

2. "A Rather Straightforward Problem": Unravelling Networks of Segregation in Alabama's Psychiatric Hospitals, 1966–1972

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Racism in American psychiatry can be traced back to the intellectual justifications for slavery, and the early linkage of the black psyche with criminality.¹ The idea that the African American was inherently psychologically inferior, less complex, more childlike, or just inherently “bad,” gave rise to centuries of neglect, abuse, and misdiagnosis of black people with mental illness, as well as justifying a system of separate and unequal treatment.² In Alabama, this system legally ended on February 11, 1969 when the Honorable Judge Frank M. Johnson, Chief Judge of the US District Court in the Middle District of Alabama, handed down his decision in what he called “a rather straightforward problem” in the case of *Marable v. Alabama Mental Health Board*. In this decision, Johnson laid out in plain detail the many ways in which the State of Alabama and the Alabama Mental Health Board were in breach of Title VI of the Civil Rights Act of 1964, and declared racial segregation in the state’s mental hospitals unconstitutional. Judge Johnson gave the Alabama Mental Health Board 12 months to desegregate its inpatient facilities entirely, or it would continue to have its federal mental health funding withheld and would not be eligible for any further such funds.³ In the context of the powerful Civil Rights Movement in Alabama, mental hospitals became sites of contested ideas about the nature of African American psychology and a challenge to the racist nature of American psychiatry itself.

This chapter is part of a much broader project called “Jim Crow in the Asylum: Psychiatry and Civil Rights in the American South,”

which is in its very early stages. The project will look at the impact of the Civil Rights Act on state psychiatric institutions in Georgia, Alabama, and Mississippi. In 2017 I began my research by focusing on archives physically located in Alabama. No single paper can tell this whole story; segregation was a complex process that took many years to achieve, and political positions, psychiatric practice, and community attitudes changed over time. Hence, this paper focuses on one particular series of events surrounding a government administrative hearing and two subsequent court cases in which the government of Alabama was both a plaintiff and defendant. These specific legal moments highlight the importance of psychiatric networks in maintaining segregation, but also demonstrate the importance and extent of the civil rights network, and the determination of the federal government and legal and judicial activists to challenge the medical racism that underpinned approaches to African American psychiatry.

At the same time, this chapter explores the methodological process of bringing network analysis to bear on a traditional historical project that uses non-digitized archival sources with inconsistent data. This is a complicated process in itself, but was made more so by a researcher inherently uncomfortable with a data science approach to a humanistic project. I am a historian working in a school of nursing, and much of my teaching life is devoted to asking critical questions about the effect of the biomedical and technoscientific hegemony on patient care. I ask my students to see beyond the data—to see the complicated forces and circumstances that make patients people. I am also one of those people who has been told her whole life that she is not good with math and should just stick with books. So why would I even venture into networks? Ironically, my interest in networks and the usefulness of network analysis comes from the sources themselves. My findings in the archives revealed a physical network of people who maintained segregation until they were challenged by an external network of civil rights activists and lawyers. I submitted my proposal to the call

for papers for the Viral Networks workshop because I wanted to learn how digital tools might help me make sense of this network and help with demonstrating its complexity to a wide audience.

A Traditional Historian

At the first meeting of the workshop, I described myself as a “traditional historian” without really thinking about what I meant by that. My focus is the history of ideas in psychiatry: how they are informed by political and social contexts, how they change over time and why. But these are not necessarily “traditional” approaches to history, nor are they unusual. By traditional, I suspect I actually meant “archival” and “analog” in that I tend to do things by hand with non-digitized sources. Really, I think I was just signalling my lack of digital skills. My natural method at archives is probably

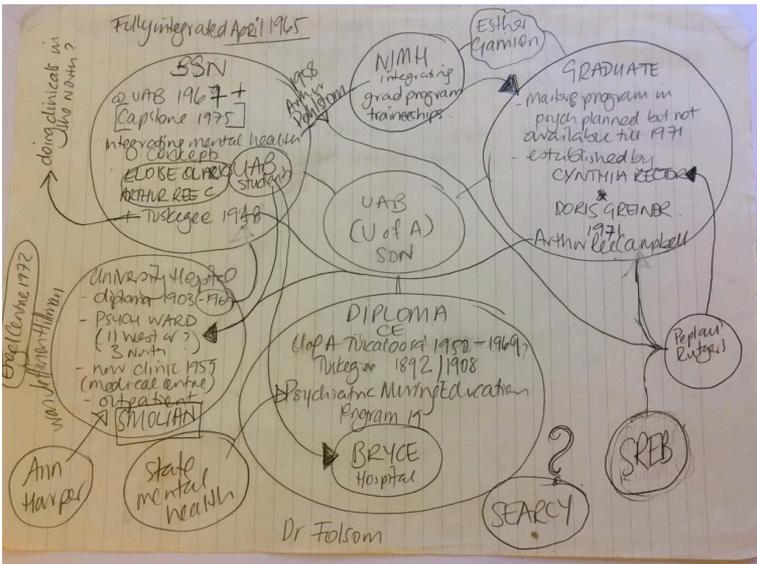


Figure 2.1: Networks of psychiatric nursing in Alabama

similar to most historians working with non-digitized archives: I enter sources into Zotero and use the Notes function to add biographical detail about authors or main subjects of archival material. I also keep a running Word document open on my laptop where I make notes to keep track of people, places, and dates, as well as the relationship between people and events. I scan and print all the documents I can find, then I read them on paper and underline and highlight them. I have folders littered with colored sticky notes and piles of notebooks that I scribble thoughts in at the end of each day. I also draw maps, like figure 2.1.

