There is no Nobel Prize for Plumbers

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Introduction

In 1758, a 55 year old Francis Fauquier was sent by King George I as the new Lt. Governor and Commander in Chief of Virginia, the largest British-owned colony in the new world. As Lt. Governor, he would be responsible for the day to day management and leadership of this prosperous British-owned colony. But, Fauquier had no experience in leading a burgeoning colony with percolating issues of sustaining a tobacco-based economy, exploding relations with the native population, or solving the paradoxical presence of slavery with such values as freedom and equality. Fauquier had spent the majority of his adult life in London in high profile voluntary board positions mostly in science, public finance, arts, and was noted for a gambling addiction that risked the extraordinary wealth that he inherited from his father, a physician and director of the British Mint and Bank of England (Fauquier, 1766; Kolp, J.G, & Dictionary of Virginia, 2013).

However, on the 6th of November 1766, almost ten years after he was appointed, Gov. Fauquier declared to the House of Burgesses [the Virginia Legislature] there was a lunacy crisis that required their immediate attention:

Quote:

"It is expedient I should <u>also</u> recommend to your Consideration and Humanity, a poor unhappy Set of People who are deprived of their Senses, and wander about the Country, <u>terrifying the rest of their Fellow Creatures</u>. A <u>legal</u> <u>Confinement</u> and proper Provision ought to be provided for these miserable Objects, who cannot help themselves. <u>Every</u> <u>civilized</u> Country has an Hospital for these People, where they are <u>confined</u>, <u>maintained</u>, and <u>attended</u> by able Physicians, to endeavour to restore to them their lost Reason."(Fauquier, 1766)

Fauquier was forced to repeat his request a year later; but, this time the legislature agreed to finance the first public lunatic asylum for people of disordered minds in the new world; and, it quickly became the model public policy in other colonies to institutionalize individuals <u>whose primary difference was behavioral</u>. By the end of the 20th century, Virginia had more such institutions per 100,000 population than any other state. It remains so in 2018.

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Acknowledgments

I want to thank to Kris Erickson, Lynda Frost, Jennifer Andrashko, Anna Jackson and the College's Board for your very kind introduction and for the invitation to participate in this Summit at this special time in world and national history and in this special university. It is an honor and a challenge to contextualize the future of this and other non-profit organizations, and your continued leadership in behavioral health in the current socio-political and economic environment. A glimpse at almost any news medium, books, and articles confirms there is much for you to consider about how the nation recognizes, evaluates, interprets, and responds to behavioral and other differences in its population.

I am dedicating my remarks to the memory of Dr. Joseph Bevilacqua, former commissioner in Virginia, SC, and Rhode Island, for his lifetime of leadership in support of

persons with disabilities. It was Joe who introduced me to ACMHA and to the vagaries of life in Virginia in the 1970's.

Several months ago, Lynda asked me to consider the opening presentation for this Summit. Since that time, the planners and I have had several conversations in an effort to shape the presentation. However, any errors of logic, recommendations, and conclusions are mine. My most recent presentation at a College Summit was in Charleston SC in 2012 where I took the position that SC's racial standing did not merit our meeting there. I also pointed out the extraordinary complex of terms, language, and phrases that we use daily in the field that confounds and confuses our public (Davis, 2012). For the past 7 years, I took a hiatus from most activities to focus on digitizing and analyzing 800,000 records from Central Lunatic Asylum for Colored Insane – the first mental asylum for blacks anywhere in the world. The project is generously funded by the Andrew W. Mellon Foundation and seeks to increase access to historic records while adhering to state and federal regulations on privacy (Davis, 2018). The hiatus allowed my family to move from Texas to very rural Virginia, improve our health, prepare for retirement in 2020 – and for participation in the 150th anniversary of the black hospital's opening.

When I agreed to do the presentation I recognized that it was an opportunity to reconsider the tremendous attention recently given to behavioral health issues: deaths from opioids in the white but not black population and suicides in the military and of notable figures (Anthony Bourdain, e.g.), debate over mass shootings, gun deaths of black men, changes in Medicare, Medicaid, and pre-existing medical conditions in the Affordable Care Act. From this input, I conceptualized the presentation numerous times. Written it in draft more times than I should have and "stewed" over it every night while listening to FOX, CNN, and MSNBC, reading an

article in the morning edition of the failing NYT, or an errant early morning tweet-storm. Today my intent is to be brief, substantive, provocative, and to occasionally talk about politics but not be partisan.

