life issues, a supportive environment conducive to learning, open entry and exit, individualized and self-paced instruction, effective student assessment techniques, and community support.

The 1994 report of California's Little Hoover Commission, "Putting Violence Behind Bars: Redefining the Role of California's Prisons," emphasized the lack of education of inmates and the frequent inability to function at a 12-year-old junior high school level. It states that studies are clear that "upgrading education cuts return to crime," but unclear as to whether work training reduces recidivism. There is strong criticism of the Department of Corrections: "the education program is in disarray, goals are unclear, disproportionate prison education budget cuts, policies are ignored, and the management structure discourages education." Cited is the 1988 study finding that 56 percent of male inmates and 52 percent of female inmates were reading below the ninth grade level. "Only a fraction of the inmates in need of education services receive them."

There has been much debate about the relative merits of phonics and whole language training for literacy with most experts now recommending a combination. Whole language teachers read to the learner, immersing them in literature and encouraging them to write and tell stories. They are expected to then read naturally, and there is little emphasis on the letters of the alphabet or their sounds. With the phonics method the student is taught all the letters, their sounds, and how to blend the sounds to make words.

Moving toward general acceptance after some resistance is computerized literacy instruction. Many studies have found that it motivates students, accelerates the learning process, and conveys

the feeling of being in control. It also allows students to move at their own pace, repeat exercises as often as they want, get ongoing positive feedback, and learn problem-solving and decision-making.

Literacy education is mandatory in the federal prison system and in many state prison systems, including Texas, Ohio, Michigan, and Illinois. The level at which it is mandatory varies from those who test below the fourth grade level to those testing below an eighth grade level.

Finally in setting the context for our own research results it needs to be pointed out that there are a vast array of adult literacy education programs: public libraries, public schools, state education departments, business and industry programs, federal job training activities, prison education programs, Literacy Volunteers of America, the Laubach Way to Reading, the Center for Literacy, Time to Read, and many others.

RESULTS OF PAST RESEARCH ON THE EFFECTS OF LITERACY EDUCATION ON RECIDIVISM

Thirty-five relevant studies have looked at prison education programs and their effect on the recidivism rates of inmates (that participated in the studies). Measured was the effect that literacy programs had on the recidivism rates of inmate students once released. After lengthy and exhaustive study of the literature, we are limiting the report to those studies that covered Adult Basic

Education (ABE) or GED programs. ABE is defined as grade levels 1.0 to 8.9 while GED is defined as 9.0 to 12.9. Grade level is based on tests that score one's reading ability.

We move from the studies that show a positive relationship between literacy training and reduced recidivism to those, showing a negative relationship. A positive relationship is defined as one in which the researchers concluded that the literacy training reduced the recidivism rate of the released inmates. A negative relationship is one in which the recidivism rate was found to be higher after literacy training.

The research is analyzed in terms of information collected and made available: population size, ethnic makeup, ages, gender, type of training provided, background of those who were training the inmates, how literacy progress was measured, the length of the post-release follow-up, and how recidivism was measured.

The majority of the studies, (25 of 35) found a positive relationship between literacy training and recidivism. However, each study was conducted in a different manner (Dugas, 1990; Sametz, et. al., 1994; Armstrong, 1991; Hassell, 1988; Walsh, 1985; Harer, 1995; Porporino and Robinson, 1992; Linden and Perry, 1984; Dickman, 1987; Coughlin, 1989; Macdonald, 1986; Schumacker, et. al., 1990; Stevens, 1986; Anderson, 1995; Adams, et. al., 1994; O'Connell and Siegel, 1993; DeBor and Libolt, 1983; Gainous, 1992; Lee, 1981; Knepper, 1989; Jenkins et. al., 1995; Fabelo, 1992; Mace, 1978; Zink, 1970; and Schnur, 1948).

The program that claims the greatest effect on changing recidivism rates is a "cooperative education program at the Lafayette Parish Correctional Center" (Dugas, 1990). In this program, students were tutored by local volunteers and by fellow inmates. The article states that "of the 557 inmates who have earned their High School General Equivalency Diplomas while incarcerated, less than four percent returned to jail. This compares to a national recidivism rate of 65 percent to 70 percent." Unfortunately, no information is given about how they defined recidivism or how they performed their follow-up study. Another study that showed a strong difference between the recidivism of literacy-trained inmates and previous recidivism rates, involved a program entitled Student Transition Education and Employment Program (STEEP) (Sametz, 1994). The purpose of this program was to reduce recidivism by delivering "a more effective aftercare service at a cost lower than traditional aftercare, enable youth to complete their high school education, or obtain a GED, and give back to the community through rehabilitating local housing." After an average of 12 months since release (range 6 months to 22 months), the recidivism rate was 34.1 percent for both adult and juvenile offenders. This, compared to a recidivism rate of 70 percent for previously incarcerated youth.

These studies showed the greatest (positive) difference in recidivism rates, but like most studies, neither used a control group from prison population for comparison.

Another study in Arkansas (Hassell, 1988) found that "only 7.5 percent of those inmates who complete a GED and receive vocational training return to prison after release." This rate is compared to a Bureau of Justice Statistics report showing a national recidivism rate for the general prison population to be 30.8 percent (note the varying general recidivism figures). Not much information is given about the type of instruction provided for the inmates, other than that they received GED instruction while learning skills that "will enable them to find jobs when they are released from prison."

"The Regional Youth Education Facility (RYEF) represents an attempt at juvenile rehabilitation or resocialization through a program composed of educational, treatment, training, and work experience components" (Armstrong, 1991). This paper showed a recidivism rate of 16 percent for the 25 participants in the program after a six month follow-up, compared to a 45 percent recidivism rate for a comparison group of 20. In this case, recidivism is defined as no arrests or parole violations. This program's educational component was focused on competency-based and computer-assisted instruction in ABE and GED instruction. The results of this study seem promising, but they come from a program that was focused upon rehabilitation through much more than education. Because of the several components to this program, one cannot pinpoint the literacy achievement of the inmates as the factor that most influenced their subsequent recidivism rates.

The LEARN program in Arizona (O'Connell and Siegel, 1993)

compared participants in a program entitled PALS (Principle of the Alphabet Literacy Systems) and GED participants. PALS was a computer-based instruction in literacy that lasted 80 to 100 hours. The goals were for prisoners to be able to successfully complete structurally correct sentences and job applications. The recidivism rate of the PALS completers was 31 percent compared to a rate of 53 percent for the control group. The PALS dropouts actually had the highest recidivism rate, 58 percent, while GED graduates had a recidivism rate of 23 percent. Recidivism in this case was measured in terms of new arrests or convictions and successful completion of probation.

There are several studies that focus on general educational programs, including literacy, and their effects on recidivism rates. One such study (Walsh, 1985) in Ohio looked at 50 GED participants and 50 non-participants. The long term follow-up period was three and a half years, and recidivism was measured by the number of arrests. This study showed that only 24 percent of the GED participants were arrested versus 44 percent of the non-participants. There was also a breakdown of GED participants who completed the GED and those who did not complete the GED. Those who completed it, had an arrest rate of 16 percent, while those who did not complete it had an arrest rate of 32 percent.

Other studies broke down educational participation in terms of the number of courses taken and compared this data to the recidivism rates of the participants. One (Harer, 1987) looked at

a sample of 1,205 inmates and followed them over a three-year period after they were released. The overall recidivism rate was 40.8 percent. Recidivism was defined as ré-arrest or parole revocation. Participants were compared by educational attainment prior to incarceration and whether or not they participated in courses at the ABE level, GED level, Adult Continuing Education level, Post-Secondary Education level, or Social Skills level.

"The Correctional Benefits of Education: A Follow-Up of Canadian Federal Offenders Participating in ABE" (Porporino and Robinson, 1992), examines the effectiveness of ABE from two perspectives: reductions in recidivism and perceptions of offenders regarding the benefits of ABE participation. On an average of 1.1 years after release, 1,736 participants were examined. The study found a recidivism rate of 30.1 percent for those who did not complete it and a rate of 41.6 percent for those who withdrew. Recidivism rates were also broken down by several characteristics, such as whether or not the participant was a violent offender.

Another study in Canada, "An Evaluation of a Prison Education Program" (Linden and Perry, 1984), looked at 33 participants in a five-months long, college level education program in which the participants were required to have reached an eighth grade level prior to enrollment. The experimental group was drawn from inmates in a maximum security institution. The study found that 59.9 percent of the experimental group were recidivists, versus 69.9 percent of the control group. Recidivism, however, was not clearly

defined nor was it clear what effect college level material had.

The purpose of "Outcome Evaluation for Selected Academic and Vocational Education Programs" (Dickman, 1987) was to examine the relationship between involvement in academic education and prisoners' subsequent academic achievement, recidivism, and employment. Prisoners participated either in an ABE or a GED program. A total of 1,098 inmates were included: 145 were ABE, 345 were GED, and 599 did not participate in either. In looking at recidivism rates, this study compared those who were recommended to enroll in academic programs and did not enroll, those who were not recommended and did not enroll, and those who enrolled. It also compared those who completed the program they were enrolled in with those who did not complete a program. Long term follow-up information was gathered one year after release and three years after release. Recidivism was measured in terms of any return to prison for parole violation, rule infractions, or new crimes. After three years, 54 percent of those who participated in either an ABE or GED program had returned to prison; 61 percent of those who had not been recommended to enroll and had not enrolled, had returned; and 64 percent of those who had been recommended to enroll and had not enrolled, had been returned. Those who completed their program, had a much lower rate of recidivism compared to those who did not complete a program; 36 percent versus 60 percent.

A much larger study (Coughlin, 1989) looked at 15,520

offenders, 4,226 of whom earned a GED while in prison. The inmates were released in 1986 and 1987, and were then part of a follow-up study over the next 17 to 42 months. Recidivism was measured in terms of those who were returned to the department's custody. The researcher found that those who completed their GED had a recidivism rate of 34 percent compared to a rate of 39 percent for those who did not earn a GED. The preliminary study (Macdonald, 1986) for this larger study showed a recidivism rate of 17.15 percent compared to a projected rate of 26.3 percent. This preliminary study looked at 205 inmates who were released at the end of 1984 and followed up 12 months later.

"Vocational and Academic Indicators of Parole Success" (Schumacker et.al., 1990) looked at inmate participation in vocational and academic programs and the subsequent effect on post-release employment and criminal activity. The subjects of this study were 760 inmates from 19 different facilities. The data collected showed that those who had participated in vocational and vocational/academic programs had the highest employment rates and lowest criminal activity rates after 12 months. Those who completed a GED had higher employment rates and lower recidivism rates than those who did not complete a GED. The academic programs included ABE, GED, and Post-Secondary Education. Recidivism in this case was essentially a measurement of criminal activity or any parole violation. The academic group in this study had a criminal activity rate of 27 percent compared to an activity rate of 32

percent for the control group.

"The Effect on Recidivism of Attaining the General Education Development Diploma" (Stevens, 1986) asked the question "(1) Are recidivism rates among GED diploma recipients (GED Successes), GED participants who failed to get diplomas (GED nonsuccesses), and inmates who lack GED or high school diplomas (nonparticipants) significantly different? (2) How are the personal characteristics of IQ, age, race, economic status, and type of crime related to the attainment of a GED diploma"? The two-year follow-up study found that 1.9 percent of the GED success recidivated, 4.7 percent of the nonsuccesses recidivated, and 9.7 percent of the nonparticipants recidivated. There was a significance level of $p < .05$.

The study, "Evaluation of the Impact of Correctional Education Programs on Recidivism" (Anderson, 1995), looked at 18,068 inmates that were released from the Ohio prison system in 1992. Follow-up was conducted after two years and recidivism was measured by recommitment to the Ohio prison system. Recidivism rates were 28 percent for those who attained a GED, 24 percent for those who only participated but did not complete it, and 32 percent for the control group. The ABE participants had a recidivism rate of 32 percent compared to the control group's rate of 31 percent.

The final study that found a clear positive relationship between literacy training and recidivism rates is "A Large Scale-Multidimensional Test of the Effect of Prison Education Programs on Offenders" (Adams, 1994). This study examines the prison behavior

and post-release recidivism of more than 14,411 inmates. Follow-up was conducted from 14 to 36 months after release and recidivism was measured by re-arrest or revocation of parole. Recidivism rates were also compared by the number of hours that an inmate participated: none, 100 or fewer, 101 to 200, 201 to 300, and 301 or more. Those who participated 301 hours or more had a recidivism rate of 16.6 percent compared to a recidivism rate of 23.6 percent for those who did not participate. The study also concluded that inmates at lower levels of "educational achievement benefit most (as indicated by lower recidivism rates) from participation in academic programs."

The above studies are ranked in terms of the greatest difference between recidivism rates of inmate literacy students and non-students. Several other studies found in the course of this research claimed to have found a positive relationship between literacy training and recidivism. However, exactly how positive this relationship was, is hard to determine for a variety of reasons.

"The Educational Treatment of Prisoners and Recidivism" (Schnur, 1948), "The Effect of Correctional Institutions' Education Programs on Inmates Societal Adjustment as Measured by Post-Release Recidivism" (Mace, 1978), and "A Study of Effect of Prison Education on Societal Adjustment" (Zink, 1970), all claim to show a positive relationship. Each of these studies broke down their experimental groups into several subgroups. The first study broke

down the students by the length of time that they had spent in the prison educational program and then compared their recidivism rates. The second and third study did follow-ups at several different times: one, two, three, four, and five years.

Several other studies claim positive relationships between educational programs and recidivism rates, yet do not provide control group information or other comparison rates (DeBor and Libolt, 1983; Gainous, 1992; Lee, 1981; Knepper, 1989; Jenkins, Steurer, and Pendry, 1995; and Fabelo, 1992). These studies compare the recidivism rates of different academic and vocational programs, finding rates ranging from 51.4 percent to zero percent.

Nine out of the 35 studies claim that there is no significant effect of literacy training on recidivism (Urner, 1976; Glass and Barbary, 1993; Rogers, 1980; Jenkins, et. al., 1973; Maciekowich, 1976; Rahming, 1981; MacSpeiden, 1966; Boudoris, 1985; Johnson, et. al., 1974). "Recidivism Rate of Male Inmates When Considering Vocational Training, General Education Development Tests, and the Conditions of Release (Urner, 1976) found a recidivism rate of 6.45 percent for those who passed the GED and compared it to a rate of 17.55 percent for those who did not pass. However, "a significant difference was not found by chi square."

"Recidivism Study" (Glass and Parbary, 1993) looked at a program entitled "Probationer's Educational Growth (PEG)" that provided Reading Assistance (Adult Literacy). ABE and GED instruction. Students also received counseling, job referral, and

assistance with further vocational or college education. They found no significant reduction in recidivism. Several reasons for these findings are listed; the heavy reliance on program records for data, no "true" control group, more than one third of the probationers were still on probation, the study spanned a very brief period of time, and the evaluation component (recidivism study) was not developed along with the design of the PEG program and plans for its implementation.

Another study (Rogers, 1980) looked at an Ontario program, Adult Training Centre (ATC) which provides large numbers of inmates with training in various academic and vocational trade areas. A variety of support services, such as recreation, religious activities, and counseling, were also available at the Centre. Recidivism rates of the ATC residents were compared to the rates of Correctional Centre (CC) residents. "While it is possible that the time frame of the program is not long enough to substantially increase previous educational level, it must be pointed out that there is no evidence of a causal relationship between school adjustment and criminal behavior. In fact, poor school adjustment and deviance are probably features of the same construct. If so, it is probably unrealistic to expect the acquisition of academic/vocational skill to alter the factors underlying the deviant behavior."

"A Longitudinal Follow-Up Investigation of the Post-release Behavior of Paroled or Released Offenders" (Jenkins et.al., 1973),

looked at a program entitled Manpower Development Training (MDT) that consisted of orientation, prevocational basic and/or remedial education, occupational training, job preparation, and post-release follow-up. Follow-up was performed at 3, 6, 12, 18, and 24 months after release. Recidivism rates for both MDT participants and the control group were about the same: 30 percent for major crimes and 50 percent for all law violations.

Another study (Rhaming, 1981) looked at GED participation and recidivism among parolees in Missouri. GED instruction was given three hours per day, three days a week. This study attempted to determine the relative success of the program by comparing rates of re-arrest, parole revocation, and reconviction after a two to three year follow-up period. "Overall, the relationship between the recidivism rate and GED program categories depended upon how recidivism was defined. When recidivism was defined as reconviction, receiving the diploma substantially reduced the proportion of the population re-convicted. When recidivism was defined as re-arrest, however, those who received the diploma fared no better than those who had not enrolled in the program. When recidivism was defined as parole violation, subjects who had not enrolled in the GED program, recidivated at a lower rate than those who received the diploma. Interestingly, subjects who enrolled in the GED program, but did not receive the diploma, fared worst than their counterparts, regardless of how recidivism was defined.

Then there was the finding (Mac Speidem, 1996) that

"scholastic and/or vocational training did little to influence subsequent parole violation by parolees from Indian Reformatory." Prisoner students in this case were given GED instruction "full time" and 150 completed it, but 29 did not. Recidivism in this case was measured in terms of parole violations.

Another one (Boudoris, 1985) looked at 1,161 inmates over a five year period after release. Recidivism in this case was defined as both an arrest or revocation and a return to prison. The study found no statistically significant differences between those inmates who had been at the Men's Reformatory and in the educational or vocational programs, and those in the programs.

"Correctional Education and Recidivism in a Woman's Correctional Center" (Johnson et. al., 1974) looked at 100 ex-inmates that had completed their GED and 100 control group members. The difference was not significant; 80 who completed the GED were successful compared to 77 of those who did not complete their GED program. The ex-inmates were considered unsuccessful if they relapsed into any criminal behavior which resulted in additional imprisonment of 30 days or more.

Only one study found a negative relationship between literacy training and recidivism. "The Relationship Between Educational Programs and the Rate of Recidivism Among Medium Security Prison Parolees and Mandatory Supervision Cases from Drumheller Institution in the Province of Alberta" (Ingalls, 1978). This study looked at 128 inmates and focused on the relationship between

recidivism and the following variables: age, race, previous educational background, type of crime, number of prior convictions, participation in academic educational programs while incarcerated, participation in vocational educational programs while incarcerated, and participation in both academic and vocational educational programs. Out of 17 academic participants, 21 recidivated (77%) versus 53 out of 88 who did not participate (60%). The author concluded "there is no significant relationship between recidivism and the variables of age, race, prior education level, type of crime, number of convictions, or participation in both academic and vocational programs while incarcerated." The study did, however, indicate a negative relationship between recidivism and participation in academic programs while incarcerated (and a positive relationship between recidivism and participation in vocational programs).

CONCLUSIONS AND RECOMMENDATIONS

The results are very promising with most of the cited studies showing a positive relationship between literacy training and decreased recidivism. This confirms my own long held hypothesis based on over forty years experience in full-time or part-time prison/jail work and decades as an Instructor or Professor of Criminology or Criminal Justice at the University of California Berkeley and California State University Sacramento .

While we fulfill the major functions of prison: protection of

society, punishment, and deterrence it behooves us to also teach reading, writing, calculating, (and thinking) to the majority of prisoners who will sooner or later be sent back to society.

To do this is relatively simple, relatively inexpensive, and often required by law and policy. Clearly, adult (and many child) Americans are far less literate than they should be and need to be if they are to achieve our ideals of life, liberty, and the pursuit of happiness for all.

The State Department of Education and the State Department of Corrections should give a very high priority to literacy education, assigning some of their most competent and experienced (in literacy) personnel to long term work in this specialty. They should work collaboratively perhaps as an inter-departmental work group and they should attack all dimensions of this challenge: planning, implementation, funding, methodology, training, evaluation and other research, and naturally, mandatory literacy training (and other education) for all prisoners who will someday be returning to society.

[BIBLIOGRAPHY OF 222 BOOKS AND ARTICLES]



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E X T E N S I O N

UC Extension Center

55 Laguna Street

San Francisco, CA 94102-6232

Fax: (415) 252-5285

October 23, 1997

Joel Fort
PO Box 42-0950
San Francisco, CA 94142

Dear Joel,

Enclosed are the end of course evaluations from Summer 1997. Please take a moment to review the student comments. I think you will be pleased by the enthusiastic response to your course "The Ethics of Personal Behavior." "Dr. Fort is a wonderful teacher" was just one of the many positive comments you received.

If you have any questions or suggestions do not hesitate to call me at (415) 252-5250.

Thanks for a great Summer term!

Sincerely,

Eliza Q. Hemenway
Program Assistant
Arts, Letters, & Science



CALIFORNIA STATE UNIVERSITY, SACRAMENTO

SCHOOL OF HEALTH AND HUMAN SERVICES
DIVISION OF CRIMINAL JUSTICE

June 27, 1997

Joel Fort
P. O. Box 42-0950
San Francisco, CA 94142-0950

Dear Dr. Fort:

In keeping with University and Division policy and procedures, I have conducted an independent review of your teaching performance. Your teaching assignments during the 1996-97 academic year included CRJ 230 and 233. The student evaluation conducted in Fall 1996 focused on CRJ 233, The Psychodynamics of Confinement. You received an overall rating of 4.8 on a 5.0 scale. Truly, an outstanding evaluation by your students. Your students praise your course organization, instructor clarity and enthusiasm, and are very positive about instructor/student interaction. Students have commented that the class is challenging and you enhance the critical thinking skills of class members through your approach to learning. Your syllabus is certainly interdisciplinary and systematic in its organization. I wish to commend you for your teaching in the Division. You stress both student-centeredness and scholarship. Thank you, Joel, for your contribution to the Division during the past year.

You have been certified to teach: CRJ 193, 230, 233.

This evaluation will be placed in your Personnel Action File seven (7) days from the date of this notice. During the seven-day waiting period you may submit a response or rebuttal statement. If such a statement is submitted, it will also be placed in your file.

Division policy also specifies that you may, if you wish, request a meeting with me to discuss your evaluation or the evidence upon which it was based.

Sincerely,


Thomas R. Phelps
Division Chairperson

TRP/pd

Saturday Review

Addiction:

August 18, 1962

Fact and Fiction

"Narcotics and the Law: A Critique of the American Experiment in Narcotic Drug Control," by William Butler Eldridge (American Bar Assn.-New York University Press. 131 pp. + Appendices and Selected References. \$5), concludes that there is insufficient evidence that heavy penalties reduce the addiction to drugs. Joel Fort, M.D., lectures in the School of Criminology at the University of California.

By JOEL FORT

IN "NARCOTICS AND THE LAW" William B. Eldridge has produced a brilliant critique of both the current policy of applying increasingly severe penalties and the proposed alternatives for solving the narcotics problem. Extremely well written, precise, and knowledgeable, the book carefully avoids and indeed demolishes the myths and biases so prevalent in this field.

Among the facts that are brought forward to replace the myths are the following: There are few permanent

physical effects from narcotics; sexual (and other) drives are depressed rather than stimulated; addiction is spread mostly by contagion from user to user rather than by the aggressive salesmanship of peddlers; some, not all addicts, were criminals before their addiction. The book also asserts that many are "cured," e.g., a careful New York study shows that almost one-half of 344 parolees abstained from drugs during the three years of the special project set up to test experimental techniques on paroled drug offenders (this at less than one-tenth the cost of keeping them in an institution and caring for their dependents). Moreover, Mr. Eldridge states that there has been a steady decline in juvenile (seventeen to twenty-year-old) narcotic offenders in at least one state (Illinois) rather than the "shocking increase" often self-righteously proclaimed by opportunistic politicians. Failure of severe mandatory penalties in at least one state (Michigan) is documented.

