

PROVIDING FOR THE HOSPITALIZATION AND CARE OF
THE MENTALLY ILL OF ALASKA

JULY 25, 1955.—Committed to the Committee of the Whole House on the State
of the Union and ordered to be printed

Mr. O'BRIEN of New York, from the Committee on Interior and
Insular Affairs, submitted the following

REPORT

[To accompany H. R. 6376]

The Committee on Interior and Insular Affairs, to whom was referred the bill (H. R. 6376) to provide for the hospitalization and care of the mentally ill of Alaska, and for other purposes, having considered the same, report favorably thereon with amendments and recommend that the bill, as amended, do pass.

The amendments are as follows:

Page 2, Table of Contents, strike out "Sec. 128. Unwarranted hospitalization or denial of rights; penalties." Renumber "Sec. 129." as "Sec. 128." and "Sec. 130." as "Sec. 129."

Page 15, line 2: strike the words "less than five nor".

Page 15, line 17, after the word "receive" insert the words " and maintain a record of".

Page 15, line 23, at the end of the line add the following language:

If, not less than five days prior to the date fixed for the hearing, the proposed patient, his counsel, or any member of his immediate family files a written request with the United States Commissioner therefor, the Commissioner shall summon and impanel a jury of six adult residents to hear and consider the evidence concerning the mental condition of the proposed patient.

Page 16, line 1, after the word "Commissioner" insert the following words:

or, in the event the right to a jury has been exercised pursuant to subsection (f) hereof, the jury

Page 28, lines 17 and 18, strike the words "or granted a conditional release".

Page 28, lines 20 and 21, strike the words "or granted a conditional release".

Page 30, line 22, strike the word "this" and insert in lieu thereof the word "that".

Page 31, strike all of lines 8 through 17, and renumber all subsequent sections in title I.

Page 32, line 14, strike the words "of care" and insert in lieu thereof the words "of such care and treatment".

Page 32, lines 25 and 26, strike the words "and the witnesses" and insert in lieu thereof the words "the witnesses, and the jurymen, if any".

Page 33, line 16, strike the roman numeral "II" and insert in lieu thereof the roman numeral "III".

Page 35, line 18, strike the words "in Alaska".

Page 36, line 4, strike the word "and" and insert in lieu thereof the words "with such deductions to be".

Page 36, line 12, strike all of lines 12 through 20, inclusive, and insert in lieu thereof the following:

Sec. 372. (a) There is hereby authorized to be appropriated an amount not exceeding the total sum of \$6,500,000, to remain available until expended, to enable the Surgeon General to make payments to the Territory of Alaska as the total contribution of the Federal Government to be used in the construction of hospital and other facilities in Alaska needed for the carrying out of a comprehensive program for the mentally ill as defined in title I of the Alaska Mental Health Act.

Page 37, line 15, strike the words "cost of".

Page 38, line 8, strike the word "five" and insert in lieu thereof the word "ten".

Page 38, lines 9 and 10, strike the words "five hundred thousand" and insert in lieu thereof "one million".

Page 40, line 4, after the word "trust" insert the following words: "for the hospitalization and care of the mentally ill in Alaska".

Page 40, line 24, strike the number "610" and insert in lieu thereof the number "601".

Page 41, line 3, strike the number "38" and insert in lieu thereof the number "48".

EXPLANATION OF THE BILL

H. R. 6376, as amended, provides for the establishment of modern legal procedures for the commitment and hospitalization of the mentally ill in Alaska, for the administration of the Alaska Mental Health Act by the Territorial government, for the gradual assumption of financial responsibility for the program by the Territorial government, for the modification of procedures by the Territorial government for the hospitalization of those who are mentally ill and for constructing and equipping a hospital or hospitals and related facilities.

HISTORY OF THE LEGISLATION

Recent legislation providing for the hospitalization and care of Alaska's mentally ill was introduced in the 81st, 82d, 83d and again in the 84th Congresses. In addition to H. R. 6376, introduced by Congresswoman Green of Oregon, the Committee on Interior and Insular Affairs throughly considered an identical bill, H. R. 6334, introduced by Congressman O'Brien of New York, and also similar bills H. R. 610 and H. R. 3991, introduced by Delegate Bartlett of Alaska, and H. R. 5092 and H. R. 5093, introduced by Congresswoman Green.

HISTORY OF THE CARE OF THE MENTALLY ILL IN ALASKA

The history of Federal responsibility for the care and treatment of the Alaskan mentally ill dates from the act of Congress, June 6, 1900, which provided that the Governor of Alaska should contract for the care and custody of persons legally adjudged insane. The first call for bids under this act was for one person and a contract was let with the Oregon State Insane Asylum.

The powers of the Governor were transferred to the Secretary of the Interior in 1905 and the present program is based upon the act of Congress dated January 27, 1905, as amended.

The major revision in Federal legislation has been the act of October 14, 1942, which provides for reimbursement for the costs of care and treatment. This act further has provisions for discharge of patients, boarding out, and the transfer of nonresidents to other institutions.

The act of June 25, 1910, provided for the construction and operation of detention hospitals at Nome and Fairbanks. The Nome hospital was never constructed. A building was erected at Fairbanks but was never used in connection with the treatment of patients but only to house patients until they were sent to the States, if committed. Other than this instance, there have been no provisions made in the past for hospitalization in the Territory.

Congress has specifically denied to the Territorial Legislature authority to amend or repeal the existing Federal law pertaining to the commitment of the mentally ill (48 U. S. C., sec. 24). Alaskans have consequently been committed to a mental institution pursuant to a Federal statute (48 U. S. C., sec. 47), and they have been cared for and treated in a private hospital under contract with the Department of the Interior (48 U. S. C., sec. 46). The Federal Government bears the total cost of the commitment, transportation, care, and treatment of Alaska's mentally ill.

