

A Three-Way Conversation
with Dr. Genevieve W. Carter

September 24, 1994 in the Home of Genevieve Carter
Participants: Frances Lomas Feldman, Interviewer;
and Monika White

The purpose of this interview is to identify some of Gen's perceptions of the School of Social Work in the community during its many years, but she won't cover 75 years, she will only cover what she can think of today.

FELDMAN: All right Gen, as I told you in my letter and by telephone, we are interested in collecting the ideas that people have of the contributions of the School, not only within the University and the field of social work education, but also in the local community, statewide, nationally, and internationally. And from your time of arrival to the Welfare Planning Council as Director of Research in 1946, you have had continuous contact with the School in one role or another--so just let yourself free flow.

CARTER: Well one thing that came out this morning when I got my eyes opened was Arlien Johnson and the big board meeting (Welfare Federation Board Meeting). She always had hat with a flower and fresh white gloves, sitting like a lady, a lady monarch, and she was very well accepted by all the businessmen. I think she had a wonderful committee awareness and kind of a power to have the men think--they had such respect for her, and I was proud to be one of her working partners.

FELDMAN: Well, she was always the lady, and Vice President, Raudenheimer told me many

years ago that when he was recruiting a Dean for the School of Social Work, he had written to the University of Chicago, and they had recommended her very strongly. He thought he wasn't sure whether Johnson would be someone he wanted to see, and here she came with a hat (your comments remind me). And he was so taken with her that he offered her the job right on the spot.

CARTER: Yes, anytime she came near the table, about four or five of the men would stand up to offer her a chair.

Let me get my time straight. I came to the Council (Welfare Planning Council) towards the close of the war, that was late summer of 1946. Not so long after--I think a couple of days--whistles were blowing and everyone was excited because the war was over. Then came the period of what we called, "The Time for Reconstruction, Rosie the Riveter had already made her name and women were in business; they were out doing things, and they weren't going to stay home all the time. There was the matter of child care, and there was a George Nickel study that we made. We were trying for legislation for the child care centers and he was going to Sacramento (he made quite a few trips during those years) to press for the legislation. The legislators were saying, if you build these child care centers or take care of these children, the mothers will be out in the bars all afternoon. I said, well let's just find out. So we did a study of child care in the State and our sampling was at different centers; some were at churches, some were attached to the place of work; and some were just more or less in a home with five or six children. But they were rather easily located and everybody was willing to participate in the study.

FELDMAN: And there were still some Lanham Act funds that were in danger of disappearing?

CARTER: That name: I've forgotten just what that connection was.

FELDMAN: Through Lanham Act funding, child care centers in the schools had become our

major source for establishing child care centers. With the ending of the war, the funds were exhausted and every state but California and Washington had abandoned such centers--and shortly afterwards, Washington did, too. George used the material gathered, including that about the Lanham Act. He was a lobbyist then for Beneficial Management Corporation, and he used all of it; his pitch was to save the Lanham Act Child Care Centers, and he did.

CARTER: And we worked all night getting the copies ready; it reminds me of these Kinko stores whose advertisements say they work all night. We had been working all night because George wanted to pick the material up in the morning at 8:30, and wanted something like 90 copies. That was a lot for us to get ready. We did over 100 interviews--we had a lot of people out--and they were to locate the mothers who were using the centers, not only to have proof of where they were in the afternoons--they were not in the bar having drinks, and so on and so forth. They were holding down two jobs. It was a beautiful study as far as the facts were concerned. There was no attempt for any kind of fancy statistical stuff; we just had questions and answers, and the factual answers were really more important to those legislators than if we tried to analyze background or age or so on. They wanted to know what the mothers were doing, and we told them that they were working out and they were hard-working women with two jobs. I think that was my first introduction to George Nickel. I didn't know just what George's connection was at that time.

We had students from the School always, and I taught a community organization class and there were not very many such classes in those days because social work education was primarily casework-centered. But Arlien was very interested in seeing something worked out. This is something aside, but I was very interested in case recording and I thought, "Well, I don't know

why there can't be a record or a case record for each community organization project which does have its goals, time and money limits on everything," so I started two or three of the case records and I remember Arlien was very interested. But Irene Liggett (the Director of the Welfare Planning council's Child Welfare Division) said nobody had done any such thing; it didn't read like a case record. But it was a project record. Irene said we were just letting our bubbling ego get out of hand sometimes and that there was no reason for a community organization record. But we used it for classwork and found that it was very helpful to use the case record approach not on one case, but on the project; the project goals we anticipated, the timing and the progress, and so on. It was brought to the classroom, and we discussed it and Arlien Johnson was interested and the idea blossomed.

I remember also that when I first came to the Council we had a committee called, "The Japanese American Relocation Committee" because the Japanese were being released from the relocation camps. So many of them--the majority of them--were in California. Most of our committee members were School faculty and everybody was interested. Then there was a thesis on the Japanese Children's Home.

FELDMAN: I don't remember who, but the study was one of our master students.

CARTER: The issue was integration. The Japanese relocatees wanted something of their own in Little Tokyo where they could also hold other meetings for their community work. They were so eager to be a part of the broader community and be like everybody else, and do what they call "charity work." The Japanese children in the Japanese Home previously were all brought to Manzanar where we had three children's homes, the children brought by soldiers--including babes in arms. All were behind the barbed wire and these little enemy aliens were brought in to be kept

there during the war. Some of the little orphans were in the care of a Catholic order that was more of a missionary sector of the Roman Catholic church. There were nuns and priests and the nuns were like little brown berries, they were real Japanese--full blooded Japanese from Japan, and they had this church. I remember that some of the social workers on the committee thought that if you started with integration, having more races living together, that it would solve future problems about anything happening like the relocation experience. I belonged to the other group; I really thought they really needed something to call their own, that they could point to with pride, that they too were doing community work, and that it would be a gradual bringing in of other racial groups as it came about in a natural way. Over several year's period, I think that's what was finally followed because, knowing their pride and all, you just had to appreciate all the suffering they had gone through, and to be a little realistic as to how a community should look at this experience and move toward better integration. So that was one issue I remember very well, and the School was very much involved in that. We had lots of other meetings as well because that was then a serious thing. Is there anything more about that we can mention?