The title of my presentation is **"There is no Nobel prize for Plumbers".** This is a somewhat tongue-in-check reference to a 2017 article in the American Economic Review titled "The Economist as Plumber." The author of that article (Duflo, 2017) said the following "As economists increasingly help governments design new policies and regulations, they take on an added responsibility <u>to engage with the details of policy making</u> and in doing so, to adopt the mindset of a plumber. Plumbers try to predict as well as possible what may work in the real world mindful that tinkering and adjusting will be necessary." Shafir and his colleagues however are clear that although the foundation of American public policy is reflected in a series of historical Elizabethan hypotheses about individual responsibility, work and citizenship, the language of public policy making is money. Economics is more often the only academic discipline that is consulted by policy makers (Shafir, 2013).

I am proposing based on our history that the College must position itself, as have economists, to engage in a substantive bit of financial policy plumbing to help manage the unknown and unpredictable monetary issues in the current transition towards integrated behavioral health in a time of exceptional technological, social, economic, and political anxiety and upheaval. We can predict with assurance that there will be another term or movement that replaces behavioral health that influences our path as our science and knowledge catch up to our politics. As commissioner in Virginia, it made a difference in my presentations to and responses from the appropriations committees when I started identifying that the department was the 4th

largest business/industry in the state. In some counties, it was number one!

The presentation is structured in 4 parts. (1). A brief historical overview (Fauquier expanded) of how we got into the box of institutional care; (2) Some accomplishments in the 20th century; (3) Challenges in the first 18 years of the 21st century; (4) A set of questions, conclusions, and recommendations for the College and for you.

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 Let's return momentarily to examine in more detail Fauquier's unprecedented declaration that the colony was in the midst of a lunacy crisis and his successful proposal to create the nation's first publicly financed mental hospital and its implications for the College's leadership challenge in the second decade of the 21st century.

I. Fauquier Expanded

Little is recorded in Fauquier's voluminous papers to explain why he shouted there is a lunacy crisis to the House of Burgesses (Reese, 1980). But, Shomer Zwerling believes that it was a ruse that shifted legislative attention down a bunny hole to eliminate their focus on the fallout of the Stamp Act (Zwerling, 1986). However, we should note that his was a death-bed proposal in the last two years of Fauquier's life when he suffered McCain-like illnesses of such magnitude they were described as exceptionally painful and irreversible. It was also a time when he wrote his will regretting that he had not taken a forceful stance against slavery and in death would do so by allowing his slaves to choose their next owners and subsidizing the sale price (Kolp et al., 2013).

The Virginia legislature built Fauquier's asylum after his death, a mere two years prior to the Revolutionary War and during the final years of the French/Indian Wars but no data on frequency or prevalence of lunacy was ever cited. Virginia's approach brought about a similar

public policy direction in every state for identifying, assessing, and managing people whose difference was primarily behavioral and poorly understood. However, Dain points out that there were a number of underlying strategic policy decisions that stemmed from the hypotheticals in Fauquier's policy proposal about who was and was not at risk of lunacy (Dain, 1964). These policy decisions brought about a long-term imbalance, disparities, and limitations in available treatment for various groups. For example, Fauquier……………

1. Used the scare of lunacy (crisis) to divert attention from economic matters;

2. Attributed the cause of violence to mental illness;

3. Used an either jail or hospital commitment as the basis of his argument;

4. Assumed that the illness was easily controlled and contained;

5. Identified the causes as stress from civic and business life;

6. Proposed that only wealthy white men were at risk;

7. Concluded that crisis is an opportunity for change;

8. Saw alcohol consumption as an unrelated nuisance;

9. Blacks were seen as immune from risk of illness;

10. Used policy to quell critique from the press.

My research work shows that one of Fauquier's most unscientific hypotheses was that upper-income classes and white men were most at risk while Indians, Blacks, women, and the poor were considered relatively immune (Davis, 2018). Dain indicated that wealthier white men were more at risk of losing their reason given the stresses in their lives while blacks, Indians, and to some extent women lacked the ability to reason and lacked responsibility for commerce and

governance, thus giving them a natural immunity to lunacy (Dain, 1964). But, as a result services for these populations have been historically delayed, inferior, biased, and lacking cultural competence. Over time, the immunity hypothesis shifted to suggest these populations were at exaggerated risk.