I drew this map in May 2017 during my first week in the archives in Alabama. This research was conducted at the Reynolds-Finley History of Medicine Library and the University Archives at the University of Alabama Birmingham.⁴ My goal with this map was to visualize the different institutions, people, and events that had any impact on the development of psychiatric nursing in Alabama. This map made it very clear to me that psychiatric nurses were led by a few key figures, were well connected across the South, and, interestingly, had strong connections between major nursing figures outside the state. Drawing this map also made me realize that I could not separate nurses from the broader context of changes in psychiatry in the state, nor from political events like the Civil Rights Act and its enforcement of desegregation. This map made me want to learn more about these broader connections, and then my research assistant came across a newspaper snippet about an executive order issued by the governor of Alabama overturning an attempt at integration. When I returned to Alabama I broadened my research to the Alabama Department of Archives and History (ADAH) in Montgomery and the papers of Governor George Wallace. At ADAH, governors' executive orders have all been digitized, and none of these orders mentions the mental hospitals at all. The archivists helped me sort through some of Wallace's other records, eventually delivering a box labelled "State Institutions." In the box was a folder named "Partlow" (the children's hospital).⁵ Inside I found letters to and from the governor, telegrams between him and

his mental health administrators, and a newspaper article referring to “attempts at integration” by Superintendent of Asylums James Sidney Tarwater.



Figure 2.2: The Montgomery Advertiser, April 27, 1966, Alabama Department of Archives and History

This story explained that in March 1966, Superintendent Tarwater ordered that 30 black women from Searcy Hospital (the African American hospital in Mobile) be transferred to Bryce (the predominantly white hospital in Tuscaloosa) and, in exchange, 30 white women be moved to Searcy. As board member Dr. Robert Parker recalled, “[T]he consensus of the Board was that in order to get federal funds it was necessary to agree to comply with the Civil Rights Act of 1964.” Parker added that “it was a bitter pill to take, but the decision was unanimous among the members present that the action should be taken.”⁶ Don Smith, assistant superintendent at Bryce Hospital, explained that the patients were carefully selected, and were fully consulted about the move: “We tried to take people in general who lived down that way...to get them closer to home. We

Case No. 2615-N). When the box containing the *Marable* files arrived, however, it became evident that this was a much bigger story than I had anticipated. Next to the *Marable* file was a large legal folder containing more than 2,000 pages of documents, all related to a Department of Health, Education, and Welfare (HEW) investigation and hearing into segregation in Alabama's mental hospitals. This bundle of papers was called Docket No. MCR44 and contained testimony, letters, and memos about the continuation of segregation in the psychiatric hospitals. As a result of the investigation and hearings, HEW found Alabama in breach of the Civil Rights Act, declaring that there was no medical justification for segregation. The US Surgeon General then ordered the immediate withdrawal of all of Alabama's mental health funds.⁸

Rather than comply with this finding and voluntarily integrating the hospitals, Governor Wallace took HEW to court, arguing that the federal government was overstepping its authority and that the State of Alabama was not in breach of Title VI (*State of Alabama v. Gardner*, 2610-N). This case was filed in October 1967. The *Marable* case (2615-N) was filed in November 1967 by Orzelle Billingsley and Demetrious Newton (both well-known civil rights lawyers from Birmingham) and Jack Greenberg, Michael Meltsner, and Conrad Harper from the NAACP Legal Defense Fund in New York City.⁹ Both civil actions (2610 and 2615) were filed in the US District Court for the Middle District Court of Alabama, and an identical three-judge panel (Johnson, Goodbold, and Pittman) was convened for both cases, which were then consolidated to be heard together. There was no trial; instead, all parties (which now included the US Department of Justice and the US Attorney General) stipulated that the material from the HEW hearing contained in Docket No. MCR44 would be used by both sides to argue their respective cases. It was noted by Judge Johnson that by doing so, all parties "conceded that there are no genuine issues of material fact and that the only issues in dispute are issues of law."¹⁰

From Analog to Digital

In an attempt to piece this story together and to make sense of the connections, I drew more maps and diagrams of circles, trying to put on one page all the moving parts of this story. This complicated network of professionals, lawyers, government officials, and community and patient activists ran like a spider web across the state of Alabama, with threads extending to Atlanta, the District of Columbia, and New York City. This spider web was like a roadmap—the “viral network” through which racism had both traveled and been arrested.

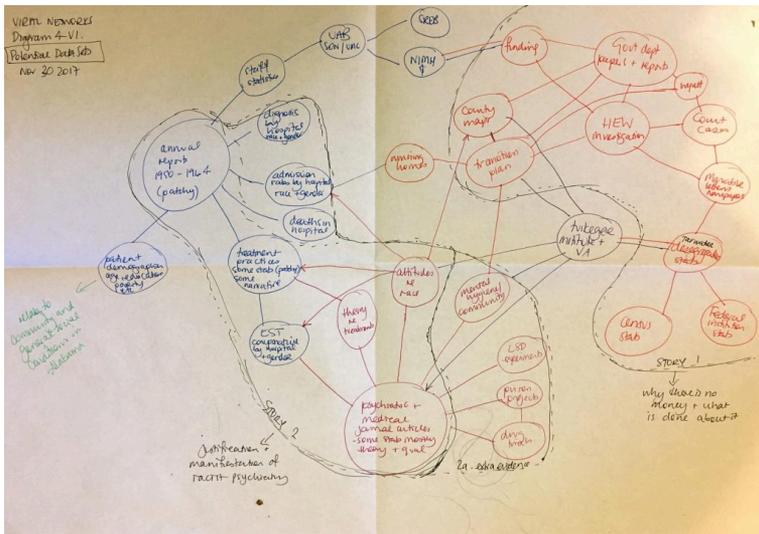


Figure 2.4: Networks of segregation vs. integration

In figure 2.4 I tried to lay out in one visual every institution that had anything to do with either segregation or integration, linking these institutions to their various documents, roles, ideas, practices, and outcomes. My goal here was to lay out all the elements of the story and determine which ones I would focus on as I prepared for