FELDMAN: Nothing that I remember specifically. But in that same time, I remember, there was a study made of the number of black children in our children's institutions and you worked on that with Irene Liggett and I were then chairing the Child Welfare Division of the Welfare Planning Council.

CARTER: I remember that well, and I remember Irene's favorite quote was, "We are color blind," just like Nancy Reagan's "Just Say No." You just can't say we are color blind without a lot of thinking about how you get gradual acceptance and experiences that will change ideas and notions about interracial things, is not enough.

WHITE: Did the two of you work together at the Welfare Planning Council?

CARTER: Oh yes.

FELDMAN: I was a volunteer.

CARTER: You were a volunteer plus.

WHITE: You were at the school, Frances?

FELDMAN: I was part time. I was a social work graduate, but I was part-time teaching two courses, one in public administration and one in social work; I was an administrator in public welfare. That's when I began to chair the Child Welfare Division. It was later that I began my full-time teaching, in 1954. I think you were the one who persuaded me to look at the history of the Council's mental health committee. Was that you?

CARTER: Well I worked on you to do that, and I had a staff person, Robinson, from Psychology, who assisted.

FELDMAN: That's right. Well, I examined all the minutes from the beginning of time of Mental Health committees in the Welfare Planning Council, and I noted the fact that something would start, then stop, and a new committee would come along. Arlien Johnson had been instrumental in starting the psychiatric clinic, the first one, at the then Cedars of Lebanon Hospital; we hadn't had one before. She also had been involved in starting the LA County Mental Health Association. It was that study which led Al (Feldman) to believe we needed a blueprint of mental health agencies in Los Angeles and to develop the idea of Los Angeles County Mental Health Survey. I also recall those days, when mental health in some round-about way was associated with Communism.

CARTER: Do you recall why?

FELDMAN: It was easy to see how some people got to that, especially the House (of

Representatives) UnAmerican Committee and its reactionary supporters. They were also working on preventing the Short Doyle Community Mental Health Act from being passed. Al was very much involved in that, and he was busy making speeches every place to get it understood and passed. He had set up a steering committee and persuaded Louis Bullock, then President of the County Medical Society, to chair the committee. Because Louie always responded negatively to anything anybody suggested, you may remember, Al told him that there were all these people who were against mental health programs and the proposed legislation. Immediately, Louie was for it. Louie set up a committee on mental health--the first ever in the Los Angeles County Medical Association--and made my brother, Jack Lomas, the chairman of the committee. Al had a heart attack--it was on Commencement Day at USC--and he had set up a very powerful steering committee, co-chaired by Louie and Jack; it was to work on the Board of Supervisors to bring about the Short Doyle Act into Los Angeles County. I became the pinch-hitter for Al for that summer because the one thing he worried about constantly while in the hospital, was what would happen to that steering committee. Since I was free for the summer, I staffed the committee. One of the first tasks I had was to talk to a group of women in Pasadena. It turned out that they were the same ones who were anti-flouridation, anti-vivisection, and anti-mental health: they were the Minute Women, descendants of Daughters of the American Revolution. I remember so clearly facing this whole group of women, knowing what Wayne McMillan (Director of the County Mental Health Survey) had told me they were like. One of them stood up and said, "Why do you want to have something called 'mental health.'? We have good mental health. Somebody will knock on the door of someone's home in the middle of the night and say 'away with you,' you are crazy, and take them to Alaska."

CARTER: They could have said, Russia.

FELDMAN: No, to Alaska. I did two things: first, I asked them how many knew about Benjamin Rush, one of the signers of the Declaration of Independence. Well most of them raised their hands. I then said, did they know that he was the father of psychiatry in the United States? They didn't say anything more. Then I also looked into this mental health thing in Alaska. I found that congress was considering legislation to set up a neuro-psychiatric institute in Anchorage. Because Alaska was a territory, it had to be done through Washington. These people had translated that to mean that Alaska would be the place to which everybody would be spirited away for no reason. That was the connection, in a time when McCarthyism was rampant.

CARTER: I have an idea that the Welfare Planning Council was at its peak about 10 years ago as this balance between private philanthropy and government service came more to a 50/50 balance. Formerly, it was more like 75/90 percent voluntary services for leisure time and for some other services, but as Helen Dean's report shows, in several places, where the government--city or county--merge to provide some service in a county. This movement was going very fast, government agencies providing services, and then the voluntary sector would move into other areas. We thought of it as more or less a pioneering or a testing around whether or not government should take the service over after it was proven. But that has died out. I think now the proportion of voluntary to public funds in the whole general welfare field is a very small, maybe 15 percent.

FELDMAN: Well, that was so in the arena of community mental health, because the state handled hospitalization and so forth. But a change began with the Short Doyle Community Mental Health Act. A lot of our faculty were involved in that: very active both in the Mental

Health Survey, and the passage of the Short Doyle Act. When they passed the Short Doyle Act, when they first passed the Short Doyle Act, it was voluntary as to whether a city or county of more than 50,000 could participate and get state reimbursement. A couple of years after that, and Arlien worked with Al very closely on this; the Act was broadened to include voluntary agencies. The Short Doyle Act came in 1957 and Arlien retired in 1959. The summer that she retired, we were instrumental in getting the state legislature to provide funds to voluntary agencies by a contract. The legislature would hear nothing about service by voluntary agencies until then. That's when Lanterman began to get involved and the person who reached him was George Nickel because Lanterman was his assemblyman. George is the one who got Lanterman and Al together to talk about the importance of the voluntary agency being in on this, so that they would begin to get 75 percent reimbursement of expenses. So the private/public balance began to change then, I think.

