Elizabeth Borders
An Oral History Interview
Conducted by Robert W. Roberts
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ROBERTS. Let me start, Betty, your name now is Elizabeth Borders but when I first met you, you had a different name.

BORDERS. What was it?

ROBERTS. I think it was Betty Kellogg, or was it Betty Hartwell? And it just dawned on me that probably much of your career you had a different name, so maybe you should start by telling us your professional name.

BORDERS. I don't really have a professional name. When I came to USC in 1941, my name was Elizabeth Payne. After my husband's death, in due time I remarried and my name became Elizabeth Hartwell, and Hartwell it was when I retired in 1961. Borders is a fairly recent acquisition and that was about five years ago.

ROBERTS. I am new at this oral – history interviewing and you're new at this, so maybe the best way to start is for you to tell us about how you came into social work and when. Maybe just tell us about your life in social work.

BORDERS. Okay. I think it will be well though for me to start by saying that now I am in my 90th year. I am, as a result, long on perspective and short on vocabulary on demand.

Why did I become a social worker in 1925? I had just come to St. Louis as a bride and I needed a job right away. Social work did on-the-job training in those days, so the St. Louis Provident Association was ready to take me as a likely prospect. I was 20 years old, had completed three years of college; I was a minister's daughter and believed in service to others, and I was a bit available. Nadia Thomas conducted the seminar for

beginners once a week in the central office of the St. Louis Providence Association. I rode in on an interurban streetcar from Kirkwood to midtown St. Louis, long enough to see the end but not long enough to dampen my spirit. I liked Ms. Thomas and quickly felt her approval of me as a recruit. I took up a small caseload of about 40 cases in the south district, under the supervision of the director, Julia Allsbourne, a self-assured active young woman in her early 30s.

My cases were Corandolets, (originally settled by the French in far St. Louis) although the residents then were primarily of German extraction. To get there, I went from Kirkwood to a small garage in St. Louis where Earl kept a small fleet of six or seven Model -T Fords in running condition for the use of case workers. Almost all social work was done in the field in 1925. There I was new to St. Louis traffic and geography and I had never driven a Model-T, although I had driven the family Chevy in Kansas City. Incredible as it now seems, I learned to drive in Clency, Illinois at the tender age of 12. There were no laws or licenses for drivers then. Parental discretion somehow came out that way for me. Under Earl's tutelage I became an expert with the Model-T in no time. St Louis had no public assistance or outdoor relief, as it was called at that time. All families needing financial assistance were the responsibility of the Provident Association. My families were usually those in a transition period. A home economist helped the worker make a budget for each family, which we then explained to the mother of the family and involved her in following, with our altering as necessary. Our objective with the family was to have them identify their need in such a way that their ability to carry on was enhanced. Managing money and marketing with added knowledge of nutrition was important. The systems of getting employment, medical

care and personal problems were given as needed.

Responding to attitudes and feeling about themselves and their problems was assumed to be a natural part of our responsibility. We worked on this in Nadia Thomas' seminars. How 1890s that sounds today. Yet there was something basically helpful in the work that we did before the deluge of the Great Depression. We individualized families, we cared about their moving ahead and they knew it. It was a kind of relationship therapy.

I became a social worker out of my need for income, the work was available, I responded to what social work was doing with clients and workers almost 50 years ago and the die was cast.

A tornado in St. Louis in 1927 blew me almost literally into medical social work. Damage in St. Louis and in the surrounding areas in Illinois was so extensive the majority of the Red Cross recruited all possible social workers for disaster relief, leaving social agencies in St. Louis desperate for warm bodies with legs attached. Edith Baker, director of the social service department in Washington University Clinics and the allied hospitals, was forced to hire me with little experience, no professional education and a six-month-old daughter. It took World War II for mothers with infants to be considered employable. I was told that my attendance would be closely watched, with no allowance because I had a baby. But I should say right here Edith Baker, who later became the first social worker with the federal government, this was in the United States Children's Bureau, made it possible for me to earn my degrees in social work from the newly created George Warren Brown School of Social Work at Washington University. I shall always be grateful I was born into her profession and so earned a

professional life of my own as a medical social worker.