Since 1910, the Secretary of the Interior has contracted with Morningside Hospital at Portland, Oreg., for the care and treatment of the Alaska mentally ill. The current contract is effective from July 1, 1953, to June 30, 1958. In early 1953, the Department of the Interior issued a call for bids for this service. The Sanitarium Co., operator of Morningside Hospital, was the sole bidder. The current contract provides for a monthly payment per patient of \$184 per month. This base rate is adjusted every 6 months based upon the average of the United States Bureau of Labor Statistics Wholesale Price Index for All Commodities.

In July 1949, the Department of the Interior appointed a committee headed by Dr. Winifred Overholser, Superintendent of St. Elizabeths Hospital, to study the problem of Alaska mental health. After a 3-week visit to Alaska, during which time public hearings were held in Juneau, Sitka, Palmer, Anchorage, Nome, and Fairbanks, the committee submitted its report on February 10, 1950. In summary, the Overholser committee recommended the following changes to be made:

1. Development of a comprehensive mental health program under the Territorial department of health.
2. Emergency treatment and observation centers in most of the general hospitals to be operated by the Territorial Department of Health.

3. Model legislation being drafted by the then Federal Security Agency should be modified to meet Alaska's situation and adopted. This legislation should provide for voluntary admission and hospitalization and abolition of the archaic jury system of sanity hearings.

4. Amalgamation and unified direction of all public mental health services under the Territorial Department of Health.

The Overholser committee also recommended (1) the construction of an adequate modern mental hospital in Alaska; (2) the establishment of a 50-bed treatment center at Sitka, Alaska; and (3) arrangement whereby the Territorial government would take over and operate the completed facilities. The recommendations of the Overholser committee have been incorporated in varying degree in Alaska mental health legislation introduced in the Congress since that date.

In June 1952, the Department requested Dr. Henry C. Schumacher of the Public Health Service and Miss Mary E. Corcoran of the National Institute of Mental Health to make a survey concerning the care and treatment of Alaskan insane patients at Morningside Hospital. The survey made by Dr. Schumacher and Miss Corcoran dealt with the adequacy of the facilities and the professional services provided.

In recent years, the patient load at Morningside Hospital has been in the neighborhood of 345. At the end of fiscal year 1955, 359 patients—232 males and 127 females—were under care. On June 30, 1954, 345 patients—225 males and 120 females—were under care. During fiscal 1954, 77 patients were admitted, 44 patients were discharged, and 18 were paroled.

NEED FOR THE LEGISLATION

Although the commitment, care, and treatment of the mentally ill of the territories are generally regarded as inherent responsibilities of the respective territorial governments and although these responsibilities have been assumed by most such governments, such is not the case with the Territory of Alaska. Responsibility was initially assumed by the Federal Government because Alaska at that time had no local government. Congress specifically denied the Territorial Legislature authority to amend or repeal the existing Federal law pertaining to the commitment of the mentally ill (48 U. S. C., sec. 24). Alaskans have consequently been committed to mental institutions and cared for and treated in a private hospital under contract with the Department of the Interior pursuant to Federal statutes referred to above.

The existing program of hospitalization, care and treatment of Alaska's mentally ill established in 1905 has numerous shortcomings and inadequacies. The commitment methods are archaic and inhumane and the care and treatment methods leave much to be desired. This legislation will correct many of the injustices reflected upon the mentally ill patients and will place Alaska under supervision of the program recommended by the United States Public Health Service of the Department of Health, Education, and Welfare and the Office of Territories of the Department of the Interior. H. R. 6376 is patterned after the Draft Act Governing Hospitalization of the Mentally Ill, a publication of the United States Public Health Service, and is recom-

mended for favorable consideration by the Council of State Governments.

SECTIONAL ANALYSIS

Section 1 serves as a table of contents and divides the bill into three parts: Title I—Hospitalization procedures; Title II—Financial and land grants; and Title III—Miscellaneous provisions.

Section 2 states that the purpose of the bill is to transfer the basic responsibility for the hospitalization, care and treatment of the mentally ill of Alaska from the Federal to the Territorial government. It also provides for the modernization procedures for assistance in the construction of necessary facilities, for generous land grants and for a 10-year program of Federal grants-in-aid to enable the Territorial government to gradually assume the full operating cost of the program.

Section 3 authorizes the Territory of Alaska to appropriate necessary funds to assume administrative responsibility for carrying out the provisions of this act and it also provides that notwithstanding existing law, the Territory is authorized to enact necessary appropriate laws relating to the hospitalization (including commitment), care and treatment of residents or persons in Alaska who are mentally ill.

Title I

Section 101 defines certain words and terms used in the bill.

Section 102 defines the powers, duties, and functions of the Governor as they relate to this legislation.

Section 103 states that the head of any hospital may receive for observation, diagnosis, care and treatment any mentally ill individual on application by the parent or his guardian or the written application by an interested party, health or welfare officer, the Governor, or the head of any institution in which the individual may be, provided the application is accompanied by a certificate of a licensed physician stating that the individual is mentally ill and is (1) likely to injure himself or others if allowed to remain at liberty, or (2) in need of care or treatment in a hospital and is capable of making application for admission in his own behalf.

Section 104 provides for emergency hospitalization and establishes procedures for commitment, both with and without medical certification and/or endorsement.

Section 105 establishes the procedures for the examination of newly admitted patients and for their ultimate discharge from the hospital. Section 106 provides for the right of discharge for individuals admitted to a hospital under authority of section 103 or section 104 under certain stipulations.