After perusal of various proposals made by the Joint Committee of the American Bar Association and the American Medical Association, the American Bar Foundation decided to

resolve the question of the effectiveness of present narcotic policies. This book reports the findings based upon study and comparison of state and federal statutes and court decisions concerning narcotics in New York, California, Illinois, Ohio, New Jersey, Missouri, Michigan, and the District of Columbia. The author repeatedly emphasizes the astonishing lack of accurate and complete data on the administration and effect of drug control policies—particularly astonishing since so many claims are made by law enforcement officials and legislators for the unqualified success of severe mandatory sentences. One wonders how many other social and governmental policies are based on an equally weak foundation.

A point by point analysis of our present narcotics policies predominantly reveals opinion rather than fact, emotion rather than reason, lack of planning, omissions, duplications, and misuse of statistics. One example: in 1957 the Federal Bureau of Narcotics reported a total active addict population of 44,146; since then they have listed 18,429 new addicts but state that the current addict population is only 44,842. California's recent successful attempt to accumulate valid and comprehensive information on addiction if extrapolated to the country as a whole would indicate a probable total addict population of closer to 100,000. This, of course, does not include the probable tens of thousands of marijuana users, millions of barbiturate (and other sedative) users and addicts, and our six million alcoholics.

Mr. Eldridge's conclusion is incapable: the material is not now available to assess the effectiveness of heavy penalties and was not available to those who have made unequivocal statements in the past about the success or failure of this kind of legislation. Thus we do not know the answer either about penalties or about other proposed solutions. The book contains thoughtful, albeit brief, discussions of several other "solutions." Narcotics dispensaries are correctly shown to be probably unworkable and perhaps immoral because they perpetuate the illness, would not supply the addict with sufficient narcotics to keep him from seeking additional illicit supplies, and because they would be extremely difficult to establish and properly staff. The "British system," which is widely misunderstood and misquoted in the United States, differs mainly in permitting the medical profession to play a major role in the treatment of addiction. Unfortunately, in the United States the medical profession, including psychiatrists, have not shown much interest in, or concern about, the narcotics addict and also have

allowed themselves to be easily intimidated by aggressive law enforcement agencies. As compared to the United States, the relative homogeneity of the English population and the absence of any significant narcotics problem (before the "system" rather than as a result of it) are stressed by the author.

Institutional treatment of the addict is dismissed too lightly by Mr. Eldridge, for when geared to rehabilitation and combined with long-term out-patient supervision and treatment (as is presently being done on a limited basis in California and New York), it can play an important role. Also not mentioned are such important control and treatment resources as education in the schools; Nalorphine (a drug that precipitates withdrawal symptoms when administered to a person who has recently taken narcotics—currently widely used in California on parolees and probationers to help decrease their usage of narcotics); Narcotics Anonymous chapters, and group psychotherapy. There is also a vital need to eliminate competition, duplication, and lack of coordination among local, state, and national narcotics enforcement agencies, as well as a need to apprehend more of the "businessmen wholesalers" of the narcotics traffic.

The author recommends a return to the principles applicable in other areas of criminal law: allowing judges freedom and discretion in sentencing, utilizing parole and probation, and ordering medical and psychiatric treatment. Special state and national agencies are suggested to accumulate definitive information and to establish and maintain standards for reporting on addiction.

The complex problem of narcotics addiction cannot be understood apart from the total context of drug use and abuse and the society in which this occurs. These problems of addiction serve as barometers of human society, and to solve them we must attack the breeding grounds of crime and addiction: poverty, segregation, slums, broken homes, psychological immaturity, ignorance, and misery. The "answer" lies also in the intelligent and imaginative cooperation of medicine, law enforcement, parole, and probation in attacking simultaneously all aspects of this problem. The imminent retirement of the chief of the Federal Bureau of Narcotics, the forthcoming White House Conference on Narcotics, and the publication of this study make 1962 a propitious time to win the war against addiction. The book should be required reading not only for law enforcement officers and physicians but for every citizen interested in doing something about narcotics addiction.

THE NEW YORK TIMES, SATURDAY, MAY 7, 1966.

Letters to the Editor of The Times

Drug Control Policies

To the Editor:

As a public health specialist and criminologist I would like to respond both to your recent editorial and articles concerning drug abuse.

The use of marijuana and other substances sought for pleasure-giving properties can only be understood in the total context of mind-altering drug use and the society in which it occurs. The Leary trial, where I was the witness on the medical and scientific aspects of marijuana (although the jury was not permitted to consider this evidence), well demonstrated the irrationality of laws which can condemn one to thirty years in prison for possessing and failing to pay a tax on a half ounce of marijuana.

Hopefully, the appeal to the Supreme Court will result in this extreme law being found unconstitutional with subsequent imposition of reasonable controls on both marijuana and alcohol use. As in the new Federal law on amphetamine, barbiturate and LSD use, criminal sanctions should be applied only to illicit manufacture or distribution, with users or possessors handled by social and public health approaches.

In terms of crime it would be more appropriate for politicians and policemen to concern themselves with the increasing numbers of murderers, rapists, thieves, drunken drivers, etc. than to create criminals by imprisoning people for use of LSD, marijuana, glue or alcohol.

Factors to Consider

Drug abuse refers to excessive use which impairs health or social adjustment, and one must consider the dose, frequency of use, method of administration, personality of the users and the setting in which it is taken.

The most widely used and abused drug on college campuses (and elsewhere), and illegally, because of age restrictions, is alcohol, despite the fact that this form of drug abuse receives little attention.

It is true that laws which were passed after a period of unfounded hysteria (now being repeated with LSD), and without any scientific testimony, condemn marijuana use (while encouraging alcohol use), but it is not true that public opinion uniformly condemns it.

I see the trend toward a drug-ridden, escapist society as unfortunate, particularly the \$12-billion yearly sale of alcohol, with the close connection of this drug to crime, highway deaths and injuries, family disruption, premature death, and sexual misbehavior. By contrast marijuana, however, has no direct connection with illness, crime (except by legally defining all users as criminals) sexuality, social harmfulness, or "hallucinogen" and narcotic use, but has been shown to have promising therapeutic effects, including relief of depression and increase of appetite.

The major focus of our social policies on drug use should be on prevention by eliminating the sociopsychological roots and by reducing the availability and advertising of the drugs, particularly alcohol. JOEL FORT, M.D.

San Francisco, April 23, 1966
The writer, former consultant on drug addiction to the U.N. and World Health Organization, is director of the Center for Special Problems, San Francisco Health Department.

Power — Who Has It and Why

"Power, like a desolating pestilence, Pollutes what'er it touches."
— Shelley, 1813

By Merla Zellerbach

Despite such warnings, Michael Korda's new book, "Power," is selling hotly in San Francisco. Apparently there's no shortage of optimistic souls seeking a magic recipe for instant wealth and authority.

Not everyone, however, agrees what power is.

"To me," says lawyer Ed Fleischell, "it's being able to do what pleases you. There really are no powerful individuals anymore, except in the labor unions."

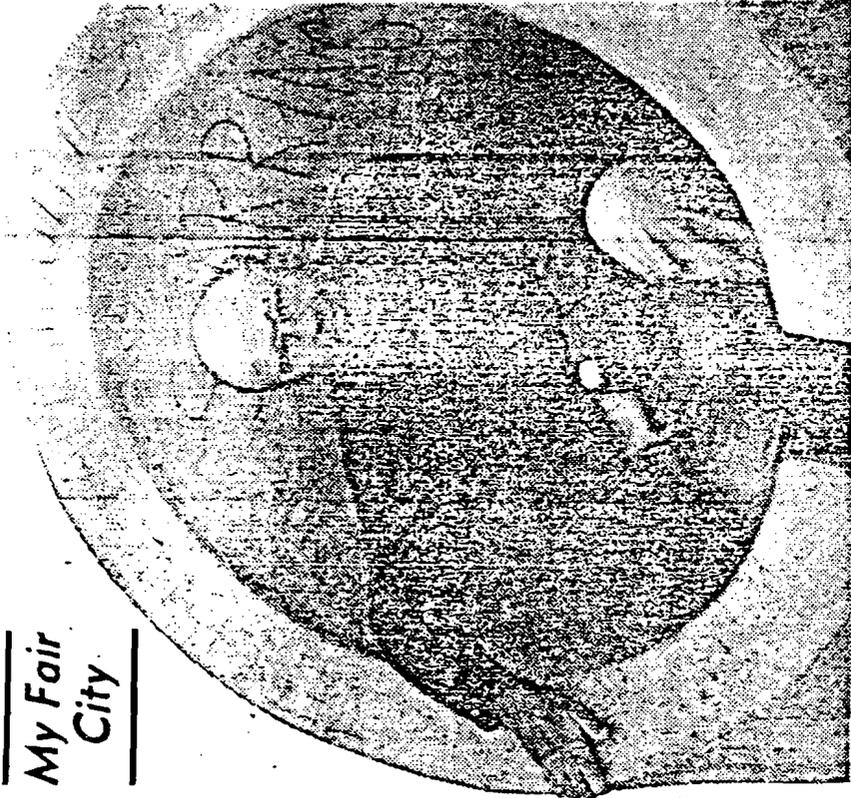
Two kinds of power exist for Berkeley psychologist Claude Steiner.

The first can be acquired and lost — such as money or property," he explains. "The second can't be removed. I call it charisma — the capacity to love, create, feel and communicate.

"A person with these qualities can feel every bit as powerful as a rich and influential person."

Businesswoman Ellen Newman agrees. "I'd give first priority to the

My Fair City



Dr. Joel Fort thinks much of what we accept as power is an illusion, that power is within

power of love and friendship," she says. "They can move mountains."

Dr. Jess Shenson thinks of power strictly in a personal sense: "Having the means and ability to do what I want to do graciously."

To food critic Jack Shelton, however, it's more "the ability to affect the lives of others. Journalists and authors have it," he says. "And the heads of large corporations and unions."

Pat Montandon sees power as synonymous with freedom — "the freedom to be yourself and not have to bow to pressure, or live up to others' images of you.

"Then there's the other kind," she says, "the ability to take advantage of people who need your services. Garbage men have it."

Much of what we accept as power is an illusion, according to lecturer-counselor Dr. Joel Fort.

"Real power," he says, "lies in a person's capacity to inspire others. Locally, Father Miles Riley has it by his example of doing kind deeds.

"There's no use looking for power in books," he warns. The most powerful person in our lives is *ourselves*."

Career Is a Family Affair



Mrs. Maria Fort

By Susan Berman

Mrs. Maria Fort is seated in her office on McAllister street, a bright dab of color in an otherwise dull room. She is a small blonde woman with clear green eyes who is wearing very red lipstick. She admits a preference for dressing with "a little flash" and is wearing a dress with a multicolored skirt accented by flashy gold coin jewelry.

Her rich Hungarian accent comes as a surprise when one finds she is a top government official, recently appointed Acting Division Chief, North Coast Field Operations of the U.S. Office of Economic Opportunity.

★ ★ ★

On her desk sits a row of three framed pictures, snapshots of her children: Titan, 17, Gita, 14, and Parcae, 8. Maria and her husband, Dr. Joel Fort, a public health specialist, gave the children the unusual mythological names because they wanted to encourage individuality.

"I assume you want to ask me how I do all this—job, husband, and family?" Maria asks in that charming accent.

"In my family, I believe

in the quality of mothering rather than the quantity. And my work is as much a growing experience for the children as it is for me," she said.

"A career is a family affair. Everybody chips in and helps. Sometimes Joel can stay home at night, sometimes I do. And all of the children are very independent," Maria said.

★ ★ ★

She started her climb by getting a master's degree in psychology from Ohio State.

"I came over from Hungary when I was 17. There just wasn't much of a future there for girls like me. I met Joel at college when I was 20 and we got married. It was a good decision and school seemed to come easier for both of us after our marriage," she said.

Maria had done graduate work in psychology in the Bay Area when she heard about an opening in OEO.

"They needed someone to work with the Head Start program (an educational and supportive services program for underprivileged children). I found OEO work

very exciting because it was working with the root causes of poverty, and with San Francisco as a laboratory, the possibilities were unlimited. This City still has the ability and the time to solve its problems," she said.

"We are really trying to combat poverty and all its ills at the root level. And OEO has taken a very good position with respect to women. We have a program of crossing over, where a clerical worker can cross over to get on-the-job training in another area. I think President Nixon means what he says when he talks about better jobs for women," Maria said.

Maria's concept of success for the working woman hinges on "self actualization."

"I feel very liberated, both at work and at home. And I believe each woman should follow her own special pursuits. I believe that my key is flexibility. I am always ready to evaluate my position. Change is the order of the day," she said.

Return Requested

330 Ellis Street
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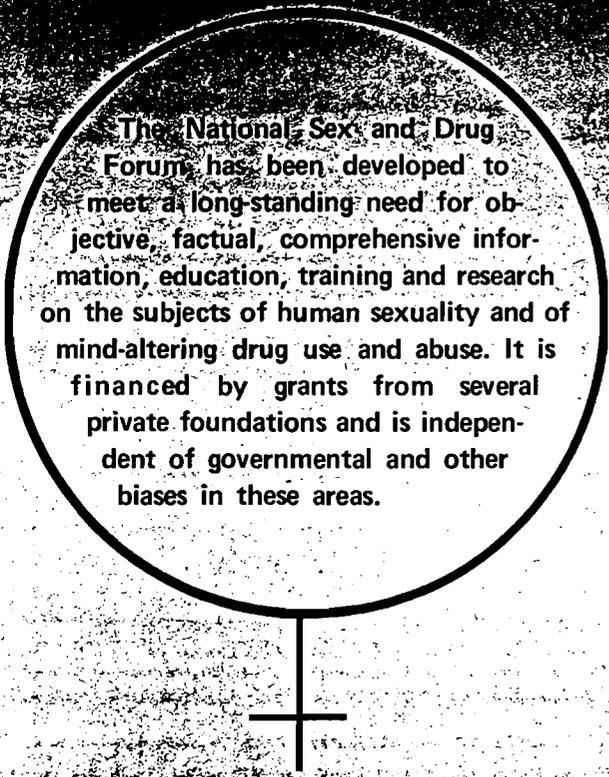
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National Sex and Drug Forum



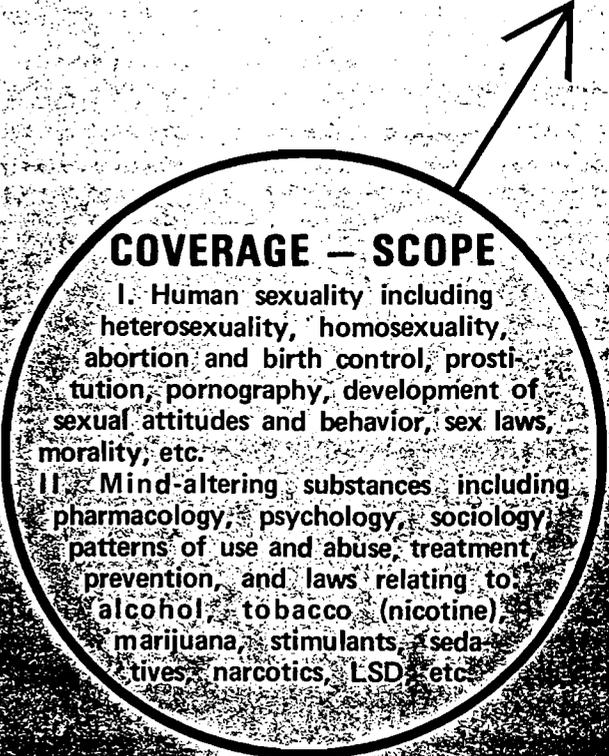
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The National Sex and Drug Forum has been developed to meet a long-standing need for objective, factual, comprehensive information, education, training and research on the subjects of human sexuality and of mind-altering drug use and abuse. It is financed by grants from several private foundations and is independent of governmental and other biases in these areas.

PHILOSOPHY

People involved in writing, lecturing, counseling, training, etc. in regard to sex and to drugs need accurate, undistorted information in context if we are to overcome ignorance, fear and extremism. By telling it like it is, we will help people to function more creatively and fully in coping with drug use or sexuality. A complete library of audio-visual materials must be developed and made available to professionals.



COVERAGE — SCOPE

- I. Human sexuality including heterosexuality, homosexuality, abortion and birth control, prostitution, pornography, development of sexual attitudes and behavior, sex laws, morality, etc.
- II. Mind-altering substances including pharmacology, psychology, sociology, patterns of use and abuse, treatment, prevention, and laws relating to alcohol, tobacco (nicotine), marijuana, stimulants, sedatives, narcotics, LSD, etc.

AVAILABLE SERVICES

A. INFORMATION on drugs and on sex — direct from the most knowledgeable people in the country including the Advisory Board — general reprints, books, films, general reference materials, original studies.

B. MEMBERSHIPS: Subscribing memberships for \$25 a year provide for regular mailings of current materials on sex and drugs.

Participating memberships at \$75 a year provide for regular mailings, access to the Forum audio-visual library, attendance at one regularly-scheduled course. (Such attendance is a required qualification for participating membership.)

C. TRAINING COURSES: General and specialized courses will be given on a scheduled basis — the cost for an entire course — covering both sexuality and drugs — will be \$50 (\$30 for either alone). Also available is long-term, in-service training.

D. CONSULTATION: For agencies, businesses, professional groups, educational institutions (including design and development of educational materials.)

E. REFERRAL for treatment based upon the most complete information on available facilities, their attitudes and what they actually do.

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The National Sex and Drug Forum was officially opened on October 15, 1968 after 9 months of gestation including ideas, counsel, proposals, gathering of educational materials, funding, etc.

Offices of the Forum are located at:

330 Ellis Street
San Francisco
California 94102

Telephones: 771-6300 or 778-2015

A Service of the Circle Foundation

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We are part of a new approach to all of our social and health problems—improving public and private agencies, increasing use of existing services, and community organizing. For more information, write or call: Joanne Donsky (HELP Coordinator), or Dr. Joel Fort (HELP Supervisor) at: Central City Multi-Service Center, 86-3rd Street, San Francisco, ph: 421-9850 or Mobile Health and Social Service Unit, ph: Mobile Operator, YL4-7304, registered in San Francisco.

CALL FOR HELP ANYTIME. ASK FOR HELP UNIT. 9am to 5pm: 421-9850
after 5pm: 387-3575

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

ELLIS D. SOX, M.D., DIRECTOR

MAY 23, 1966

THE CENTER FOR SPECIAL PROBLEMS

The Health Department now has a Center for Special Problems, which has been developed in the past five months to provide outpatient treatment, education and research on a number of major (and growing) social and health problems. The Center was developed from the former Adult Guidance Center which was the oldest alcoholism program in the Western states. Among the major features of the new and developing program at the Center are: (1) the handling in one context of all forms of drug abuse, e.g., alcohol, narcotics, tobacco, marijuana, sedatives, stimulants, L.S.D.; (2) the provision of a full range of public health services for sexual "deviants", criminals and drug abusers; and (3) the blending of clinical and research, criminologic and public health, new and old approaches. This program is administratively under the Community Mental Health Services Division of the San Francisco Health Department.

The Center is attempting to stress a broadly based, comprehensive public health approach to these problem areas, which will include treatment and rehabilitation on an outpatient basis, education and prevention, consultation, research and training. There are also two branches of the Center: the San Francisco Jail Clinic at San Bruno and the Hall of Justice, and the Alcohol and Drug Abuse Screening Unit at San Francisco General Hospital. All available treatment methods are being used in combination, depending on individual needs and staff capabilities. This includes individual and group psychotherapy, medications, such as Antabuse and tranquilizers, casework services, occupational therapy, vocational counselling, etc.

It is hoped in the future to give increasing emphasis to public and professional health education and consultation in a manner that would help to prevent the development of the special problems being dealt with. Both short-term and long-term services will be provided, without regard to socio-economic class, ability to pay, or age. Information and treatment services to relatives and family members are being encouraged. Liaison and close working relationships have been established with most of the private and public agencies and organizations whose interests include the problems dealt with by the Center for Special Problems.

The Center is located at 2107 Van Ness Avenue at Pacific, and is open on Mondays and Thursdays from 8:00 A.M. to 9:00 P.M., and on Tuesdays, Wednesdays and Fridays from 8:00 A.M. to 5:00 P.M. Inquiries for information or appointment may be made by calling KL 8-4801.

STATISTICAL REPORT FOR THE 20th WEEK ENDING MAY 20, 1966

CASES REPORTED:	FOR THE WEEK	1961-1965 RANGE		TO DATE		CASES REPORTED:	FOR THE WEEK	1961-1965 RANGE		TO DATE	
		HIGH	LOW	1966	1965			HIGH	LOW	1966	1965
CHICKENPOX	28	71	15	493	316	PERTUSSIS	1	2	0	12	0
DIPHTHERIA	0	0	0	1	0	POLIOMYELITIS	0	0	0	0	0
GONORRHEA	130	115	59	2593	2019	RHEUMATIC FEVER	0	1	0	1	0
HEPATITIS, INF.	1	5	0	61	57	SALMONELLOSIS	1	2	0	34	35
INFLUENZA	0	2	0	75	6	SHIGELLOSIS	1	3	0	24	43
MEASLES	14	139	25	231	430	STREP. INFECTION	2	11	1	93	163
MENINGOCOCCAL INF.	0	2	0	19	12	SYPHILIS	25	27	12	383	360
MENINGITIS, OTHER	0	2	0	11	8	TUBERCULOSIS	10	14	10	197	170
HUMPS	7	31	5	254	461	TYPHOID FEVER	0	0	0	0	0
DEATHS FOR THE WEEK FROM COMMUNICABLE DISEASES:										1966	1965
MENINGITIS, PNEUMOCOCCAL	1									182	201
PNEUMONIA	5									285	391
DEATHS RECORDED FOR THE WEEK										182	201
BIRTHS RECORDED FOR THE WEEK										285	391

A Program of and for the Future:

MY VISION OF THE CENTER FOR SOLVING SPECIAL
SOCIAL AND HEALTH PROBLEMS

by Joel Fort

Evolving partially from related programs that I originated over the past five years and partially from my diverse life experiences, training, and crusades for social reform, the Center has been steadily developing over the past year. Its direction has been greatly influenced by the gratifying and impressive commitment of about 100 highly talented and knowledgeable people of varied backgrounds who have joined its staff. As we gradually phase in our pioneering and ambitious program--that is, to help people with drug, sex, and other special problems; to train others and receive training; to complete the construction and decoration of our space; to raise money; and so on--we are being paid through the satisfaction of direct constructive participation in solving some of the most serious and pervasive problems of our age, while also making our own lives meaningful, significant, and relevant.