I believe that Fauquier sought to take advantage of the intense fear, anxiety, and confusion that festered through word of mouth in the public space towards white men with disturbing behavioral disorders. He sought to challenge and shame his all-male legislators' sense of legal responsibility and personal vulnerability for this population and remove the common assumption that individuals and their families were personally responsible for their illnesses. Fauquier tried to use the limited enlightenment theories of the day to increase the chances that the Virginia legislature would adopt and fund hospitals lest he implement his threat to use jails for the mentally disabled men. At the same time, he described alcoholism as but a troublesome nuisance, did not connect lunacy to health, and reinforced the commonly held belief that mental illness was the precursor to violence.

These historical assumptions make clear that the issue of importance for the College is to help produce, guide, nourish and protect a diversity of leaders who accurately understand the history but skillfully use data, media, political power, mergers, collaborations, and science to equitably address the needs of different populations.

II. The 20th Century

The colonial era helped to initiate the ubiquitous practice of separating disorders, symptoms, causation, and treatment by race, gender, class, and region. Mental health was viewed as inherently and clinically separate from substance dependence and separate from physical

health (Dain, 1964). The creation of these silos in behavioral health remains a significant barrier.

Some contemporary writers propose that the US is on the brink of returning to an era where difference and dichotomies define who is and is not an American. Who qualifies for health care and who does not. Who can vote and hold office and who cannot. Who is incarcerated and who is not (Edsall, 2018; Kline, 2018; Mishra, 2018). Who dies of opioid use and who does not. Who dies of suicides and who does not. Who dies from gunshots and who does not. What illnesses and diseases qualify for care and which do not. Who must work for health care support and who does not.

The impact and implications of the history of behavioral health policies and services are complex and confusing. Although considerable progress has been made to develop behavioral health as the new and most effective path, historical precedents impede our path to prepare leaders for an uncertain and fluid behavioral health marketplace. Although progress towards behavioral health has been made, we don't seem to be able to fully integrate or merge physical and behavioral health. Nor do we have sufficient data on the implications of integration and merger: costs, quality of care, staffing, education, and training issues. For the first time in its history, the Virginia behavioral health department has a primary care physician with a substance use specialization as its leader.

In the 20th Century there has been extraordinary progress in science, treatment, consumer rights, and policies in physical and behavioral health. From the beginning of WW I well into the 20th century we saw a flowering of efforts to improve care and understanding of behavioral health. In the latter decades of the 20th century, we made substantial progress world-wide in adopting scientific and humane pathways to mental health and substance use services and

policies : Deinstitutionalization, Patient Rights, Consumer Rights, Community Mental Health,

Cultural Competence, Managed Care, Parity, Genome, Decade of the brain, Twin studies,

Clozaril, Family Advocacy, Phenothiazines, Carter Commission Report, Integrated Care,

Collaborative Care, Teams, and Evidenced Based ("Civil Rights of Institutionalized Persons

Act," 1980; "Comprehensive Drug Abuse Prevention and Control Act of 1970," 1970; Davis,

2012; Department of & Human, 1985, 1998; "Health Insurance Portabiity and Accountability Act

(HIPAA)," 1996; Health & Human, 1999; Kennedy, 1963; Manderscheid & Sonnenschein, 1994;

"Mental Health Systems Act," 1980; "Mental Retardation Facilities and Community Mental

Health Centers Construction Act of 1963," 1963; "Protection of Human Subjects - The Common

Rule," 1991; Shalala & Satcher, 1998). However, a variety of events in the first 2 decades of the

21st century offer new and more difficult challenges to the leadership role of the College.

III. The 21st Century

Recall this brief history as we consider some of the environmental context of the 21st century

– an American century labeled by the journal Inside Philanthropy (Nielson, 2005) as

disintegrating. Many other scholars, pundits, and thought leaders see this as a new century

marked by suspicion, projection, anxiety, anger, confrontation, addiction, depression, self-harm,

absence of inner control, extreme fear of loss, excessive use of denial and distortion, repudiation

of science and facts, open hostility to a variety of recognizable differences, and numerous

conspiracy theories (Rosenthal, 2017). David Andersen, a father of a child killed at Sandy Hook,

wrote a book entitled "Fantasyland: How America Went Haywire" in which he describes a recent

surge of delusional thinking in the US (Andersen, 2018). He believes that this delusional thinking

is heightened by access to the internet . Earlier this month, former President Obama (Obama,

2018) reinforced the idea that there is a sense of paranoia in the US. Ron Powers, a family member believes that interest and caring for the mentally disabled has waned to the extent that the mentally ill are at risk (Powers, 2017).