I remained with the social service department in Washington University Clinic in the allied hospitals for 14 years. I learned much, carrying increasing responsibilities in the surgical, plastic cancer services, and the fieldwork program for social work students. In 1930 I went as a scholarship student of the National Society for the Prevention of Blindness to the Ian Erring Infirmary in the Massachusetts Hospital in Boston. The society thought that social workers instructed in the medical and surgical treatment of eyes to prevent blindness by helping patients understand and respond to treatment. My parents took my three-year old daughter for those months. They were close enough in St. Louis to take her to see her father. We hoped this would prevent her feeling abandoned by both her parents.

My experiences in Boston were that five days a week I was in the clinic by the side of an ophthalmologist--a different one each day.

I came to understand tension, which causes glaucoma, one of the chief causes of preventable blindness and also strabismus. Two of these men took me into the operating room where they were doing cataract surgery and strabismus correction and removal of an external tumor. I learned so much as I saw the skilled hands I honestly felt that I could do it too. In those days eye surgery was done under a hand-held spotlight. One doctor gave me the responsibility. I wondered now how that could have happened. I did gain a sense of the simplicity and reasonableness of the procedures that communicated itself to patients. In the years that followed back in St. Louis I helped many patients ready themselves for their surgeries. When one patient wanted me to stand by her side at the operating table both the resident and I easily

accepted this. I held her hand throughout the procedure. Casework with patients who needed grew out of a social rudiall all patients with sight threatening diseases or conditions. These were routinely referred to me by the attending physicians. I set up a particular system telling me when each patient was due to return. I talked with these patients before and after when they saw the doctor, taking whatever steps were indicated. I checked their medical records and set up return dates. Those that did not keep their appointments were written or called immediately to let them know that they were missed and helped them with their problems and set up a return date. I wish now we had carried this further so we could say how much vision was saved. That was beyond us then since laser surgery was beyond us. It enriched me. I helped many patients retain or improve their sight and consequently their social functioning. I found too few ways to pass this on to students at USC, partly because I found no comparable medical practice in Los Angeles.

Three other experiences in St. Louis contributed much to my interest in becoming a teacher of medical social work. One was working with Felix Deutsch. When he was appointed to the first chair of psychosomatic medicine in the School of Medicine at Washington University. I think this was the first chair in any medical school. That's my impression. It’s no exaggeration now to say that he was not exactly greeted with open arms by the medical and surgical staffs. He had been getting along very well without his mumbo-jumbo thing. By that time Edith Baker had gone to Washington and for the interim a new director was appointed the head of the program; there were three of us. The heads of the medical and surgical and pediatric departments of social work were appointed a teacher in the department of social work. As head of the social work and

the surgical service and one in charge of the field work program the school of social work, I was given responsibility and title of educational director of the social service department. We welcomed Dr. Deutsch with open arms. He met with us in seminar every two weeks. We presented case material and he led the discussion. We learned the critical and ideological role of social and emotional experience in collaborating with the body of the patient and treating it. This was exciting more for some of us than others, as we had expected—a bit later I will speak of the limited use I was able to make of this after I came to USC.

ROBERTS. Betty, listening to this is very interesting, but I am having a little trouble figuring the time of this. What years were these, and what time did you come to USC?

BORDERS. Well, just as I had been blown to medical social worker by a tornado I guess you can almost say that I was blown into USC by World War II, but that's not exactly accurate. I came to 'SC in '41, so this experience that I am talking about was from 1925 to 1941 in St. Louis.

ROBERTS. About when did Dr Deutsch cause that kind of a historical landmark?

BORDERS. That was in the late '30s. I wish I had kept my record of something, but I haven't. And so it has to be that way. But it was in the late '30s. He was such an interesting little man. By the way, for those who might not know him, he and Helen Deutsch were husband and wife and they were both, of course, psychiatrists and his specialty was psychosomatic medicine. It was fun to know him; as you would expect he was very responsive but he also was well aware he had a lot to say and that we were very much interested.

ROBERTS. This is about the time that you came to USC?