Section 107 guarantees patients hospitalized pursuant to section 103 (b), 104 or 108 the right to petition for judicial determination of the continued need for hospitalization.

Section 108 provides for hospitalization upon court order and establishes the judicial procedures for such commitment. This section has been amended to permit the impaneling of a jury of six adult residents to hear and consider evidence concerning the mental condition of the proposed patient at the written request of the patient, his counsel, or any member of his immediate family.

Section 109 establishes procedures for committing an individual found to be mentally ill to any agency of the United States for hospitalization.

Section 110 establishes procedures to be followed when a mentally ill patient is detained pending hospitalization.

Section 111 guarantees the patient the writ of habeas corpus.

Section 112 provides for appeal from the decision of the United States commissioner to the District Court for the Territory of Alaska.

Section 113 provides for the transportation of mentally ill patients at Government expense.

Section 114 provides that immediate notification of hospitalization be given to a patient's spouse, parent, next of kin or guardian.

Section 115 guarantees every patient to right of humane care and treatment.

Section 116 prohibits the use of mechanical restraints unless recommended by the head of the hospital to which the patient is confined, and if used, the reasons therefor shall be made a part of the clinical record of the patient under the signature of the head of the hospital or his designee.

Section 117 provides the patient the right of communication and visitation and his exercise of civil rights.

Section 118 authorizes the Governor to transfer patients from one hospital to another consistent with the medical requirements of the patient and establishes procedures for making said transfer.

Section 119 authorizes the Governor to transfer nonresident patients from Alaska to the States in which they have legal residence.

Section 120 guarantees a patient, while hospitalized in a State outside Alaska, the rights, remedies, or protective safeguards provided by the law of such State.

Section 121 permits the head of a hospital to release a patient on convalescent status, when he believes that such release is in the best interest of the patient.

Section 122 provides for the readmission of convalescent patients.

Section 123 provides that a patient shall be discharged upon medical review and certification.

Section 124 provides that a discharged patient shall be given suitable clothing, transportation to his home, and a sum of money not exceeding \$50.

Section 125 provides for the disposition of the deceased patients, personal effects and unclaimed funds.

Section 126 provides that the Governor shall make every attempt to ascertain the whereabouts of the legal heirs of a deceased patient so that his personal effects may be sent to them.

Section 127 stipulates that admission records and clinical information concerning patients shall be kept confidential except in certain specified instances.

Section 128 provides that a patient, his legal representative or members of his family contribute to the cost of the patient's hospitalization, care and treatment in such manner and proportion as the Governor may determine.

Section 129 provides for the payment of fees and expenses to the United States commissioner, witnesses and jurymen, if any, for services at judicial proceedings.

Title II—Grants

Section 201 amends the Public Health Service Act to authorize the appropriation of Federal funds to the United States Public Health Service for the purpose of making grants to the Territory to assist it in carrying out the plans for an integrated mental health program for Alaska. The appropriations for the next 10 fiscal years are listed.

It also provides that the Surgeon General shall periodically, during each fiscal year, estimate the cost of carrying out the plan of the mental health program and that the unexpended balance of payments made to the Territory under this section remaining unobligated on July 1, 1966, shall be repaid to the Treasury of the United States.

Section 201 further provides for the cancellation of Federal appropriations if the Territory fails to comply with the provisions of the approved plan.

It also authorizes the United States Public Health Service to make arrangements with the Territorial government to provide for the care and treatment of mentally ill patients in hospitals operated by the Public Health Service.

Finally, this section authorizes the Governor, until April 1, 1957, without further Territorial authorization to expend such sums as may be made available to the Territory of Alaska pursuant to this section, which provides for the authorization of not more than a total of \$6,500,000 to be used in the construction of hospital and other facilities in Alaska needed for carrying out a comprehensive program as recommended by the Public Health Service for the mentally ill of Alaska. It will be noted that the term "construction" means the amount necessary for the construction of a project and includes construction and initial equipment of buildings (including medical transportation facilities), architects and engineering fees, the cost of land acquired specifically for the purpose of the project, and on-site improvements.

Section 202 grants to the Territory of Alaska the right to select in 10 years from the effective date of this act, not to exceed 1 million acres of vacant, unappropriated, and unreserved public lands of the United States in Alaska. Said lands are to be selected by the Territory in conformity with existing regulations with the understanding that all grants made or confirmed under this section shall include mineral deposits. All lands granted to the Territory under the provisions of this section and the income therefrom shall be administered by the Territory of Alaska as a public trust for the hospitalization and care of the mentally ill in Alaska.

Title III—Miscellaneous provisions

Section 301 lists Federal statutes repealed by this act and provides that any rights and liabilities now existing under said statutes shall not be affected by this repeal.

Section 302 provides that the existing contract for hospitalization and care of Alaska's mentally ill entered into between the Department of the Interior and the Sanitarium Co. of Portland, Oreg., shall, within 30 days after the enactment of this act, be assigned to the Territory of Alaska. It also provides that the unexpended balance of appropriations as are available to the Department of the Interior for the care of Alaskan insane be transferred to the Governor of Alaska for the administration of this act. It finally provides that until July 1, 1956,

expenses for the transportation of all patients to be hospitalized outside Alaska shall be paid by the Department of Justice.

Section 303 makes clear that if any portion of this act is found to be invalid and inoperative, the remainder of the legislation shall not be affected thereby.

Section 304 establishes the effective date of this act to be 210 days following the date of its enactment.

DEPARTMENT REPORTS

Following are reports of the Department of the Interior dated April 1, 1955, and May 17, 1955, and the report of the Department of Health, Education, and Welfare dated March 7, 1955.