In the past year, numerous authors have used similar psychological labels [crazy, insane, nervous breakdown, retarded, mentally challenged, disturbed, drunk] to describe how the 18 years of this century is distinguished from many others.

A series of related factors help explain the current state of national anxiety and disturbed mood in the US. However, I will only cover a five of these given our time limits:

1. Fear of an unknown new century that is technological based;

 2. Browning of the population; Pat Buchanan's prediction;

3. World Trade Center Attack, and other "terrorist" assaults;

4. Economic collapse of 2008,

5. Elections of George Bush and Barack Obama,

6. The rise of Metoo, Black Lives Matter, and the Tea Party;

7. Increases in suicides in the military, youth, and in notable public figures; NFL players;

8.Thousands of deaths from opioids; black rates are higher;

9. Increase in mass murders by persons with mental disabilities;

10. Police shootings of black me;

11. Sense of economic and cultural abandonment of working class white population.

(1). Fear of an Unknown Future Century: At the start of the new century, we decided the presidential election by deciphering hanging chads; and when that was inadequate we pivoted to

an historic decision from the Supreme Court. This unusual process raised the level of suspicion,

anxiety, and partisan bickering to a new level, despite the courtesy of Al Gore. Within 2 years the

state of national suspicion, anxiety, and fear levels were raised with the assault of 9/11.

Throughout the decade, similar terrorism fueled incidents were noted that raised intense

questions about the safety of the US, whether to engage in war, and whether to indict all Muslims

and all immigrants including those who are American citizens.

You recall that we started the new century with considerable doubt whether computers

would be able to manage double zero or whether they crash or revert to 1900. It was feared that

banks would fail. Elevators were predicted to malfunction. The wise traveler was cautioned not

to fly. But, in 1999, there were few people on earth who had witnessed or lived through a change

in centuries to provide leadership and stability; and none of these were familiar with this new

technology. This was a turn of a century with no historical precedents. The uncertainty brought

forth intense fear of calamity, collapse, the end of comfort, the end of order, the end of life, or

what some have called the onset of the final entropy. But, it also enabled some corporations and

individuals to make huge financial gains. Numerous events intensified an existing historical fear

in the western world that its traditional way of life and political control were at risk.

However, the twentieth century ended in ways that were not remarkably different from

what Jared Diamond (Diamond, 2005) identified has occurred for centuries: But the most

significant change has been the all-encompassing role of technology in every nook and cranny in

our lives in the 21st century.

Despite dire predictions of doom from an inadequate technology, we ended the first 18

years of the 21st century far more dependent on advanced computerized technology than at the

beginning. In the past few years, the concern has focused on how to maintain maximum safety and privacy of our technological communications, bank accounts, credit cards, tax returns from intrusions as reflected in the recent legislative hearings involving Edward Snowden, Julian Assange, Tom Cook, Pavel Durov a Russian who invented a new encrypted software & Mark Zuckerberg. As in other areas, the US is deeply divided over whether the new technology represented by unbreakable encryption offers balance between security and privacy in an uncertain world where frequent intrusions into large public and private data systems increase the sense of vulnerability, insecurity, and uncertainty.

However, what we have witnessed in the first two decades of the 21st century is nothing short of a burgeoning technological revolution that propelled the US and every nation in the world into an era of change on a larger scale that at any time since the industrial or what Smith called the industrious revolution. Many of us are addicted to Facebook, LinkedIn, uber, ride sharing, WikiLeaks, multiple iPhone, iPad, laptops, Bluetooth, survey monkey, Google, Twitter, Tweets, Artificial Intelligence, Home surveillance, driverless automobiles, and many other related instrumentalities of the age. The majority of our sales are from online companies; and those pre-technology dinosaurs like Sears, Penny's, Toy R Us, Radio Shack, Borders Books and many banks have succumbed to Amazon and online banking. Our intimate dating and marriage selections are computer aided and the main evidence in divorce settlements is the presence of damming evidence on electronic gadgets. Medicine is based increasingly on electronic records and diagnostic instruments. University classes are often online, continuing education certainly is, and some universities offer full degrees through total online classes world-wide.