BORDERS. Well, yes. But I thought that I would mention a thing or two before I came to USC. Another significant experience for me and those pre USC years was setting up and carrying social work in the tumor clinic, which was centered in the surgical service of the hospital. We were able to keep in touch with 97 percent of our patients with malignancies throughout their treatment or until their death or until their final discharge as comparatively arrested. This was very much appreciated by the tumor registry, which as you know depends on statistics. For me the essential value lay in having the opportunity to give the help needed by these patients and their families as they dealt with the usually shattering experience of cancer and its painful, treatment often at some distance from their homes. I was able to help some persons die in the manner of their families' choice. Dying should not be a lonely closed off experience if any other way is possible. This involved developing fine-tuned collaboration with our surgeons as we felt our way together. They to had to deal with their feelings about dying and telling patients when they had come to the end of treatment, which could be expected to help. This was exciting for us and certainly to the benefit to our patients. Working with patients on the plastic service was another place where social work and surgery worked together for the benefit of our patients. I think of the three-year old twin girl who had been badly disfigured about the head in an accident with scalding water. She lived many miles from the hospital. We helped her beloved mother get situated near the hospital. I assigned this child to a social worker student who used play therapy with the child, exchanging heads of twin dolls with removable body parts and talking about it. This occurred many times. The small one dealt with her own version of' "why me". She required several surgeries. She knew she had an ally in the

students, although Dr. Barret Brown of necessity had to de-personalize his tiny patient somewhat. He was not insensitive to her trauma. He eagerly worked with the student for her understanding of the repair procedures as he did them and as he planned them. In another instance two redheaded feckless boys came from many miles away with remarkably similar accidents and resulting deformities from stash tissues. Each had been covered with cotton batting to be a snowman for a Christmas performance. Each caught fire from candles and had been badly burned. Much deformity of face and hand resulted. So many surgeries were required. Dr. Brown said he could operate on each of them with benefit to them for the rest of their lives and his. But there the similarities stopped. Working closely with these boys it was my task to tell Dr. Brown that one of the boys had had enough for the time being. He had to return home to gather his resources to return to surgery later. The other lad thrived on relationships with all hospital personnel and continued surgeries comfortably, based only by his surgical condition and by means of the plastic surgery schedule. He developed mental needs typical of those of an adolescent routine ready for unusual experiences. He was able to gain from talking about them.

So those are the things that I had acquired and this is what I brought with me when I came to SC in 1941. At that time medical education in the leading medical schools was beginning to use case studies and to begin students' experiences with patients as early as a junior year, some even the sophomore year. There followed some emphasis not long thereafter on considering the whole patient, not just his disorder or his illness. This came to be called holistic medicine. Recognition of the family was influencing part of the patient configuration followed. This conceptual awareness brought greater

readiness for the participation of the medical social worker. I came to USC in 1941. Social work education was on the sharpening of social work skills and preparing social workers for non-social work settings. Medical settings, schools, courts, well as the traditional family welfare and child welfare. Norris Class taught child welfare, Harleigh Traecker, social group work; In medical social work. All joined the faculty at this time. Ruby Inlow, previously hired before Arlien Johnson, taught social casework and family social work. We were soon joined by Rose Green from the Pennsylvania School of Social Work, representing another emphasis in social casework. John Milner and Elizabeth McBroom brought additional clinical experience and worked with children in child guidance in hospitals for the insane.

Understanding human behavior for the interns became important for all social work. Child guidance clinics became the teachers of us all. I found no medical social work as I have described it in Los Angeles. A short time later Erick Erickson's *Childhood and Society* appeared, on the scene, introducing the surrounding social structure as vital participants in the structured development of the individual. Social work education quickly moved from presuming to prepare workers for specific settings to enriching and widening the generic base for all social work. As a faculty we developed pursuits which integrated the data from medicine including psychiatry, sociology, biology and community. All students took these courses in their first year. The school offered as many sections as necessary. Courses directed to social work in other settings or to specific problems were offered in the second year and were taught appropriate faculty members singly--that is, alone or together. I think of a course I developed and taught with Dr. Franz Bauer when he was head resident at County Hospital. It was a case