DEPARTMENT OF THE INTERIOR,

OFFICE OF THE SECRETARY,
Washington 25, D. C., April 1, 1955.

Hon. CLAIR ENGINE,

Chairman, Committee on Interior and Insular Affairs,
House of Representatives, Washington, D. C.

My Dear Mr. ENGINE: This will refer to your request for the views of this Department on H. R. 610, a bill to provide for the hospitalization and care of the mentally ill of Alaska, and for other purposes, and H. R. 3991, a bill providing for the location, establishment, construction, equipment, and operation of a hospital for the mentally ill of Alaska.

This Department, in conjunction with the other interested departments and agencies of the Government, is giving careful consideration to the questions raised by H. R. 610, and we anticipate very shortly presenting to you a final report on the bill, together with proposed amendments. We should like at this time, however, to advise you of the results of our consideration to date and to summarize the purpose of the amendments which we anticipate submitting to you in the near future.

As you know, the Department of the Interior has for over 50 years been engaged in the administration of certain laws pertaining to the mentally ill of Alaska. Although the commitment, care, and treatment of the mentally ill of the Territories is generally regarded as an inherent responsibility of the respective Territorial governments, and although this responsibility has in fact been assumed by most such governments, it has not been assumed by the Territory of Alaska. Responsibility was initially assumed by the Federal Government because of the Territory's special circumstances at the turn of the century, and it has continued as a Federal responsibility largely because of Alaska's limited financial resources. The Federal responsibility denied to the Territorial legislature authority to amend or repeal the existing Federal law pertaining to the commitment of the mentally ill (48 U. S. C., sec. 24). Alaskans have consequently been committed to a mental institution pursuant to a Federal statute (48 U. S. C., sec. 47), and they have been cared for and treated in a private hospital under contract with this Department (48 U. S. C., sec. 46). The Federal Government has borne the total cost of their commitment, transportation, care, and treatment.

This Department has long been concerned with the shortcomings of this program, particularly with regard to the commitment procedures which were established in 1905 and which have not since been modified. We have vigorously supported legislation to modernize these procedures, but such legislation has thus far failed of enactment. We are glad to have the opportunity again to endorse modern hospitalization procedures, such as those contained in title II of H. R. 610. Title II of the bill appears to parallel closely the provisions of the Draft Act Governing the Hospitalization of the Mentally Ill, which was prepared by the Public Health Service. We note with approval certain departures from the provisions of the Draft Act which are presumably designed to take account of problems peculiar to Alaska. In our final report upon the bill we may wish to recommend certain minor, technical amendments to the provisions of title II of the bill, but in general we strongly support these provisions.

We believe, however, that certain of the provisions of title I of H. R. 610, which would have the effect of continuing Federal responsibility for the hospitalization of the mentally ill of Alaska, should be modified. Title I of the bill would phase administrative responsibility for the hospitalization and care

of the mentally ill of Alaska in the Secretary of Health, Education, and Welfare. To the extent that the bill would thereby relieve the Department of the Interior of this responsibility, I fully endorse it, for this Department is not, in my judgment, adequately qualified to discharge the functions which are involved. But I believe that the time has come to provide for and to facilitate the transfer of basic responsibility in this field to the Territory of Alaska, where it belongs. For the Federal Government to continue to perform the kind of activities with regard to the mentally ill of Alaska which it has been performing for the last half century would result, in my judgment, in perpetuating an anachronism which results in no real benefit either to the people of Alaska or to the Federal Government. I therefore believe that certain of the provisions of title I of H. R. 610 should be amended in order to transfer to the Territory of Alaska responsibility for the administration of the Territory's mental-health program, including the hospitalization of the mentally ill. Such a transfer of responsibility would be consistent with the current pattern, under which the States and Territories, rather than the Federal Government, are responsible for the mentally ill. We cannot fail to recognize, however, that a transfer of such responsibility would place upon the Territorial government a very sizable financial burden. In order, therefore, to assist the Territory in assuming responsibility for the hospitalization and care of the mentally ill, I believe that the legislation should provide three kinds of Federal assistance:

First, I believe that the bill should authorize Federal financial aid to the Territory in the form of special annual grants, such grants to be administered by the Public Health Service of the Department of Health, Education, and Welfare. I am inclined to believe that such annual grants might extend over a period of 10 years, with the amount beginning with \$1 million for each of the first 2 years and decreasing at the rate of \$200,000 every second year, until terminated at the end of 10 years. While at the outset the amount would exceed by approximately \$100,000 the annual current appropriations for the hospitalization and transportation of committed patients from Alaska, this amount would enable the Territory to establish a comprehensive mental health program (preventive, outpatient, etc.), which in the long run should reduce the number of committed patients. This grant should, I believe, be in addition to such grants-in-aid as may be otherwise available to the Territory of Alaska under other laws for the development of a mental health program.

Secondly, I believe that appropriations should be authorized over a 10-year period to enable the Surgeon General to make special construction grants to the Territory for the construction of facilities for the care and treatment of the mentally ill. This grant should be of such size as to enable the Territory to construct facilities for the inpatient and outpatient care of acute psychiatric patients, facilities for the hospitalization of chronically ill mental patients, and facilities for the care of retarded children and senile patients. I am inclined to believe that a grant in the neighborhood of \$6½ million would be appropriate for this purpose. If H. R. 610 were amended to include such an authorization for special construction grants, the problem to which H. R. 3991 is directed would no longer exist. H. R. 3991 would authorize and direct the Secretary of Health, Education, and Welfare to construct, equip, and maintain "a hospital and other apartment buildings" for the care and treatment of Alaska's mentally ill. Instead of a single, large hospital, the Territory would, in my judgment be better able to care for and treat the mentally ill and the other groups above mentioned if it had available several smaller facilities for specialized purposes, such as those referred to above. Our proposed amendments will provide a grant for the construction of facilities for such specialized purposes. Because the Territory may not, for some period, be in a position to hospitalize all of its patients within the Territory, authority should also be granted to the Territory to enter into negotiated contracts and to make other suitable arrangements with hospitals or sanitariums for the care and treatment of mentally ill patients.