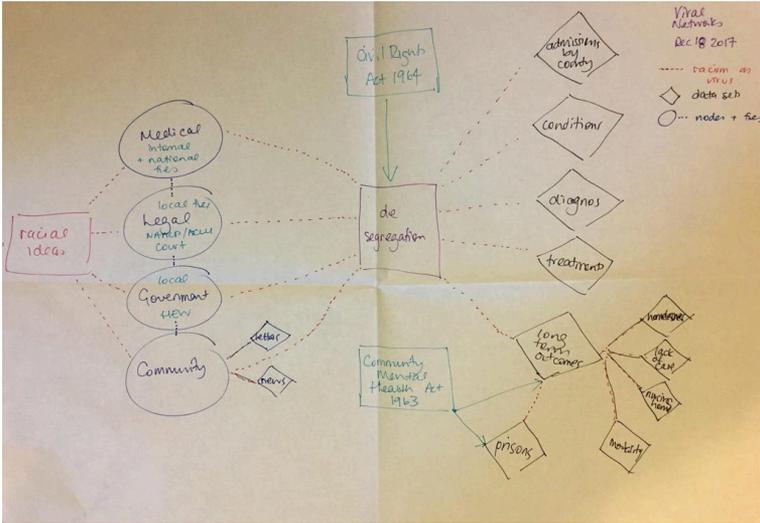


Figure 2.6: Networks of racism

What I really wanted to do with figure 2.6 was to think about how network analysis might help me track the movement of racist ideas in psychiatry through the network and what happens to those ideas once the Civil Rights Act technically makes racism (in its “discrimination in services” form) illegal. Drawing this diagram made me think seriously about what sort of data I had, and I realized that at this stage of the project I didn’t have enough data to be able to tell this whole story. This is still my overarching goal for the bigger project, but it will have to wait for the book.

Unpacking Segregated Networks

The real challenge began when I presented these diagrams at the workshop. As I received feedback from the other participants and data scientists, and as I listened to other papers, it became obvious to me that network analysis was a whole other language that I did not speak. I hoped that I could still learn enough of it to make

something useful, and I focused on trying to refine my question and work with the data that I did have. With Nathaniel Porter's help, I set up an Excel spreadsheet to start logging my data in such a way that would help me 1) identify the main players in the networks identified in my maps, 2) show the connections among the players and relevant institutions, and 3) classify their role in the desegregation process. I focused on entering data about select significant people who had some executive role over treatment practices and decisions in the two adult hospitals, Bryce and Searcy, in the period immediately before the Civil Rights Act. Based on consistent values I wanted to highlight, I made columns titled Name, Location (the main geographic place in Alabama from which the person worked), Affiliation (hospital or government department or agency), Role (professional capacity in that affiliation), Context (categorized as either Treatment, Administration or HEW Hearing, or the two court cases designated by their Civil Action numbers 2610 or 2615), Action ("compliance" or "defiance"), and Side ("segregation" or "integration").

The process of compiling this spreadsheet was illuminating. I was limited immediately by the names listed in the annual reports or other documents and by the fact that some people had multiple roles and were defendants in one case or plaintiffs in another. The values of "Side" and "Action" were also complicated because they characterised only official positions taken in response to the Civil Rights Act, which were often utilitarian and not necessarily reflective of lived reality. That is, all managers, directors, superintendents, clinicians, and supervisors were asked to confirm their compliance with the Civil Rights Act, which they did in a formal sense, but this was due to the threat of withdrawal of funds and not because of any ideological or practical commitment. In fact, the written sources indicate that some clinicians retained a *de facto* segregation by claiming they had "no Negro patients suitable for this kind of therapy" or "no Negro staff were suitably qualified."¹¹ How could an either/or value in a spreadsheet account for this ambiguity? I was also struck by who was *not* in the spreadsheet.

Focusing on people by name meant that I could only include people who *were actually named* in the archives, and this meant omitting the hundreds of people who worked in the asylums and were not listed by name anywhere. It also meant there could be no mention of patients, which is further complicated by HIPAA legislation that has made archivists nervous and patient records elusive.

With these limitations in mind, I then took a crash course in Cytoscape using the online tutorials and created my first diagram (figure 2.7). For this diagram, I sorted the data to show everyone with a value of “segregation” and separated out the people with this value involved in “Treatment.” These data created Edge and Node tables, which I then imported into Cytoscape. I then worked with Styles to label each “Role” a distinct color. Red indicates physician, pink is PhD-prepared psychologist, yellow is nurse, and green is social worker. The two blue nodes are the main hospitals, Bryce and Searcy.