The Center, or colloquially Fort Help (the only nonmilitary fort in America), represents many important things for our present--and for our future. We are providing:

1. Badly needed, special long term services to those with drug (alcohol, tobacco, pills, LSD, narcotics, etc.) or sex (homosexual, heterosexual, and transsexual) problems; to the suicidal and dying; to insomniacs and those who are overweight; and to problems of crime and violence. Ours is the only facility anywhere to have this emphasis--that is, seeking social health, rather than simplistic narrow concepts of mental health, as a goal.
2. The most eclectic and innovative helping facility anywhere--blending every traditional and new technique from psychotherapy and encounter groups to hypnosis, massage, and music provided by professional and nonprofessional helpers selected solely for competency, commitment, and maturity (including altruism) rather than for their degrees, old age, or conformity.
3. A new model of health care--accessible, human, oriented to keeping people well, open to all, irrespective of ability to pay, comprehensive, and making maximum use of paraprofessionals.
4. A new organizational style--a voluntary association of people dedicated to solving problems in a nonhierarchical, nonauthoritarian, status-free manner--a parallel institution doing privately and urgently without profit what needs to be done without bureaucratic buck-passing, inefficiency, and dehumanization.
5. A bridge over the increasing fragmentation of American society. Rather than exploiting separate groups such as hippies, Blacks, the middle class, or one neighborhood, we are reaching out to everyone who has problems that we can help them work out. Insofar as possible, ours is a regional and national program analogous in its fields to those of the Mayo and Menninger Clinics.
6. A clinic that eliminates the pathological frame of reference, labeling, and stigmatizing--where staff relate to those who come for help as individual human beings who seek aid for one area of their life and will receive it from an interdisciplinary eclectic staff of greeters, problem-solvers, helpers, and culture workers, rather than from the narrow and authoritarian psychiatrist, psychologist, social worker, etc.
7. A social movement and crusade seeking to involve people, provide positive alternatives, change society constructively, and enhance human potential--as well as solve particular problems.
8. A research, educational, and training center.
9. A demonstration project that should be a model for cities in this country and abroad.
10. A place where values, ethics, idealism, and consistency of words and actions are stressed, where we try to live according to what we believe in and provide reality instead of public relations imagery, where we pursue excellence and seek mutual tolerance of different life styles.

***Grown-ups need help, too.**



***teens on up**

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- Drugs: alcoholism, drunk driving, cigarette smoking
heroin addiction, pill abuse, etc.
- Other common human problems

TELEPHONE:

864-HELP

169 11TH STREET, SAN FRANCISCO 94103

WE NEED YOUR HELP, TOO

Volunteer your time (appreciable) or money (deductable)



We are a staff of about forty counselors of diverse training and experience. Some of our staff are licensed; while others have developed helping skills without a license. Some staff receive small stipends; while others choose to work without pay. All counselors are chosen on the basis of their maturity, sensitivity, competence and commitment.

Our approach is humanistic and individualized, concerned more with facilitating growth and reinforcing human dignity than with 'adjusting persons to 'society.' Designed to be a warm and supportive environment, FORT HELP brings together those giving and receiving help in an exciting, new relationship—one that comes with shared responsibility.

Decisions at FORT HELP are made collectively, not in an authoritarian, bureaucratic manner. With no director, each staff person has equal power in defining FORT HELP'S policies and procedures. Assessment, Administration and Quality of Service committees carry out the necessary functions to keep FORT HELP operating, and these committees are open to any staff persons and are accountable to the whole staff.

Our Philosophy

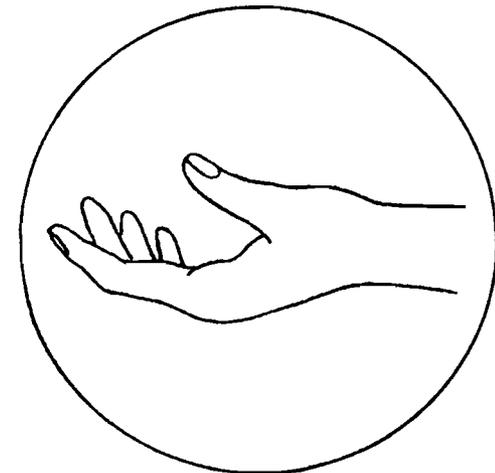
Since opening in 1970, FORT HELP has served as a fundamentally different kind of resource for people seeking aid to solve pressing problems in living. With the first volunteers and friends, Joel Fort, M.D., created FORT HELP—bringing twenty years of his experience as a public health innovator to humanize social health care and provide a model for helping facilities everywhere.

FORT HELP is a private, non-profit center engaged in keeping persons growing and learning about themselves. Our physical surroundings are unconventional with bright, bold, and free form space. For many people FORT HELP provides a welcome alternative to the cold, alienating atmospheres of mental health clinics or expensive, private therapy offices. We rely on other concerned people for our ongoing work, and we welcome your tax-deductible contributions.



FORT HELP

**A Helping Center
A Center for Growth**



**169 11th Street
(Near Mission St.)
San Francisco,
California
94103**

(415) 864-HELP

How We Help

Those who come to 'THE FORT' for help are given immediate assistance by counselors in our warm, living-room atmosphere. There are no waiting lists or complicated forms to be filled out. For some persons, a single visit may be sufficient. Others may choose to return for individual or group sessions. Fees are set with a sliding scale, based on a guideline of a person's monthly income.



Initially, persons phone or drop-in for an appointment at FORT HELP and are seen by a counselor who seeks to understand how to offer help. After mutually determining the person's needs, he or she is referred to the most suitable counselor or group. Since we have a large staff with varied backgrounds and skills, we are able to match people with compatible counselors.

FORT HELP is a humanistic alternative to traditional, medical model ways of helping with human problems. We aim to validate persons' life-style choices and support them in life's crises and conflicts. We believe that going for help is a natural part of the life process and people need not be labeled "sick" or "crazy" to be offered assistance.



What We Help

FORT HELP has comprehensive counseling services, and offers help in many problem areas which include:

- Relationship communication
- Family and marital problems
- Overeating
- Career changes
- Pregnancy conflicts
- Lifestyle transitions
- Depression
- Drug dependencies
- Alienation and loneliness
- Sexual problems
- Suicidal feelings
- Terminal illness, bereavement and death counseling

No one is turned away from FORT HELP unaided. Extensive resource files are maintained to provide referrals for those in need of services such as food, shelter, medical or legal aid.



Ways We Help

- Individual, Group, Couple & Family Counseling * * Feminist Counseling
- Peer Support Groups: Older adults, Women's Problem-solving groups and Gay Counseling * * Psychosynthesis
- * * Verbal-empathetic exchange * *
- Dream Work * * Crisis intervention
- Relaxation techniques * * Self-help Encounter * * Telephone counseling
- Information and referral * * Gestalt Bodywork * * Methadone Maintenance
- * * Consultation and evaluation * *

In addition we see people who have no specific problems and want to come here for growth work: to gain a fuller view on one's life, becoming more aware and expressive of feelings, becoming more in tune with one's body/mind self.

Drop-In every Thursday at 5:30 P.M.

A HELPING CENTER - A GROWTH CENTER

AN ALTERNATIVE TO BUREAUCRACY



STAFF

Allen Krebs
 Annette Perry
 Arleen Pomaski
 Becky Steele
 Bernie Carter
 Betsy Belote
 Betsy Cohen
 Betty Ann White
 Brigid McCaw
 Bruce Scotton
 Bunny Roth
 Carmen Comelli
 Carrie Reinhold
 Cheryl Wilton
 David Greenwald
 Dove Hoefler
 Evi Altschuler
 Gerry Gardner
 Jerry Polon
 Jenny Stamm
 Jim Mills
 JoAnn Costello
 Joe Willis

Joel Fort
 John Ullman
 Juan Alcedo
 Lin Fraser
 Linda Blackstone
 Linda Hirschhorn
 Lois Knowles
 Lois Shelton
 Lothar Salin
 Margaret Goding
 Martin Stow
 Meg Holmberg
 Michael Lipp
 Mimi White
 Nancy Duff
 Nancy Scotton
 Nevin Lantz

Reda Sobky
 Rick Stone
 Rob Robinson
 Rosalind Grossman
 Sue Cox
 Susan Friedman
 T. White
 Walt Voigt
 Willy Hayes
 Zele Freed

limit your smoking to consenting adults in private.

169 ELEVENTH STREET • SAN FRANCISCO 94103
(South of Civic Center)

Among the problem areas with which the Center is concerned are:

ALIENATION AND LONELINESS
SUICIDE AND DEPRESSION
MARITAL AND FAMILY PROBLEMS
RELATIONSHIP DIFFICULTIES
PREGNANCY CONFLICTS
COPING WITH DEATH
AND TERMINAL ILLNESS
OVEREATING AND OBESITY

SEXUAL PROBLEMS

- Erection failure, orgasm difficulties, premature ejaculation
- Unfulfilled sexual potential
- Sexual identity

DRUG DEPENDENCY

- Alcoholism and problem drinking
- Cigarette smoking
- Heroin addiction
- Amphetamine, barbiturate, marijuana, LSD abuse

To deal with these and other problems, FORT HELP relies on a comprehensive mixture of conventional and innovative techniques, such as:

- Individual, group, couple, and family counseling
- Information-giving and referral
- Self-help
- Behavioral modification
- Crisis intervention
- Telephone counseling
- Role-playing, psychodrama
- Encounter
- Methadone maintenance for heroin addiction; Antabuse for alcoholics
- Education and training
- Consultation and evaluation

The variety of available techniques is an important advantage in providing some form of direct help quickly enough to reinforce original motivations for seeking assistance, and insures the flexibility to respond to different people and problems in an individualized manner.



Since opening in 1970, FORT HELP (The National Center for Solving Special Social and Health Problems) has served as a fundamentally different kind of resource for people seeking aid in dealing with pressing problems in living. Created by Joel Fort, M.D., as a result of 20 years experience as a social problems and public health innovator, FORT HELP serves all people who need help regardless of ability to pay. Our private, non-profit Center is accessible, human, and oriented to keeping people growing and learning about themselves. We assume that those needing help with life problems should not be labeled or in any way reacted to as "sick" or "abnormal." FORT HELP's bold and futuristic nature represents an effort to humanize social health care. We stress eclectic, interdisciplinary approaches which suit the individual needs of each guest who comes to us.



FORT HELP serves as a model for helping facilities, providing new solutions to complex social problems. Our approach is humanistic and individualized, concerned more with facilitating growth and reinforcing human dignity than with the "adjustment" of the person.

We need your help in financing the Center. We rely on our guests and other concerned individuals for the bulk of our support, and would welcome your contribution.

Open House (200) ... Thursday at 5:30

Please limit your smoking to consenting adults in



THE BOARD OF DIRECTORS

Willie Brown
 Don Chamberlain
 Owen Chamberlain
 John Connelly
 Howard Craven
 Victor di Suvero
 Maria Fort
 Richard Hongisto
 Robert Kantor
 Sandra Kantor
 Art Lantz
 Jerry Mander
 Ted McIlvenna
 Arthur Morgan
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 Toni Rembe
 Arthur Rock
 Lothar Salin
 William Soskin
 Karen Stone
 Cecil Whitebone
 Cecil Williams



FORT HELP is a private, non-profit center open to all, regardless of ability to pay. It is designed to be a warm and supportive environment in which to be helped. It brings together those giving and receiving help in a new kind of relationship that emphasizes shared responsibility. Our physical surroundings are unconventional—bright, bold, and free-form—in an attempt to break away from sterile clinical and institutional atmospheres. Envisioned as a bridge over the increasing fragmentation of our society, **FORT HELP** is dedicated to operating in a non-authoritarian and non-bureaucratic manner in order to avoid the inefficiencies and dehumanization of traditional helping settings.

SERVICES

Those who come to the Center for help are given immediate assistance by greeter-problem solvers in a warm, living-room atmosphere. Gone are the long waiting lists and forms to fill out which drive away those in need of help from traditional settings. For some of our guests, a single visit may be sufficient for their needs. Others may choose to return for ongoing individual or group sessions.

No one is turned away from **FORT HELP** unaided. Extensive resource files are maintained to provide referrals for those in need of services such as food, shelter, medical or legal aid. Help is offered over the telephone to those unable or unwilling to seek assistance in person.

We recognize that many problems have social roots, particularly in the areas of sexuality and drug abuse. Our staff utilizes education as well as counseling to combat stereotyped attitudes and misinformation which often leads people to believe that their usual behavior is "deviant" or "sick." We do not label guests with psychiatric terms. Each person is treated as an individual, and with dignity and respect.

STAFF

Our staff, a diverse group of dedicated people with and without conventional degrees, represents another departure from traditional mental health models. They are chosen for their maturity, sensitivity, commitment, and relevant and potential abilities. Half the staff work without pay, and all staff members are here voluntarily, a reflection of our desire to seek rewards from work aside from money. The staff operates in a flexible system without hierarchy, giving each person freedom to participate in the Center according to individual skills and interests. Administrative and policy decisions are made democratically and consensually by a core group of interested, committed staff members.



A Nice Place to Get Help

By David Perlman
Science Correspondent

At the incongruously swinging intersection of Tenth and Howard streets a discreet brass plaque on a mustard yellow building says chastely:

"Center for Solving Special Social and Health Problems."

Inside the lobby a bolder poster declares:
"Fort Help."

Traffic through the "fort" is varied: men and women — and the uncertain, too — struggling with problems of gender identity; drug users, trying to cope with heroin, alcohol, speed or tobacco.

ENRAGED

Soon there will be others: youngsters on the edge of crime; the dispirited staying off suicide; the overweight, the sleepless, the enraged, the alienated.

At 199 Tenth street the new Fort Help is still in a state of disarray. Platoons of volunteers are painting, papering, hammering and building free-form rooms. Clients — no one calls them patients — gather for group sessions focused on their problems, and then sign up to help with the work.

Physicians, nurses, psychologists, social workers and medical students form the counseling corps, but there are no waiting rooms, no rigid schedules, no desks or other props for the orthodox doctor-patient relationship.

The non-profit center is, in fact, an experiment in delivering a new kind of compre-



Dr. Joel Fort (in eyeglasses) and his staff at the Center for Solving Special Social and Health Problems

hensive help to people whose problems of physical health, social capacity and psychological stability are all intertwined.

Thus San Francisco, traditionally hospitable to new and unorthodox methods for reaching the burdened, is now seeing the emergence of another center with still another approach to the problems that people can't seem to solve without help.

Founder of the new project is Dr. Joel Fort, a wide-ranging psychiatrist who has

studied drug abuse around the world, counseled alcoholics at Santa Rita prison, run a psychiatric clinic for the San Francisco Health Department and engaged in more controversy, probably, than Sigmund Freud.

WORK

More than 50 volunteers are already enrolled to work at whatever tasks experience or training best qualifies them, and specialized training programs have already begun with professional leaders.

Through word of mouth that spreads through many of the city's fringed communities, about 100 clients are already coming to receive help, although the center has only just been launched.

Fort has set a bare-bones budget of \$100,000 a year for Fort Help, although that involves his own services and the work of a program coordinator without any salary at all.

Clients will pay fees if they can, or come free if they can't. Some money comes in from Medi-Cal fees; fund-raisers are seeking private contributions and foundation grants.

Fort's philosophy for the center is at once idealistic and pragmatic, with a strong streak of challenge to more orthodox psychiatry.

"The problems of many people," Fort says, "are not only pervasive and important, but they need a very special approach because they can't be separated into simple social or health categories. They require comprehensive help, and we have to blend both traditional and highly innovative techniques."

"We hope our center will help bridge the growing fragmentation of society by serving all kinds of people — middle class and poor; the young and old; black, brown, white and yellow; hip and straight."

"We want to get rid of any orientation toward sickness by dealing with people as human beings who need help — and not by labeling them or stigmatizing them as sick."

criminal or crazy.

"We also want to create a new and democratic organizational style here. We're eliminating conventional walls, we're eliminating status and hierarchy among the people who are helping. We're encouraging people who have been helped to

come back as part of the helping process."

Fort Help's new style is already apparent: room walls curve gracefully and form no barriers. Art and music are everywhere.

Former addicts help lead group sessions on narcotics. Clients with "gender identity

problems" are helped by a psychologist who is also a transsexual.

But the new center does, in fact, have a realistic structure. It is, for example, incorporated as a non-profit institution. It is awaiting State approval of its formal application to launch a Methadone

program for heroin addicts.

Its board of directors includes a deputy State attorney general, a Nobel laureate, an Assemblyman, educators, physicians and ministers, bankers and young political workers.

It also has a phone number: 431-HELP.

STAFF

Kathy Anderson, RN
Jonathon D. Gray, MFCC
Jackie Larson, RN
Cindy Sealy, RN
Reda Sobky, MD, PhD
Philmore Steele, MA
Stephen A. Vernon, MFCC
Sherry Wicker, MS

Fort Help was founded in 1971 by Joel Fort, MD and many others who sought to create a service environment free of bureaucracy and stigmatization. We emphasize a collaborative non-heirarchical structure and client empowerment in shaping the service and its content. We accept no government funds and encourage others to become self-reliant.

THE NATIONAL CENTER FOR SOLVING
SPECIAL SOCIAL AND HEALTH PROBLEMS

FORT HELP

METHADONE
MAINTENANCE
PROGRAM

495 Third Street
San Francisco, CA 94107
415-777-9953

FORT HELP

METHADONE
MAINTENANCE
PROGRAM

20 Years
In Community Service

Help
Without
Hassle

FORT HELP

Why we recommend effective methadone maintenance for people who are opiate dependent.

If you have been using opiates, developed a habit and are now opiate dependent, you are not only hostage to the illegal drug network but also threatened with arrest, incarceration and worst of all, sudden withdrawal from opiates in hostile surroundings.

Patients who have become opiate dependent as a consequence of the medical treatment of pain and who have been unable to detox successfully can also be accepted in treatment. After stabilization of symptoms detox or maintenance are offered depending on need.

In both cases, lack of treatment makes people feel insecure and when they run out of medication they become vulnerable to high risk behavior.

What Fort Help Methadone Program can offer you:

1. Medically supervised access to legally prescribed opiates in a manner that allows you to help shape what happens so long as you act responsibly.
2. Respect and consideration with as much flexibility as the Feds and State allow.
3. Humanistically oriented service and counseling by highly trained staff.
4. Exactly the dose you feel you need within legal limits.
5. Confidentiality with services being provided in a controlled access area.
6. Attention and sensitivity to sexual preference and orientation.
7. AIDS risk reduction.
8. Top quality assistance in post-maintenance detoxification and aftercare as needed free of charge.
9. Medical consultation and advice freely available.
10. Vocational referral for re-training and re-employment.
11. Short intake period before admission.

FORT HELP

**Help
Without
Hassle**

415 • 777-9953

Crim. 161
 Winter 1974
 Joel Fort, M.D., Lecturer

SEX AND CRIME

Description-----The course will cover the most common, and the most serious sexual offenses as labeled by American criminal law including rape, obscenity, prostitution-pimping, homosexual acts, mouth-genital contact, child molesting, extra-marital sex, nudity & exhibitionism, etc. Who is the sex offender? Why? History of the sex laws and attempted changes. Treatment & punishment. Prison sexuality. Current sociological & criminological research. The sex "revolution." The course evolved from one of the first college courses on sexual problems, taught by Dr. Fort at U.C., Berkeley in 1962. The instructor also founded in San Francisco in 1965 the first public program to help those with heterosexual, homosexual, or transsexual problems and now co-leads The Sex Program & Sex Line of the National Center for Solving Special Social & Health Problems-- FORT HELP, 169 Eleventh St., San Francisco.

Enrollment limited to 210 undergraduate and graduate students.

Required Readings: Gebhard et. al., Sex Offenders
 Playboy, Sex in Cinema 2
 Rimmer, Thursday My Love
 Martin & Lyon, Lesbian Woman
 Collected readings on sex & sex crimes including "Help If Your Problem Is Sex?" & "Sex & Health" by Fort, Cleo's Copving Store.

Recommended Readings: Barrett, Sexual Freedom & the Constitution
 Lehrman, Masters & Johnson Explained
 Otto, The New Sexuality
Report of the Commission on Obscenity & Pornography
 Kling, Sex & the Law
 Frank, Boston Strangler

Outline and Schedule (Monday and Wednesday, 2-4p.m. in Room 2503 LSB)

- January 7, 1974-- Introduction. Normal and "abnormal (deviant)" sexuality.
- Jan. 9----Sex, morality, and the criminal law. The sex "revolution."
- Jan. 14---Current sex laws and their enforcement.
- Jan. 16---Film, History of the Blue Movie. Sex in films, books, art, photos, magazines.
- Jan. 21---Obscenity and pornography.
- Jan. 23---Nudity, massage, encounter, topless, bottomless. Exhibitionism & voyeurism.
- Jan. 28---Seduction, fornication, adultery, and marital sex (legal & illegal).
- Jan. 30---Oral-genital sex. Sodomy laws.
- Feb. 4--- Homosexual vs. heterosexual crimes. Promiscuity. Mate swapping. Group sex.
- Feb.6---Tape, The Business of Sex. Prostitution, pimping, & organized Crime. Midterm.
- Feb. 11---Pre-marital and extra-marital sex. Incest and child molesting.
- Feb. 13---Anatomy and physiology of sex. Problems with orgasm & ejaculation.

Crim. 161

Page 2

- Feb. 20---Abortion and birth control. Gonorrhea and syphilis.
- Feb. 25---Rape. The victim in sex crimes.
- Feb. 27---Sex criminals in court, jail, or hospital. Mentally disordered sex offenders (sex psychopaths). Charles Manson. Edmund Kemper. The Boston Strangler.
- Mar. 4---Sex and prisons. Sex education in schools and for adults.
- Mar. 6---The Sex Program of FORT HELP. Sex clinics, sex counseling, & use of surrogates.
- Mar. 11---Current sex research including the survey of U.C. Berkeley students done by the Student Life Style Research Group.
- Mar. 13---Sex law reform and harshening. Sex and love---making love vs. making out. The future of love, of sex, and of the family. Conclusions. Final exam (take home).

Humanities & Letters
History & Culture

With Joel Fort

The Ethics of Personal Behavior:

**Becoming a Good Person in
an Often Unethical Society**

807 (1.6 ceu)

*The shortest and surest way
to live with honor is to be in reality
what we appear to be. All virtues increase
and strengthen themselves by the practice
and experience of them.*

Socrates

Truth-telling is the foundation of an ethical life, yet it is often disregarded in personal and organizational living. This course explores the dimensions and causes of and alternatives to moral corruption in society. You consider the problems that arise when our ideals and ethical or religious standards conflict with the realities of organizations, politics, law, and the drive for "success." You study the philosophical standards of goodness espoused by such thinkers as Moses, Jesus, Buddha, Socrates, Kant, Susan B. Anthony, and Sojourner Truth and contained in documents such as the U.N. Declaration of Human Rights, the U.S. Constitution, and official codes of ethics.

Lecture, discussion, case studies, role-playing, tapes, and guided imagery are used to focus on such major issues as guns and violence; homosexuality and AIDS; abortion; suicide; and drug abuse, including alcohol and tobacco. Most importantly, the course addresses the question of how we cope with ethical problems in our own lives. In other words, how does one become good in the midst of evil?

JOEL FORT, M.D., is an internationally known expert and advisor on social and health problems, including violence, sex, drug abuse, and bureaucracy. He was founder of the San Francisco Health Department Center for Special Problems, as well as creator of Fort Help and the Society for Prevention of Violence or Cruelty to People. He pioneered in the now widely accepted public health approaches of prevention, education, treatment, and law reform for violence, drug abuse, and other social/health problems. He is on the faculty of California State University, Sacramento, and Golden Gate University. He is the author of *The Pleasure Seekers* and *To Dream the Perfect Organization*.