Thirdly, I believe the legislation should provide authority for the Territory to select 500,000 acres of vacant, unappropriated, and unreserved public lands of the United States in Alaska, such selections to include mineral deposits. The revenues obtained from this land grant should materially assist the Territory in assuming full financial responsibility for the care and treatment of the mentally ill. The selection should, I believe, be required to be made within 10 years from the effective date of the proposed bill.

Certain provisions of title III of H. R. 610 should also, I believe, be modified. In addition to a specific repeal of all of the laws contained in section 35 of H. R. 610, there should also be a specific grant of authority to the Territorial legislature

to enact its own laws for the commitment and hospitalization of the mentally ill. I believe that it would also be appropriate to provide an effective date of 180 days from the date of enactment of the bill in order to allow the Territory an adequate period of time to assume the administrative and financial responsibilities transferred to it by the legislation.

This Department will very shortly submit to you proposed amendments to H. R. 610 to carry out the views outlined above. I hope this interim report may, however, be of assistance to you in indicating the current thinking of this Department on this subject.

I am authorized to state that the Department of Health, Education, and Welfare concurs with the views set forth in this letter.

The Bureau of the Budget has advised that in view of the special problems involved in meeting the mental health needs of Alaska and subject to agreement on the details of the program, there is no objection to the submission of this report.

Sincerely yours,

ORRIN LEWIS,
Secretary of the Interior.

UNITED STATES DEPARTMENT OF THE INTERIOR,

OFFICE OF THE SECRETARY,

Washington 25, D. C., May 17, 1955.

Hon. CLAIR ENGLE,

Chairman, Committee on Interior and Insular Affairs,

House of Representatives, Washington 25, D. C.

My DEAR Mr. ENGLE: This will supplement our letter to you of April 1, 1955, concerning H. R. 610, a bill to provide for the hospitalization and care of the mentally ill of Alaska, and for other purposes, and H. R. 3991, a bill providing for the location, establishment, construction, equipment, and operation of a hospital for the mentally ill of Alaska.

In our letter of April 1, we indicated that this Department, in cooperation with the other interested departments and agencies of the Government, was preparing amendments to the bills referred to above. Because those amendments are rather extensive, we have concluded that they may more appropriately be presented to you in the form of a bill to be substituted in lieu of H. R. 610 and H. R. 3991. A copy of our proposed bill, to provide for the hospitalization and care of the mentally ill of Alaska, and for other purposes, is attached, together with an explanation of its principal provisions.

The attached proposed bill follows closely the pattern set forth in our interim report of April 1. As section 2 of the proposed bill indicates, the principal purpose of the legislation is to transfer basic responsibility and authority for the hospitalization, care, and treatment of the mentally ill of Alaska from the Federal Government to the Territory. In that connection, section 3 of the bill would specifically authorize the Territory to appropriate its own funds for the administration of its responsibilities under the bill, and to enact such laws as it deems appropriate with regard to the hospitalization, care, and treatment of the mentally ill of the Territory.

Title I of the proposed bill, which is similar to title II of H. R. 610, provides modern procedures for the hospitalization, care, and treatment of Alaska's mentally ill. For the most part, the provisions of title I are similar to the provisions of the Draft Act Governing the Hospitalization of the Mentally Ill, which was prepared by the Public Health Service. Certain departures have been made from the provisions of the draft act and from title II of H. R. 610, the principal ones of which are described in the attached explanation of the proposed bill.

Title II provides three kinds of grants to the Territory to enable it gradually to assume the full operating costs of the program and to assist it in placing the program on a firm, long-term basis. Under section 201 of the proposed bill, the Surgeon General of the Public Health Service would be authorized to make special annual grants over a period of 10 years to the Territory for the development of a mental-health program. For the first 2 fiscal years, the grants would total \$1 million annually, and they would decrease at the rate of \$200,000 every second year until terminated at the end of the 10 years.

Section 201 would also authorize the appropriation over a 10-year period of a total of \$6,500,000 to enable the Surgeon General to make certain construction grants to the Territory for the construction of facilities for the care and treatment of the mentally ill. The problem to which H. R. 3991 is directed would, thus, be taken fully into account by the second portion of section 201 of the proposed bill.

Section 202 of title II would authorize the Territory to select 500,000 acres of vacant, unappropriated, and unreserved public lands of the United States in Alaska. The Territory would be required to make selections within a period of 5 years from the effective date of the proposed bill. In our letter of April 1, we suggested that the selections should be made within 10 years from the effective date, but upon further consideration, we have concluded that a 5-year period would be more desirable. It seems likely that within 5 years the Territory will require for the administration of the mental health program revenues which will accrue to it from the land grant, and for that reason we believe that the selections should be concluded by the earlier date. In this particular alone the attached proposed bill differs from the legislation described in our letter to you of April 1.

Title III contains certain provisions relating to the repeal of existing laws, the disposition to be made of the current contract for the care of the mentally ill of Alaska, the transfer of appropriations, and the effective date of the legislation.

I am authorized to state that the Department of Health, Education, and Welfare concurs with the views set forth in this letter.

The Bureau of the Budget has advised that there is no objection to the submission of this report and the substitute bill and that the proposed substitute bill would be in accord with the program of the President.