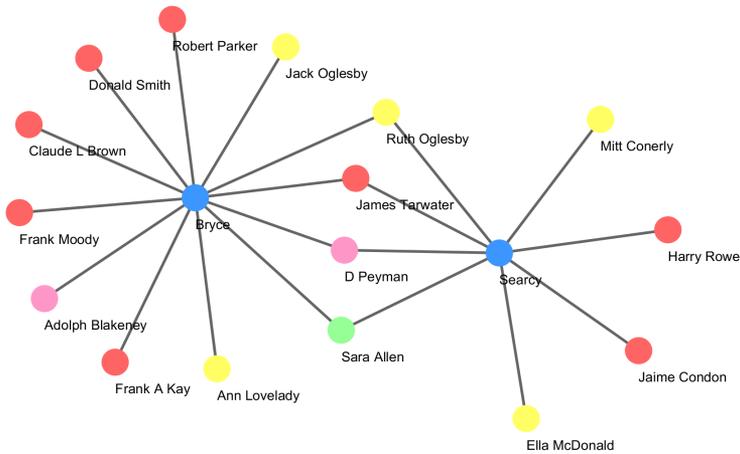


Figure 2.7: Networks of segregation by professional role, 1964

Figure 2.7 demonstrates a number of things about the segregated networks. Firstly, far more people are employed in treatment and care capacities at Bryce, the predominantly white hospital. The

network is insular in that the four main executive positions (Director of Nursing, Superintendent, Director of Psychology, and Director of Social Services) were responsible for designing services and programs at both institutions. The implication here is that the four key people would have been well aware of the disparities in treatment between both institutions. There is no record of any of them finding these disparities problematic. All of these people are white.

I find it interesting to consider the role of Superintendent Tarwater, who appears in this diagram as just another dot the same size as the others around him. In fact, however, if I could have figured out how to weight his appearance in this diagram for influence, he would be represented more as a large circle linking both hospitals together. Tarwater oversaw the running of the whole system within Alabama from 1950 until 1970. He is not entirely to blame for its deficiencies. He worked in a severely underfunded system and was continually frustrated by the situation. In 1954 he had written a terse cover letter to the Annual Reports to the Governor in which he stated quite simply, "We need more money." He had maintained this frustration in every year since.¹² He was surrounded by a community and political system that cared little for its mentally ill and in which people could be committed with no medical advice at the petition of a family member to a single probate judge. This indifference was even more marked when it came to the situation of African Americans, who were yet to even be considered citizens by the voters of Alabama.¹³ But I was curious to see how he would fare in other diagrams.

Negotiating the Civil Rights Act

The records in Docket No. MCR44 expanded significantly on the sketchy details of the story covered by *The Montgomery Advertiser* and revealed the extent of Tarwater's role in enforcing compliance with the Civil Rights Act. In 1965 the state Department of Health

in Alabama consolidated its mental health services with the establishment of the Alabama Mental Health Board. The Board appointed Tarwater as its first director, and in this capacity he was contacted by HEW to answer questions about Alabama's compliance with Title VI regarding mental health services. On February 2 of that year, Tarwater signed an official HEW compliance form, as did the state Departments of Agriculture and Education, which were receiving food surplus assistance from the Federal Department of Agriculture that they distributed to the state hospitals.¹⁴ However, on July 30 Tarwater received a letter from Robert Brown, the Acting Regional Director of the Public Health Service in Atlanta, informing him that despite signing the forms, there was no actual evidence that the state psychiatric hospitals were in compliance. Brown asked for more detail on how compliance was being enforced and what measures Tarwater intended to take to bring about active desegregation for patients and staff.¹⁵

It was in response to this pressure that Tarwater had made his attempt at integration in March 1966. In the HEW hearing evidence, it was noted by members of the Alabama Mental Health Board that Wallace had threatened them, promising that if they did not move the patients back that "the highway patrol would do it for them."¹⁶ As a result of Governor Wallace's reaction, on July 20, 1966, Tarwater was forced to tell the Regional Director of the Public Health Service that the Alabama Mental Health Board would not be taking any further steps to meet requirements for compliance with Title VI.¹⁷ Not surprisingly, it was this disregard for federal authority that would ultimately bring the full force of federal law to bear against Wallace. In January 1967 the department commenced formal administrative compliance proceedings, with hearings held on April 11 and 12.

Attempting to represent or visualize this particular part of the network proved challenging. What exactly did I want to say about the network at this stage, and how did it translate into Cytoscape? I needed to determine which elements of the hearing I wanted to represent and what was significant about the people involved.

Figure 2.8 is a simplistic representation of the types of relationships within the Department of Health, Education and Welfare’s administrative hearings, labeled as Enforcement, Testimony, and Certification. The “Enforcers” are people employed by the federal agencies (HEW in Washington, DC, and the Public Health Service regional office in Atlanta) who actively sought to enforce Title VI of the Civil Rights Act. The “Certifiers” are all heads of relevant mental health services within Alabama who were legally required to submit