study course for a class about 20 second-year students. Each week Dr. Bauer selected a patient at the hospital and identified students conferred with Dr. Bauers, learning the patient's illness and prepared a social study of the patient. Some students used Dr. Deutsch's amnesis technique in making their social study. Dr. Bauer and I conducted a full discussion of the case and I was responsible for the generalizations of what could be done about the disorder in social work roles. There was at this time the beginning of psychosomatic. Dr. Bauer later became dean of the USC School of Medicine and remained our good friend. Other students took lecture or library courses in psychosomatic medicine and no doubt came to understanding something of the collaborating of the body's biology and the development and treatment of illness. But these were a far cry from what I had hoped they might learn. But getting the concept was something on which I could hope would further the learning of the group. I am amazed at the development we slashed 25 years in identifying and specifying the biological and somatic components of much illness. Los Angeles did have an outstanding program of social workers in the Los Angeles County of Public Health Department under Zdenka Buben. Have you ever heard of her?

ROBERTS. I know the name.

BORDERS. She is a mysterious person but an unforgettable name, or if you don't really get it entirely, forget it. I spent my first sabbatical at USC with the State Departments of Public Health in California and Washington studying social work in their programs for crippled children. Each program was mandated by the federal government as a result of Edith Baker, who administered and conducted them in the states. It seems incredible that these programs are now history. Two other things in

my years at USC are still with me at this almost quarter of a century since my retirement. Dr. Lester Breslow made a study of the effect of a woman's sex life in the development of cancer of the cervix. I took the risk for all the data collection in long unstructured interviews. Dr Lester Breslow and I developed the content to be covered and agreed a questionnaire would not be the best way to get the information. This was in the days when interviews could not be recorded, incredible as that now seems. Our patients included patients from county hospital matched cases and controls and private patients of Dr. Ian McDonald of the surgical service. Hospital patients were viewed on the wards. I moved their beds as necessary to give them privacy. Dr. McDonald's patients were interviewed in his private office. I carefully arranged our chairs so that full light fell on my face. I wanted each woman to see how her story was being received. Immediately after the interview I filled in a schedule or a protocol from the notes that I had taken and from my memory. I was surprised that I encountered no resistance from either cases or controls, public or private. I had not anticipated women in their '70s would be willing to discuss their sex frequency, the number of partners with circumcision or lacking this and that sort of intimate data. Our findings confirmed Dr. Breslows expectations but I now am no longer able to record them accurately. This led to my being given the practitioners' award for the Kashland Award here. I wish I had not let those get away from me in my many moods since. My second sabbatical had a much more lasting effect on my life in teaching. I went to the Benjamin Rose institute in Ohio, in the instance on invitation of my friend Mary Hemming, director. It's interesting right here. Mary Hemming had come to Washington University Clinics and hospitals for an externship right out of getting her MS degree at Minnesota and this

program of externship was being tried out.

ROBERTS. What year was that?

BORDERS. The time that Mary Hemming had come for the externships had been in the middle '30s so I had known her then. At this time when I am talking about sabbatical she was director of the Benjamin Rose Institute in Cleveland and we kept in touch through all these years. The institute had been established in the will of Benjamin Rose, an Englishman who had made a fortune as a provender in England. Do you know what that is?

ROBERTS. It's a merchant.

BORDERS. It's a merchant and dealing in food stuff. Whether it was animal or person I really don't know. It may have been both. His baby daughter died of a childhood diseases, his adolescent son in a boating accident in Lake Erie and his wife died there shortly after. He preferred to leave his wealth to the community where he had earned it rather than to his kin in England. The will was odd indeed. He directed an agency to set up a variety of services to old people and more strange yet that it be administered by a board of directors made entirely of women. These services were not to be construed as public assistance. In 1962 the institute he left when I was there, owned and operated the Geriatric Hospital of Western Reserve of Medicine, a new state of the art nursing home with graduated care for some women to move freely about the community and others who required nursing care as bed patients. The institute also gave a full range services, as needed, by elderly men and women in the community. I was given a small caseload to learn from and with. I worked under the supervision of the supervisor so I could learn from agency experience similar situations and not fall at

odds with the law. Otherwise I was free to spend as much time with any case as I thought was needed to experiment with action. It was both ideal for my learning and safe for the institute and the client.