(2). **Population change:** In addition to these fundamental changes, Ezra Kline

(Kline, 2018) cites in a recent NYTimes column that the US has undergone an extraordinary change in browning and composition of the population that has intensified the sense of dread and fear in segments of the population and the electorate. Four differences (race and color, tribal and ethnic identity, gender and sexual orientation, religious beliefs and practices) have been the historical sources of unresolved fear, conflict and war in seasons past and today in every nation of the world (Knatznelson, 2013). This second major fear stemmed from profound changes in the racial and ethnic composition of the American population and its implications for political and economic control. Patrick Buchanan, former presidential candidate, interpreted these changes in population as convincing evidence that the United States, its predominately white population, and its civilization are at risk of domination (Buchanan, 2002). He attributed the eminent danger to the rapid growth in immigrants from Mexico, South America, Asia, and Africa and to their higher than mean number of births compared to whites. He predicted that the US would be a minority majority nation by 2030. Opposition to more liberal immigration policies was based on Buchanan's projection that this would bring more democratic voters into the US. Buchanan's public statements were augmented by extreme public radio, social networks, and television programs that exaggerated the demographic threat to the economy and the loss of political control. I believe the election of 2000 was influenced not only by hanging chads, the Supreme Court's decision, but also the fearful anticipation of a marked change in racial dynamics and political balance in the new century (Light, 2016).

The 2016 election reflected similar dog-whistle statements about race, color, gender, immigration (building walls), and the Muslim religion. Lopez writes that the negative emphasis on race and color has been "reinvented" and appears hidden behind coded language (Lopez,

2014). Much of this dog-whistle approach was seen in the extreme efforts to build negative

public opinion of Barack Obama as an un-American (other) to justify opposition to his policy

proposals and his person. The fall of Marco Rubio and Jeb Bush from the republican race is

attributed to their participation in an effort to revise immigration policy on the southern border.

Lopez cautions that solutions require a degree of open discussion about the nation's sordid

history of race and ethnic bias in policy that has so far eluded the American consciousness.

Regrettably, we may have missed the best opportunity to have such discussions when the

president was biracial.

Isenberg's new book, "White Trash" is a stark reminder of the impact of America's

tangled racial history that denies the importance of the intense class struggle that pits groups

against each other as a means of inoculating policy (Isenberg, 2016).

An uncertain identify is the ultimate existential crisis for individuals, political parties, nations

and profession.

The search for American identity had its origins in the 19th century but its reinvention

appears to have openly increased prejudice, opposition, violence, and nostalgia about the past.

(3). **World Trade Center Bombing:** The bombing of the World Trade Center was the

third defining event in the transition to the new century. It ignited latent anger, fear, retribution,

and condemnation of Islamic religion. Donald Trump's comment that all Muslims hate

Americans and want to kill us resonates with many in the population while Senator Cruz

proposes to put Muslim neighborhoods under constant surveillance (Fischer, 2016). A recent

Brookings study showed that 60% of Americans hold negative views of Muslim Americans

while violence against them has increased since 2001 . This is reminiscent of the fear-based

reactions to Japanese Americans after Pearl Harbor followed by Roosevelt's internment policy. The World Trade collapse brought all Americans together at least temporarily against an unknown religious enemy but fed irrational social class differences. Ken Feinberg's book describes in detail the consternation about the relative worth of Americans by social class who were killed in the world trade center and the compensation that their families were due (Feinberg, 2005)

Americans responded to the bombings by seeking to protect themselves from both internal and external threats - reinforcing their defense of the second amendment to the Constitution. The war against Iraq followed and was based on false information about responsibility. Justice Scalia wrote the majority Supreme Court opinion supporting the expanded right to bear arms for personal protection while denying the DC government's effort to curtail gun ownership ("DC v, Heller," 2008). Stand your ground laws became prevalent, feeding the idea that the solution to unbridled anxiety and fear rested in the market-driven idea of gun ownership and the right to carry and use weapons everywhere.

Local police departments and state police received powerful military grade weapons from the federal government that have been justified by Nixon's war on powered cocaine. However, a recent Harper's article concludes that Nixon's drug abuse policy was a thinly veiled effort to develop a war on inner city black citizens. Greenwald et al research on implicit bias suggests that it is easy to conclude that enemies, not heroes, have a dark face (Greenwald, 2002).

Congress felt compelled, to the exclusion of exculpatory evidence, to accept a war (against Iraq) or any enemy if only to assuage the extreme survival anxiety that was ubiquitous. Some militia groups have armed themselves to protect the border and the nation based on their

view that the government has failed. The war on terror has altered the content of national

dialogue, introduced new language, shifted the focus away from economic collapse and made

public fear/safety as dominant a feature in politics as it was in 2000 in American elections, film,

literature, and television.