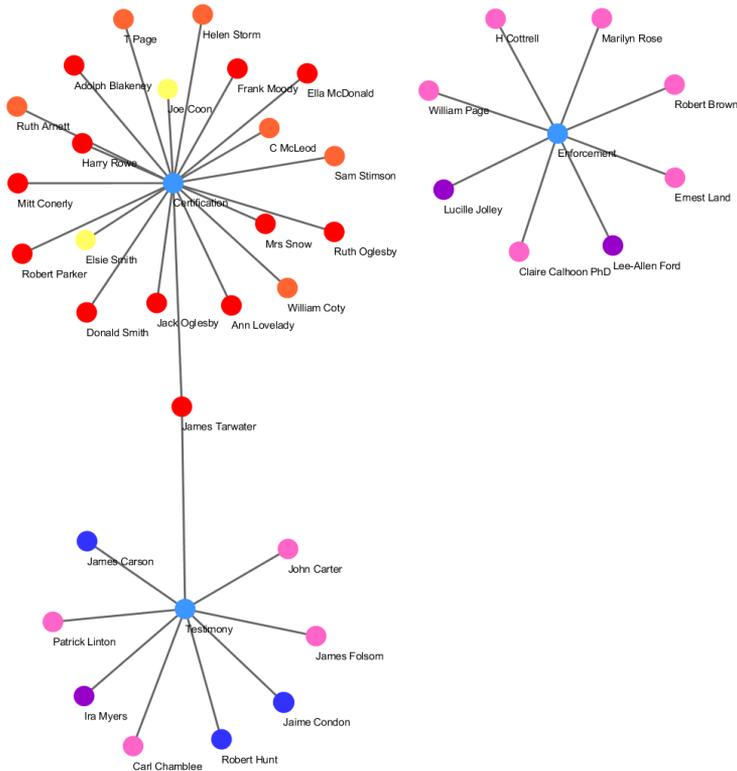


Figure 2.8: Networks of evidence, HEW hearing, July 1966

letters of compliance, and the “Testifiers” all provided verbal evidence through interviews conducted by Marilyn Rose, Special

Counsel for the Department of Health, Education, and Welfare. The attributes of each of the nodes in the networks are extremely difficult to represent in diagrams like this because some people are many things at once, and I had to determine the most significant aspect of their work for this context. In figure 2.8 I have chosen to represent “affiliation” rather than the “professional roles” because, in this particular instance, people are acting as representatives of their institution or agency, and I am trying to show how many of these were internal and external to Alabama. The red circles signify evidence from within the Alabama state hospital and government system; yellow are state-based mental hygiene clinics (that operate with federal funding); orange are new, state-based mental health centers (operating with state funds since 1960); purple are state government administrators; pink are federal agency representatives; and the three dark blue dots are expert witnesses from outside of Alabama.

I could immediately see the problem with this diagram: it separates the Enforcement network entirely from the other two networks, when in fact it was the Enforcement network that both created and acted upon the other two. There should be a link through Tarwater to all of the networks, reflecting the fact that Enforcement processes acted almost entirely through him, but I had not set up the data in a sophisticated enough way for Cytoscape to build this connection. The process of creating this diagram made it clear to me that I needed more skill with the software. It also highlighted the importance in network analysis of knowing the kind of connections you might wish to analyze before actually starting to work with the data. I also wondered about the simplicity of the relationships in this diagram, as well as the profusion of colors, which then need explaining. I also questioned if my networks were too people-centric and if I would see more complex analysis if I used something other than “Name” as the key column. With these questions in mind, I turned to representing all those involved in integration or the enforcement of the Civil Rights Act process.

Networks of Integration

By the late '60s the NAACP's Legal Defense Fund (LDF) was a well-oiled machine in the prosecution of medical segregation cases. Michael Meltsner, LDF's first assistant counsel, was responsible for LDF's health docket. As the lead attorney in the landmark *Simkins v. Cone* (1963) case in North Carolina, Meltsner was well aware of the constitutional and civil rights precedents of which Alabama was in breach.¹⁸ While the official record is not clear on the details, Meltsner suggests that the rapid launch of *Marable* (only three weeks after Alabama launched its own case against HEW) indicates that attorneys and activists in Alabama (with whom the LDF had close working relationships) had been watching the HEW investigation; and, when Wallace reacted with belligerence, they may have alerted LDF. Meltsner then sent a new LDF staff member, 26-year-old Conrad Harper, a Howard graduate and fresh out of Harvard Law School, to work with Billingsley and Newton on the case.¹⁹ The case was brought as a class action by African American patients (and their family members): Loveman Marable, who had been a patient at Bryce for 12 years; Joe Brown, Jr., who was at Searcy Hospital; and Willie James Nichols, a minor from Selma, who was "confined to Searcy from 1966 until July 1967 [when] he was released on a trial basis but is subject to be recommitted in the discretion of defendants."²⁰ Once this case was launched, and then consolidated with Alabama's own case against HEW, the combined weight of Civil Rights Act enforcement and judicial activism was overpowering.

In the network visualization I tried to demonstrate this weight by logging all the people involved in each case and highlighting their roles on either side. In figure 2.9 the red circles denote anyone affiliated with the Alabama state government or the Alabama Mental Health Board, most of whom have been represented somewhere in either figure 2.7 or 2.8 (this is the first time the state governors appear as named people). In Case No. 2615 Alabama is the defendant; in Case No. 2610 it is the plaintiff. The federal government is again

represented in pink, this time consisting of the Department of Justice and the US Attorney General as well as the Counsel for Health, Education, and Welfare. The secretaries of HEW are the pink defendants in Case No. 2610 but are the prosecution in 2615. Newcomers to the network are patients (purple dots) and lawyers (green dots), with the three judges as dark blue dots forming the connection between the two cases.