My learning was enormous. I learned we could communicate with a 97 year-old woman, formerly a leader of the Cleveland Society, who lived as a recluse for many years and waited around in her attached four story house in path ways left by newspapers knee high, all the time heating with open wall gas burners. I learned how her behavior made sense to her. I helped her to feel and trust my concern for her and together we did achieve her successful exit from this fire hazard. And the disposition of her beautiful things buried in the silk accumulation of years. She maintained her identity as an independent person and did not feel diminished in the least if she did not use my help. As a matter of fact, the morning after the move was made to a small carefully selected nursing home we had gotten her there about 4 o'clock the previous day and I was there at 8 o'clock the next morning. She had been bathed had a head full of enormously thick white hair simply beautiful. She was lying on the bed she looked at me and said, “How did I ever find you?" Well I had really expected I might find her a little hostile because in the actual moving I had to take charge. I really was so relieved to find her feeling that way.

This was my first experience with anything of this sort so I knew it was very important to her to still feel in charge to whatever extent she could. So I worked with the historical society the local historical society and they came and looked at everything in her apartment. She had lovely beautiful things. They took everything that they could and would take and that pleased her greatly because I had found that at this point in her life

her whole objective was to establish her place in history. She had no children, no relatives to pass on to, but to establish her own place in history. Getting it to the historical society made a lot of good sense to her. Then she was perfectly willing that we use a firm that we had worked with before to conduct a sale for everything else that was left. I opened a bank account in her name and her new address with all the money that was there. That meant we had checks. I wrote one out and she signed the check paying for her care at the institution. She really succeeded in continuing to have a separate identity, which was pretty darn important.

ROBERTS. That was really very early in the history of gerontology in social work.

BORDERS. Yes, very early.

ROBERTS. Betty, I want to stop for a moment. What year was this? Do you remember?

BORDERS. This was in '62.

ROBERTS. '62.

BORDERS. This is in '62 and the fact that I helped her and the Benjamin Rose

Institute

helped her is without any question but I doubt if it's really a burden--maybe not to me; it is what I learned from her. I learned that old people do make sense even when what they do seems to us crazy but you know she really made sense. At this time I also learned to communicate very completely really with an 87-year-old patient who was a widow of the dean of the law school at Western Reserve. When I first saw her, she sat in a forlorn way rocking endlessly after a stroke. For quite sometimes afterwards she was unable to talk, not responding to any activities around her and really upsetting the

nurses because she was turning down most of the food off her trays. It’s a lovely story but I wish I could tell it to you. Or the story of a faculty member of a college of Western Reserve. With my help she was ready to die after she resolved her feeling of being rejected by her son at the time of his late in life marriage to a young woman. There were others--it was a marvelous experience and I was able to make better use of this information in my subsequent teaching to the relatively few students who were interested in work with old people. Now remember through 1962.

ROBERTS. I came to USC in 1970 and gerontology has never been a great interest of mine, but my memory is being told that gerontology was very new. I believe it was the developer of Leisure World that supported a study that Maury Hamovitch and someone else did. This kind of led to the establishment of gerontology. Did they draw on your experience at all?

BORDERS. No

ROBERTS. It’s like the world rediscovering itself. But no one else had worked on this. I did not know about the Benjamin Rose Institute.

BORDERS. I remember sitting in faculty meetings and this was before Maury Hamovitch's study. He was on the faculty but before he became the dean. Tracy Streavy, who was dean of graduate education, it was right after Leisure World was started and he came and presented to us the multiple opportunities that the residents of Leisure World would present for inter-disciplinary research. Well I just remember that but it didn't get connected in any way. It was by personal experience. I think I had gone there expecting that what you tried to do was to see old people simply to help them get as comfortable as possible, as they lived either in some degree of isolation

which their conditions made necessary. And to an extent still I guess it is true, except that I found that you could get to know them and then they got connected with their early roles and there still is an awful lot in the present to be done.