(4). **Economic Collapse of 2008:** In the latter months of George Bush's term in 2007,

the US economy declined in practically every sector. This was the overall largest decline in

economic activity since the great depression. Ben Bernanke, Chair of the Federal Reserve, noted

that the major indicators of the decline were in the extreme loss of both wealth and confidence in

the US economy resulting in the shrinking of available credit (Bernake, 2009). The consumer

confidence index declined drastically immediately after the World Trade Center bombing and

again in 2007 (Cagan, 2016). Consumers saw their net worth decline by over 1.3 trillion dollars

in the first quarter of 2009 In addition, household net worth declined by over $50 trillion dollars;

stocks fell by close to 6%; and mutual funds by over 3%; home values declined by 2.4% (Luhby,

2009)Many Americans bought homes and borrowed money without being adequately informed

of the terms". As a result of their involvement in the crisis, a number of the nation's major banks

failed, individual retirement plans that were invested in mortgaged back securities failed, and the

rates of poverty and unemployment increased to their highest levels since 1950. This caused a

national panic!

(5). **Barack Obama:** With the election of Barak Hussein Obama in 2008, seen by some

as the new Lincoln or an old Hitler, the United States entered a wider/broader/more

expansive polemical public policy debate with deep fear, provocation, and old divisions over

race, superiority, and American identity. Many whites projected that Obama would be as

actively pro-black in his policy direction as his predecessors had been pro-white over the previous 350 years. They feared, without justifiable cause, that he would pass policies that would destroy the nation and their way of life.

The election of a bi-racially different individual, raised partially in an Asian and white culture, was viewed by some as an indicator that the US was in a post-racial society. For others his election was clear evidence that the feared existential crisis for white America had become the stark reality. American exceptionalism was immediately thought to have been diminished. Obama was viewed simultaneously as insufficiently black, lacking the American civil rights struggle, while others viewed him as too black, un-Christian, Muslim, Kenyan, thuggish, below average in intelligence, communist, and dangerous. Much of the extreme negativity towards this new Lincoln was based in the Southern states and in the southern mentality pervasive in other regions where racial animosity and the use of projection never sleeps or tires (Ifil, 2009). Obama carried few of the southern states in his 2 elections or in the primaries. The racial animus was so extensive in some states that he did not campaign there for fear of his safety. Death threats exceeded those of all other presidents. His Blackness became the number one item in online search engines and the subject of extraordinary racial cartoons and derision.

The congress was the citadel of opposition to the president and sought to insure his failure and his policies. On the night of the inauguration of this new Lincoln, Draper documented that senior members of the republican congress/party met to create an aggressive agenda to magnify his differences and strategize how to reject any and all of his policy proposals and agency appointments to insure he would fail (Draper, 2012). According to

Draper, the guest list that night included Republican Reps. Eric Cantor (Va.), Kevin

McCarthy (Calif.), Paul Ryan (Wis.), Pete Sessions (Texas), Jeb Hensarling (Texas), Pete

Hoekstra (Mich.) and Dan Lungren (Calif.), along with Republican Sens. Jim DeMint (S.C.),

Jon Kyl (Ariz.), Tom Coburn (Okla.), John Ensign (Nev.) and Bob Corker (Tenn.). **The non-**

lawmaker present was Newt Gingrich, several years removed from his own presidential

campaign. The black population watched in anger and voted in numbers to counter-balance

these efforts to win his second term.

Some black scholars and legislators were equally offended by what was viewed as his

pro-white near anti-black stance. Tavis Smiley and Cornel West proposed that Obama did not

reach out to impoverished blacks and did not promote explicit policies that sought to improve

their lives (Smiley, 2016). (Draper, 2012)Presidential candidate Dr. Ben Carson also raised

troubling questions about Obama's racial and cultural difference. Compared to his early life

in a low income section of Detroit, Carson proposes that the president's biracial and

bicultural life renders him quasi-white, different, less American, and unable to understand the

"true black experience." In each instance, I propose that the underlying issue was how groups

viewed and interpreted the value of his multiple recognized racial and cultural differences

and not simply his political positions. One can wonder whether there would have been a

difference had his father been a white African and his mother a black woman from Kansas.