Sincerely yours

FRED G. AANDHEIL,
Assistant Secretary of the Interior.

EXPLANATION OF PROPOSED BILL

Sections 1 through 3 contain, respectively, the short title and table of contents, a statement of the purpose of the legislation, and a section devoted to the powers of the Territorial government. Section 3 would expressly remove the current bar to the enactment by the Territorial government of laws relating to the commitment of the mentally ill.

TITLE I—HOSPITALIZATION OF THE MENTALLY ILL

Title I revises and rearranges provisions found in titles I and II of H. R. 610 so as to constitute, with certain additional provisions, a complete statute for the hospitalization of the mentally ill of Alaska to be administered by the Territorial authorities. Responsibility for carrying out the program is vested in the Governor, with authority to delegate any duties and powers vested in him by this title to any officer or agency of the Territorial government (sec. 102 (h)).

Authority to make contracts with hospitals outside Alaska for the care of the mentally ill is continued. However, the Governor is authorized (sec. 102 (b)) to provide for such care in facilities of the Territory itself, at facilities of the Public Health Service in Alaska, or pursuant to contractual arrangements in other hospitals in Alaska. Contracts for hospital care may be entered into on the basis of negotiation, and contracts for care outside the Territory must incorporate safeguards consistent with those governing patient care in Alaska.

The procedures governing hospitalization of the mentally ill were derived in large part from the Draft Act for the Hospitalization of the Mentally Ill which had been prepared by the former Federal Security Agency. In keeping with modern emphasis on facilitating access to needed medical care, title I continues to authorize admissions to qualified hospitals either on the patient's voluntary application or on the basis of application by others supported by medical certification (sec. 103). It makes clear, however, that such admissions do not authorize compulsory detention of patients and there is preserved, even to the patient who is certified as dangerous and hospitalized under emergency procedures (sec. 104), the right to a discharge, on his own request or that of others acting in his behalf, unless judicial proceedings are promptly instituted (sec. 106). In addition to the right of discharge, and the availability of habeas corpus (sec. 111) to protect the right, a right of petition for a judicial determination of his mental condition is also provided and may be invoked either by the patient or by others (sec. 107).

The provisions for emergency hospitalization are found in section 104, and provisions relating to temporary detention under special circumstances are brought together in section 110.

Provisions relating to hospitalization upon court order (sec. 108) are substantially unchanged except that, in view of the shortage of physicians in Alaska qualified to serve as designated examiners, a single examiner may be authorized to make the medical examination. Responsibility is placed in the Governor for

carrying out the orders of the United States commissioner for hospitalization of the patient. The appeal section (112) has been changed to permit the ordering of a stay in carrying out the decision or order of the commissioner for compulsory hospitalization.

The head of the hospital is made responsible for the protection of patients' rights and interests in a number of aspects, including examination of newly admitted patients (sec. 105); informing patients of their rights (sec. 106 (b)); humane care and treatment (sec. 115); restrictions on mechanical restraints (sec. 116); communication, visitation, and exercise of civil rights (sec. 117); frequent review of the patient's condition (and discharge when grounds for hospitalization no longer exist) (sec. 123). Provision must be made for personal needs for the patient upon discharge (sec. 124) and the confidentiality of clinical information is safeguarded (sec. 126). In the case of patients hospitalized pursuant to contract in an institution outside Alaska, all rights, remedies, and protective safeguards provided by the law of the State in which the hospital is located are preserved (sec. 121). The provisions relating to release on convalescent status (secs. 121 and 122) have been revised, in view of conditions in Alaska, to permit placing patients on a convalescent status and returning them to their communities even when a program of continued supervision and followup treatment may not be practicable. Authority to order the return of patients to the hospital is limited to patients who had been judicially committed to the hospital.

Responsibilities which are now in the Secretary of the Interior but which under the act will be exercised by the Governor include those relating to enforcement of the liability of relatives for expense of hospitalization of patients (sec. 127), the disposition of unclaimed patient funds (sec. 125), and arrangements for the transfer of nonresident patients from Alaska to the State of residence and the return of Alaska residents to the Territory (sec. 119).

Provision is also included (sec. 109) for committing to Federal agencies those persons eligible for care in Federal establishments. These provisions follow the pattern of the Uniform Veterans Guardianship Act that has been adopted in many States.

TITLE II—GRANTS

Title II provides three forms of grants to the Territory: (1) Grants to enable it to carry on a comprehensive mental health program, including inpatient and outpatient care of the mentally ill; (2) grants to provide for the construction in Alaska of facilities needed for the carrying out of such a program; and (3) a grant of 500,000 acres of public land. The first two of these grants, contained in section 201, are to be administered by the Public Health Service.

In order that these provisions may be administered within the general framework and powers of the Public Health Service, these provisions are cast in the form of an amendment adding a new part to title III of the Public Health Service Act.

Under the proposed new section 371 of the Public Health Service Act, appropriations for a 10-year period beginning with the fiscal year 1957 and ending with the fiscal year 1966 would be authorized on a descending scale. For each year in the first biennium the authorized appropriation would be \$1 million, and amount approximately \$100,000 in excess of the present cost to the Federal Government of the care of committed patients hospitalized under the existing contract, including cost of transportation of patients to the contract hospital. The authorized appropriations would be decreased by \$200,000 for each year in the 4 ensuing biennial periods.

The provisions for the administration of this grant program follow generally the pattern of grants to the States under the Public Health Service Act. The amounts appropriated would be available to enable the Territory to carry out plans, submitted by the Governor and approved by the Surgeon General for an integrated mental health program, including the outpatient and inpatient care and treatment of the mentally ill, a term which includes individuals who are mentally defective or mentally retarded.