■ 4 mornings

■ June 23 to July 14: Thurs.,
9:30 am-1:30 pm

■ San Francisco: 112 Richardson Hall,
UC Extension Center, 55 Laguna St.

■ \$150 (EDP 034397)

LIFELONG LEARNING



UNIVERSITY OF CALIFORNIA
BERKELEY
EXTENSION

SUMMER 1994

REBUILDING
NEW California
THROUGH EDUCATION

Berkeley

EXTENSION

1997 COURSES

FEB., 1997

Murder: Its Victims, Perpetrators,
Prosecutors, Defenders, Publicizers,
Punishers, ●

NEW THIS TERM

MURDER & SOCIETY:

The Crime and Its Victims, the Perpetrators and the Law

X107 (1 semester unit in Sociology)

When a suspected killer is caught and brought to trial, what are the factors at play in the courtroom? Behind the garish headlines and sensational journalism we search for truth, but few of us know how our social control of deviant behavior really operates or at what cost.

This seminar attempts to explore and explain what we can know about the mind of the killer when on trial before the society that judges him. It covers sensational criminal trials, fallible psychiatry, and the protection of society. Some of the questions to be explored are: Can the potentially violent person be recognized in advance? What does a plea of insanity really mean? What is the role of the mental hospital? Of the prison? How do our courts temper responsibility to society with responsibility to the human being who has killed? Or do they? Lectures by authorities on the mind, the law, and society are followed by a panel discussion directed toward integrating the viewpoints presented.

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- 4 mornings
- Feb. 15 to March 8: Sat., 10 am-1 pm
- San Francisco: 106 Richardson Hall, UC Extension Center, 55 Laguna St.
- \$160 (EDP 046839)

The Ethics of Personal Behavior

807 (1.6 ceu)

The shortest and surest way to live with honor is to be in reality what we appear to be. All virtues increase and strengthen themselves by the practice and experience of them.

July 1997—Socrates

Truth-telling is the foundation of an ethical life, yet is often disregarded in personal and organizational living. This course explores the dimensions and causes of and alternatives to moral corruption in society. You consider the problems that arise when our ideals and ethical or religious standards conflict with the realities of organizations, politics, law, and the drive for "success." You study the philosophical standards of goodness espoused by such thinkers as Moses, Jesus, Buddha, Socrates, Kant, Susan B. Anthony, and Sojourner Truth and contained in documents such as the UN Declaration of Human Rights, the U.S. Constitution, and official codes of ethics.

ENROLL BY PHONE

(510) 642-4111

If you use MasterCard, Visa, or American Express, please give the Priority Code (see below).

ENROLL BY FAX

(510) 642-0374

If you use MasterCard, Visa, or American Express, fax this page. (For purchase-order enrollments: (510) 642-9037)

ENROLL BY MAIL

Return this entire page; please do not remove the mailing label. Mail to: Dept. B, UC Berkeley Extension, 1995 University Ave, MC7020, Berkeley, CA 94720-7020.

Additional enrollment information is on page 262.

ENROLL VIA THE INTERNET

See our home page at <http://www.unex.berkeley.edu:424>



DP555/DB455

APPENDIX Y

OFFICE HOURS: 5:30-6:30
THURSDAYS & BY APPOINTMENT

PHONE: (415) LA 5-50-50

CONFLICT RESOLUTION/MANAGEMENT

GRADUATE SCHOOL OF PUBLIC ADMINISTRATION

Ancient Greek
Stoic Prayer

"May I be no one's enemy and may I be the friend of that which is eternal. May I wish for every person's happiness & envy none. May I give help to all who are in want. May I respect myself. May I always keep tame that which rages in me & accustom myself to be gentle. May I know good people & follow in their footsteps."

Course Objectives

The University Catalog describes this doctoral seminar as examining the causes, nature, & resolution of conflict and teaching methodologies for handling conflict creatively. More broadly its purpose is to educate about organizational, interpersonal, (intra-) personal, societal, & international conflict. We will cover the causes of conflict, ways of coping, & positive management of it including numerous techniques of dispute resolution that are preferable to litigation or violence.

Beyond that, students can learn much that will enhance their lives as well as the functioning of their organizations/agencies.

Plan for the Course

My teaching approach is democratic and participatory, blending "Socratic" questioning & dialogue with short lectures on key issues, illustrative exercises, and special audiotapes & films/videotapes. My background & orientation is an interdisciplinary blend of extensive practical experience in creating & leading innovative non-profit organizations; independent reform activities; and academic knowledge of bureaucracy, leadership, sociology, psychology, & psychiatry. I have been a (now Senior) Professor at Golden Gate University since 1979 teaching "Ethics in Government & Business" and "Evaluation of Public Programs" as well as "Conflict Resolution." Before that I was on the faculty of the University of California Berkeley starting in 1962 and have also taught at two of the State University campuses, and in U.C. Extension & Independent Study. Since 1981 I have taken formal training in mediation, arbitration, & conciliation at California Community Dispute Services and at Community Boards, co-founded an on-going network of trainers & teachers of conflict resolution, and worked as a third party Mediator/Arbitrator in dozens of disputes.

Much of life involves conflict & stress with organizational life, especially administration, producing a disproportionate amount, much of it unnecessary & destructive. Most conflict can be better managed, prevented, or turned in a positive direction if one learns the dynamics & roots along with the many alternative ways of dispute resolution. The "top line" of telling the truth to self & others and having clear vision & goals is more important than the cliched bottom line.

The four texts complement each other well: a history of the ways people have resolved disputes without lawyers (Auerbach); a detailed organizational case study emphasizing the need for innovative leadership & participatory democracy (Fort & Salin); the nature of principled negotiation with the creation of win-win situations (Fisher & Ury); and a comprehensive work on the dynamics, assessment, & resolution of conflict (Hocker & Wilmot).

Required Texts

- J. Auerbach, Justice Without Law: Resolving Disputes Without Lawyers, Oxford, 1983.
- R. Fisher & W. Ury, Getting to Yes: Negotiating Agreement, Houghton-Mifflin, 1981.
- J. Fort & L. Salin, To Dream the Perfect Organization, Third Party Pub., 1981.
- J. Hocker & W. Wilmot, Interpersonal Conflict, Wm. C. Brown, 1991 (3rd edition).

Recommended References

- R. Axelrod, The Evolution of Cooperation, Basic Books, 1984.
S. Bok, Living: Moral Choice in Public & Private Life, Pantheon, 1978.
M. Deutsch, The Resolution of Conflict, Yale, 1973.
A. Strick, Injustice for All: the Adversary System, Penguin, 1977.
P. Wehr, Conflict Resolution, Westview, 1979.

plus selected articles; TV: 60', 20/20, Prime Time Live, CBS Sunday Morning, Oprah, Donahue, etc.; Radio: All Things Considered, As It Happens, Monitor Radio, etc.; and relevant audiotapes, films, & videotapes.

Course Requirements and Grading

You are expected to be fully prepared for each class & barring emergencies, to actively & knowledgeably participate in the class discussions & assignments. Each student will give a ten minute original lecture & lead the discussion on an assigned topic. These together will count 30% of the semester grade.

Another requirement will be an original term project on conflict resolution, due no later than one week after the last class meeting. This can be a lengthy research paper or a survey, interviews, or other approved endeavor and can utilize videotape, audiotape, or slides. The work should incorporate original research, a summary of relevant references, & your own analysis. This counts 40% of the grade.

One or two short term papers on assigned topics such as a field trip report on a negotiation, mediation, or arbitration will count 20% of the grade and a conflict journal done throughout the semester will count 10%. In recent decades journal writing has been used to facilitate learning, enhance insight, & bring about personal change if desired. It can start with writing down your educational, work, & personal goals and go on to include your responses to the readings & discussions. As you apply course learnings to your work, write down what happens & what you think/feel about it. See if you can develop strategies to manage the conflicts & stresses you encounter. The journal is mainly for you & honesty is vital. You need not submit any part you wish to keep private but you should indicate what you have learned from your personal journal writing.

Possible grades mandated by the University range from A+ (outstanding) to F (failure). Normally As go to 10-35% and Bs to 50-80%.

Class Schedule, Outline, & Assignments

September 12 (Thursday, 6:50 P.M.)---Introduction of course & students. Discussion of syllabus, expectations, & requirements. The scope & nature of conflict. Conflict exercises. Initial reading assignment (subsequent ones will be geared to student progress & include most or all of the required texts): Auerbach, Introduction & Chapter 1; Fort & Salin, Ch. 1,2,& 5; Hocker & Wilmot, Ch. 1.

Sept. 19---The biological, sociological, & psychological roots of conflict, aggression, & violence. Conflict tactics & styles. Student led discussion.

Sept. 26---Bureaucracy, power, & conflict including the role of the administrator/manager. Abuses of power. Addiction to power or work. The "merchants" of conflict: the media, lawyers, weapons industries, etc. Read Fort article, "Bureaucracy as a Social Problem."

October 3---Destructive consequences of conflict. The "let us prey" (lie, cheat, steal, bribe, threaten) philosophy. Student led discussion.

Oct. 10---Accountability, whistleblowing, & ombudsmen/women. Conflict in great literature & film (possible guest co-lecturer). Assessment of conflict.

Oct. 17---Techniques of conflict, stress, & anger reduction. The Society for Preventing Violence or Cruelty to People. Conflict exercises & role playing. Coping, regulating, resolving, & preventing conflict. Student led discussion.

With remarkable insight one of the nation's leading authorities on mind altering substances relates their use to the alienation of youth and the problems this signals in our society.

TIME

PLAYBOY



A nationally acclaimed physician specializing in public health, social psychiatry, and drug abuse, Dr. Joel Fort describes the uses and abuses of mind-altering drugs and evaluates their effects on individuals and society. He finds the condemnation of a small range of drugs dangerously hypocritical while the enthusiastic use of alcohol, nicotine, and numerous other substances is socially approved. Dr. Fort's book is an informative analysis of today's drug crisis, youth and society.

The Pleasure Seekers

The Drug Crisis, Youth and Society

by Joel Fort, M.D

Dr. Fort, who is among the nation's most prominent authorities not only on drugs but on the entire youth subculture, is one of the very few "experts" kids listen to. Dr. Fort's book, probably the best currently available on the subject, is an enlightening and provocative introduction to the drug scene for adults who really want to understand it.

Better
Homes
and Gardens

... there is a growing body of opinion best represented by Dr. Joel Fort—that wants to take more sophisticated and varied steps to control all drug usage. Dr. Fort and those who share his views would generally seek to take drug traffic or peddling — out of the criminal law. Instead, they would seek to bring all drug usage under control by a combination of steps: including reducing the availability of most or all drugs, halting the advertising of legal drugs such as alcohol and cigarettes, prohibitive taxation, and—above all, Dr. Fort argues—"improving the quality of American life."



The New York Times

The Pleasure Seekers is extremely valuable both as a source of information and as a manual for reform. It is the most complete and practical, humane and knowledgeable study of drug use and drug laws in the U.S.

... there is something compelling about Fort's humanity and honesty, his deep understanding of dissident forces in society, and his sharp eye for the liars and totalitarians in the power structure.

NOVEMBER 8, 1969

- 7 11 SKY HAWKS—Children (C)**
36 MOVIE—Spanish (C)
 "Tigre Enmascarado." The Masked Tiger raids a gang of bandits. Flor Silvestre, Emma Roldan, Pascual Garcia Pena. (2 hrs.)
- 44 VOICE OF AGRICULTURE (C)**
 "FFA in California." A discussion about the role of the Future Farmers of America in training young people to become farm leaders of tomorrow.
- 10:30 **2 MOVIE—Western (C)**
 "Black Bart." (1948) A devil-may-care road agent splits up with his partners and journeys to California. Dan Duryea, Yvonne DeCarlo, Jeffrey Lynn, John McIntire. (90 min.)
- 4 8 JAMBO—Children (C)**
 Marshall Thompson tells the story of the rocky romance of a lion and tigress named Romeo and Juliet. Tanu: Leroy Washington.
- 5 46 SCOOBY-DOO—Children (C)**
7 11 GULLIVER—Children (C)
44 WRESTLING (C)
- 11:00 **4 8 FLINTSTONES (C)**
5 46 ARCHIE—Children (C)

Saturday

MORNING-AFTERNOON

- 11:30 **7 11 FANTASTIC VOYAGE (C)**
4 8 UNDERDOG—Children (C)
7 AMERICAN BANDSTAND (C)
 Mama Cass Elliot is featured in songs and interviews. (60 min.)
- 11 BROTHER BUZZ (C)**
44 SHOW OF HOMES (C)

AFTERNOON

- 12:00 **2 ROLLER DERBY (C)**
4 ROBIN HOOD—Adventure (C)
 One of Robin's men is framed for murder. Robin: Richard Greene. Edgar: Alfie Bass
- 5 46 MONKEES—Children (C)**
 Rip Taylor guests as Gleek, a wacky wizard matching wits with the Monkees. Monkees: David Jones, Michael Nesmith, Peter Tork, Micky Dolenz. Otto: Tony Giorgio. (Rerun)
- 3 MOVIE—Double Feature**
 1. "Carson City Cyclone." (Western: 1943) The son is accused of killing his father. Don "Red" Barry, Lynn Merrick, Noah Beery Jr.
 2. "The Lost Tribe" (Adventure:



WHAT'S IT ALL ABOUT? (C)

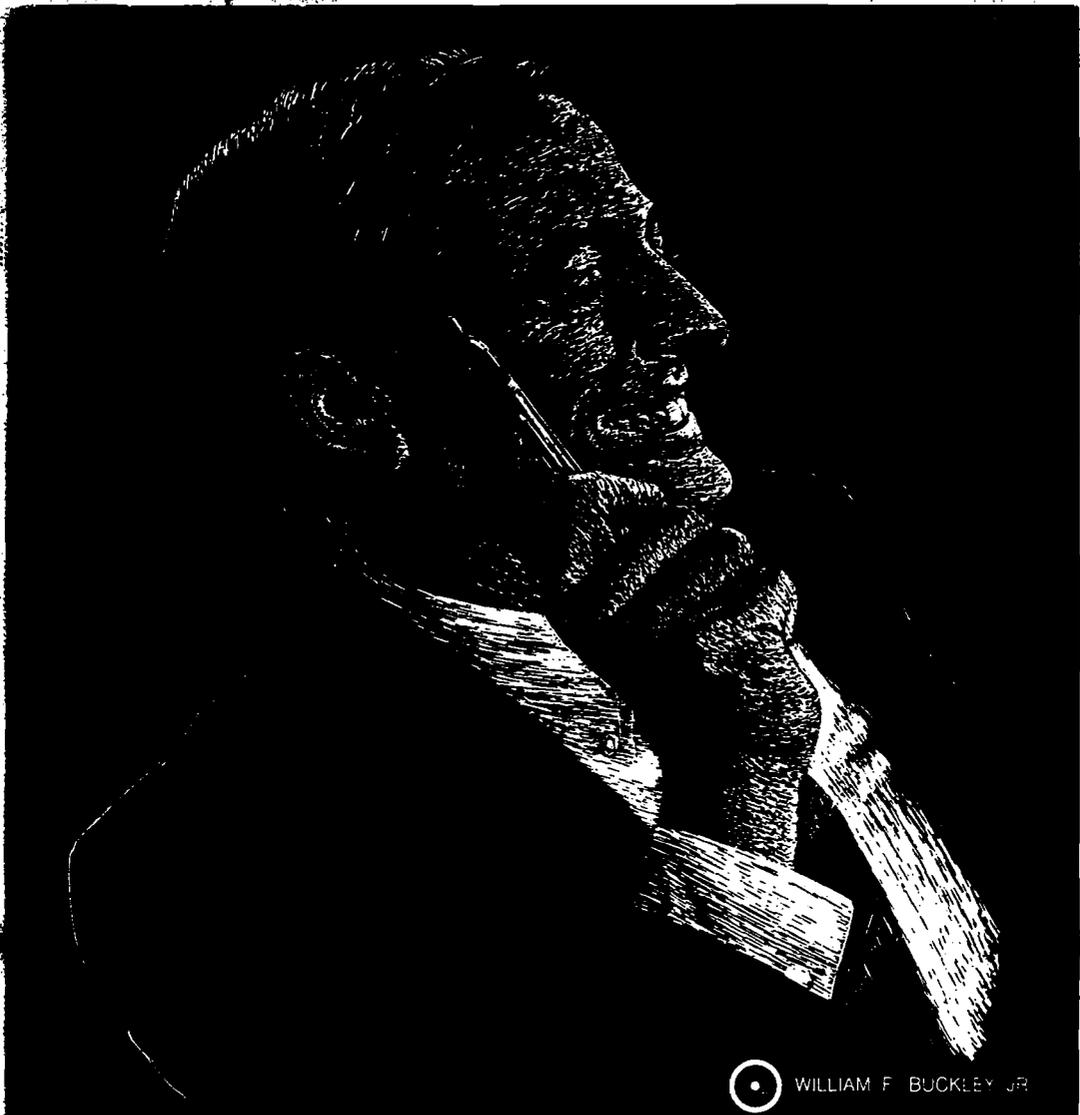
12:30 **5**

Debut: Dr. Joel Fort is the host for this extensive series, which attempts to make a comprehensive examination of man and his relationship to his environment. Topics will include pollution, leisure, education, pop culture, crime, sexual behavior, mental illness, politics—in short, man, his world . . . and his future. Today's program includes an introduction and an outline of the contents and goals of the series.

Dr. Fort, who specializes in public health and social psychiatry, also has a background in sociology, and criminology and is a noted lecturer, author and educator. He is an instructor at UC Berkeley and a co-ordinator of San Francisco's Sex and Drug Forum.

Guests scheduled for future shows include population biologist Dr. Paul Ehrlich; Nobel Peace Prize winner Owen Chamberlin; writers Jessica Mitford, Herbert Gold, Paul Jacobs and William Turner; pop impresario Bill Graham; and Charles O'Brien, California's chief deputy attorney general.

NOVEMBER 8, 1969 Saturday San Francisco, Calif. TV GUIDE A-9



WILLIAM F. BUCKLEY JR.

FIRING LINE

Guests: Dr. Mary Calderone, executive director, Sex Information and Education Council
Dr. Ernest van den Haag, psychologist and professor of sociology, New York University New School
Dr. Joel Fort, author, lecturer, University of California at Berkeley

Subject: "SEX EDUCATION"

SOUTHERN EDUCATIONAL COMMUNICATIONS ASSOCIATION

SECA PRESENTS

FIRING LINE



Host: WILLIAM F. BUCKLEY, JR.

Guest: Dr. Mary Calderone, executive director, Sex Information and Education Council
Dr. Ernest van den Haag, psychologist and professor of sociology, New York University New School
Dr. Joel Fort, author, lecturer, University of California at Berkeley

Subject: "SEX EDUCATION"

Panelists: Ned Lebow, assistant professor of political science, City College of New York
Jarol Manheim, assistant professor of political science, City College of New York
David Schulster, lecturer, Department of Speech and Drama, City College of New York

FIRING LINE is produced and directed by WARREN STEIBEL

This is a transcript of the FIRING LINE program taped in New York City on October 3, 1972, and originally telecast on PBS on October 15, 1972.

The FIRING LINE television series is a production of the Southern Educational Communications Association, 928 Woodrow St., P.O. Box 5966, Columbia, S.C., 29250 and is transmitted through the facilities of the Public Broadcasting Service. Production of these programs is made possible through a grant from the Corporation for Public Broadcasting. FIRING LINE can be seen and heard each week through public television and radio stations throughout the country. Check your local newspapers for channel and time in your area.

SOUTHERN EDUCATIONAL COMMUNICATIONS ASSOCIATION

MR. BUCKLEY: The controversy over sex education continues and, inevitably, the subject is linked to promiscuity, the question of sexual morality and, however circuitously, to pornography and abortion. I hope to avoid these last two in order to focus on sex education in the schools, pure and simple, to which end my three guests.

Dr. Mary Calderone, as president of the Sex Information and Education Council, is widely accepted as the principal pioneer of sex education in the schools. She is a graduate of Vassar College who decided to become an actress, abandoned that vocation, or partially abandoned it, and received her medical degree from the University of Rochester. She went almost immediately into public health work and, in due course, emerged via Planned Parenthood into SIECUS, as they call her organization. Her most recent book is *A Manual of Family Planning and Contraceptive Practice*. She is resolutely in favor of sex education in the schools, beginning with kindergarten.

At the other end, Dr. Joel Fort, of the University of California at Berkeley, describes himself as "author, lecturer, consultant specializing in public health, human sexuality, youth problems and drug abuse." His training is in the social sciences and psychiatry and he is the author of *The New Sexuality* and the author of *The Pleasure Seekers*.

Dr. Ernest van den Haag is a practicing psychologist and a professor of sociology at New York University in the New School. He is the author of many books, most recently *Political Violence and Civil Disobedience*. Many years ago, he escaped from a Nazi prisoner of war camp and came to this country where he began teaching.

I should like to begin by asking Dr. Calderone whether she recommends that courses in sexual education for children should communicate moral values and, if so, whose?

DR. CALDERONE: Mr. Buckley, if you'd permit me, I'd like to make three small corrections.

MR. BUCKLEY: Sure.

DR. CALDERONE: One, I'm only executive director of SIECUS. The president, the elected president, will be for the next two years, Dr. Evalyn Gendel, chief of maternal and child health of the State of Kansas. And I'm not an authority in the field of sex education and SIECUS is not and never has

been primarily interested in sex education in the schools.

MR. BUCKLEY: Is that right? What has it been primarily interested in?

DR. CALDERONE: Education for human sexuality in the entire society, primarily in the major professional groups, including theologians and seminarians.

MR. BUCKLEY: Is there a short way of saying that — sex education?

DR. CALDERONE: Everybody. All of us.

MR. BUCKLEY: I see, I see. But, I hope I wasn't wrong in saying that you are an authority on sex education — so I've read.

DR. CALDERONE: No, I'm not. I doubt if there is such a thing. What do you think, Joel? Do you think there's an authority? I'm not.

DR. FORT: Well, there are people in every field who are accepted as authorities in particular subjects. I would think it's fair to consider you an authority in sex education.

DR. CALDERONE: Well, let's just say that I don't consider myself an authority.

MR. BUCKLEY: All right, fine. So if you make any mistakes, we won't — we'll look away. (laughter) Now, are you prepared to answer that question, or would you —

DR. CALDERONE: No —

MR. BUCKLEY: You're not.

DR. CALDERONE: — because we don't believe that there should be a set of curriculum guidelines that could possibly be applicable to every community. Our stand has been from the beginning that every community, if it even wants a program, must design the program for itself, using the best minds of that community. Furthermore, to begin at five is a little bit late, because sex education begins at the moment of birth.

MR. BUCKLEY: Well, we're talking, I guess, only about the part of sex education which it is proposed be administered by the schools, and since very few people go to school before the age of five, I guess we've got to start somewhere, right?

DR. CALDERONE: Well, I guess that there

are many people who have proposed sex education — the Roman Catholic Church has its own curriculum for its parochial schools and there are many church groups that do and many schools do — but we have had nothing to do with constructing any of them nor even in consulting on them.

MR. BUCKLEY: Okay, well, let's detach you from your organization, since you're obviously uncomfortable as its spokesman, and I'll simply ask you, Dr. Calderone, whether you think a community, let's say, that believes in sexual continence ought to preach the value of sexual continence as a part of its educational program?