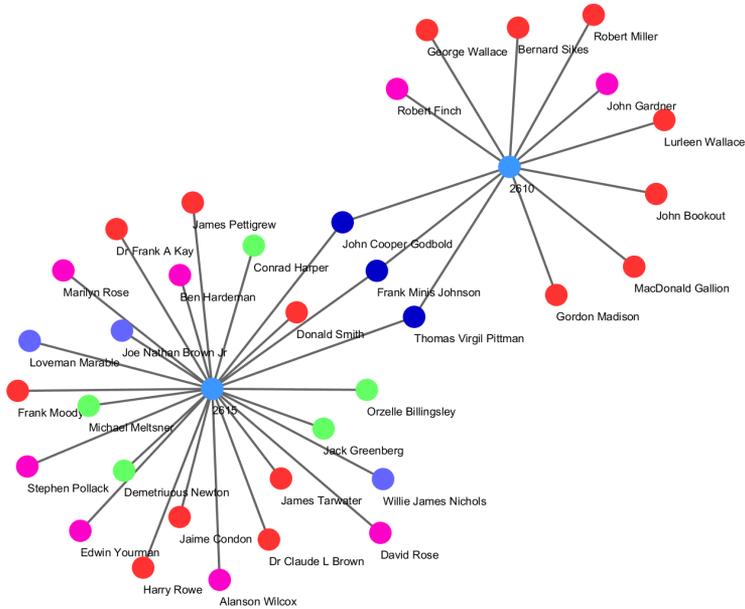


Figure 2.9: Networks of enforcement, Civil Actions 2610 & 2615, 1967

The 2615 context is far more diverse and intense, with many more people from outside the state of Alabama now involved, whereas 2610 is almost entirely an argument between the state and the court. This is an interesting visualization in that it seems to convey the weight and power of the network as it related to enforcement of the Civil Rights Act, which swept through Alabama like a threshing machine through the 1960s.

Working with Data Scientists

At this point in the process, and after receiving feedback from workshop participants, it was clear to me that my diagrams were not clearly demonstrating what was significant about these networks. They may have helped visualize certain characteristics

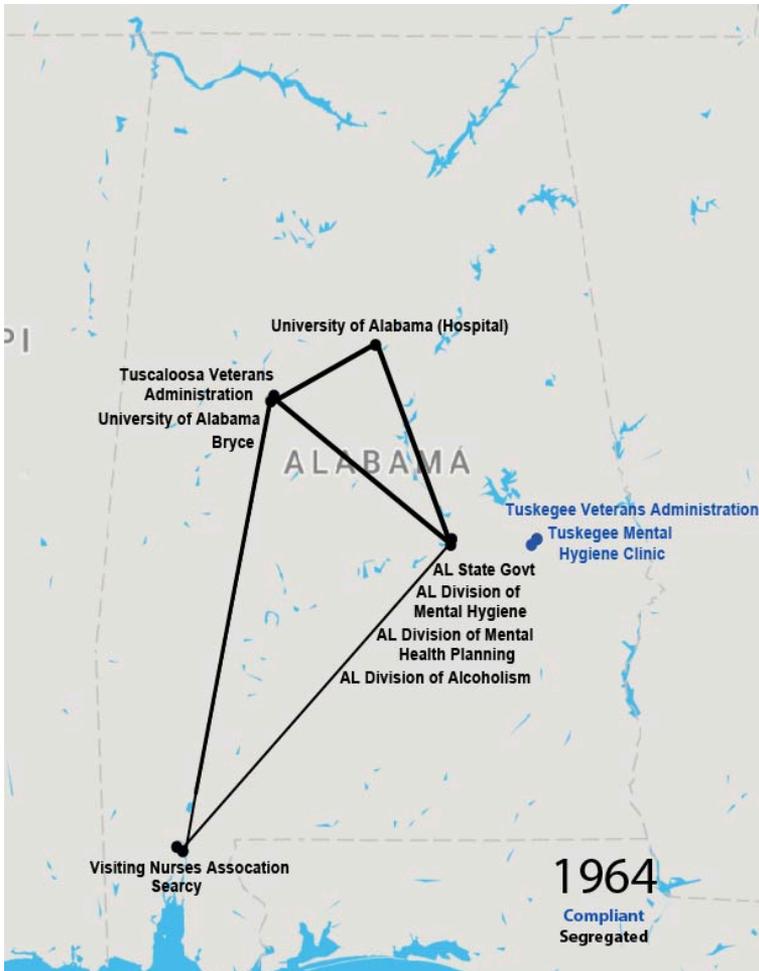


Figure 2.10: Networks of Segregation in Alabama, 1964

of it but they didn't address my central research question about insularity. The first network diagrams I made in Cytoscape were all people-centric; that is, they portrayed relationships that connected named individuals to their roles in the networks of segregation or integration. What struck me about my research conducted thus far was the way that clinicians and administrators in Alabama were (dis)connected to clinicians and administrators in other states, and the influence of this connection on segregation practices. I also wanted to do more with this information than make simple diagrams. I consulted again with Nathaniel Porter, and we talked about representing the institutions by geographical location instead. I then created a table of each of the institutions that had a role to play in desegregation and linked them to their precise geographic location. With this information in hand, Nathaniel and his team came up with two visualizations.²¹ Figure 2.10 demonstrates the geographic spread, within Alabama as of 1964, of the network responsible for the maintenance of segregation.

This figure represents the segregated network in black lines that are weighted for influence. That is, the black lines indicate the multiple places where people from various institutions were located. They also signify the strength of connections between the white administrators, psychiatrists, physicians, nurses, and politicians working out of Tuscaloosa, Birmingham, and Montgomery in the northern half of the state. Some of those same people were responsible for the operation of Searcy Hospital in Mobile, which was also home to the Visiting Nurses Association for the southern half of the state. These facilities and administrative units were either actively segregated or administratively maintained segregation. The only integrated mental health units in the state of Alabama in 1964 were those operating with federal funds in Tuskegee, under the direction of the Department of Veterans Affairs (VA) or the Tuskegee Institute. These facilities, which were run by senior African American physicians and administrators, openly accepted white patients.