The Surgeon General would be required to make payments in amounts requested by the Territory, but not to exceed the estimated requirements under the plan for each quarter or for such shorter period as the Surgeon General might find necessary. Included in the estimates would be contractual obligations for the hospitalization of the mentally ill. Provision is made for adjustments in the amount of the quarterly payments to correct defects in prior estimates and for the withholding of payments, after opportunity for hearing, in the event of failure of the Territory to carry out the approved plan.

The Surgeon General is authorized to enter into arrangements with the Territorial government, on a reimbursement basis, to provide hospital care for mental patients in hospitals of the Service in Alaska when suitable facilities are available.

The proposed new section 372 of the Public Health Service Act would authorize, for the 10-year period ending June 30, 1966, appropriations in the total amount of \$6,500,000, to remain available until expended, to enable the Surgeon General to make payments to the Territory for the cost of construction of hospital and other facilities in Alaska needed for carrying out a comprehensive program for the mentally ill. Again, the term is defined so as to include persons who are mentally retarded or defective.

Construction projects would be scheduled in accordance with a comprehensive program developed by the Territory in consultation with the Public Health Service and approved by the Surgeon General. Plans and specifications for each project would likewise be subject to approval by the Surgeon General.

Payments would be made to the Territory upon certification by the Territory, based on inspections by it, that work had been performed on a project, or purchases made, in accordance with approved plans and specifications, and that payment of an installment is due. The Surgeon General is given authority to inspect projects at any time, and if inspection indicates that the project is not being constructed in accordance with approved plans and specifications, he may, after affording opportunity for a hearing, withhold payments until corrective measures are taken. The definition of "cost of construction" is modeled on that in the Hospital Survey and Construction Act but includes also the cost of land acquired specifically for the purpose of the project. Following again the pattern of the Hospital Survey and Construction Act, a provision for recovery within 20 years from completion of the project is provided. If the project ceases to be a publicly owned facility for the care of the mentally ill, the United States will be entitled to recover the then value of the hospital or other facility reduced, however, proportionately to the extent that the Territory may have contributed to the construction costs.

Section 202 provides authority for the Territory to select 500,000 acres from the public lands of the United States in Alaska which are vacant, unappropriated, and unreserved at the time of their selection. The Territory would not be authorized, for example, to select lands contained in the national forests, nor could it select lands currently under lease or permit. The Secretary of the Interior would be required to issue patents to the lands selected by the Territory and before doing so, would be required to survey the lands in question. In making surveys of the lands selected, the Interior Department may wish to depart from the system of rectangular surveys and to survey instead only the exterior boundaries of the lands. Authority to do so is contained in existing law (43 U. S. C., sec. 770). The Territory would be required to select the lands within 5 years from the effective date of the act, to make selections in conformity with such regulations as the Secretary of the Interior may prescribe, and to make selections in reasonably compact tracts. Grants made to the Territory under section 202 would include mineral deposits. The Territory would be authorized specifically to lease or make conditional sales prior to the issuance of a final patent by the Secretary, in order that the Territory's disposition of the land would not be required to be deferred until surveys are completed. The income and proceeds received by the Territory from any dispositions of the lands granted to it would not be earmarked for purposes of the mental health program. In view of the impossibility at this time of predicting the cost of the mental-health program, it seems unwise to require the Territory to use income and proceeds from this source solely for that purpose. It is possible that revenues resulting from the land grant will exceed substantially the cost of the program, in which case the Territory ought to be free to use such revenues for other purposes. It is also possible, however, that the land grant may be insufficient to sustain the Territory's financial responsibility under the program and if that is so, the Territory should not be deterred from using funds from other sources to sustain it.

TITLE III—MISCELLANEOUS PROVISIONS

Section 301 provides for the repeal of all existing Federal laws pertaining to the mentally ill of Alaska. A proviso has been added to subsection (a) of section 301 in order that moneys and personal property of patients who have died or eloped prior to the effective date of the act may be disposed of and the proceeds covered into the Federal Treasury, in the manner required by existing law.

Section 302 provides, first, for either the assignment or the termination of the current contract with Morningstar Hospital in Portland, Oreg. The existing

contract, executed on June 18, 1953, provides that the Secretary may terminate the contract upon 6 months' notice. It also authorizes the assignment of the Secretary's rights and duties to the Territory of Alaska. Under section 302, the Secretary would be authorized to take either action, with the concurrence of the Governor. Subsection (b) provides for the transfer to the Governor of the unexpended balances of appropriations available to the Department of the Interior for the case of the Alaska insane. Thus the Territory, for the remainder of the fiscal year during which the act becomes effective, would have available for the administration of the act the money already appropriated to the Interior Department for the care of the Alaska insane. In subsequent fiscal years, the funds provided for in section 201 would become available. Subsection (c) provides that the Justice Department shall continue through the end of the fiscal year in which the act becomes effective to pay the transportation expenses of all patients hospitalized outside of Alaska pursuant to the judicial procedure. The Department of Justice now pays the transportation costs to Morningside of all patients committed in Alaska, and it seems appropriate for the Justice Department to continue to perform this function with respect to patients hospitalized pursuant to the judicial procedure for the remainder of the fiscal year.

Section 303 contains a separability clause, and section 304 specifies that the statute will become effective on the 210th day following its enactment. The period of 210 days was selected for the effective date in order to allow, first, a 30-day period for the Secretary of the Interior and the Governor of Alaska to determine the disposition to be made of the current contract; and, secondly, if the alternative of termination is selected, to allow the termination to become effective on the same date as the new legislation becomes effective.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
Washington, March 7, 1955.