CARTER: It became very important. The fundraising process just kept growing and developing but there certainly would be a slowing up or limits on what you could do with public fundraising. I think of this every time I recall the thousand lights described by president George Bush as to what volunteers were going to do. But nobody had tested that anyway to see its potential, and in this day and age of volunteers to take on all the things Bush said he had found, he would cut down the government and add more lights--more lights and more volunteers, but nothing ever blossomed out from that. It was almost like just saying no.

FELDMAN: One of the things that Arlien was very interested in was the role of the volunteer in a wide range of social welfare activities. I think she was very involved in the Welfare Council out of that interest too.

CARTER: Oh yes; in fact, the Federation Board would really appoint her to see that such and such a committee was in action. Perhaps it was better lodged in the Council than the Federation. More or less, as I recall, the Federation Board gave her the broader assignment of forming a committee at whichever place she thought it would operate the best, and to report what was being done back to the Federation.

FELDMAN: Gen, on the telephone you had recalled working on time-motion studies.

CARTER: Oh, yes. I noted several things down here. One I call the interest in what business was doing, that is, analysis of time and motion of employees or tasks. Another was more or less the matter of evaluation and on what it could be called; instead of quality control I, it became quality improvement (QI) in business. This was a constant thing, to adapt to change as needed rather than waiting two years for a project to end and then to evaluate what happened. It changed the whole notion about how you go about evaluating agency service; that was beginning to come in. I think that was about the time that you started the industrial social work program.

FELDMAN: No, that came later. Let me take that back. We had been asked by industry-- George Nickel and I put on an institute of what managers in industry should know about money management because the biggest problem they had then was not alcoholism, which it became later--but indebtedness. These companies were having to lay off some of their best people because if their wages were garnisheed one, two or three times, the company policies then mandated that the person be fired; the company would lose some of their best employees. So for three successive years, with the collaboration with the School of Business, we put on those institutes. The Planning Council was involved, and that was really our first involvement with industry. Then things had to wait; we couldn't get faculty interested in industrial social work until

1980. There was a lapse of about 20 years. It took that long to get industrial social work acceptable to social workers.

CARTER: Yes, that's understandable too. Now there was focus of social worker and social work agencies "social work standards," as they called them, an awfully broad term about the quality of the social agency and its right to be supportive--whether or not they could attract money. A little later on fees for service came in, which made a difference, too. I think it really helped professionalize social work. That was a slow change--but the social work philosophy and the way of doing things were frequently not what business and the Chamber of Commerce thought they should be. There were meetings of very different kinds of people, and I remember some were very rough, and the social workers certainly did not trust Chamber of Commerce people at that time.

FELDMAN: Gen, you were operating a lot of committees. You had a research committee, and I remember that Maury Hamovitch was on it, and I don't remember who else except some people from the School of Business, including Dean Robert Dockson.

CARTER: And there was my friend whom you located to come to a party for me when I came to Los Angeles.

FELDMAN: I can't think of the name.

CARTER: It was a woman who lived very close in that old section of Los Angeles; she was a very good politician.

FELDMAN: Dinerman?

WHITE: Bea Dinerman.

CARTER: No, Bea Dinerman was different; she was later. She was later, younger and more of

a community type.

FELDMAN: I had occasion to call this other woman not long ago at your request, and I can't think of her name! But there was involvement on the part of School faculty as well as alumni in various committees that were quite important in the Welfare Planning council.

CARTER: Oh, yes, they just about filled half the enrollments of all the committees. It was a very tight partnership and that was true in most cities where there was a research department and a professional school. There was a heavy influence from the Welfare Planning Council research staff in New York, Chicago, and St. Louis, and others like Indianapolis. The drug foundations put up money for quite a bit of research in those days, too. I can't remember when something was not done by School and Council together, with students or as I was teaching two or three classes there part time at different times. The involvement just flowed back and forth, and it was very close.

FELDMAN: Gen, why don't you tell about the establishment of the Regional Social Welfare Research Institute and the kinds of things you did there.

CARTER: All right, let me first go back to time studies in casework--that's what I think was one of the most interesting things.

FELDMAN: You told me on the telephone that you could draw a relationship between the time and motion studies in which students and faculty were involved with you, and today's HMOs.

CARTER: Yes. The time and motion studies were drawn directly from business. The first one ever attempted, I guess, and maybe the last one, were family service agencies. We had a schedule that had every minute accounted for. You would write in details of what you were doing. Later on they approved a sampling process, where it would be what you were doing at a certain

moment, and the moment would be sampled, or the days would be sampled, and it would be how much time was used doing what, and that led into test analysis which also led to some professional evaluation. For instance, in nursing, we had students doing an awful lot of the research work where they would report whatever task they were doing in the hospital with the patient. We found that nurses were doing everything from maids' work to practicing medicine. That led to divisions in, or redefining some professional positions. Then the same pattern was followed with regard to social work, intern positions, and assistants where the jobs were divided by the nature of the task that they were doing; they didn't always require the masters' of social work or the doctor or the RN's to do these particular duties or tasks because subprofessionals could do them. And it also brought in many more minority people who would get their start into a profession through coming into these entry positions. It was a trend at that time, and we certainly did have a lot to do with that. I was telling Frances about social workers, caseworkers in particular, who don't like to be pinned down--like when you say exactly what did you do. I used to attend the Jewish Federation Board meetings quite a bit, and they are a vigorous, non-smoking, active board, and the chairman was hearing a report from a caseworker who was telling about service at Jewish Family Service, and what the worker did and how it came out. She was giving a process report, "I said this and she said that and we did this and she did that." (Laughter) He said, "We just want to know what was the problem, what did you do, and how did it come out?"