Maybe if we have time I could go back to this woman here who had had a stroke, as I said, she was just rocking in her chair looking out at the window apparently gazing out at the window. Well one of the first things I ever learned I found in her bureau some glasses, dirty eyeglasses. I cleaned them up and I took them over to her and I said would you like to have you glasses on. I was wearing glasses, of course and we put her glasses on and I had also seen on her night table some magazines. I can no longer remember which ones, but they weren't just trash. So I picked one of these magazines up and I got in front of her with a magazine held so it could be right in her vision. I selected some ads some with color of a woman in a beautiful yellow dress and held it for a moment and made some very brief comments and I did that several times. I tried to think of what she could relate to that would have some meaning to her. I even got some good size wooden cut-out pieces for the field and put some together and those would have been puzzles for five year olds. Some of the reaction that this brought was for a wife of a dean of law school. Her taking puzzles like that, and I said I don't know if I can see if it means anything to her, but at least she is interacting in her hands and with me with another person. I also learned that she had been something of a bug about nutrition and that she really thought that whole wheat breads flours and cereal and so forth were important and that they had been giving her poorly toasted white bread for breakfast. No wonder she didn't want to eat it, so I said, “Any reason you couldn't give her whole wheat bread and toasted through,” and I went and helped her eat it. A social

worker helping a patient eat--why not. So I helped her eat it. It dawned very quickly and I might see her two or three times a day about some incident of this sort. I would come in and manufacture words. She would greet me like the perfect hostess, her tone of, voice, everything in her attitude was, “here comes a nice woman” and we took it from there so then. I wrote to her daughter who was on the faculty and at Bryn Maur and said if you send your mother picture postcards, I will show them to her and I will read it to her. And then we will see what happens. Well, we really got to the point where she could respond in English. They fed her better and she ate better and she could now talk again and she carried on a delightful social relationship with me. But the most important thing was that she felt that I could now relate to her and I suggested to the daughter that she could tell some of the other relatives to send cards and I would show them to her and we would enjoy those together and she….

ROBERTS. Betty, before we leave that fascinating story, in listening to you, I am very aware that after your retirement you moved into Leisure World and I am just curious whether your perceptions as a professional square with your experiences, as a resident; did they change your thinking?

BORDERS. No, I don’t think I transferred any of my experience from my Benjamin Rose Institute to Leisure World.

ROBERTS. Leisure World does not have…

BORDERS. Well, Leisure World is simply a place where people of a certain age…

ROBERTS. And they don’t have medical.

BORDERS. Well, they don’t have assistance. You buy or rent an apartment and you pay for it; you pay your dues and that’s that. They have a wide variety of activities,

some of the most I have ever seen, and very exciting really. They had a wide choice of things to do. So it was just transferring to a different place to live your life as far as I was concerned. A hospital was eventually built in the community, but it had no relationship to Leisure World. The people at Leisure World became the more probable patients, of course, at the hospital and it was a good hospital.

ROBERTS. I don't know that much about Leisure World, but if you are a resident there and you have some catastrophic illness then you have to leave Leisure World?

BORDERS. You do like any place when you find illness? So in other words if you had the resources you could hire, yes

ROBERTS. Some communities would not let you do that. If you become disabled you have to leave. They don't want that image.

BORDERS. No, I don't really know because I didn't stay there that long. But it is my impressions that you ran your own affairs.

ROBERTS. Really segregated housing.

BORDERS. A lot of education things. For instance, Erwin Burgers was very active in a group that lasted many and many years in producing slide shows with a narration. It was an integral part of the whole operation and it really was more like an illustrated essay. They were just beautiful and so the people who did it enjoyed it so much and it was so productive for them and there were many activities of that same sort of thing in other fields. I didn't happen to go in for that sort of thing. I became more active in Common Cause, of which I had been a founding member, and at that time they began creating local chapters, so I was active in that and in foreign affairs, which is a national program for study and discussion eight weeks a year, and that was very exciting and

was my sorority group and that sort of thing.

ROBERTS. We are getting a little ahead of your story.