DR. CALDERONE: Would you define continence?

MR. BUCKLEY: Sure — premarital —

DR. CALDERONE: I mean, I'd like to know what *you* meant by it.

MR. BUCKLEY: Well, let's take a community which believes in premarital chastity.

DR. CALDERONE: Would a whole community believe in the same thing? Do we have a unified value system?

MR. BUCKLEY: In a community, there are presumably people who believe — I suppose there are some Stalinists there, one Hitlerite, but, by and large, it seems to me that one can assume a poll of a typical community would side in favor of premarital chastity. Now, if that were the case, would you believe that that value ought to be communicated?

DR. CALDERONE: I think it *is* communicated by the society. Parents communicate it; the churches communicate it — yes.

MR. BUCKLEY: No, I'm not talking about them. I'm talking about the sex educational program in the schools.

DR. CALDERONE: The programs that I have seen constructed by communities are not generally constructed to sell a particular value system.

MR. BUCKLEY: I see. So, therefore, they consider it, if I understand you, improper to insinuate a set of values into the discussion

of sexual techniques.

DR. CALDERONE: No, I think they recognize that we live in a pluralistic society in which there are multiple value systems, usually represented by the children in the classroom. And I believe that the value systems that the children themselves have from their own families can be strengthened by any discussion of moral values. If you move into the area of atomic energy, let's say, you can't discuss peaceful uses of atomic energy without getting into a discussion of the moral values that underlie why we will use atomic energy peacefully rather than at war, let's say. So, every topic has a moral value system grouping under that topic that needs discussion.

MR. BUCKLEY: Well, do you believe that it should be acknowledged and that a conscious effort ought to be made to communicate that value? For instance, the values of "democracy" are, however imperfectly, more or less understood as a part of the duty of the teacher to communicate to his students. Would the same thing apply in sex education courses?

DR. CALDERONE: You'd begin with the Constitution in discussing democracy and the democratic form of government, and then I think you would certainly also be interested in discussing other forms of government, because your own value system, the one that is communicated to you by your home and by your church, is reinforced by discussion and by exposure. This has been shown by Kohlberg of Harvard. It is reinforced by being challenged by differing values.

MR. BUCKLEY: Oh, but not necessarily.

DR. CALDERONE: Well, Kohlberg has shown that apparently it is.

MR. BUCKLEY: Well, I don't think he's really shown something that's palpably preposterous.

DR. CALDERONE: Well I'd better let you get Kohlberg on here then. His research does show it.

MR. BUCKLEY: Otherwise, you wouldn't have polls of the freshmen class of Harvard and polls of the senior class showing that they have moved very definitely in the direction that corresponds with the values of

their professors rather than of their parents. There is, I think, well —

DR. CALDERONE: Values — I don't know what you —

MR. BUCKLEY: Let's try that on Dr. Fort. Do you believe that, Dr. Fort, or do you believe that —

DR. FORT: Well, may I comment first on the question that you raised earlier about teaching with a moral perspective.

MR. BUCKLEY: Sure.

DR. FORT: I would say first that implicit in any discussion of sex, in the schools at least, is some moral value, whether or not it is expressed. I mean by that that the teacher of that almost always would reflect some moral perspective, either by what he doesn't say or what he does say, how he says it —

MR. BUCKLEY: Is this spontaneous or is that teacher considered unqualified unless he or she agrees to try to pass on that moral perspective?

DR. FORT: No, it would not generally be a matter of their being considered unqualified. In fact, I would say their moral values usually aren't talked about. It is assumed that it can be communicated objectively, that all you have to do is give the facts, and yet I'm saying that I think there would always be some value and what we should hope for is a tolerance that would be communicated for individual differences and an inclusion of what the accepted moral value is of the community, but in a non-hypocritical way. I mean by that that you would also have to communicate that a great many Americans, including the official leaders of the society, do not live by the official moral code as expressed in the law. But, certainly, I believe it is proper to communicate the value and to be explicit, to be overt, that you do have values when you are teaching about sex or about any other thing in the school.

MR. BUCKLEY: Do you agree with that, Mr. van den Haag?

DR. VAN DEN HAAG: Well, I think in the first place, I agree with Dr. Fort, there's no way of avoiding it. For even if you present five different value systems and present them, so to speak, neutrally, the major effect on the student would be, "It doesn't

matter," which is another value system. He would then conclude that it doesn't matter what values you have at all, one is as good as the other.

MR. BUCKLEY: Which is itself a value.

DR. VAN DEN HAAG: Which is, of course, a set of values. So, I do not really think that it is possible to avoid that, and one of my difficulties with sex education, which I define as formal instruction taking place in a schoolroom — Of course, we learn all the time, but those who favor sex education obviously are not saying they favor learning about sex. This has been done for the last few thousand years. What they are saying is they favor teachers teaching about sex in the schools in special courses. So they have to answer, it seems to me, the question of how useful it is.

Now, about values, to come back to your question. The trouble is that there is fairly considerable disagreement about sex. Some people even insist that there *are* no moral values connected with it, it's a matter of health. And they, I think, have a tendency to disguise, in terms of health, their own moral preferences. Sex is healthy, for instance. "You ought not to engage in continence, it's bad for you" is, of course, a disguised moral value. This is why I think it's almost impossible, if you teach sex in school, for the student not to get at least the flavor of the teacher's moral ideas and to be influenced by them. Sometimes, as Dr. Calderone points out, it may strengthen him in his own beliefs. More often, of course, the purpose of teaching something is to get the student to accept one's own beliefs and that, on the whole, seems to work out.

MR. BUCKLEY: Does it violate your idea, Dr. Calderone, of the supremacy, therefore, of the individual parent to permit sex education if, in fact, as Dr. Fort says, it cannot be taught without the communication of the teacher's values? This violates, a little bit, your notion, does it not, of the pluralistic society and the sovereignty of the individual parent?

DR. CALDERONE: No, I don't think it does. It wouldn't me, as a parent, because I would welcome the fact that my own values would be made clearer to my own children, hopefully, and I would welcome that they be exposed to many sets of values. I presume we're not talking about the five-year-old.

MR. BUCKLEY: Well, let's not. Let's move

on, shall we? How about 13 or 14?

DR. CALDERONE: Yes. Also, I think that the 10-, 11-, and 12-year-old is extremely interested in values. I know that Joel Fort is well aware of the Connecticut study of 5,000 school-aged children, from all walks of life –

DR. FORT: Teach us what we want to know.

DR. CALDERONE: Teach us what we want to know – kindergarten through 12th grade, in which the 10-, 11-, 12-year-olds were deeply concerned with the moral values underlying, say, cigarette-smoking, in the face of what we know, or alcoholism, or drug addiction, and they couldn't get over the fact that their parents were smoking or drinking in spite of the knowledge. This, again, is the young weighing out own false values.

DR. FORT: But I think there's another point that Mary is getting at there. With every topic that we single out, we communicate sort of a false compartmentalization of it. Sex education is a good example of that. We're talking about it as if it would occur only in the school and that education is only what's formally communicated; but most people's attitudes and values about sex, I think, are communicated by the role-model example of their parents, including what their parents do as well as what they don't do, how they feel about their bodies – the secretiveness, for example, they might have or not have about nudity or about other kinds of things that would relate to sex.

Secondly, sex education comes from mass advertising – the preoccupation of the media with breasts and other parts of the female anatomy, the preoccupation with sexual allusions of all kinds that are built into the advertisements for cars, whiskey, tobacco, a whole range of other things. Then, there's the graffiti on toilet walls and building walls that communicate certain ideas; peer group transmission of a lot of misinformation as well as information, and then what's taught in the school, either separately, as was pointed out, or mixed in with a variety of classes – like biology, physical education, social studies. A lot of sex education is going on in many school districts that don't have a formal sex education program. But by singling that out, I think we're tending to misdiagnose what's really going on.

DR. VAN DEN HAAG: I agree with Dr. Fort that there is a great deal of learning, if not formal education, about sex going on from all kinds of sources. Under the circumstances, why is it necessary also to teach it in schools?

DR. CALDERONE: As a corrective –

DR. FORT: Because most of that is not good information.

DR. VAN DEN HAAG: Well, why do you assume that teachers have good information to give?

DR. FORT: I don't assume that, either.

DR. CALDERONE: I don't assume the parents have good information, either.

DR. FORT: But the answer to your first question is that many families are not prepared to talk about sex and are not capable of talking about it. I would be the first to agree that the ideal place of communicating sexual information and values is within an intact, healthy family. That just isn't happening, and the graffiti and the peer-group information and the mass advertising are communicating false values, I believe, and unhealthy attitudes, so you're forced either to do it in school or perpetuate a lot of bad things.

DR. VAN DEN HAAG: I want to say two things. I'm not sure what false values about sex are, unless we simply mean "values other than my own." They are certainly false if they disagree with mine. But unhealthy attitudes and so on – Let me put it this way. We have been giving up the apprenticeship system in industry, pretty much, in favor of formal teaching. I don't think it has been too successful, but anyway that's what has happened. People now learn in school, what they used to learn in industry directly by doing. It seems to me that as far as sex is concerned, the apprenticeship system has been working very well. (laughter) I see no good reason to give it up in favor of formal teaching and one reason, incidentally, Dr. Fort, I have is that I disagree with you about unhealthy sexual attitudes that can be learned from graffiti which, after all, are not very new. You see, I don't think there are such things as unhealthy sexual attitudes and healthy ones. I think there are healthy persons and whatever they do is likely to be healthy, and there are neurotic persons and

whatever they do, even if they follow the manual that Dr. Calderone or someone else has written to the last comma, it's still going to be unhealthy because *they* are.

DR. CALDERONE: We have no manual.

DR. FORT: Okay, then let's take it in terms of anatomy, which is a relatively non-controversial subject and say you're in a school or in the home and you're talking about the human body and you describe the abdomen and you describe the chest and you talk about lungs and you talk about the liver and you talk about the heart and then you get to a part of the body where you talk about "private parts," the female anatomy, the male anatomy, and you are unable to use terms like penis, vagina, *et cetera*. That, in itself, creates a new way of thinking about that particular area that is unnatural.

DR. VAN DEN HAAG: I'm not sure what "unnatural" means. Would you tell me?

DR. FORT: "Unnatural" in that context is that that part of the body is communicated as something secret and something –

DR. VAN DEN HAAG: Private.

DR. FORT: – that should be dealt with in a different dimension.

DR. VAN DEN HAAG: In a private way.

DR. FORT: Well, your heart is private, too.

DR. VAN DEN HAAG: No, we don't regard it so.

MR. BUCKLEY: Perforce, perforce.

DR. VAN DEN HAAG: We regard this area of activity as a private rather than a public one.

DR. FORT: Oh, but I wasn't talking about activity. That's why I started with the example of anatomy, or we might use physiology, to get away from the more complicated issues.

MR. BUCKLEY: But, it's also clothed. I mean, the law requires it to be covered while walking down the street and, under the circumstances, isn't a description of the parts of the anatomy, therefore, reflecting what is, in fact, a codified position of society? I don't happen to be in favor of it. I

think it's preposterous. But isn't that a natural explanation for it – the fact that breasts are covered when people walk down the street suggests that they are in a class apart from, oh, the fingers, right?

DR. FORT: Yes, I agree, but I think that might be an effect rather than a cause; that is, we feel that way about clothing certain parts of the body as a vestige of the attitudes we have that that's totally different as opposed to clothing to keep somebody warm or to protect somebody from the elements. But that brings up the other point I wanted to raise with you. When I talked about bad attitudes, I specifically mentioned an example that relates to the exploitation of the female body and, particularly, the breasts, in modern advertising.

Now, so I have defined it. You may well disagree with that, but that's an example of what I think indicates preoccupation with anatomy as opposed to values and a loving relationship and the equal treatment of man and woman in the society.

DR. VAN DEN HAAG: I don't quite see why one is opposed to the other. I think the major message of advertising is, probably, that female breasts are nice and nice to look at. Well, why is that opposed to an attitude of loving and so on? I think you can both like her breasts and love her.

DR. FORT: It's not necessarily opposed, but it's singling out the anatomy without any emphasis whatsoever on the broader relationships.

DR. VAN DEN HAAG: Yeats once wrote a poem in which he pointed out that only God can love people for their souls, that human beings always have to go to specific, concrete details. (laughter) And he said that about red hair, at the time.

DR. FORT: I love Yeats, also, but that doesn't necessarily make it true.

(laughter)

DR. VAN DEN HAAG: No, but I think he is right on this. You see, I do not believe that you can love a soul directly. Some saints have tried and some have, perhaps, succeeded, but human beings love concrete, specific details. Now, it's perfectly true that if the detail were not animated by the soul by which it actually *is* animated, it would not

have the value for you which it does have, but you can symbolize your love only by depicting the detail.

DR. FORT: Well, what about the central issue, again? If these other sources are not communicating sufficient or comprehensive information on sexuality, why not do it in the school?

DR. VAN DEN HAAG: Well, let me explain why. I think that if there is anything wrong with someone's sexual life and, of course, there are persons where that is the case, the difficulty is *never*, and I mean never, lack of information. The difficulty is, therefore, *never* remedied by information. That is basically the important thing that Freud said, it's now almost 80 years ago. Freud tried to teach us that if people are ignorant, blocked, misguided, and so on, the difficulty is usually emotional and is rectified, if at all, by a corrective emotional experience and not by any cognitive information that you can give, by either reading a book or giving a lecture.

If you could teach something to a person who is sexually maladjusted — let's assume we mean the same by that — by giving him a lecture, well, I must say, I'm in the wrong profession.

MR. BUCKLEY: I was just going to ask Dr. Calderone whether the discussion that we have both been listening to here is a discussion that, in your experience, governs that which is taught or not taught to 13-year-olds or are we now in a post-sexual experience where maladjustment becomes something that the individual knows he suffers from.

DR. CALDERONE: Yes, I think we are in that stage and I think that is very clear. There are excellent studies that show that ignorance is a very, very wide source of tragedy — straight ignorance. And, at the very least, I think, we have an obligation to make available to young people who are exposed at various times, as Joel has pointed out, to sexual titillation and sexual double meanings and sexual exploitation of various kinds, as much basic, factual material as they need at their particular stage of evolution.

That the material is available and the parents do not give it to them renders them peculiarly vulnerable in the society to exploitation of various kinds.

MR. BUCKLEY: By tragedy, do you mean,

for instance, unwanted pregnancy?

DR. CALDERONE: Yes, but worse than that, I think, or as bad, certainly, is inability to comprehend the other person involved in any sexual experience so that the two are working from different motivations entirely; and one is always going to be hurt when there's exploitation and if the motivation is exploitation, there's always one who is hurt and possibly warped, which then can result in having recourse to Dr. van den Haag's services.

MR. BUCKLEY: Yes. Dr. Fort, what is your comment on that? Do you agree with Dr. Calderone that, in fact, sheer information can relieve some people from an ignorance that could result in maladjustment?

DR. CALDERONE: It's one factor, not the only one.

DR. FORT: Yes, I do agree with that and I wanted to oppose strongly some of the views that Dr. van den Haag expressed. And I want also to try to explain why he might have a different perspective on it. Somebody who does private practice or hospital practice of psychiatry or psychoanalysis tends to see a specialized sample of people, and we always tend to generalize from that, particularly when one works with the so-called "sick." I once debated an AMA psychiatrist about homosexuality and he was trying to convince everybody of how sick homosexuals are. He said, "All the homosexuals in my practice are very disturbed people," and I then pointed out that all the heterosexuals in his practice were also disturbed people (laughter), and that he had chosen to single out one dimension of them.

Now, at our center in San Francisco, and in many other places around the country, people with problems of impotency, premature ejaculation, a whole range of things, come in for help. It is totally false to communicate that they all need in-depth, extended psychoanalysis or psychotherapy. In fact, I think it's wrong in the first place to start out thinking of them as sick or as patients and we try to get away from that model. But simple information can often be the solution. I'll give you some clear-cut examples.

Many women do not know what an orgasm is. They believe they're not having orgasms when, in fact, they are and simple education about what's involved in it and

anatomy and physiology of it is like dispels the problem.

There are many people in America who believe that masturbation will cause them great harm, because they're taught that in childhood. Simple information about that will dispel a terrible problem — the problem of guilt and fear which is totally irrational. It's a totally separate question from whether a person should or should not masturbate. I'm saying that it is wrong for a person to grow up feeling that he is going to become insane or have his life ruined because he happened to masturbate at a particular time.

And then a final example are people who feel that they are somehow impotent or inadequate sexually simply on the basis of misinformation about how frequently people should have intercourse or how frequently they should have ejaculations. Simple education about that, communicating some perspective, the wide range of normality, the wide range in terms of ages, occupations, a number of things, will be all the help they need. And they do not need to go into an expensive, extensive psychoanalysis.

MR. BUCKLEY: What do you say to that, Mr. van den Haag?

DR. VAN DEN HAAG: I think all of it is wrong, so it's going to take me a little time to explain. Let me start with the first things. There are a number of countries where sex education has been going on for a long time — largely in Scandinavia — and there are —

DR. CALDERONE: Your facts are wrong. Sorry — that fact alone is incorrect, that statement.

MR. BUCKLEY: Is it? You say it hasn't been going on in Scandinavia?

DR. CALDERONE: No, no, and this is by the testimony of the Swedes themselves.

DR. VAN DEN HAAG: For more than 60 years, in my opinion.

DR. CALDERONE: But it is not really sex education.

DR. VAN DEN HAAG: Let's agree to disagree, all right?

DR. CALDERONE: All right, but I want to point out that you're not well-documented.

opinion, but not in Dr. Calderone's opinion, sex education *has* been going on in —

DR. CALDERONE: Your facts are not documentable.

DR. VAN DEN HAAG: We have agreed to disagree, all right?

DR. CALDERONE: All right. It's not an opinion of mine, you understand.

DR. FORT: Why don't you describe the sex education that you feel is going on there and then we can all agree on that.

DR. VAN DEN HAAG: All right, it's my opinion — Dr. Calderone's fact — in my *opinion*, it has been going on for 60 years in various forms —

MR. BUCKLEY: You mean *in* classrooms.

DR. VAN DEN HAAG: Yes, in classrooms — particularly, high schools. And, of course, in other schools in places — in Anaheim, California, and so on — there have been, for a much shorter time, experiments along those lines. There is absolutely no evidence whatsoever that we can grasp statistically that the incidence of gross pathology, which is all we *can* grasp statistically, of course, has diminished. If you look at such things as illegitimate births, promiscuity, homosexuality — I tend to agree with you on that — but just as incidence of some sort, various forms of impotence, premature ejaculation and so on — what data we have is that none of these has been affected by sex education in a way that we know to be either favorable or unfavorable. There seems to be simply no effect.

Now, I think there are good reasons why there probably *would* be no effect. I do not believe that anyone becomes homosexual because nobody told him about the opposite sex. I do believe that people do develop guilt feelings about masturbation, but I think there is no evidence that they do develop the guilt feelings because they have masturbated. I think we know that they develop guilt feelings and they're likely, these guilt feelings, to fasten themselves to a variety of so-called rationalizations. The idea that people get mad when they masturbate, as you know, is an idea that even Krafft-Ebing still had in the 19th century and so on, and yet most people seem to have overcome this idea and those in

which we notice pathology, there's really no way of tracing it to this wrong teaching.

But, most important of all, you see, I think there are lots of things that are worth learning in school and that you are not likely ever to learn unless you learn them in school. You're not going to learn much about ancient history unless you learn it in school. About sex and sexual practices I think there are, as you pointed out, numerous opportunities to learn.

MR. BUCKLEY: A lot of autodidacts.

DR. VAN DEN HAAG: Right. The proof that I think is owed us, if you are in favor of sex education, is that the instruction that the schools can give us is in some way superior to what people can learn by themselves in the effects, not in the intentions —

MR. BUCKLEY: Let's let Dr. Calderone comment, at any length you want, on those challenges.

DR. CALDERONE: I just can't — There's absolutely no way of answering this kind of an argument because it's not based on documentation and fact, it's just an opinion. I can give you the books and the references *ad nauseam*.

Well, let me say just this one thing. You cannot say, "I took an aspirin this morning and died tonight and the cause was the aspirin." In the first place, there has not been sex education in the Swedish schools. It has been very, very spotty and poorly documented. The new Royal Commission report recognizes this fact. Many, many teachers absolutely refused to give it because they were not prepared; therefore, children did not get it. The "promiscuity rate," or the "illegitimacy rate," whatever promiscuity may mean in Sweden — these are different from our rates for the simple reasons that their mores are different. Premarital sex has always been accepted as a part of the Lutheran tradition in Sweden. Illegitimacy is not recognized in Sweden, so you can't compare these things as results. They are not results. They are correlates, but they are not results.

DR. FORT: I think part of the confusion, if I may interject a brief point here, is that we're talking about many different things under the rubric of sex education. In one school, it might be an anatomy course. In another school, it might be an anatomy

course taught as part of biology. In another school, it might be social sciences. In some schools, they may have, indeed, a formal sex education program. That might take place one hour during one year. In another school, they may have a formal program, which takes place over a period of four and a half months, each day. So we're lumping all that together indiscriminately.

And, then, finally, we're looking at it in a society where all these other things are going on, too. Let me use the analogy of cigarette-smoking. Some people say the Cancer Society and the Heart Association campaign against tobacco, cigarette-smoking, failed because more and more people, including more young people, are turning on with nicotine. But, how can you say that in a vacuum, because while they were doing a very creative thing — and, I think, doing it effectively — the massive advertising, one million dollars a day was being spent by the cigarette industry to get people to use tobacco. And the role-model examples of their parents and of other adults was showing them the acceptability of it. So, there's no way of measuring it. But that's not unique to this. How do we measure the effectiveness of teaching math or teaching English? We have no standards for many of these things.

DR. VAN DEN HAAG: Two things. No, I'm sorry, we *do* have standards by means of which we measure the effectiveness of teaching math.

DR. CALDERONE: The effectiveness of behavior is what we're talking about.

DR. VAN DEN HAAG: You either pass the examination or you don't. Now, as for the advertising about cigarettes — I have not noticed anyone advertising heroin, and yet it seems to have found a very good market. In fact, I've found a great deal of counter-advertising and it seems not to have affected the market at all.

DR. FORT: Are you saying that mass advertising of any product is ineffective? Is that your point — that they're wasting all this money?

DR. VAN DEN HAAG: No, you see, let me explain.

MR. BUCKLEY: That has to do with which cigarette you buy rather than whether you smoke.

DR. VAN DEN HAAG: It greatly affects the brand and how the market is shared, but if we stopped advertising cigarettes at all, I think the total consumption of cigarettes would be, probably, about the same.

DR. FORT: For at least several years, because decades of this have taken place.

DR. VAN DEN HAAG: People learn it from their parents. They see their parents light up, and so on. When they are 11 and 12, they may be very moralistic about it because they are not allowed to light up themselves. When they get to be 15 or 16, they probably try to prove that they can be like Daddy by lighting up, too. I happen to be bitterly opposed to cigarette-smoking. I think it's very unhealthy and immoral and only cigar-smoking should be allowed. (laughter) Nonetheless, I do not think — You see, there are emotional attitudes. People seek, of course, as you know, Dr. Fort, in smoking cigarettes and cigars, some sort of oral gratification.

DR. FORT: Of course.