WHITE: We want to know what time it is and not how the clock works.

CARTER: Yes, or they don't want to know all this process. They want a direct line of cause and effect. I think cause and effect is what they were really after. The other side of the little story

has to do with how we would get all these schedules in, and we would give the students training on how to score and mark and so on. One of them said, "Oh look at this one. You don't have a category for 'I'm catching my breath.'? What do you do about that?" It was tedious work and the agencies were very careful to get all of their copies of their schedules: they didn't want them floating around. They found such a large proportion of time was going into a category called, "Case Reading and Studying," preparation for the next visit. That was taking up 30-40 percent and that doesn't make sense. That began movement towards short-term casework then, a set time and short-term goals, not just going on and on where one interview leads into another because you have more information. It was more a direct line between the problem situation and how much they were going to do about it and how much time would be invested. I think we had more of an effect on internal agency studies, but it could have been misused. It had a big effect because the agencies were also doing training of student social workers. What we called the time and motion studies were studies of what caseworkers do, just like the study of what nurses do. To get back to the HMOs--a case management person really does an awful lot in connecting the pieces of an HMO, and I hope they do more because there are big gaps where people fall through. Somehow the primary physician does not really see himself/herself doing what a case manager would do, even though he refers the patient to numerous medical specialists. Why is that?

WHITE: When you talk to primary care physicians about this, their role vs. case manager's, they will inevitably say I am a case manager, and I direct the care of the patient even though I may delegate certain responsibilities to others, I am in charge. Because we talk to them about it all the time. But they would disagree. We have been through a big project studying how to link up case management with primary care so I am speaking from very recent work. The primary care

doctors feel that they don't get paid for a lot of functions that need to be done with patients, such as talking with them, giving them information, and, if it's not of a medical nature, they have no way to be reimbursed. The expectations of physicians and what is expected of them is that they have to see people all the time, and they really can't sit down and talk with you for half an hour.

CARTER: Like with my orthopaedist; we had some disagreement. I thought I was put out of the hospital too quickly, and I asked for the form for the patient to protest because I was sure I was having some little strokes and nobody asked me about how I felt or anything. It was just that "You'll be out and will be discharged in four hours," and so on. So you don't have anybody that is on your side.

WHITE: It certainly feels that way.

CARTER: You can't call your primary physician in because that part of care is delegated to others, and he signed the admission because my x-rays for broken bones needed high-level primary care. I suppose that a twelve-year old boy who falls out of an apple tree is different than an old lady who may be getting very disturbed and having little headaches. When she passes out now and then, it is a whole different story, and it depends on how it is written up; there are a lot of loop holes that are going to have to be tied together.

I had some other things here to mention, task analysis, for one. This had to do with the business influence at this period, and the School was involved somewhat. But an important item that I haven't at least touched on a little bit is the Regional Social Research Institute. When I was at the Research Institute, which was really a plan to have decentralized funded research from Human Services Division through the seven or eight federal regions of the country--and San Francisco was Region 8 headquarters--.

FELDMAN & WHITE: No, Region 9.

WHITE: One of the things that I was involved in with you 20 years ago, Gen, at the Institute, was our looking at that project with Frances Leer of Leer Magazine about putting welfare mothers to work in the private sector. There was this public/private partnership type of approach to employment. I personally went--well part of my job on that project was to review thousands of welfare records. We had set up some criteria for what kind of women we were looking for: type of education, number of children, ages, former employment. We had these standards, looking for women we might place in part-time positions during school hours so that their children could be at school, and they could be working during that period of time and still be at home during the mornings and evenings. How few we found; that's what sticks with me 20 years later.

CARTER: What sticks with me is along the same line. It was job-training, evaluation studies. After they'd come out of this tunnel of training and there was no job, so is it a success or not?

WHITE: First it was finding the job, and that is where Frances Leer came in. She had, if you remember, an employment agency in Century City. I worked in her office for part of this study. She had opened an employment agency for king of high-level executive secretary types if I remember right, and she was interested in entry-level jobs in offices; filing, for example. She wanted to help us place the welfare mothers in such offices and environments. It was on-the-job training, and we had to talk the businesses into accepting and training these women, and then it was part-time work for some period of time. The project was paying them a little bit or at least part of their salary. Very few actually stayed on with any kind of work past the ending of the project.

CARTER: I remember this very strange finding we had. I don't recall if it was with that

particular study or another, but the dropouts were the ones who got jobs because they were on their own looking for a job, highly motivated, and didn't finish the training. Those who were found working x number of days or afterwards, were the ones who didn't complete the training.

WHITE: And they found jobs on their own, and they possibly would have anyway.

FELDMAN: That is very significant in light of today's proposals.

WHITE: Very significant. Many who went into this project were the ones who were working later, because it was a wonderful bridge. They didn't want to be on welfare; they wanted to work anyway, and they were out there hustling, beating anyway.

CARTER: The same thing reappears again and again, that unless the job training really does something for motivation and for the job development where they can move out on their own, they don't complete the training and it's money down a rat hole unless there is something realistic to be worked out with job placement.

WHITE: Gen, do you recall that our recommendation to the federal government was not to do this because of these factors; that it didn't work as a program, that people were motivated to work and unless a, b, and c were in place, they wouldn't work. The program only lasted about a year or two.

FELDMAN: It was funded by the federal government, HEW?

WHITE: We had said don't do it because this is not the way it will work but they did it anyway. San Fernando Valley implemented such a program and it fell apart in about two years.

CARTER: That is such a crucial and critical public policy type of problem and solutions that really came out very clear and plain but there was no way of getting it into the legislation or getting money for it, and so they repeated it over again.

WHITE: That's right. They did it again. It was a very significant project for me in my first real-live research experience because the findings were so clear and because we recommended against it, the government did it anyway, and we were right.