BORDERS. Well, that's about it. But I really don't know that I feel, in fact, I know I don't feel able to talk about social work, because I have been retired now almost a quarter of a century and I don't know really what is the current practice of social work. One thing I do know, that research is much more sophisticated than had been attained when I was there. But some of the articles of social work and by social workers leave me feeling that the concerns of the profession are all too familiar. In this communication age, do we have anything that is uniquely ours, or can be if we can define more precisely what makes it work? Can we make it include the rebellious-disposed youth of our urban centers? How can we communicate with persons whose experiences are totally different? I think I'm sure we can, but we are going to have to learn how to do this if we can formulate it and teach it. I'm very much concerned with the phenomenon all too common, of children having children. How we got to the position as a society where any one has the right to produce children under any circumstances whether they can support them or not, I'm not clear. I myself had to forego having more than one child because we couldn't afford to support it. Some way or some how, I think, responsibility for your actions has to be built back into society, and whether we can help on that I don't know. I remember when Margaret Mead wrote an article many years ago about the time people would have to get the permission to have a child. Well, of course, as we know something of the sort is going on in China. It is not a selective process for finding parents, but controlling the number of children that can be born. But I think that's fundamental; its one of the things that is going to be

have to safe.

ROBERTS. I note that most of your professional experience was mainly in clinical social work with individuals, yet when you talk about your interests in Leisure World, it seemed more like policy than political, even international level. These comments about parenting: one of the people I studied under at Berkeley was Lydia Rappaport, who was kind of a super clinician and after she died--very early, after her death someone edited a volume of her writing and I was asked to review it. She was on leave from the University of California and working for United Nations, but Lydia had also worked in Israel. She was a traveler and her last three writings were related to her UN experience, working on population there. I remember reading those, one after the other. The first one was on family planning; the second one on population planning and her final article was on population control. And so I get the feeling that when you left the clinical, both you and Lydia had the same kind, of interests. Or have you always had these growth interests?

BORDERS. More or less. In fact, I was tremendously interested in Michael Davis' study on comprehensive medical care way back in 1929. When I came to SC in '41--that was the time that the Wagner Health Bill was before the Congress, and we thought that there was some hope of getting something like that passed. Of course, it did not and it was simply opposed so strongly by the American Medical Association and this was long before Medicare came into affect. Well, no, that's not true. The point is a whole bureaucracy had not yet developed in the insurance industry but none-the-less, it simply killed any chance for medical care programs. And Governor Warren introduced a program here in California as a result of the work that I did in that with

some doctors and dentists, social workers--all the work I did on that. I lost one of my good friends from my college years. He couldn't afford to be known as a friend or have anything to do with me because that would disadvantage him with the corporation of which he was an employee. I was a “pinko”—well, so now here we are in 1993, Hillary Clinton is working hard and has been going about collecting information and involving many persons and groups and presenting relevant data to her and to the group. But I'm skeptical. I am afraid that the body politic has too little real reliable information to make choices and, so whether we get anything now, would really be an improvement, I hope. There certainly are many more kinds of vested interests now and I think that’s terrible, but this whole business of social process by which societies define and govern themselves--we have to understand it as much as we can, and we can, maybe in small ways, contribute to the forces that are leading us where we need to go rather than those that are halting progress. But you have to take the long point of view. Just like the United Nations is trying to redefine its purpose and somebody comes along and says Judge Scalia is defining foreign policy for the United States as though that were the worst he can do. So there are many conflicting views, but the thing that really concerns me is our population in general has too limited an opportunity to really become knowledgeable about relevant facts. So much of the time they are getting opinions of people who have agendas, or roots that have their own agendas. And it concerns me as to how we are going to get there. We may need to have a greater blow up before we can gather our resources and move again, but I think we have to keep on trying.

ROBERTS. Once you retired, did you continue any involvement with the profession?

BORDERS. No. You were talking about my name changes?

ROBERTS. That's for those who knew you as Betty Paine.

BORDERS. Well, okay. I moved into a really different phase of my life. You know, really different and so that my attention and concerns were a lot nearer home and as far as what I was working on, it really more of the larger picture.