DR. VAN DEN HAAG: Unless a good and, perhaps, healthier substitute is found, they'll go on smoking cigarettes, advertising or not.

DR. FORT: People seek gratification in sexuality, too.

DR. VAN DEN HAAG: And they're going to go on getting it in about the same way whether you advertise *for* sex or *against* sex and whether you teach it or don't. Therefore, I think that we might not teach it.

MR. BUCKLEY: Now, Ernest, let us assume a situation in which, for whatever reason, the mother neglects to inform her 13-year-old child about the pill, let's say.

DR. CALDERONE: Or about menstruation. This happens all the time.

MR. BUCKLEY: Or about menstruation. All right, now, do you assume that she is going to pick up knowledge about the pill as fast as she might ever succumb to a seduction? I think that's simply unreasonable. I don't know any of these figures.

DR. VAN DEN HAAG: Let me explain, Bill, the difficulty there is this. I do not think that there is so much ignorance about the

pill, although I think there I would agree with Dr. Fort; we have to distinguish various social groups. But stick for a moment with the middle class. The reason that a middle class girl may not take the pill and be seduced and, perhaps, pregnant, is *not* that she hasn't heard about the pill. It is rather that to take the pill, to her mind, meant to be prepared for and ready to have intercourse. Now, she may have gone out with the boy and it was not in her mind that it would come to that. That is why she was not prepared. So, teaching her that there *are* pills wouldn't really do the job. What you would have to do is to go one step further and this is where I question it. You would have to tell her, "Always take pills; one never knows what will happen." And that is, for a girl, pretty much like saying to her, "Be prepared because you are going to do it." That is to suggest that she will and that is to invite her to do it.

Now, I'm not saying it's right or wrong, but it certainly cannot be separated from a moral attitude.

MR. BUCKLEY: You think that's psychological causality. Sorry.

DR. FORT: I think you're setting up a false polarity, just as you were when you brought heroin into the example. Because I started out saying there are many ways people learn to use things or to engage in certain behaviors and advertising is one of them; it's a factor with some drugs and not with others. But there are many other choices for that young girl to take than the ones that have been presented here or for a school to communicate. One of them might be to have some confidence in her ability, as a result of her family life and her own learning and her own maturity, to make an intelligent decision if she's given full information, not only about what the physiological effects of the pill are but about the physiology of intercourse, the nature of pregnancy, the possible risks and consequences — having some confidence that that person, particularly when she is in her mid-teens and in American society in 1972, will make an intelligent decision for herself. But it should not be set up so that it's better that we don't say anything about the pill because they're going to learn about it automatically, and if we do talk about it, they're bound to be promiscuous.

DR. VAN DEN HAAG: I didn't make myself clear. I answered Bill merely by

saying that if this girl gets pregnant, it isn't a matter of ignorance but rather a matter of indecisiveness on her part. Now, I'll have to answer you. You see, it is *not* a question, as you put it, of an intelligent decision. If it were that, I would be on your side. If we could appeal to the intelligence and if intelligence were decisive in these matters, I would be on your side and I would be teaching it and trying to get particular skill in arguing about it and so on.

But it is not a matter of intelligence. It is a matter of emotions.

DR. CALDERONE: You don't think young people are intelligent, I take it.

DR. VAN DEN HAAG: That does not follow.

DR. CALDERONE: That's the way it sounded to me.

DR. VAN DEN HAAG: That's the way it sounded to you.

DR. FORT: But, again, there is some interrelation of emotion and intelligence. They're not two separate human attributes.

DR. VAN DEN HAAG: Well, of course not, but the most intelligent people can be driven by their emotions, as you certainly know as well as I do, to do the wrong thing.

DR. CALDERONE: But many intelligent young people can be helped to understand that there are viable alternatives to having intercourse. That's what you seem to forget.

DR. VAN DEN HAAG: I don't know what is a viable — I must say, I am no longer so young and, perhaps, I'm not very intelligent. What *is* a viable alternative to having intercourse?

(laughter)

DR. CALDERONE: One is *not* having it. There's a choice here.

DR. VAN DEN HAAG: You mean, they didn't know that?

MR. BUCKLEY: Yes, a point that you, presumably, made.

DR. VAN DEN HAAG: It doesn't seem to me that you could teach them that you could not have intercourse. They know that.

DR. CALDERONE: Yes. The facts — No, very many young people don't. For instance, I think promiscuity is a medical term. I use promiscuity only because it's a pejorative term. I use it only in two senses. One is in the medical sense of compulsive sexual behavior due to compensation for a rather starved and deprived emotional background. There's another form that I call environmental promiscuity. There are young people growing up in many of our crowded urban centers, particularly in ghettos, who literally don't know that there is any other way to behave than to go out and have intercourse freely with anyone you happened to meet and want. Now, they have had no viable alternatives ever presented to them at any time by anybody, based on facts, for instance. This is what I mean by intelligence.

DR. FORT: I think that group you're talking about generally does know that there are alternatives but the problem is that in their lives there is often a lack of other sources of pleasure, meaning, human communication.

DR. CALDERONE: That's part of it.

DR. FORT: That's true for anybody's behavior, whether you're talking about drug-taking or sexual behavior. The more sources of hope and meaning they have, the less likely they are to preoccupy themselves with any one thing.

MR. BUCKLEY: Professor Lebow.

MR. LEBOW: Yes, I'd like to address my question to Mr. van den Haag. W. C. Fields once defined a virgin as "a six-year-old girl, very ugly." (laughter) Now, while this is an exaggeration, changing sexual mores have created a situation in which this is almost a fact. Now, with changing sexual mores, we've also seen a considerable rise in the incidence of both VD and illegitimate births. You maintain this is really not a case of misinformation. I would like to ask you this question again by simply mentioning one experience that I've had. I teach at City College, and I've had discussions with my students about sexual information. When I first started teaching, there were, in fact, several students who were using saran wrap as a contraceptive. They were that ignorant. These are students at City College who, we assume, represent in some ways the elite of the American population, hopefully.

MR. BUCKLEY: That's something that came in with open admissions?

(laughter)

MR. LEBOW: We'll save that for another program. Can you honestly maintain that the portrayal of some kinds of information in the classroom about the potentialities of human sexual response, about contraception, about venereal disease will have no effect whatsoever upon affecting the rate of these in our society?

DR. VAN DEN HAAG: There are two things I wonder about. The student who is intelligent enough to be admitted to City College and uses saran wrap as a contraceptive strikes me as a little odd, and I would wonder what might be wrong with him in terms of personality so that he does not absorb the information which is, after all, available in books that he can get at any drug store and which he must have heard from his friends. I would rather think that something was put over on you; that the student who told you that either was kidding you (laughter) or that there was something peculiarly wrong with him and that you ascribed that to lack of information.

MR. LEBOW: It was a she, and she was pregnant.

DR. VAN DEN HAAG: I see. Same thing.

DR. CALDERONE: Dr. Lebow's statement is verified and documented by a number of research studies.

DR. FORT: But, actually, I think the one thing he's getting at —

DR. VAN DEN HAAG: Done by the saran wrap industry?

(laughter)

DR. CALDERONE: No, no.

DR. FORT: You say that this girl and her boyfriend should have gotten information from her friends, or could have. That's, in fact, what did happen. I've seen similar examples. They got information from their friends that saran wrap is as effective as a condom and they, therefore, took that because these were authorities on sexuality as they saw it. They had no other official,

more knowledgeable, more reasonable source of information available to them.

DR. VAN DEN HAAG: Why? Why? They could read if they were in City College. Why couldn't they get a book or something like that?

MR. BUCKLEY: Mr. Manheim.

MR. MANHEIM: Dr. Fort, earlier in the program, you suggested that one primary goal of a sex education program should be to communicate tolerance and then, shortly afterward, you talked about considerations or pressures on individuals other than the school — peer groups, mass media and so forth. In that context, is it reasonable to expect, particularly considering peer-group pressures on people of that age, that tolerance will, indeed, be the ultimate message that emerges from a sex education program in the schools?

DR. FORT: No, it's not reasonable to expect that now because many schools, perhaps even most, don't even have what I would consider a legitimate or formal sex education program — comprehensive, taking place over a period of time, dealing with attitudes and values as well as with anatomy and physiology, *et cetera*. So, that's not going on now and, therefore, what you're talking about will not happen and does not happen and I don't expect it to happen in the near future. They'll remain mostly influenced by their peers, by advertising, by role-model examples, by the misinformation communicated in Hollywood films and in specifically erotic films and so on and so forth, but not through the sex education.

DR. CALDERONE: However, to fill in the gap just a little bit, the 50 percent of young people who are reached by church groups of any kind, and church denominations, now are being given access to many excellent denominational and faith materials from the various faith communions.

DR. FORT: I wanted to say one more thing about tolerance. I mean that to apply both ways. That is, I believe a value to be communicated not only in sex education but in life in general is tolerance for human differences, including for the different person who chooses not to engage in premarital intercourse or engage in other things. It has to work both ways, rather than forcing one value on everybody just because

you happen to believe in that value.

MR. BUCKLEY: Professor Schulster.

MR. SCHULSTER: I have a question for Dr. Calderone. You mentioned at the beginning of the program that there could be no general curriculum guidelines of any kind in sex education in the schools.

DR. CALDERONE: No, I didn't say that. I said we at SIECUS don't believe that it is our mission to design one because we don't feel that it is possible, but I'm not saying that didactically — to design one to suit everybody.

MR. SCHULSTER: No, but that the community should decide for the community itself. But I'm just wondering who in the community would be charged with this responsibility of designing that kind of a program?

DR. CALDERONE: At the beginning of SIECUS, we used to get frantic letters from a minister or a doctor saying, "I've got to design a K through 12 sex education curriculum in three months. What do I do next?" (laughter) And our reply was always the same. Don't try to do it alone. Get together with the best minds of your community in education, in medicine, in the religious groups, all of the religious faiths, and the parent groups and study what it is that you think you want the children to know — this particular group within this particular community. That's one year. Then, the second year, design a pilot program and try it in the third year after having trained some teachers. And we've always said that from the beginning — take three years to do this and involve the best leaders of the community.

MR. SCHULSTER: Do you have a role for parents?

DR. CALDERONE: I said parents.

MR. SCHULSTER: No, once this pilot program is off the ground, do you have the —

DR. CALDERONE: Well, I think that the very few programs that we're aware of — we don't make a study of programs. We're not a large enough staff, but the ones that we've become aware of that appear to have the most positive value for both parents and

children are the ones in which parents have had a role in developing the program and have been able to participate to the extent of seeing all the materials and helping to exercise their judgment on the materials.

DR. VAN DEN HAAG: Has there been any test, Dr. Calderone, of the positive effects of such programs?

DR. CALDERONE: The best tests we have are the negative effects of no programs.

DR. VAN DEN HAAG: You mean you have compared programs with no programs and found that —

DR. CALDERONE: No, no, we see the society as it is in the absence of programs. Now, frankly —

DR. VAN DEN HAAG: From that you conclude that programs will help or make it worse?

DR. CALDERONE: No, we think that we have an obligation to help people who are interested in testing the value of programs in their communities with as many references, materials, resources as possible, but that's as far as we can go. As far as tests of programs and their effects, there is one small study that has been conducted recently that is now being written up on the attitude-changing effects of a very carefully built and controlled and studied sex education program.

DR. FORT: I think we ought also to include some concern about quality as well as quantity. Even if a mass program, well-designed and with the value I described earlier, let's say, was tested and found wanting in certain areas, surely it would be valuable if 1,000 people, 5,000 people, or 10,000 people out of 100,000 had an improvement in their lives, as long as nothing harmful was done to the other people. And there certainly is no evidence whatsoever that these programs do harm.

DR. VAN DEN HAAG: I certainly will concede that, to my knowledge, sex education programs don't do much harm — perhaps don't do any harm. What I, however, doubt is that they will do any good, and then the question arises on how time should be utilized.

DR. CALDERONE: How do you measure

"good"? This is the difficulty. What parameters do you use?

DR. VAN DEN HAAG: This is a point. I would fully agree with you. I'm opposed to any program in school that cannot be shown to have a measurable positive effect.

DR. FORT: Well, then, we'd have to eliminate 90 percent of what's in most school curricula today.

DR. VAN DEN HAAG: I would be in favor of that.

MR. BUCKLEY: Professor Lebow.

MR. LEBOW: I'd like to address this to Dr. Calderone. It strikes me that the most serious problem, assuming we accept for a moment that sex education in the schools is good, is the question that Professor Schulster was getting at. How the devil do you design an acceptable program? Now, we assume that we want a plurality of values represented.

MR. BUCKLEY: Why?

MR. LEBOW: Because the varieties of attitudes toward sexual behavior are as varied as the varieties of sexual response, and various groups in communities probably have rather divergent attitudes. Some are in favor of premarital intercourse, others are opposed.

MR. BUCKLEY: I think you automatically exclude the permissibility of any program in which values that were considered a complete contravention of one's theological teachings were being taught to one's own child. That, it seems to me, would be grounds to simply exclude it altogether.

MR. LEBOW: Let me pursue this further, if I may. Suppose you have a school in which, let's say, 30 percent of the population is Catholic, 30 percent is Jewish, you have a percentage of blacks, of Spanish-speaking people. You find that parents of the majority of the Catholic children, because of the teachings of the Church, are opposed to premarital sexual intercourse. You might find that a significant percentage of the other groups are, in fact, in favor of premarital sexual intercourse. I myself would plan to teach my daughter that it's perfectly acceptable. Now, I wouldn't want my daughter being taught at school that it's

not.

MR. BUCKLEY: Well, just don't come near my child.

(laughter)

MR. LEBOW: Why, for that matter, would you have a right to come near *my* child?

MR. BUCKLEY: That's why I don't see any reason to socialize the experience. Suppose you happen to believe fervently in killing the pigs. There are people who do. (laughter) Do you therefore demand that because two percent of the parents in a particular school believe that, that the 98 percent who don't believe it oughtn't, therefore, to stand in the way of the ventilation of your own value judgment?

MR. LEBOW: Number one, it's not two percent. It's an increasing percentage of parents. There was a recent piece in the *Times* where parents —

MR. BUCKLEY: I'm talking about the old Black Panther business of killing the pigs.

MR. LEBOW: I'm talking about what's happening right now and there is a significant number of parents, for example, who now allow their daughters to bring their boyfriends home for weekends. There was a piece about this in the *Times*. Why should their views be repressed? In other words, you need some kind of compromise.

DR. FORT: You're setting up a sexual herring, so to speak, because there are many kinds of sex education that everyone could agree on and the part they disagree on, then, you wouldn't necessarily have to have. But you could certainly deal with the physiology, the anatomy, the naturalness, the tolerance, the range of things going on.

MR. BUCKLEY: Well, you can try to.

DR. FORT: Yes, yes.

DR. VAN DEN HAAG: If you leave out the moral dimension — and I would agree with you, people don't agree, one would have to leave it out — I think the children will get the idea that the moral dimension is not important.

DR. FORT: I don't think you can leave out the moral dimension. You *must* put it in.

DR. VAN DEN HAAG: If you must put it in, then the trouble will arise —

MR. BUCKLEY: That's how I started an hour ago.

DR. CALDERONE: But, you see, you don't teach politics in terms of one party. We are a multi-party nation and we don't require a Republican teacher, if the administration happens to be Democratic, to teach the Democratic position only.

MR. BUCKLEY: Neither do you confuse political veilities with commands of the Decalogue. It's a frivolous comparison.

DR. CALDERONE: I don't feel frivolous about it, Mr. Buckley, at all.

MR. BUCKLEY: No, but, obviously, people should be taught about the Democratic party and about the Republican party and about the differences between them, but it's nothing to say —

DR. CALDERONE: What seems obvious to you seems obvious regarding sexuality to others, you see.

MR. BUCKLEY: No, but I say —

DR. CALDERONE: This is what you can't accept.

MR. BUCKLEY: I say that one of the reasons why your movement is not universally successful —

DR. CALDERONE: I have no movement.

MR. BUCKLEY: Or whatever you call it — is because people feel that there is a slow effort being made to impinge on rights that are altogether those of the Church and of the family.

DR. CALDERONE: And which they have not carried out.

MR. BUCKLEY: And Professor Lebow has exactly proved it for us. He wants to say that he wants promiscuity — a word that you don't permit yourself to use without apology — to be not only —

DR. CALDERONE: No, without explanation.

MR. BUCKLEY: — taught but professed,

evangelized, to his children. And he's talking about doing that in the public schools.

MR. LEBOW: No, you misquote me.

DR. CALDERONE: That's very unfair, Mr. Buckley, because that is not what we're talking about at all.

DR. VAN DEN HAAG: Mr. Lebow, correct me if I don't understand you. You are saying that the teacher should explain that on the one hand there are numerous groups who believe in premarital chastity and, on the other hand, there are numerous groups who do not believe in premarital chastity. Now, the physiology is this and the rest is up to you. Isn't that what he's saying?

MR. LEBOW: The school is the free marketplace for ideas. As in the social sciences, a variety of opinions have to be expressed; students should be exposed to a variety of views about sexual behaviors.

DR. VAN DEN HAAG: Mr. Lebow, there is one difference in the social sciences. To the extent to which they are sciences — and I won't argue with you about that — you are discussing either facts or theories or logic. When you are discussing these matters, you are discussing not facts but prescriptions for action, moral ideas or opinions on which people, I think, are entitled to feel that their children ought not to be indoctrinated with moral ideas contrary to their own. It's not a scientific demonstration about gravity. It is something quite different.

MR. BUCKLEY: That's right.

DR. FORT: There are all kinds of values, though. One of the values you can communicate, I think, hopefully, is a concern for the welfare of other human beings. That is that you do not exploit, that you do not take advantage of, that they have a right to participate in the decision. So when I talk about excluding all moral values —

MR. BUCKLEY: But even then people disagree. Many women in many societies enter quite willingly into polygamy. In our culture, we would say that this is exploitation of women; but, on the other hand, there are people who disagree. Now, are we therefore saying that because there are people in the world who believe in polygamy, under the circumstances, the

polygamist's position ought to be defended in all of the inculcation courses of 13-year-olds?

DR. FORT: I wouldn't say defended, and I certainly would not say encouraged, but I would say —

MR. BUCKLEY: Observed.

DR. FORT: — maybe five minutes of a total four-year program would be spent just describing, as you so well summarized it, but not defending or encouraging it.

DR. CALDERONE: Mr. Buckley, we have only two minutes I notice and I do want to say that you've made several statements that could be belied about what SIECUS stands for and, apparently, you have not read much of our materials, because they really could not be found there. We have never made the kinds of statements that you attribute to us nor have we proselytized on behalf of permissiveness. I happen to be extremely old-fashioned and I don't believe in premarital sex and I do believe in monogamy.

MR. BUCKLEY: Well, now, but do you reject Professor Lebow's contention that it ought to be a part of sex education programs, as I put it a moment ago, to evangelize in behalf of premarital —

DR. CALDERONE: I don't call it evangelization. I call it the Socratic method.

MR. BUCKLEY: Well, that's a teaching technique, but he's not talking about teaching techniques.

DR. CALDERONE: Ah, but that's very important.

MR. BUCKLEY: He's not talking about teaching techniques.

DR. CALDERONE: No.

MR. BUCKLEY: He says he plans to encourage —

MR. LEBOW: I didn't say that.

MR. BUCKLEY: What was the word you used?

MR. LEBOW: I said that the student should be exposed to the fact that a variety —

DR. CALDERONE: Right.

MR. LEBOW: — of different moralities exist, practiced by a variety of people, and it is up to them to work out which is the most morally acceptable for themselves.

MR. BUCKLEY: Well, they presumably get that in a course on comparative religions, don't they?

DR. CALDERONE: No, they get it by watching their parents and their neighbors in the community. It is much better for them to be able to discuss their anxieties aroused by these different kinds of behavior in an open classroom.

DR. FORT: But at some point you have to have some belief or faith in the educability of the students. You can't say that they're totally ignorant, totally unintelligent, totally unresponsive to cognitive or intellectual processes.

MR. BUCKLEY: Precisely because they're highly impressionable is, I guess, my point.

DR. FORT: Yes.

MR. BUCKLEY: I'm afraid our time is up. Thank you, Dr. Calderone, Dr. Fort, Mr. van den Haag, gentlemen of the panel.

Proposition 19...the RESPONSIBLE approach

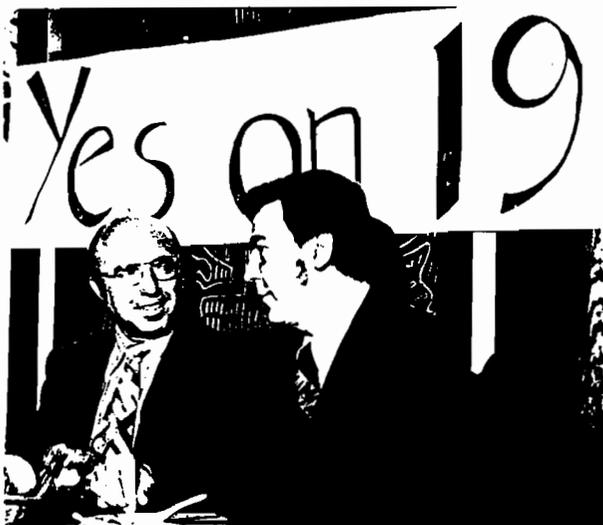
FULL TEXT OF PROPOSITION 19

SECTION 11530.2 (Health and Safety Code)

(1) No person in the State of California 18 years of age or older shall be punished criminally, or be denied any right or privilege, by reason of such person's planting, cultivating, harvesting, drying, processing, otherwise preparing, transporting, or possessing marijuana for personal use, or by reason of that use.

(2) This provision shall in no way be construed to repeal existing legislation, or limit the enactment of future legislation, prohibiting persons under the influence of marijuana from engaging in conduct that endangers others.

(Please consult the voter's handbook for detailed discussion)



YES ON 19 ENDORSERS — Dr. Joel Fort, left, and San Francisco Sheriff Richard Hongisto discuss the problems of marijuana law enforcement. There were more arrests in California for marijuana law violations in 1970 than for all crimes of violence combined. In a recent address, Sheriff Hongisto noted that police resources are being used for marijuana investigations, making it impossible for full-scale efforts to stop major crimes.

California taxpayers are spending an estimated \$100,000,000 annually for enforcement of existing marijuana laws. This figure, 20 percent of our total local law enforcement budgets, represents a cruel waste of tax dollars and police energy — needlessly criminalizing thousands of citizens.

President Nixon's Commission on Marijuana, the Los Angeles County Grand Jury, the National Institute of Mental Health and other conservative authorities agree marijuana is not addictive, does not lead to other drugs, does not damage the body, does not produce mental illness, crime or violence. There IS evidence, however, that continued reliance on harsh criminal laws against personal use hurts ALL Californians. In 1970, more than 70,000 California citizens were arrested for marijuana use, **MORE THAN TEN TIMES THE NUMBER IN 1960!** Criminal penalties for personal use are clearly failing, with often tragic results for families at every level of society.

With the explosive growth of marijuana acceptance and use, there are increasingly apparent similarities to the failure of alcohol prohibition in the Roaring Twenties. During that chaotic era, it became fashionable to flaunt the law. Organized crime flourished with the enormous profits available through illegal alcohol sales. As KPIX-Television, CBS in San Francisco, noted in urging a Yes on 19, "prohibition didn't come to an end in 1933 because alcohol was found harmless. Very simply, the law turned out to be more damaging than the use of the drug alcohol. Right now that is where we are with marijuana and it is time we changed the law."