Data from figure 2.9 (the HEW hearing and subsequent court cases) was then also transposed over a map in order to demonstrate the long reach of the law from outside Alabama, and the impact of the Civil Rights Act within that state. Titles in red indicate those



Figure 2.11: Enforcing compliance with the Civil Rights Act, 1967

judicial or legal institutions responsible for enforcing compliance in Alabama’s mental health institutions (HEW, the LDF, and the circuit

and district courts). Some previously segregated institutions from figure 2.10 are now represented in blue, signifying that they have indicated compliance with Title VI of the Civil Rights Act. New places on the map include mental hygiene clinics and mental health centers, which began opening in 1965 and needed to demonstrate compliance in order to receive funds. The only institutions that were not technically compliant in 1967 were the large state hospitals (Bryce and Searcy) along with the state government and its mental health board. This complicated internal network is more readily visible in figure 2.12, which is an inset of figure 2.11.

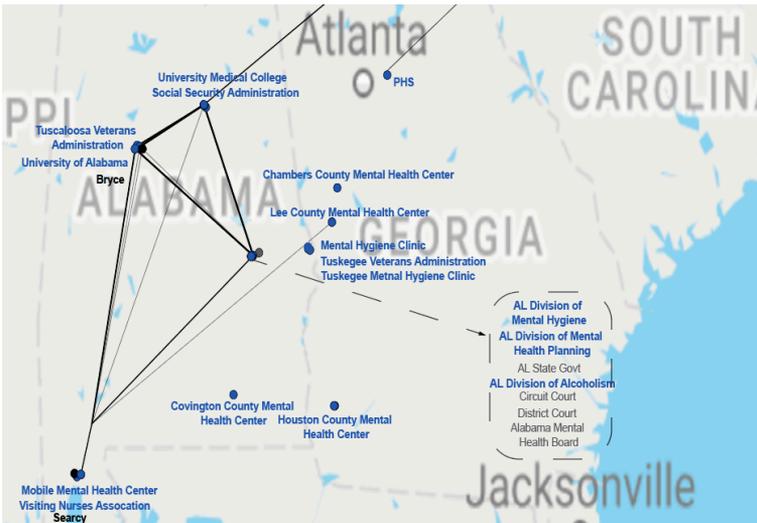


Figure 2.12: Inset – Networks of Compliance in Alabama, 1967

Much more could be done with these visualizations to enhance understanding. With more time and resources, they could be interactive maps that enabled the viewer to zoom in for clarity. It would also be possible to overlay maps on top of each other in a more dynamic demonstration of change over time. This process would then lend itself to analysis of a longer time period, with more data added from the complicated processes that continued throughout the 1970s and 1980s to bring the large hospitals more

fully into compliance, while they were simultaneously being downsized due to patients' rights and deinstitutionalization cases. The potential for these maps to more accurately demonstrate what I could not do in Cytoscape has given me food for thought for future expansions of this project.

Conclusion

Before the passing of civil rights legislation that was designed to overturn segregation, Alabama's mental health systems remained remarkably closed off from the rest of the country. This began to be challenged in the late 1950s as the National Institute of Mental Health tried to create Southern-focused programs and funding through regional collectives. Some of the professionals in the segregated networks, especially nurses, were a part of these efforts. The passing of the 1964 Civil Rights Act inflamed Alabama's more conservative politicians and voters through a "state's rights" rhetoric that fueled populist resentment about federal interference—especially interference that threatened segregated and racist practices. It was not until federal legislation was passed—and actively enforced through the courts—that any real change occurred. These network visualizations show the importance of a national network for bringing about this change. No diagram, however, can show the complex to-and-fro between and among judges, lawyers, and respective plaintiffs and defendants in the process of that change. From this distance, as Judge Johnson stated in his February 1969 decision, it seems a rather straightforward problem: segregation was illegal and unconstitutional, and it should be stopped by all means necessary. However, those who defended the old system and the "Southern way of life" did not view segregation in this way. It is perhaps not surprising, therefore, that the State of Alabama took another four years to be fully compliant with the orders handed down by Judge Johnson.

There are some limitations to this project that originate in my original data collection and in the use of network analysis. I started

the research in my usual fashion: taking photos or scans, entering items into Zotero, and making notes about people and places and events. I did not have network analysis in mind as a research methodology at the time, and none of my sources have been digitized. Similarly, the sources themselves, and the data contained therein, is haphazard and not consistently reported or formatted over the years in question. The images presented here tell only one very small part of the story and do so in a static visual form rather than using digital tools to actually analyze the data. In this sense, the visuals act as shortcuts to explaining complicated networks rather than testing for any cause or effect or statistical significance in these networks. Given more time and a longer lead-in period (not to mention some intense software training), I believe this project would be ideally suited to Dynamic Network Analysis,²² which could more readily show the change over time that occurs in relation to the practice and attitudes of racism and segregation as a result of the Civil Rights Act. There are various other elements of the broader project about life for patients in these asylums that would also lend themselves to this kind of analysis. Figures 2.11 and 2.12, showing an overlay of the network with a geographic map, demonstrate some of the potential of digital tools for this kind of work.

In some ways, limitations in this project are also related to my own intellectual inclinations. Like many historians or humanists using network analysis for the first time, I am uncomfortable with simplifying or decontextualizing. I recognize no one project can tell a whole story, and we always make choices about what we can tell at any given moment. However, I could not shake the feeling that the need to provide data that could be analyzed by software necessarily required leaving out important complexities and grey areas that cannot be captured in this way. I would be interested to see if this holds true were I to pursue a more complicated Dynamic Network Analysis model, which would require a highly skilled team. The iterative process of this workshop and the writing of this chapter have helped me appreciate the importance of collaboration when a project is not “born digital.” It is not the case that all

historical records of importance are digitized, ripe for text mining. Indeed, in some cases—especially in relation to sensitive issues like mental health or race—those records are deliberately hidden or buried. It takes a particular set of skills to find and make sense of them, and then a different set of skills entirely to translate them to a digital arena. It makes sense that rather than have one person, traditional historian or otherwise, be responsible for this entire process (or that traditional projects remain separate from digital analysis), teams of people with distinct skills and knowledge can more fruitfully combine to bring these projects to light.