ROBERTS. It's interesting because I am different but similar, because I moved to Washington when I left USC and one of the things that has struck me is when you get away from the profession it doesn't seem to have much visibility. That, I think, most people don't seem to be aware that social work is there, unless they've had some personal involvement with it and often medical traumas and…

BORDERS. One way I found to use it though, is I am my own social worker with the physicians who take care of us. In the very beginning I said to myself, now how many have had a social worker who could do so and so. Then I said, why can't you do it for yourself? So I have discovered that I can for myself and for my husband. And so it is in that way that I have come to see how much the medical education, how much more that they know now, but in so many ways they are still very much the same. But if you work with them: at least it has been my luck and my experience, to get very good responses.

ROBERTS. Thinking about trying to put this together for myself, my perception about American society is very similar to yours, and there are a tremendous number of social and political problems that need changing. I agree, too, that sometimes I get very depressed, but then I have to go back 40 years or 30 years and, somehow in the area of civil rights there is so much to be done. But the changes are just tremendous. And they seem to happen incrementally and sometimes accidentally. But I think the

profession has been investing more and more of its resources in social policy and yet the profession seems to be having less impact. There had been some social work appointments under the current administration, but not at top levels. All this emphasis on social policy institutes in schools of social work: I don't know what, if any, impact that has had. Regarding those interests of yours, instead of finding a natural outlet in the profession, you have to go to things like Common Cause.

BORDERS. Well, I think I know what you mean. As I listen to you, I am very aware that social policy then leads to certain ways of identifying problems and attempting to familiarize the problem or to move it into a better direction. And one of the things that my experience in Cleveland gives is that you can't carry out a social policy by treating recipients of a certain kind of assistance all the same. They're highly different and they need what you can contribute. If they feel if you can learn what it is they need, and then if they can feel your interest, it can indeed be something to which they can respond. Moving from St. Louis, where the social work of the period was as I described it, highly individual work with individuals, but moving from that to Los Angeles where it was rules and regulations. In fact it was considered to be an insult and an intrusion if you had any concern at all about how a person spent the money that he go. We moved away from a service to a concept of clients rights to be maintained. Some people lost what is very important, I think. I am not taking away from the right of people who needed to be served by their society. I am not taking away from that, I just think that we misinterpreted it.

ROBERTS. When I was social work dean and Bill Finch was on the faculty, I said, “Bill, you are a congenital jerk.” He was good, but he really believed that bureaucratic rule

and organization democratic service, and I drove him crazy because I was always administering by exception. Yet listening to you, the one thing that probably is right is that bureaucratization is a tremendous problem in today's world services from large corporations.

BORDERS. That's one of the reasons I think that the corporations are having to redefine themselves. Of course, I think that the whole world is in the process of rebuilding itself and a lot of the rules which we understood as social process in the past aren't going to help us to understand what is going on now. We have to keep trying and formulating conceptions that will help, but we can't project the mere future in terms of welfare. We are having at least structural change and I think we're got to be open in learning to be able to find ways.

ROBERTS. Do you think that is a problem, not just in professional social work, but in all the behavioral sciences jargon now, that they are operating from out-dated paradigms?

BORDERS. Yes, I do. But of course its easy for me to say that as an ancient one with no responsibility except to keep my head on my shoulder and to live with what I think is easy for me.

ROBERTS. Toward the end of the interview I asked Bill Finch his perception of the world, whether he thought the world was in worse shape, and he said, “You should never ask that question of any one over age 6O.” He did not know how to answer it.

BORDERS. Again, you might have to say that is a simplistic question any way you put it. It was Lisa McBroom who first formulated this statement that we are always changing. I had said to her, “I wish I can hang around and see how it comes out,” and

she said, “Well its going to be always changing. It’s never going to come out.” Which, of course, is true.

ROBERTS. Einstein said, "Everything changes except our thinking.” Betty, I do notice that you have some notes; is there anything else we should cover?

BORDERS. No, I don't think so; as you can see I look back and there is a lot of regret in what I wasn't able to do, but also considerable feeling there have been some pretty exciting years.

ROBERTS. That's a great accomplishment.

BORDERS. And it has been a great life.

ROBERTS. Well, thank you very much Betty.

BORDERS. You’re very welcome.