CARTER: I think that there is another issue that is how, when significant things come out of a school of social work, let's say, it doesn't make television or it doesn't come up on the medical hour or in new research or anything like that; it is dead-ended.

WHITE: There was a project that I worked on under Gen when I was at the Institute, and I think after that I worked on it with David Franklin. It might have been the last big project at the Institute.

FELDMAN: I know some of the things she did before.

CARTER: What do you remember?

FELDMAN: I remember that before you showed up on the Institute job, we had been approached by Alaska to do that demonstration project, and we worked out an arrangement where they had a contract with me, and they also had a special contract, the first one of the Research Institute, to do the statistical and certain research aspects.

CARTER: And Hawaii; that was for the AFDC mothers.

FELDMAN: Yes, Hawaii was followed by a project with the Catholic University on training public welfare administrators. You and I and Dorothy Byrd worked together on the project and produced a couple of volumes of material. What I remember most was going to Carson City for a conference with regional personnel, and gambling. You induced me to put the two dimes that I had in my pocket into a slot machine, and I won enough to pay our expenses and thereby stretch our Project money.

CARTER: We had at least three or four studies that had to do with job training, getting a job, and welfare recipients.

FELDMAN: And you did some public opinion polls.

WHITE: That was just before I came to see you about working in the Institute.

CARTER: I think it is important to note that important material was there and coming out; it was certainly valuable social policy type material.

WHITE: I think one other important thing of the Institute was that you had students from the School of Social Work, and I was your second that did field work at the Institute. Lilene Fifield was the first one; she was the one who told me about it because I was frantically looking for a placement that was not clinical.

CARTER: I still wonder if there was any other thing we could've done to get our information into places where it is usable.

WHITE: Disseminating the information is always a problem.

CARTER: Breast cancer or AIDS or something like that is on everybody's mind. Whenever there is a gleam of hope about one, it gets immediate attention.

FELDMAN: We have a complete file of the publications from the Research Institute, and one of the things we will have to grapple with is whether we will index those to make an appendices which list some of those kinds of studies.

WHITE: Well my first publication came out of there. It was the first time I ever wrote anything. Dave Franklin wrote the Preface, but he became the first author. That was okay. I got a job out of this experience as soon as I graduated, with the Institute, as my second-year placement.

FELDMAN: that was a contribution of the School, then.

WHITE: Not as much as it was for me. I next did a study for HEW on "The State of Contracting Between the Public and Private Sectors."

FELDMAN: I remember that study.

WHITE: The states were beginning to contract with private providers of all kinds, and nobody knew what they were doing, neither the public nor the private, because they had never worked together. I was supposed to come up with a model contract. I had an opportunity to go to all the states in Region 9 except for Hawaii. They wouldn't let me go to Hawaii and find out how they did it and what was good about it and what wasn't and what worked and what didn't and what they should've done and how they could do it better. That was my first study as a research person.

CARTER: When I was in HEW, before the Institute started, in the structure under my direction (I headed intermural research), we did one study in particular that had to do with the health situation. This was a year after Medicaid began. We had a 48-state sample that was used for other kinds of things, and it was easy to get, and it was manageable. The study pointed to the fact that for the layer above the very poor, Medicaid was working, and the health conditions were better. But the other group were not getting Medicaid care. The layer just above was in poorest health, and then there was grumbling that we should not come out with any research that would require more money. We said Medicaid would pay, but there was no money for publication.

FELDMAN: Gen, that reminds me of something I wanted to ask you. The periodical, "Welfare in Review," that you put out when you were at HEW; did that continue after you left?

CARTER: Yes, and the interesting reason was that the Secretary's Office thought they would get more mileage out of this publication if it was a slick cover with more publicity and more

reporting of what the big officials were doing. But then the publication money was taken out of the Department.

FELDMAN: That publication , of which we have a complete set in our library, did a lot to alert people to where the needs were and the methods that were being used to relay those needs in the research.

CARTER: One mistake I made was that we did not have sufficient research staff to feed into a pool large enough to give us choices. But it did make its contribution during those years.

FELDMAN: When you realize that the Social Security Bulletin is no longer a monthly publication and hasn't been for several years, you can see that it had the same fate as Welfare in Review.

Gen, let's move to the Gerontology Center, if that is okay with you. You really started there after your formal retirement from the Institute and the School of Social Work.

CARTER: After I came back from Australia; I was there for some award.

FELDMAN: Tell us about Australia.

CARTER: In Australia I taught two classes; one was doctoral thesis in social work--they called it social studies. But that was where they did social work discovery. The Dean was from the University of Michigan and that's how I happened to go there; we used to work together while I was at HEW. That was primarily teaching research methods and social surveys, and I had two or three individual doctoral dissertations. I did a seminar for advanced research there, and it was for about eight or nine of the doctoral students.

FELDMAN: You spent some time in Canberra too.

CARTER: Oh yes. I was at the social security agency as a consultant. I remember less about

that then I do about what we did right there at the school of social work. Their concern was a little bit off of what we would call most social work issues. They were more involved with low-birth weight babies and the fact that they didn't have proper prenatal care and that it was so very expensive. It really wasn't one of my particular interests.

WHITE: The public health issues.

CARTER: That was very prominent throughout their social work. I remember one of the faculty members was finishing up her doctoral thesis and it was on noise pollution and its effect on health. I initiated more social work types of things that kind of fit in with their broader scope of public health issues. The experience broadens the scope and the thinking of the person who is doing the teaching of research more than it does the student body. It did have some effect on what I taught and said. I didn't feel that I just brought techniques; we did test analyses and differentiation of jobs with social welfare workers and their work. Nurses had never worked with social workers before.

FELDMAN: So they were beginning to do some interdisciplinary work?

CARTER: Yes. They were on what would be the edge of case management.

FELDMAN: While you were in Melbourne--in 1974, wasn't it?