At the same time, embarking on network analysis has given me new insight into the nature of historical data—along with some new ways of thinking about how I handle such data. I learned a great deal about the problems inherent in haphazard data collection techniques, and when I returned to the archives halfway through writing this paper, I used the spreadsheet that we had established as the data collection and recording tool. Using the spreadsheet really helped me think clearly about my categories of analysis and about the significance of each person to the broader history I am trying to recreate. I will continue to use this tool as I progress with the project and to explore avenues for further network analysis. At the same time, I am conscious of the need for vigilance when creating labeling categories. As I entered data into my spreadsheet, I found myself sometimes frustrated and sometimes concerned that I might be affixing artificial boundaries or forcing material into false categories that only serve to reify or privilege some people over others. By trying to label people as pro- or anti-segregation, for example, I ran the risk of making people look progressive when their motives may have been merely utilitarian. This is one grey area that standard social network analysis might not be able to account for.

The most important thing missing from this history is the voice of the people who suffered, and continue to suffer, at the hands of racism, indifference, neglect, and lack of funding in relation to mental health care in the United States. These people do not have a place in the records. They are not named. Their individual patient

records (where they exist) have become the property of a state that now hides behind HIPAA legislation. And how can I put an end date to a story that has no end? The same problems that beset Alabama's psychiatric institutions have now been replicated in prisons across the country, where millions of people are left to die for lack of diagnosis, care, or treatment. As we attempt to understand how digital and machine technologies can enhance our understanding of the human experience, we must not overlook the humanity at the heart of such a project. Good history is always analytical and contextual. As the papers in this volume demonstrate, counting and connecting alone should not be the end goal of this thing we call the digital humanities. While I am not sure that network analysis can capture the experience or the pain of those without a voice, I am sure that the need for the digital humanities to bring these histories into the public consciousness is more pressing than ever.

Endnotes

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2. Sander Gilman, "On the Nexus of Blackness and Madness," in *Difference and Pathology: Stereotypes of Sexuality, Race and Madness* (Ithaca, NY: Cornell University Press, 1985), 131–49; Dennis Doyle, *Psychiatry and Racial Liberalism in Harlem 1936–1968* (Rochester, NY: University of Rochester Press, 2016); Jonathan Metzler, *The Protest Psychosis: How Schizophrenia Became a Black Disease* (Boston MA: Beacon Press, 2010); Gabriel N Mendes, *Under the Strain of Color: Harlem's Lafargue Clinic and the Promise of an Antiracist Psychiatry* (Ithaca, NY: Cornell University Press, 2015); Frantz Fanon, *Black Skin, White Masks* (New York: Grove Press, 1952); Thomas and Sillen, *Racism and Psychiatry*.

3. Johnson, District Judge, Decision in Summary Judgment Civil Action No. 2615-N & Civil Action No. 2610-N, February 11, 1969, p. 9. USDC Montgomery, AL Civil Case Files 74-C-0813 Box 149, National Archives and Records Administration (NARA) Atlanta.

4. This research was conducted while I was the Reynolds-Finley Fellow at the University of Alabama, Birmingham. I would like to take this opportunity to thank UAB for its support and acknowledge the unparalleled help I received from archivists Peggy Balch at the Reynolds-Finley Library for the History of Medicine and Tim Pennycuff at the University of Alabama Birmingham Archives, as well as Nancy Dupree and Scotty Kirkland at the Alabama Department of Archives and History and Maureen Hill at the NARA Southeast in Atlanta. I am also indebted to the personal knowledge and support from lawyers Michael Meltsner and Conrad Harper (formerly with the LDF), Ira Burnim, Legal Director, Bazelon Center for Mental Health Law and James Tucker, Director, Alabama Disabilities Advocacy Program.

5. "Partlow Segregation," in Alabama Governor Administrative Files: State Institutions SG21597, Alabama Department of Archives and History (ADAH), Montgomery, Alabama.

6. Tom Mackin, "Bryce, Searcy Inmates Swapped in Forced Integration Attempt: Governor Orders Inmates Returned," *The Montgomery Advertiser*, April 27, 1966.

7. *Ibid.*

8. Docket No. MCR44, USDC Montgomery, AL Civil Case Files 74-C-0813 Box 149, NARA Atlanta (hereafter referred to as MCR44).

9. State of Alabama v Gardner et al Civil Case 2610-N, Complaint, October 13, 1967 and Marable et al v Alabama Mental Health Board Civil Case 2615-N, Complaint, Filed November 17, 1967, USDC Montgomery, AL Civil Case Files 74-C-0813 Box 149, NARA Atlanta.

10. Johnson, Decision, February 11, 1969, *ibid.*

11. "Assurance of Compliance" forms, Documents GC1E and GC2A&B, MCR44.
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13. Susan Youngblood Ashmore, *Carry It On: The War on Poverty and the Civil Rights Movement in Alabama 1964-1972* (Athens: University of Georgia Press, 2008); Wayne Flynt, *Alabama in the Twentieth Century* (Tuscaloosa: University of Alabama Press, 2004).
14. "Assurance of Compliance" forms, Documents GC1E and GC2A&B, MCR44.
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21. Thanks to Nathaniel Porter and Angie Green in the dataviz studio at Virginia Tech for their work in creating these maps.
22. Kathleen Carley et al., "Toward an Interoperable Dynamic Network Analysis Toolkit," *Decision Support System* 43 (2007): 1324-47.