Proposition 19 is a moderate and responsible way to return balance and fairness to California law. The change affects only the use and possession for personal use by persons 18 or older. Cultivation would be allowed by individuals only for their personal use. Sale of marijuana would continue to be a crime and penalties would continue for any act while under the influence that endangered others.

Your YES on 19 November 7th will end the inhumane and wasteful criminalization of the estimated 4,000,000 Californians who have used marijuana. It will free our police departments for the far more important task of fighting serious crimes that threaten our lives and property.

PRESIDENT NIXON'S COMMISSION ON MARIJUANA & DRUG ABUSE

"The Commission is of the unanimous opinion that marijuana use is not such a grave problem that individuals who smoke marijuana, and possess it for that purpose, should be subject to criminal procedures. On the other hand, we have also rejected the regulatory or legalization scheme because it would institutionalize availability of a drug which has uncertain long-term effects and which may be of transient social interest . . . In general, we recommend

only a **decriminalization** of possession of marijuana for personal use on both the state and federal levels."

Such decriminalization, the commission said, would relieve "the law enforcement community of the responsibility for enforcing a law of questionable utility, and one which they cannot fully enforce, thereby allowing concentration on drug trafficking and crimes against persons and property."

PROPOSITION 19 IS A DECRIMINALIZATION MEASURE

Californians for 19

San Francisco Bar Association
 Los Angeles Democratic Central Committee
 Barristers Clubs of San Francisco, Santa Clara and Beverly Hills
 American Civil Liberties Union
 San Francisco Black Teachers Caucus
 East Bay Psychiatric Association
 Police Officers for Justice
 California Bar Association

ATTORNEYS

Melvin Bell
 John E. Dearman
 Michael Grodsky
 Stanley Levy
 Bruce Margolin
 Leo Paoli

MEDICAL, SOCIAL PROFESSIONALS

Betty Lou Armacost, R.N., M.S.N.
 Arthur Carfangi, M.D.
 Joel Fort, M.D.
 Leo Hollister, M.D.
 Tod Mikuriya, M.D.
 Richard S. Hansen, M.D.
 Arlene Skolnick, M.D.

EDUCATION

Michael R. Aldrich, Ph.D.
 Stephen Bomes, Law
 Dr. S. H. Jameson, Criminology
 Jerome Skolnick, Criminology
 Alan Netnick, Psychology

PUBLIC OFFICIALS

Sen. Nicholas Petris
 Sen. Anthony Beilenson
 Sen. George Moscone
 Assemblyman Willie Brown, Jr.
 Assemblyman John Burton
 Assemblyman Henry Waxman
 Assemblyman Alan Sieroty
 (partial listing)

YES on Prop. 19 Hqs.
 822 Benicia Road
 Vallejo, Cal. 94590
 (707-648-1130)



CALIFORNIA MARIJUANA INITIATIVE

2221 Filbert Street 2214 Sunset Boulevard
 San Francisco, CA 94123 Los Angeles, CA 90026
 (415) 922-6273 (213) 381-5071

I want to stop spending \$100,000,000 a year on marijuana enforcement.

- Enclosed is \$_____ to help on the campaign.
 I'll tell at least ten friends to Vote YES on 19.
 Contact me. I'd like more information.
 You may use my name. Occupation_____

Name _____

Address _____ Phone _____

City _____ Zip _____

What they say about decriminalization

"Committee on Dangerous Drugs supports decriminalization of marijuana use, that is, the removal of all penalties for possession of marijuana for personal use."

CALIFORNIA MEDICAL ASSOCIATION
 Committee on Dangerous Drugs.
 May 18, 1972

". . . the evils of marijuana are not proved . . . We simply conclude that the criminal process is not the way to go about achieving the goal given the present state of evidence. Indeed, removing the stigma of criminality may remove the attraction of the illicit and eliminate the impetus to use that comes from bravado. Criminalization has failed; we suggest that society now try non-criminalization.

SAN FRANCISCO COMMITTEE ON CRIME
 July 19, 1971

"Because the individual and social costs resulting from imposition of penalties for simple possession of marijuana substantially outweigh the harm caused to the individual and society as a consequence of the use of marijuana, Federal, State and Local penalties for simple possession of marijuana should be eliminated."

AMERICAN BAR ASSOCIATION Section on
 Criminal Law Committee on Drug Abuse,
 July 29, 1971

"There is no evidence supporting the idea that marijuana leads to violence, aggressive behavior, or crime . . . Possession of marijuana for personal use should not be criminal acts."

AMERICAN MEDICAL ASSOCIATION, Board
 of Trustees Council on Mental Health Com-
 mittee on Alcoholism and Drug Dependence.
 June 18, 1972

and to end the new prohibition

YES 19



United States Department of Justice

UNITED STATES ATTORNEY

NORTHERN DISTRICT OF CALIFORNIA
16TH FLOOR FEDERAL BUILDING-BOX 36055
450 GOLDEN GATE AVENUE
SAN FRANCISCO 94102

ADDRESS ALL COMMUNICATIONS TO
UNITED STATES ATTORNEY
AND REFER TO INITIALS AND NUMBER

JLB: emp

October 20, 1976

Joel Fort, M. D.
[REDACTED]
[REDACTED]

Re: United States v. Patricia Campbell Hearst
No. Cr. 74-364 WHO - DC ND California

Dear Dr. Fort:

You have asked us to make our evaluation of your work in the Hearst case of record. We are pleased to do so.

The comments here reflect the writer's understanding of the consensus of the personnel of this office who worked on the case.

Your approach to the issues was wholly non-doctrinaire. It abjured traditional psychiatry in favor of an interdisciplinary framework (including psychiatry) built from life-experience and professional involvement in pertinent related fields. Inevitably, this exposed you to some pertinent cross-examination questions regarding your formal psychiatric qualifications. However, this approach was, especially for this unique trial, both intellectually honest and it jibed well with the jury's innate skepticism about the pertinence of classic psychiatry.

In preparing your analysis of the case, your work was completely thorough. You handled the primary materials with honesty and integrity and, throughout your retained participation in the case, respected all the confidences which attached to them. Your persistence in energetically seeking out pertinent materials was noted. So, too, was the incisive analysis you gave them. In preparing your direct testimony, you conscientiously sought to achieve the highest level of excellence.



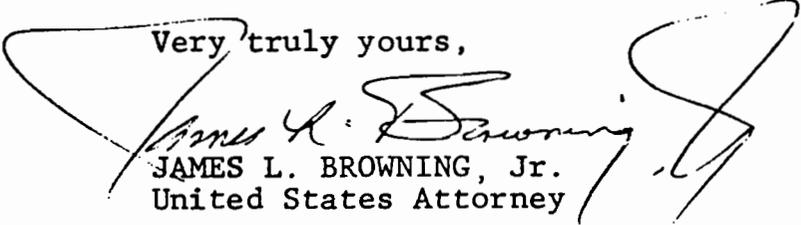
Undoubtedly, testifying in this trial took great courage. Remnants of the SLA and sympathizers were at large. Some leading names in academic psychiatry were arrayed against you. Your contribution demanded both mental and physical endurance. The trial judge permitted the defense the greatest latitude with the witnesses. Nevertheless, your direct testimony provided a most incisive, comprehensive, balanced and original analysis of one of the most complex, bifurcated, unique and elusive subjects in modern legal history. Your analysis of the evidence provided the keystone for the government's offset to the defense psychiatric evidence.

There were two features of the cross-examination of you which deserve comment. One defense tactic was to use the strong anti-media views you expressed to the press just prior to the trial in an effort to show that you really were seeking more attention for yourself, not less. The defense was also able to cite a number of other strong, most untraditional views you had expressed in unpublished materials. Obviously, the result of the trial indicates that, whatever trial difficulties these matters caused, ultimately they had no telling effect. As to other efforts to cross-examine you with past materials, the Court's ruling which prohibited rebuttal of certain impeachment of you, which the defense attempted, was unique and misplaced. We had, of course, assembled a number of character witnesses and records in your behalf. In any event, these efforts failed to overwhelm the deserved impact of your direct testimony and demonstrated your own courage.

Your analysis of the issue of responsibility in this case has been vindicated not only by the verdict, but by the intelligent observations of many others and, in large measure, by the many professionals (other than the defense psychiatrists) consigned the task of examining the defendant.

This letter has been long, because your contribution was so substantial. Please accept our acknowledgment of the tremendous and most worthwhile effort which you made, at such a substantial sacrifice.

Very truly yours,


JAMES L. BROWNING, Jr.
United States Attorney

County of

FRESNO **Edward W. Hunt
District Attorney**

August 19, 1983

Dr. Joel Fort
Post Office Box 950
San Francisco, CA 94101RE: IN RESPONSE TO YOUR LETTER DATED AUGUST 11, 1983

Dear Dr. Fort:

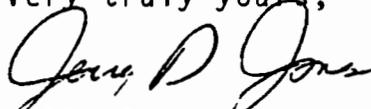
In your letter dated August 11, 1983, you ask me to make an evaluation of your work as a consultant and expert witness. I am happy to do so.

We have worked together on two cases: People v. Connie Barbo and People v. Donald McIntyre. Defendant Barbo was convicted of first degree murder and the special circumstances allegations were found true. Defendant McIntyre was convicted of first degree murder.

I consider myself fortunate to have had the opportunity to work with you. In both cases you insisted that every item of pertinent information be provided to you. Your integrity in analyzing these materials was evident to me before you were ever called as a witness. At trial your objectivity came through clearly. Your thorough command of the facts, your incisive analysis, and your explanation of diminished capacity in common-sense terms impressed the jurors.

I look forward to working with you again.

Very truly yours,

JERRY D. JONES
Chief Deputy District Attorney

JDJ:1s

LAW OFFICES OF

BOYKO, DAVIS and DENNIS

AFFILIATE OFFICE
MILLER BOYKO & WELLS
110 JUNIPER ST.
SAN DIEGO CALIFORNIA 92101
AREA 714 235-4040

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Paul Boyko, J.D., LL.M.
Paul L. Davis, J.D., LL.M.
Elinor T. Dennis, J.D.
ASSOCIATES
Lee Helen, J.D.
Thomas A. Fluppen, II, J.D.
ACCOUNTING DEPARTMENT
Sam F. Paxton

A PROFESSIONAL CORPORATION

733 WEST FOURTH AVENUE, SUITE 400
ANCHORAGE, ALASKA 99501
AREA 907/272-5464

December 14, 1982

Joel Fort, M.D.
P. O. Box 950
San Francisco, CA 94101

RE: State v. Markland

Dear Dr. Fort:

This office is more than pleased to respond to your request for an evaluation letter concerning your preparation for, and testimony during, the trial of State of Alaska v. Dean Markland (FA82S-100 Cr.) in Fairbanks, Alaska, during May and June of this year.

In particular we are greatly impressed with the depth and degree of your preparation, in spite of the rushed circumstances of your retention by the defense. We are not unaware of the full schedule that you have and the fact that you were able to respond quickly to our request for assistance is all the more remarkable.

In terms of your preparation, it was, as we have experienced in the past, comprehensive, thorough and the product of obvious considerable experience on your part. Because of the degree and the depth of your preparation, it was clear to us, and later to the jury, that you had maintained your objectivity and had insulated your opinions with the reasonable skepticism of a behavioral scientist.

The result of your preparation came to fruition during your testimony at trial that concisely and cogently laid out the applicable facts that formed the basis for your conclusions as well as the conclusions themselves. Your testimony and, in particular, the professional and non-threatening manner in which you testified, resulted in the jury being able to clearly understand your facts and opinions, when normally, other professionals would simply have confused and frustrated the jury.

After personally speaking with a majority of the jury after trial, we determined that your testimony had

Joel Fort, M.D.
December 14, 1982
Page 2

great impact on the jury and the jury accepted, without reservation, your analysis of a rather complex and unusual situation. I might also add that several of the jurors volunteered that they were particularly impressed with your honesty and sincerity.

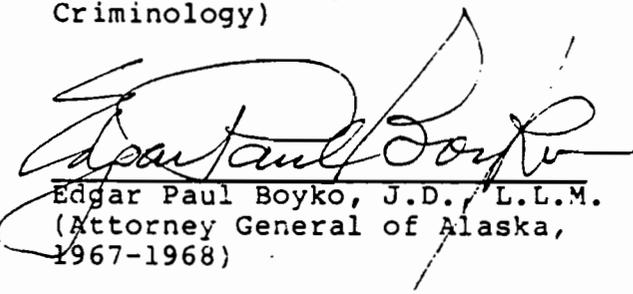
Finally, we would like to say that from our perspective your testimony was a major factor in the acquittal of Mr. Markland. Because of the difficulty that we faced with confessions by our client which did not in any way factually square with how the crime was alleged to have occurred, your explanation of the dynamics of the interviews conducted by the police provided a clear example of the effects of an overly aggressive and undertrained investigation. The result is that your efforts significantly contributed to the acquittal of an innocent man.

With warmest personal regards,

Very truly yours,

BOYKO, DAVIS & DENNIS


Paul L. Davis, J.D., L.L.M.
(Law, Psychiatry and
Criminology)


Edgar Paul Boyko, J.D., L.L.M.
(Attorney General of Alaska,
1967-1968)

PLD:pv

OFFICE OF
DISTRICT ATTORNEY
COUNTY OF DEL NORTE
COURTHOUSE - ROOM 21
CRESCENT CITY, CALIFORNIA 95531

ROBERT W. WEIR,
DISTRICT ATTORNEY

September 25, 1981

JOEL FORT, M.D.
P.O. Box 950
San Francisco, CA. 94101

RE: TRIAL OF RONALD CHESTER HAWKINS

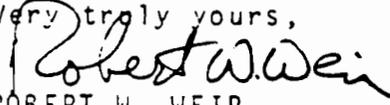
Dear Dr. Fort:

Thank you for your assistance in the matter of RONALD CHESTER HAWKINS who was convicted of the premeditated murder of a Highway Patrol Officer and is presently on death row in San Quentin.

Your testimony was particularly helpful in the trial because of the very clear and concise way in which you addressed the matter of diminished mental capacity, and particularly the Defendant's claim that he was suffering from an alcohol blackout at the time of the murder.

Unfortunately much of the psychiatric testimony given in California criminal trials is more likely to confuse than enlighten the jury. However, your approach has done much to clear away the confusion (some of it intentional) which has been caused by unqualified and/or biased "experts".

Again, thank you for your assistance and I look forward to working with you again in the future should the need arise.

Very truly yours,

ROBERT W. WEIR
DISTRICT ATTORNEY

RWN:ds



DISTRICT ATTORNEY/COUNTY OF SANTA BARBARA

118 EAST FIGUEROA STREET/SANTA BARBARA, CALIFORNIA 93101/(805) 963-1441

ASSISTANT DISTRICT ATTORNEY

Nancy E. Sieh

DISTRICT ATTORNEY
Stanley M. Roden

July 30, 1980

Dr. Joel Fort
P.O. Box 950
San Francisco, CA 94101

RE: People vs. Thor Nis Christensen

Dear Dr. Fort:

Thank you for your June 18 correspondence. Mr. Christensen was convicted of one count of murder and one count of attempted murder in Los Angeles County in May. Thereafter, on the eve of trial in Santa Barbara County he pleaded guilty as charged to three murders in the first degree. He was ultimately sentenced to the maximum periods of time possible in both jurisdictions, and he is presently at the Diagnostic Center for assignment to one of the various state institutions.

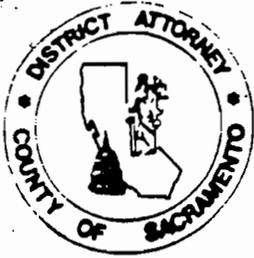
Your assistance on this case was of value in both jurisdictions. The outline of character traits associated with this type of crime was integrated into the interview process of those having knowledge of the defendant's history and background. The information gathered in this process was ultimately quite valuable in discrediting the opinions of those doctors claiming that Mr. Christensen was not capable of forming the mental states for murder.

I am sorry I did not communicate this information at an earlier time. Thanking you again for your assistance, I remain

Yours very truly,

STANLEY M. RODEN
DISTRICT ATTORNEY

SMR:rs



DISTRICT ATTORNEY
SACRAMENTO COUNTY

P.O. Box 749 • 901 G Street • Sacramento, California 95804
(916) 444-0520

HERB JACKSON
District Attorney

April 27, 1979

L. ANTHONY WHITE
Chief Deputy

Dr. Joel Fort
169 11th Street
San Francisco, CA 94103

Re: People v. Richard Trenton Chase

Dear Dr. Fort

Your testimony was the best and the most impressive expert testimony I have heard. Your command of the facts was remarkable. Your answers were direct, responsive, and informative. Most important, your rock-like integrity and total intellectual honesty came through clearly.

I cannot tell you how much I appreciate the effort you put into preparing yourself and your performance on the stand.

I consider myself fortunate to have had the opportunity to work with you and know you. You are unique. Your record of public service is remarkable. I especially admire your efforts to reform the criminal law processes.

I hope we have the opportunity to work together, or at least to meet, again. I will certainly let you know the outcome of the case. Meanwhile, I wish you well and offer my sincere thanks.

Very truly yours

HERB JACKSON
District Attorney

RONALD W. TOCHTERMAN
Assistant Chief Deputy

RWT/mb



DISTRICT ATTORNEY
SACRAMENTO COUNTY

293

P.O. Box 749 • 901 G Street • Sacramento, California 95804
(916) 444-0520

May 21, 1979

HERB JACKSON
District Attorney

L. ANTHONY WHITE
Chief Deputy

Dr. Joel Fort
169 11th Street
San Francisco, CA 94103

Re: People v. Richard Trenton Chase

Dear Dr. Fort

The Jury's verdicts were as follows: guilty of six counts of murder in the first degree (rejecting the diminished capacity claims) after less than six hours of deliberations; sane as to all counts after one hour and fifteen minutes of deliberations; and death as to all counts after less than six hours of deliberations. There were three separate phases -- guilt, sanity, and penalty -- and the jury deliberated after each phase.

I was surprised, and pleased, at the speed with which the jurors arrived at their verdicts. The jury decided to make no statements to the press about their deliberations. I felt I should respect their decision and therefore did not discuss the evidence, witnesses, or verdicts with them.

I can tell you, however, that the jurors obviously were favorably impressed by your testimony. I repeatedly referred to various of your theories, explanations, and insights in my closing arguments, and it was clear to me the jurors were responding affirmatively to those portions. Moreover, the defense attorney, in his arguments to the jury, conceded on the manslaughter point and never once referred to, or argued the credibility of, the testimony of the defense-retained psychiatrists; he impliedly conceded that their testimony lacked credibility. I attribute this in large part to the persuasive impact of your testimony and Dr. French's on not only the jury but also the defense attorney.

I am naturally happy to have the case behind me. I think we made a good record for purposes of creating a vehicle which could be used on appeal to reform the law with respect to the psychiatric defenses. I intend to follow through; I hope to work with the Attorney General's Office on the appeal and to seek out a legislator

May 21, 1979
Page Two

Re: People v. Richard Trenton Chase

who might be willing to carry some legislation which would be designed to bring some common sense to the legal definitions and to limit the role of the psychiatric witness in the criminal process. I would welcome the opportunity to discuss these areas with you further.

I again want to thank you for your excellent contribution and wish you well.

I feel your bill is quite fair and have no hesitancy in authorizing its payment.

I will send you the transcripts you have requested as soon as I have the opportunity to sort through and organize the voluminous materials from the case.

Very truly yours

HERB JACKSON
District Attorney



RONALD W. TOCHTERMAN
Assistant Chief Deputy

RWT/mb



COUNTY OF LOS ANGELES
 OFFICE OF THE DISTRICT ATTORNEY
 BUREAU OF BRANCH AND AREA OPERATIONS
 825 MAPLE AVENUE
 TORRANCE, CALIFORNIA 90503
 320-6010

August 4, 1977

JACK D. CRAVENS, DIRECTOR

Dr. Joel Fort
 Fort Help
 169 - 11th Street
 San Francisco, California 94103

Dear Joel:

I don't know how I can express in words the admiration that I feel for you, and the outstanding job that you did on the Van Houten case. As we both know, the Van Houten case was extremely difficult due in part to the incomprehensible California jury instructions in the area of diminished capacity. I thought, as usual, you did an outstanding job of preparation and explaining to the jury in common-sense terms why Leslie Van Houten had the mental capacity to commit a first degree murder at the time she participated in the La Bianca murders.

The defense in this case called five psychiatrists that were hand-picked from throughout the United States. I called you as my only expert witness on Miss Van Houten's mental state. It is my feeling that with your expertise and brilliance, that there are not any five psychiatrists in the country that can match you in a criminal trial.

The jury is still deliberating Miss Van Houten's fate, and as soon as I find out their verdict I'll call you immediately.

I am enclosing a copy of your testimony on both direct and cross-examination in the Van Houten trial, and also a copy of the transcription of your interview with Charles Manson. I also sent a copy of that transcription to Mr. Ed George to be delivered to Charles Manson.

I hope to see you again in the near future, and I hope to once again have the privilege of working with you in a criminal trial. Please give my regards to your beautiful and charming wife.

Sincerely,

Steve

STEPHEN R. KAY
 Deputy District Attorney

SRK:bv
 Encl.5

LE J. YOUNGER
ATTORNEY GENERAL

STATE OF CALIFORNIA



OFFICE OF THE ATTORNEY GENERAL

Department of Justice

STATE BUILDING, SAN FRANCISCO 94102

(415) 557-0201
January 16, 1976

Dr. Joel Fort
Fort Help
169 - 11th Street
San Francisco, CA 94103

Dear Dr. Fort:

Re: People v. Ruchell Magee
Santa Clara Sup. Ct. No. 56168

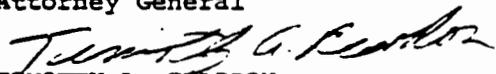
Please find enclosed herewith a copy of my memorandum to our Fiscal Office concerning Agreement No. 799 and a copy of Judge Ingram's appeal. I have not as yet received the requested transcripts in the above-entitled case. When I do, I will forward the same. Dr. Zimbardo's testimony on cross-examination is being duplicated at the present time and will be sent to you early next week.

I wish to thank you, again, for your assistance in the Magee case, which assistance I found to be invaluable. Many experts in the field of psychiatry possess, I suppose, "academic" qualifications comparable to your own. None, in my opinion, possess your degree of experience in dealing with the violent criminal offender, your degree of understanding concerning crimes of violence and the criminal justice system, and your degree of recognition and logical view of the role of psychiatry in the criminal courts.

Your competent and professional consultation on this very long and difficult case was of great assistance to me.

Very truly yours,

EVELLE J. YOUNGER
Attorney General


TIMOTHY A. REARDON
Deputy Attorney General

TAR:rms
Enc.

COMMONWEALTH

V.

JOSEPH LEIS

ET AL

VOL. I

1967

6/24/68

To Joel:

The one man who
made this possible.

Joe Curran

7029

COURT REPORTS OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF SANTA CRUZ

STATE OF CALIFORNIA
COUNTY OF SANTA CRUZ
Plaintiff,

vs. _____

ED KEMPER
Defendant.