CARTER: Yes, my husband died in 1972, and I went about a year later.

FELDMAN: And at the same time we had faculty working in Perth with two schools there; Elizabeth McBroom, and then Bob Roberts.

CARTER: It seems to me that Elizabeth had come back just about the time that I went.

FELDMAN: She was there twice. She was there the first time just before you went, and then she returned, and then Alton Linford, from Chicago, followed Bob and really established the

school at the Western Institute of Technology. I went to visit him a couple of times and brought material from our school that he could use there. There was a lot of interaction between United States schools and the Australian experiences.

CARTER: Of course they didn't have the casework background that we had in this country.

FELDMAN: That's what Alton was working on. Bob started to work on casework and Helen Northen then went also for awhile and brought group work there; Alton integrated all of these. He was in Los Angeles a month or so ago, and we were reminiscing over what had happened.

CARTER: I think my contribution was more in the social survey and in social policy research, particularly in expenditures and costs which they had not paid much attention to and plus the fact that it was more interdisciplinary type of looking at issues. I did more in terms of community organization and the type of thinking which gets into coordination and the interdisciplinary approach. They grasped this eagerly because it is consistent with their kind of thinking.

FELDMAN: Actually, as a result of your being where you were and these other people in Perth, they began to send us students for field placement, members of our faculty provided the field supervision for them. Now let's get to gerontology.

CARTER: Gerontology became of national interest. My interest actually began with the Harold and Mary Jones Child Welfare Institute at Berkeley, which was concerned with childhood and adolescence. I was working there; that was how I paid my way through Berkeley, doing an adolescent study. We were just coming up with the idea that adolescents and children were not miniature adults, and the matter of the culture in the gangs among adolescent groups was where we were focusing. We didn't use time study methods then, but we asked: "What do adolescents do?" We followed a hundred or so in Berkeley to learn what they were doing and "what did you

do from the time you got up? What did you do when you stayed up to midnight?" and so on. I think it was one of the most interesting contributions to considering the life span from infants and babies and the differences among the groups: pre-adolescent, adolescent, young adults. Then we gradually moved to the full-blown adult; grown and ready for work, and then we moved on to getting ready for the elderly. The elderly seemed to emerge as a separate group and there was great surprise that there were so many of them. At that time we would say, "What happens to the elders as we carve out the pieces of the life span?" It just appealed to me at that time, that we should begin to get into more studies of elders and the 65 mark we were using. We went back to see who set 65 as the age line. You know that when the Germans developed their first pensions in Bismark's time, they figured out that not too many would live after 65, that it would cost less to pick out such an age. But, instead, with Medicare, of course, and more money, it was understandable that we are going to have a lot of older people. I started to move myself and my thinking into learning, through the Gerontology Center, more about adults and working with the elderly. The Gerontology Center had summer sessions with volunteers who were working in senior centers and so on and wanted to know more about the elderly. There was a demand at one end, and a push at the other. It was just natural to go to the elderly. Thus, beginning with child welfare, in preschool, at different times I have been focused on different segments of the life span and here I was getting close to being a member of this elderly group. It was a personal interest along with the question of why we hadn't done this earlier. At first it was more of a history or interviewing and talking to a lot of older people just as if they were strangers because nobody had ever interviewed them; in fact, elderly people were not used to being interviewed and certainly not used to filling out forms with their names and their ages and other hard data.

I remember some of the first interviews. We prepared to go out to talk to elderly; they would get sick or scared, and we had to learn how to talk to them, how to phrase questions. It was an exciting area and almost untouched. The first few years it was more getting ourselves informed, and then getting into the matter of the resources. How many nursing homes I went into! The first time I heard someone say the nursing home population was incompetent, I was surprised. There was just one thing after another. I received annoying questions such as, "If they have time to rest here in this nursing home, why aren't they all reading? They have time to read now." Well, they couldn't read because their eyes weren't good or they were arthritic and couldn't hold a book. We became aware of these surprising things about how, with body changes, the use of time differed. When you think about what goes to a life environment in a nursing home, you change your expectations. All of these things were unfolding and were interesting.

FELDMAN: Gen, did you have a special title when you were in Gerontology?

CARTER: No, it was usually around a project; it would be director of the funded project.

FELDMAN: Usually the Administration on Aging. When I was back at USC, I was very close to and friendly with the research staff in the Administration on Aging because we had a lot in common; we were on each other's committees so that we kept in touch with the researchers who were connected with the funds. I think they had \$17 million; a lot of money. How much of that should be going into research that had to do with aging? How much should we leave completely to the Administration on Aging? We had little cooperative-type endeavors between the research for the aging and the other research grants.

FELDMAN: Tell us now about case management and how you got involved in that, what came out of that, and what the implications of that work were.

CARTER: That was after I came back from Australia and about that time I had had a book published. I can't remember which of several it was. The Gerontology Center had several projects going on nursing homes, especially.

WHITE: Didn't you get together on Ray Steinberg's project after you came back from Australia? You became a consultant on that. That was about the mid-seventies.

FELDMAN: Al (Feldman) as Deputy Director of the Gerontology Center, had hired Ray to do some studies on nursing homes; that would have had to be before January of 1976 by which time Ray had already been there a couple of years.

WHITE: Yes. Ray had done a study for the Administration on Aging using some of the Research Institute work that I did. I did some consulting on his project around contracting; that was before the case management study, which we called case coordination. But Gen got involved with that study. You were our principal consultant.

CARTER: Something like that title, but it was attached to some particular project. I didn't have an administration title in the Andrus Gerontology Center.

FELDMAN: Will you talk a little about case management? I think that was a very special contribution that needs to be noted.

CARTER: That continued, of course, after I came to Albuquerque. I became a registered lobbyist with Virginia Crenshaw for two years, working on getting case management into the public welfare department in Albuquerque, going to Santa Fe to shake hands , and doing all of the promotional work. That was the last phase of my interest in gerontology; it was getting case management into county structure.