This has been the generally accepted form of cross-racial sexual relationships since slavery

and challenged publicly only in the 1967 Loving decision in Virginia ("Loving," 1967).

IV. Behavioral Health Organizations – Critical Questions

We must accept that the US in 2018 is not the nation of 1999; access to technology has

quickened and expanded the pace of communication but also increased the loss of privacy and vulnerability; the racial, immigration, and gender context has changed markedly; the political environment is not the same; the non-profit market in which you operated is different; and large segments of the nation are riddled with overlapping addiction, anxiety, fear, hostility, division, and social anger. And, it is in this altered national mood that organizations and thought leaders must find their place within an ever expanding array of causes, financing, information, barriers, expectations and opportunities.

From my perspective, behavioral health organizations including the College must help find ways to change the contentious national mood and the negative meaning ascribed to behavioral and almost any difference. This is the major challenge to behavioral leadership organizations in the 21st century. New leaders will inherit a very complex and intransigent policy environment based more overtly on the evil twins of money and fear and our inability to solve the riddles of cancer, schizophrenia, poverty, and gun violence.

It is within this rapidly changing, insecure and divisive political, economic, and electronic context that the College and thousands of other non-profit behavioral health organizations must re-examine its core direction or become neutered, replaced, or displaced.

The most significant opportunity that we face today in the 21st century is to determine how to produce/redevelop/design/redesign non-profit organizations, leaders, use of media, and policies. But, to reach that point we must ask hard questions of ourselves?

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1. What business are we in? Education, advocacy, policy analysis, service design, continuing education, research, network development, organizational development,

leadership development, coaching, financing, all of the above?

2. Is the organization adequately staffed for the current and future environment?

3. How well are you positioned in the behavioral health marketplace?

4. How secure is your financial base?

5. Are you considered among the leaders in behavioral health?

6. Is your membership base increasing?

7. How effectively do you recruit new members?

8. Is your board participating financially?

9. Are you involved in the national and state policy making processes? Do you present before state and federal legislative bodies?

10. To what extent have universities professional departments and schools sought your consultation?

11. How effectively does the organization utilize technology in its mission and activities?

12. How does the organization measure its effectiveness?

13. To what extent are the organization's meetings and activities covered by the press?

Recommended Strategies

1. Accept and Declare a national crisis in behavioral health: provide data;

2. Prompt legislative (federal, state, local) hearings to examine and determine strategies and plans;

3. Broaden the mission to address societal-wide policies and issues that were identified as marking the 21st century;

4. Consider assisting non- behavioral health organizations to enhance their leadership capabilities and ours;

5. Obtain a significant financial backer: Gates, Buffet, Strayer, Soros, Koch, Bezos etc.

6. Obtain long-term financial support of a major foundation to establish the College as a university-based leadership institute: @ Harvard, Georgetown, UCLA, Stanford, Berkeley, Princeton; Yale,

7. Increase media coverage & presence of College activities;

8. Petition for longer tenure for state directors – and integration of state mental health, substance use, and health systems;

9. Convene a national summit of medical schools, psychiatry department chairs, psychology chairs, SW Deans, Nursing Deans, with mental health and substance use organizations;

10. Request that the Swedish academy develop a "Nobel Prize" for discoveries in behavioral health.

I believe that what is required is a broadening of our understanding and approach to the critical role that difference plays, finding ways to solve the societal anxiety and fear-based reactions to difference, and using a combination of science, discovery, and information in creative ways.

Conclusions & Recommendations

As did governor Fauquier in 1766, Army General Canby in 1870, Harry Truman in 1949, JFK in 1963, Richard Nixon and Teddy Kennedy in 1972, Jimmie Carter in 1980, George Bush in 2002, Tim Murphy in 2015, and Ron Powers in 2017, I am concluding that we are in a national behavioral health crisis some parts of which date back to 1766. The crisis is characterized by over-reliance on institutions, uncertainty of what inpatient beds are needed and where, absence of accountable services, major human resource shortages, increasing suicides, high turnover of state commissioners, high priced drugs, homelessness, opioid addiction, excess deaths, disparities by race and class, jails as mental institutions, trans-institutionalization, limited

curative or preventive science, an absence of affordable insurance, and a bitter national mood

disorder. Need I say more? We have been in this position too many times before and were at our

best in the fight to retain the ACA when agitation and attention brought improvements. We are

there again in my estimation.

We cannot just prepare leaders we must be prepared leaders!

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