Murderer of ten people

REPORTERS' DAILY TRANSCRIPT

Tuesday, October 30, 1973

Volume VI

Reported by:

Carole Snyder

Ronald Huter

ROBERT V. HUGHES, C.S.R.
OFFICIAL COURT REPORTER
SANTA CRUZ, CALIFORNIA

1 MR. JACKSON: May I ask a question on voir dire?

2 THE COURT: I think not, Mr. Jackson. Wait until
3 cross examination.

4 MR. JACKSON: Well, something has occurred that if
5 relevant, if I am right, it will call for a motion on
6 my part, if not at this time later.

7 THE COURT: Very well.

8 VOIR DIRE EXAMINATION

9 BY MR. JACKSON: Q Doctor, have you reviewed the
10 daily transcript of the people who have testified before?

11 A No, I haven't seen any of them.

12 Q None of them? A None of them.

13 MR. JACKSON: All right.

14 THE COURT: All right.

15 FURTHER DIRECT EXAMINATION

16 BY MR. CHANG: Q Into which diagnostic category
17 would you place Mr. Kemper?

18 A I would place him in the category -- the broader category
19 of personality disorder, specifically antisocial
20 personality, which is no more, and no more or less than
21 the old concept or diagnosis of psychopath or sociopath;
22 and particularly I would refer to him as a sexual
23 sociopath, or as I said earlier, in common language, a
24 sex maniac.

25 Q Why were the labels changed from psychopath and then to
26 sociopath, and now to antisocial personality?

1 A Well, I will have to give you two answers to that. I
2 think it reflects a movement in all professions for being
3 more obscure and less intelligible to the general public.
4 That's a way that some people have of showing how smart
5 they are, by talking in a language that nobody else can
6 understand.

7 The second answer I will give to your question is
8 that it came to be felt in American psychiatry that there
9 was too much of a stigma attached to the word psychopath.
10 That was kind of a dirty word. And you did harm to an
11 individual if you referred to him as a psychopath. And
12 with the preoccupation within American society about the
13 civil rights of the abnormal person, the refinement or
14 the change in the language, I think, came out of that.

15 Q Now, what are the characteristics of a psychopath?

16 A The characteristics are, A morality, that is, not
17 operating by any recognized or accepted moral code but
18 operating entirely according to expediency to what one
19 feels like doing at the moment or that which will give
20 the individual the most gratification or pleasure. It
21 includes an absence of conscience.

22 Now, I want to add in listing these things that we --
23 or, I want to try to clarify that these things aren't all
24 for known categories, that is, there are certain numbers --
25 all people are complicated and all people are a mixture
26 of things, and what we are talking about is a relative

1 absence of conscience, ³⁰¹ for example. But generally the
2 psychopath has little or no conscience, has this morality,
3 does not profit from experience in the usual sense, that
4 is, does not modify their behavior to conform to societal
5 standards.

6 I think those are the major components.

7 Q What other types of people fall into this category?

8 A Well, a great many criminal offenders fall within the
9 category. I would say both white collar criminals and
10 so-called blue collar or no-collar criminals fall within
11 the category of psychopaths.

12 (Continued on next page.)
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T-3B

1 It is very common -- in some ways I think the most common
2 or the most pervasive of conditions that have psychiatric
3 labels. But because it is so common and so pervasive in
4 a society there is a tendency not to use the diagnosis and
5 a tendency to also pick out almost like a layman might --
6 well, that is, if somebody does a bizarre thing to think
7 of it, this is crazy, and then to translate crazy into
8 schizophrenia and to neglect this far more prevalent
9 concept of anti-social personality.

10 THE COURT: This is perhaps why the use of the word
11 maniac might be misleading here, might it not?

12 THE WITNESS: Well, I think it might be misleading if
13 it were not qualified as I have thought several times to
14 do as a lay concept; that is, in lay language, your Honor,
15 we tend to use words like weird, crazy, nuts, maniac, and
16 I have made a special effort to distinguish the lay
17 concept first from the official psychiatric diagnosis and
18 then from the legal definition of insanity, and they may
19 or may not overlap.

20 THE COURT: But the word "maniac" would ordinarily
21 denote a very high degree of disturbance.

22 THE WITNESS: That is correct, and when I brought out
23 the concept I was thinking to communicate that as we would
24 ordinarily think of it. This was a terribly serious kind
25 of crime, a series of crimes of major dimensions that
26 involved major psychopathy.

1 BY MR. CHANG: Q Is a psychopath or an anti-social
2 person also characterized by what the diagnostical manual
3 terms "gross selfishness and callousness"? A Yes.

4 Q Is it also manifested by acts of cruelty at an early age?

5 A Often it is. It may or may not include that, but that's
6 often the case.

7 Q Now, did you review the California Youth Authority summary
8 on Mr. Kemper? A Yes, I did.

9 Q Did you find in there that in 1964 he had been diagnosed as
10 a passive-aggressive person? A Yes, I did.

11 Q What is a passive-aggressive person?

12 A A passive-aggressive personality is one of the other
13 sub-categories of what is now called personality disorder.
14 In other words, it is in the same general psychiatric
15 category as anti-social personality, and they tend to be
16 used somewhat interchangeably. Anti-social more frequently
17 being used than passive-aggressive when the person has
18 become involved in criminal offenses.

19 But for some reason in that particular evaluation from
20 the Youth Authority, even though he certainly has been
21 involved in criminal offenses, that is, murdering his
22 grandparents, they chose to refer to him as a character
23 disorder, but a passive-aggressive character disorder
24 rather than anti-social.

25 Q So the 1964 passive-aggressive diagnosis is consistent
26 with your diagnosis of Mr. Kemper as an anti-social person?

1 A Yes, it is in the same general category, sub-category of
2 diagnosis.

3 Q Now, one of the diagnosis that he received at Atascadero
4 was a diagnosis of paranoid schizophrenia. Do you agree
5 with that?

6 A No, I do not agree with the diagnosis, and in my extensive
7 review of those records and the records that they used to
8 arrive at that decision I found no basis whatsoever for
9 that diagnosis.

10 Q What was --

11 A It was one of the many mistakes that was made there.

12 Q What was the origin of the diagnosis?

13 A The origin of the diagnosis, as far as I could trace it
14 back, were two physicians, court examiners in Madera County
15 who in a -- without any explanation whatsoever, just a
16 brief one or two-line statement put down paranoid
17 schizophrenia, and that record -- that statement by them
18 then led to the commitment, the subsequent
19 institutionalization at Atascadero.

20 Q Did the records at Atascadero support the diagnosis of
21 paranoid schizophrenia?

22 A No. What happened at Atascadero from the first diagnosis
23 and evaluation that appears on the record on through to
24 the end of an extremely voluminous record is that he came
25 in with the statement from those two physicians in Madera
26 County who may or may not have had relevant background and

1 experience to make the diagnosis, and probably spent only
2 a few minutes with him, because that's usually what happens
3 in these situations.

4 On the basis of that and without any of the usual kinds
5 of things that a doctor should put down to justify a
6 diagnosis, they simply began incorporating it as his
7 diagnosis.

8 A paranoid schizophrenic should have marked feelings of
9 unreality, deep ^{de-}personalization, meaning that you lose
10 your sense of identity, and lose the boundaries between
11 yourself and other people in your environment, and most of
12 all has delusions, meaning false beliefs, beliefs that
13 you are being persecuted, beliefs that can be grandiose
14 where you think you have enormous powers, and
15 hallucinations meaning seeing things or hearing things
16 that aren't there.

17 So none of those things were found in the defendant.
18 None of them are listed by anybody who saw him at
19 Atascadero, and the only thing that is listed at several
20 points is paranoid idealization, which is the long way of
21 saying that the person has some thoughts that I, the
22 examiner, that is, at Atascadero, interprets as paranoid,
23 and when I track that down, those thoughts were that his
24 mother and his grandmother were rejecting of him, did
25 not like him, did not show him affection, which was total
26 reality rather than in any way being paranoid idealization.

1 Q Now, while we are talking about that, do you have any
2 opinions as to why he killed his grandparents at age fifteen?

3 A Yes, I do.

4 Q Why?

5 A -Again I don't think it was for any one reason, but the
6 major things were that he saw them -- particularly his
7 grandmother as an extremely harsh, authoritarian-type lady
8 who did not care for him, did not let him do any of the
9 things that he wanted to do, was keeping him against his
10 will because he preferred to be with his father, and if
11 not with his father with his mother.

12 And another factor for that killing was that she was
13 a symbol of two people that he hated and rejected for
14 different reasons. Particularly she was very much like his
15 mother in her personality and her reactions to him, came
16 on in the same way to him, subjectively as his mother did,
17 and she, of course, being the mother of his father was
18 very closely tied together with his father who he resented
19 for having abandoned him at an early age and having
20 rejected him whenever he sought contact with the father.

21 Now, after killing his grandmother, I think the killing
22 of the grandfather was again for several reasons.
23 Somewhat different. He saw him, also, as not letting him
24 do the things that he or other boys his age should have
25 been allowed to do. He certainly didn't seem as harsh and
26 as punitive as the grandmother, but he shared some of the

1 same dimension of keeping him there against his will and
2 making him do things that he didn't like. But also it was
3 an effort to cover up. He was -- he had just killed the
4 grandmother. The grandfather came back home from shopping,
5 and he was afraid that if his grandfather found out what
6 he had done, that the grandfather would become violent
7 toward him. So one of the motives, in addition to what I
8 have already stated, was self-protection, that is, to get
9 rid of the grandfather so that he couldn't do anything
10 about the grandmother's killing.

11 Q Now, did he tell you, or in the CYA reports was there some
12 evidence that he killed two cats at an early age?

13 A Both. I did discuss it with him, the killing of dogs, and
14 it was in the records.

15 Q Why did he say he killed the cats? A (No response.)

16 Q Let me ask you this: If the record indicates that he said
17 he killed the cats because they wouldn't obey him, would
18 that be consistent with your diagnosis of Mr. Kemper as a
19 sociopath-psychopath? A Yes, it would be.

20 Q Did he tell you about any fantasies of killing his sisters
21 at an early age?

22 A Yes, and of other people.

23 Q Why did he want to kill his sisters?

24 A Well, it was mainly his older sister, but sometimes it
25 involved the younger one. She had friends, got more
26 attention and respect, affection from the mother. In

1 general had the things he didn't have.

2 But I must add, too, that that did not seem to be a
3 predominant part of his thinking during that time,
4 certainly as compared to his hatred of his mother, thoughts
5 of killing her or thoughts he would often have about
6 killing the boys who teased him or would not play with him,
7 and so forth.

8 Q Now, the information in the Atascadero files, is that
9 information consistent with your conclusion or diagnosis
10 that Mr. Kemper is a sociopath? A Yes, entirely.

11 Q Now, did you have occasion to look at a video tape of Mr.
12 Kemper, of a conversation between Mr. Kemper and certain
13 police department officers when he returned here from
14 Pueblo? A Yes, I did.

15 Q And what was the significance of that video tape to you?

16 A It had two kinds of significance. One is the details he
17 recounted of the killings which showed his ability to plan
18 and maturely and meaningfully reflect and premeditate and
19 harbor malice and showed that he was sane with all of the
20 details that he went into.

21 And the second dimension, equally important, was the
22 way he responded to the questions, his demeanor. I would
23 describe it as being totally corroborative in his discussions
24 with me. Very detailed and very meticulous. Talking about
25 the most -- what I, and I think most people would consider
26 extremely destructive and horrible kinds of behavior.

1 Talking about it in a very natural and open manner without
2 showing any emotion, any reaction to it, without any
3 compassion or guilt being expressed about it.

4 And then there was an element in that video tape --
5 Well, one more thing before I get to that.

6 It also showed some sophistication about police
7 practices. Questions are raised such as who will have
8 jurisdiction and things of that nature, showing that he
9 had given some thought to it, which leads in part -- but
10 there are other things that lead me to this conclusion --
11 to the final observations I made on that, and based also
12 on my own two recent interviews with him, and that is that
13 he gets a considerable amount of pleasure and
14 satisfaction from his status as a mass killer or mass
15 murderer. The recognition that he sometimes desperately
16 sought as a child, the attempts to overcome rejection.
17 Not being able to make it in any other way.

18 I think he feels he has been compensated for it by the
19 status he has gained. It is what somebody once called
20 magnazied, meaning if you do a big enough killing, either
21 of a single individual like a president or a senator or of
22 a great enough number of lesser-known individuals, it
23 instantly vaults you into prominence, and then what I will
24 consider in a very perverse way, it makes you one more
25 celebrity in a society that seems to be grabbing for
26 celebrities.

1 Q Did he tell you anything that indicated that he enjoyed
2 the status of being a mass killer?

3 A Yes. He described to me the way girls -- particularly
4 emphasized that -- and other people stare at him as he is
5 brought to the courtroom and brought back to the jail.
6 There are some instances where he has been asked for an
7 autograph. He described to me, with a mixture of
8 pleasure and some expression of regret, the writeups that
9 have occurred in national detective magazines, Time,
10 Newsweek, and local newspapers or regional newspapers.

11 And I did ask him to go to his cell and bring me some
12 of the clippings that he was saving, and the two that he
13 brought me included a lengthy article from Inside
14 Detective and a local newspaper story.

15 Then he also spoke about the attention that he gets as
16 a special prisoner in the jail. How everything is special
17 for him, how everything is special handling.

18 And my conclusion from that, and from the video tape,
19 was that one of the important motivations was the
20 recognition, the glory, the sensational attention that he
21 gets as a mass murderer.

22 Q Now, do you feel from a psychiatric point of view that he
23 is truly suicidal?

24 A No, I don't feel from either a psychiatric point of view
25 or from my special experience in working with criminal
26 offenders and people with serious sexual problems or with

1 a suicidal person -- that isn't to say that it wouldn't
2 be possible for him, or anybody else, to commit suicide,
3 and there is a range of things that we tend to lump
4 together; that is, there is a thought of suicide that
5 people have. The next step would be a suicidal gesture
6 which is far more common than a serious suicidal attempt.
7 And then, of course, that merges into the actual, serious
8 attempts, and the ones that are successful, or fortunately
9 unsuccessful.

10 But mainly there are two reasons for my conclusions
11 that he was not during the times I talked with him -- I
12 haven't talked with him since October 11th, although I
13 would be prepared to if it would be helpful to the court
14 to evaluate that point -- but he was not suicidal in my
15 discussions with him. I went into that with him. He
16 specifically showed no signs of depression or any suicidal
17 thoughts.

18 And then the other reason for my conclusion is that he
19 specifically told me in a number of different ways and
20 times that he would never kill himself, that he wanted to
21 get the gas chamber, and that if necessary he will kill
22 somebody else after he can legally get the gas chamber.
23 And as part of that thought, some of which he has had
24 since childhood about getting the gas chamber, he voted for
25 the death penalty last November.

26 (Continued on following page.)

- 1 Q One last area I'd like to cover with you with regard to
2 this sodium amytal interview. You listened to the tapes
3 of that interview? A Yes, I did.
- 4 Q How long are those tapes?
5 A Approximately two and a half hours.
- 6 Q And Mr. Kemper is talking on those tapes? A Yes, he is.
- 7 Q Does he appear to be under the influence of sodium amytal?
8 A Definitely, yes. His speech is slurred throughout. I
9 think he probably had a larger dose than ideal. It is
10 very, very difficult to titrate the proper dose, and
11 that's one of the disadvantages of such interviews.
- 12 Q And also present were two psychiatrists by the name of
13 Lundy and Solomon? A That's my understanding, but
14 I was never able to obtain any summary or conclusions
15 or reports on that. I believe they were there, and a
16 crowd of people were there. I think Mr. Jackson and
17 others from his staff were there, and people from the
18 Sheriff's Department I believe were there, and the
19 personnel of the hospital, including an anesthesiologist
20 I believe were there.
- 21 Q On these tapes, does Mr. Kemper talk about the killings?
22 A Yes, he does.
- 23 Q Does he talk about the reasons for the killings?
24 A Not really to the extent he did with my direct interviews
25 with him.
- 26 Q Is the information or the statements he makes during the

1 course of the interview, is that supportive of your
2 diagnosis of Mr. Kemper as a sociopath, psychopath,
3 antisocial person? A Yes, completely. There is
4 nothing in it at all that is inconsistent with that
5 diagnosis and conclusion, and there is nothing in it
6 which in any way would suggest schizophrenia.

7 Q Are the statements that he makes under the influence of
8 sodium amytal -- are the statements different than any
9 of the statements he made to the police?

10 A In some respects they are different. They are not
11 different in the sense that they count for anything.

12 One piece of information about cannibalism that he
13 commits with the bodies of the coeds came out in the
14 amytal interview that I have not found anywhere else,
15 and which he had not personally discussed with me.

16 Q What was that? A As part of dismembering and
17 cutting of the bodies of the girls, after he killed them.
18 He took, with some of them -- it was unclear how many
19 pieces of their flesh -- cooked it and ate it.

20 Q Did he describe any sensations that he got from doing
21 that activity? A No, he didn't. The people who
22 conducted the interview tended not to explore a number of
23 areas that came up -- jumped from one thing to another.
24 There was no explanation of that.

25 Q Did he give a reason for killing Mrs. Hallett?

26 A You are talking about on those tapes?

1 Q On those tapes, if you can recall.

2 A I don't recall. From other material in the other records
3 I reviewed, and from my own discussions with him, I could
4 answer the question, but not from those tapes.

5 MR. CHANG: You may cross examine.

6 THE COURT: I don't think you better start before
7 the lunch recess.

8 One question, Dr. Fort: You speak of these various
9 psychiatric categories, and do these various categories --
10 they all have fancy names. Do they all denote the same
11 degree of mental disturbance?

12 THE WITNESS: No. Firstly --

13 THE COURT: Some of them denote hardly any degree of
14 mental disturbance?

15 THE WITNESS: Psychiatric diagnoses in general are
16 so all-encompassing. Various studies have been done;
17 one familiar one called the Midtown Manhattan Study --
18 they found ninety per cent of the population to be
19 mentally or emotionally ill.

20 You are quite right. Some of the categories are so
21 broad as to be in my concept "meaningless," but there is
22 another thing -- the diagnoses are not in any way tied
23 together with social problems. That is, they exist in
24 a vacuum, and the diagnosis in no way would reflect
25 whether the person had killed, burglarized, wiretapped,
26 or committed any other antisocial acts.

1 A third part of an answer to your question is that
2 generally psychiatry would consider psychosis the most
3 severe mental illness; that is, a person who is out of
4 contact with reality or had delusions or hallucinations.
5 Next in severity would be the neurosis like hysteria or
6 anxiety states, and less severe than that in terms of
7 showing psychiatric symptoms -- they would consider the
8 personality disorders and some of the other things; there
9 is no necessary relationship between overt behavior and
10 social standards, let's say, or social harmfulness and
11 the seriousness of the diagnosis.

12 THE COURT: In other words, the psychopath has just
13 a Latin derivation as the word schizophrenic, but does
14 not denote the comparable degree?

15 THE WITNESS: That's right, in terms of the individual.
16 In fact, to the psychiatrist, the psychopath shows less
17 disturbance than a neurotic or psychotic because they are
18 looking only at the presently overt symptoms of whether
19 he showed depression or anxiety, or shows feelings of
20 unreality, hallucinations and delusions, and the psychopath
21 ordinarily shows none of those.

22 THE COURT: All right.

23 MR. CHANG: I have just a few more questions.

24 FURTHER DIRECT EXAMINATION

25 BY MR. CHANG: Q How many psychiatrists examined
26 Mr. Kemper in the year 1972?

5

1 THE COURT: To your knowledge.

2 THE WITNESS: I think at least four, but I don't know
3 the exact number.

4 BY MR. CHANG: Q All right. Did Mr. Jackson send
5 you a copy of a psychiatric interview of a Dr. Allison
6 from this county that he did with Mr. Kemper in January
7 of 1972? A Yes, he did.

8 Q Did he also send a copy of a psychological examination
9 done by a Dr. Shapiro which was done in February of
10 1972? A Yes, he did.

11 Q Did he also send you a copy of a doctor report from Fresno
12 -- a doctor by the name of Dr. Kinsey and another doctor
13 by the name of Levy, somewhere around September 16, 1972

14 A Yes, he did. Those were the four that I immediately recall.

15 Q Did any of these four psychiatrists, or three psychiatrists
16 and one psychologist find any psychiatric disorder?

17 A No. They thought he was perfectly normal, well-adjusted,
18 non-violent person whose records should be sealed, and
19 in the case of the last two psychiatric interviews, he
20 had the head of one of his victims in the trunk at the
21 time he had the interviews.

22 As far as I know, none of them got into the violence
23 potential; none of them seemed to pay any attention to
24 the fact that he had already killed two people, and in
25 general conducted a very perfunctory, very limited, very
26 traditional and very patient-centered kind of interview,

1 and recommended --

2 Q If Mr. Kemper had been actually psychotic, would he have
3 been able to have fooled the psychiatrists?

4 A No.

5 Q If he had been a truly paranoid schizophrenic, would he
6 have been able to deceive them?

7 A Not assuming some standards of minimum training and
8 experience.

9 Q In the case of Dr. Shapiro -- he actually gave Mr. Kemper
10 some tests? A Psychological tests. He did
11 not do the complete testing that one should do because
12 he did not give the entire Rorschach.

13 As I recall the report, he said that he gave him
14 some portions of the Rorschach, but the psychological
15 tests that he gave him failed to take into account that
16 the defendant was placed in charge of psychological
17 tests at Atascadero, administered those tests to
18 thousands of people there, and was personally familiar
19 with twenty-eight psychological tests and how to answer
20 them in the right way to appear normal.

21 Q Now, is this ability to fool the four doctors consistent
22 with your diagnosis of Mr. Kemper as a sociopath,
23 psychopath, antisocial person?

24 A Yes, it's consistent with that diagnosis and with my
25 diagnosis of American psychiatry.

26 Q Is the evidence of the fact that Mr. Kemper has what might

1 be called an intact personality?

2 A By ordinary psychiatric standards, he would be described
3 as having an intact personality, because that means that
4 you are not psychotic; you are not hallucinating; you
5 are not delusional, and you don't have feelings of
6 unreality.

7 Q It is also evidence of the fact that he is clever and
8 manipulative? A Yes, it certainly is.

9 Q And are psychopaths usually clever and manipulative?

10 A Particularly when they have superior intelligence, as
11 does Mr. Kemper.

12 MR. CHANG: That is all.

13 THE COURT: We will adjourn to 1:30, ladies and
14 gentlemen.

15 Bear in mind my admonition.
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26AFTERNOON SESSION

MR. CHANG: Excuse me, your Honor, may I ask just a couple more questions on direct?

FURTHER DIRECT EXAMINATION

BY MR. CHANG: Q Doctor, do you know a Donald Low, the witness who testified yesterday?

A No, I don't know him.

Q You have never met him? A Never met him.

Q You have never talked to him about this case?

A Never have.

Q Have you ever read his report that he submitted to Judge A No, I haven't.

MR. CHANG: That's all that I have.

CROSS EXAMINATION

BY MR. JACKSON: Q Doctor, Mr. Chang mentioned in his opinioning statement that you had resigned from the AMA; is that so? A That is correct.

Q That's the American Medical Association?

A That is right.

Q From what you have said, I take it you are not a member of the American Psychiatric --

A No, I am not, but I have been several times invited by them to speak at annual programs, and most recently on violence.

THE COURT: Just a moment. Would you move the microphones away from you a bit?

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