FELDMAN: When you were doing that, were you a lobbyist for the New Mexico State

Commission on Aging, or what were the auspices?

CARTER: What was the base of operation?

FELDMAN: Yes, under whose auspices were you doing this?

CARTER: Virginia Crenshaw and I were volunteers, working primarily out of the Senior Center Association, the office of Senior Affairs. I was president of the Board for the Office of Senior Affairs for three years.

WHITE: Isn't that like the Area Agency on Aging here?

CARTER: Yes. The Area Agency or the State Agency on Aging puts in quite a bit of money. In fact the Office of Senior Affairs has about six or seven centers in greater Albuquerque or Central New Mexico.

WHITE: They function like an area agency in the Office of Senior Affairs?

CARTER: Well I remember the area agency division but it was not the same; that was strictly in New Mexico.

FELDMAN: Did it function in the county?

CARTER: Yes it did, it would cover say three counties or some geographic division like that but not all were in the area agency.

WHITE: Well in Los Angeles County, there is an Office of Community and Senior citizen Affairs and within that is the area agency and it sounds like it is similar.

CARTER: There were six or seven different senior centers in their territories. The budget would come from the state level to the Area and the Senior Centers.

FELDMAN: Gen, when you and I went up to the Baptist Center above Santa Fe to conduct lectures and workshops, who put on those conferences?

CARTER: The state would pay for that.

FELDMAN: What in the state?

CARTER: The State Office on Aging. You see, every state has to have a state office and here in New Mexico it's quite strong. It is a very important political appointment with considerable backing and power in the various counties. It is very strong organization because this is an active senior citizen state.

WHITE: Gen, going back to when you came to the Gerontology Center, and you worked with Ray on the case coordination project, do you remember that most of the work we did on that project was trying to describe and define this work that came to be known as case management?

CARTER: That was one of the first case management conferences. The conference, I think, covered three or four days and it was set up as a quite loose conference in order to get more works and more material from the participants. There were maybe fifteen to twenty-five people in this huge room, and the moderator's job was to get material out and get what each of these thirteen different organizations or agencies represented had to say about doing case management.

WHITE: We have the proceedings of that conference.

CARTER: The proceedings we did write up.

WHITE: And remember B.J. Snyder helped us.

CARTER: Yes.

FELDMAN: Are they in our library?

WHITE: I'm sure they are; if not, they are in my own library.

CARTER: That would be a very good source of what professionals were doing.

WHITE: It's still one of the best. I actually use it every once in a while, especially with students,

because it was so good.

CARTER: From that came certain behaviors that could more or less be indexed. I was really interested in that and the part I worked with had to do with actual daily living. We could reduce it to more or less a check list for, whenever the case manager went out to visit a home. She could quickly check off certain things.

WHITE: We did do quite a bit of work on the assessment list. Do you remember the other piece was the set of guidelines for the literature? It was a huge amount of work, I know. I worked on that one where we reviewed the literature as thoroughly as one could at that time and categorized around this kind of work what people had written.

CARTER: It was a very good method of approach in trying to find some practitioners and what they do and getting it in an orderly fashion to where it could, or it was beginning to, develop almost like a theory untested--not researched.

FELDMAN: Do you have those available in your library?

WHITE: Right. The other thing we got out of that project, Gen, was to develop the first directory, a national directory. Do you remember? There were about three hundred agencies that we identified at the time doing this work that were interested in case management.

CARTER: Yes, and then some of the ethics of practice came out too. I remember one had to do with if there was an agency that offered a service, and you have a joint project of case managers, it would be unhealthy for it to be influenced to refer cases to your own agency because it would put you in the position of feeding the money back to yourself.

WHITE: We used to say he who coordinates shall not provide. I remember that very well. Oh, it is important and it is very much in debate today because there are many reasons why you can

build a stronger continuum if you do also provide, but you have to have a lot of built-in checks and balances; it is very complicated.

You know the contribution that you and Ray made to the area/arena is very significant, and you know your book certainly is quoted and utilized a lot.

CARTER: Well we did get along personally very well with writing that book. In some places he would grab something and run away with it, and I didn't even know that he had gone on to something else. But I'm sure I had contributed my problems too. But when it came to the writing, it was very harmonious and sometimes he would write the first draft and sometimes I would, and we worked together chapter by chapter. That was a very pleasant working arrangement and it went fine. After we published the proceedings in a draft form, it wasn't too difficult to move into the book writing, but then, of course, I look back on it now, and the book was so heavily influenced by about thirteen grants or projects in the field, funded from the Office of Senior Administration on Aging where case management was being made possible as a program. We brought in almost everything, like visiting nurses or other kinds of programs, where case management was very minimal or where it was one of the major features of the agency. Then we had another sort of theoretical possibility that didn't work. It was too ambitious a community coordination job. It would be a single entry into the case management world, a case study to produce the plan, and all the resources that would need to be available. But it would include all elderly, which was impossible; it was tried but it didn't work. So sometimes you can get too ambitious with your efforts for coordination of services and kill it off with a bang or two.

WHITE: They are still trying to do that in some places.

CARTER: There are several places in the back that mention the single agency and the single

agency means a single entry to every older person just because he is older and may be having a difficult time. They were all put into a single pot, but not all should have been. It's who's eligible and under what condition.

WHITE: The issues are absolutely the same. I was sort of there from the early days on. But some issues have gotten more focused. This thing about providing and coordinating is just a hot issue and there is even language in the legislation that the area agencies tried to get through and that they may win. It says no one who provides any service at all, including a hospital, may do the assessment of a client except area agencies. They are exempting themselves because they provide a lot of services; home care, information referral, and presentation.

FELDMAN: Is the idea that they can be more trustworthy and objective than other agencies?

WHITE: It depends on whom you talk with but yes, basically, so you can imagine the hue and cry across the country since everybody does case management of some kind or another.

CARTER: Having what the agency called the case management approach was debated heavily, and I think it probably still is.

WHITE: I hate to tell you, but there is still discussions about what is case management and I'm inclined to say, "Oh no, I can't take another minute of that discussion!"

CARTER: I think w did have quite a bit of space in that book that wasn't allocated to the single agency approach as one positive and very fine choice to make.

WHITE: But you really laid out a number of organizational structures for case management and the single agency was one, and then you had all these difference models: the free standing, under different auspices, and how it would work.

CARTER: In some way, you did have a limited definition. For that time it was probably the best

you could come out with, but we didn't lift it up to a little higher level to where you could generalize more.

WHITE: Well I heard that study referred to as the definitive study in case management.

FELDMAN: Would it be fair to say that it was a significant contribution?

WHITE: A very significant study, that three-year study.

CARTER: Well what has been published since? Did you get the book published that you were working on--you and a co-writer?

WHITE: No, in fact I just have been contacted by the publisher, Sage, regarding a series on working with the elderly in case management. But I have published quite a few articles and a couple of chapters and so on and so forth.

CARTER: My writing has certainly changed. I do have fifty-three published articles but they go from everything to, we will say, democracy behind barbed wires, from preschool to aging, the use of time by adolescents, etcetera. I never did do so much with families, but I certainly did when I got into work with the elderly. I continued writing for that specific age group. I have certainly grown from the preschool and strictly adolescent and child care.

WHITE: Don't forget that Joe Kuna was also involved in that project. He was in our School, and I was trying to think about who else.

FELDMAN: When I last heard, he was the head of the aging program for Pennsylvania.

WHITE: He is no longer with aging; he is with child welfare.

CARTER: In some way or another, if you are interested in one segment, you move quickly and easily to another segment because of the life linkage.

FELDMAN: Do you think of any other significant things that we should keep in mind when

talking about the impact of the School of Social Work on various fields and in various arenas?

CARTER: The job analysis, I think, was important. I carried that to the Washington federal agency and we made use of that in our own department with 50 people.

FELDMAN I think that's an important point.

CARTER: I carried things done at USC into the HEW, as it was called then: Health, Education and Welfare. My USC experience gave me some techniques and philosophy to use that really protected at times the funds I had to work with in HEW, to use my own methods of building networks and so on.

FELDMAN: Earlier you talked about something that I associated in my mind with another thing that Gen was responsible for starting. You talked about statewide coordinating sessions, and it made me think about the time when we were just finishing but not yet finished with the Alaska project, and you then suggested that we ought to bring all these federal researchers into Santa Monica and have a conference to tell them about this, and we brought two of the Eskimos down to what proved to be a remarkable meeting. And I still occasionally will hear from one of those researchers who was there who wants to know, do I remember about such and such a thing that was mentioned at that meeting. It had an impact not only on various kinds of demonstration research and the importance of consulting with the subject group before the project end--because when it ends its then too late to use the learning. Also there was a lot about ethnic and racial and geographic cultural differences. It was quite a remarkable thing. I don't remember how many people were at the meeting but there were at least 50. This was Gen's idea.

CARTER: I remember it so well. My favorite story is the impact of the Eskimo people on the rest of the conference group. On one occasion they were telling about parents who would run off

and leave the children, getting drunk, etcetera. The aides, male or female, would have to come into the house to wash diapers, cook something, and take care of the babies.

FELDMAN: There being no medical resources, the researchers asked what the Eskimo aides would do if somebody had been injured. One had gone by snow sled for eight hours to find this stranded family, the man with a broken leg, which the aide set. It was too dark to come back so he bedded everybody down. When he worked in the morning, there was a dangerous moose elk standing over him. Somebody asked, "What did you do?" He said, "I stayed quiet and pretended to be asleep until he moved on, and then I gathered everybody up." Then somebody said to him, "Why do you stay there?" He puzzled for a while and then he said, "That's my home."

CARTER: No, he said, "Because it's my home, and I live there."

FELDMAN: that had quite an impact.

CARTER: Everybody was so still because he paused and then he said it and it was really the right answer--everybody was like, well, if it's so damned hard, then why do you hang around there. The question was posed in a kind of impertinent manner, but it was answered with the greatest dignity.

FELDMAN: When you talked about state coordination meetings, I remembered that conference and I think it had an impact.

WHITE: In the 60s there was or seemed to be plenty of money to do everything. Everybody had money and there was no defined coordination, but everybody just did it.

CARTER: I came after the 1962 Social Security Amendments that nobody knew quite how to implement. It was because there was a power play between social workers and other disciplines at that time at the federal level.

FELDMAN: Also between public/private because the '62 Amendments provided for demonstration projects of public money going to private agencies, and remember this had been prohibited for many years. The DPSS under Pat Murphy made money available to two private settlement groups, and they were to demonstrate what they could do with that money. As part of project 220, I went to those agencies to look at what they had done.

As a result of that experience of evaluating those two agencies and what could go wrong, we made a series of recommendations that went to HEW to use as guidelines if funds were given to private agencies, and how they had to be accounted for. Those were incorporated in subsequent legislation. I will never forget those handwritten, cursive writing reports in one of the agencies, all saying almost exactly the same thing in the same handwriting but with different signatures and different clients' names.

WHITE: I would like to point to the 60s, when I actually began working on grants. There was almost no accountability anywhere, and it was sort of a go-forth-and-do-good era.

FELDMAN: I think there was an expectation that people were honorable, and they were involved in providing good services and all they needed was some money to do it.

CARTER: That was the idea.

WHITE: The coordination and integration and all that certainly took a turn with Nixon and all the accountability; it almost completely turned the other way.

FELDMAN: That's right.