Hon. CLAIR ENGLE,
Chairman, Committee on Interior and Insular Affairs,
House of Representatives.

DEAR MR. CHAIRMAN: This is in response to your letter of January 18, 1955, requesting an expression of our views on H. R. 610, a bill to provide for the hospitalization and care of the mentally ill of Alaska, and for other purposes, and your letter of March 2, 1955, inquiring as to the status of our report on the bill and requesting us to expedite its submission to your committee.

We regret that we are not yet in a position to report fully on all aspects of this important bill. We are giving priority to the preparation of this report but the importance of the policy questions raised by the bill and the necessity for consultation with other departments have combined to make the preparation of a considered report a time-consuming task.

The bill would establish modernized procedures for the nonjudicial hospitalization, as well as for hospitalization pursuant to judicial commitment of the mentally ill of Alaska. In this respect, the provisions of the bill reflect most of the improvements which your committee had included in H. R. 8009, 83d Congress, and which had been worked out by the Department of the Interior in collaboration with this Department.

As stated in our report of April 30, 1954, on H. R. 8009, the Department is "in wholehearted accord with the objective of the bill to institute in Alaska modern and enlightened procedures for the hospitalization and commitment of the mentally ill."

Apart from the substantive merits of the modernized procedures contained in the bill, the bill raises basic questions of policy in the fields of Federal-Territorial relations and of organization of the executive branch.

The Territorial legislature now has power to enact modern procedures for the hospitalization of the mentally ill, with the important exception that the archaic territory is prohibited by the organic act from modifying or repealing the commitment procedures enacted in 1905 (48 U. S. C. 47). The present bill, like H. R. 8009, would repeal the existing commitment statute as well as other acts of Congress on the subject of the hospitalization of the mentally ill of Alaska. However, unlike H. R. 8009, the present bill would not confer authority on the Territorial legislature to supersede by its own legislation the hospitalization procedures now proposed for congressional enactment. It is doubtful that in the absence of such authorization the Territorial legislature would have such power, thus, since the bill is not limited to hospitalization pursuant to commitment, the bill may narrow existing Territorial powers in this field.

This raises the question of whether, even if the Federal Government retains administrative and fiscal control over hospitalization of the mentally ill of Alaska, the Territorial legislature should not be given plenary power for the future to regulate the judicial commitment, as well as nonjudicial hospitalization, of the mentally ill of the Territory. It should be noted in this connection that the procedures of the bill are not necessarily limited to persons who will be cared for at the cost of the Federal Government.

2. Another basic question is whether there should be a total or partial transfer of administrative responsibility for the care and treatment of hospitalized mentally ill persons from the Federal to the Territorial Government, and for gradual assumption of the cost of such care and treatment by the Territory. H. R. 8009, as passed by the House, while still retaining ultimate Federal responsibility for the program, provided for administration by the Governor, subject to the general supervision of the Secretary of the Interior. It also envisioned gradual assumption of substantial financial responsibility for the amount appropriated establishing a ceiling on Federal appropriations equal to the amount appropriated for the fiscal year 1954 and by authorizing the Territory to supplement such appropriations from its own resources. The Senate Committee on Interior and Insular Affairs reported the bill with amendments which would have continued full Federal administrative and fiscal responsibility for those committed mental patients who are in the hospital on the effective date of the bill, but would have transferred responsibility for future patients to the Territory, at the same time making a grant of 200,000 acres to the Territory for this purpose. The Parson Committee, in its survey report on Alaska health, recommended that the Federal Government either provide a land grant as a source of revenue or authorize a special appropriation (presumably for grants-in-aid to the Territory) on a descending scale over a period of years. The present bill (H. R. 610) would continue to vest all administrative and fiscal responsibility in the Federal Government instead of providing the broad delegation of such responsibility to the Governor envisioned by H. R. 8009 as passed by the House. (The only exceptions seem to be the provisions in H. R. 610 (p. 25) for reciprocal agreements between the Governor and the States.)

3. Finally, the bill presents the question whether, if Federal administration of the program is to continue, it would be desirable to transfer such responsibility to this Department in view of its special competence in the field of mental health, notwithstanding the general responsibilities and functions of the Secretary of the Interior in relation to the Territories.

Every one of the questions enumerated, while of concern to this Department, at the same time involves the Department of the Interior and, to an important extent, the Executive Office of the President. You will, therefore, appreciate that we are not in a position to submit recommendations on these issues until full coordination concerning them has been had within the executive branch. We are proceeding with all possible dispatch in the resolution of these problems and hope to be able shortly to submit a complete report to your committee.

The Bureau of the Budget advises that it perceives no objection to the submission of this interim report to your committee.

PARKER M. BANTA,
General Counsel.

CHANGES IN EXISTING LAW

In compliance with clause 3 of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, existing law in which no change is proposed is shown in roman):

ACT OF AUGUST 14, 1912 (37 STAT. 309), AS AMENDED

Part H—GRANTS TO ALASKA FOR MENTAL HEALTH

GRANTS FOR ALASKA MENTAL HEALTH PROGRAM

SEC. 571. (a) There are hereby authorized to be appropriated the following sums to be available to the Surgeon General of the Public Health Service for the purpose of making grants to the Territory of Alaska to assist it to carry out plans, submitted by the Governor of the Territory or his designee and approved by the Surgeon General,

for an integrated mental health program for the Territory, including the outpatient and inpatient care and treatment of the mentally ill as defined in title I of the Alaska Mental Health Act. For each of the fiscal years ending June 30, 1957, and June 30, 1958, the sum of \$1,000,000; for each of the fiscal years ending June 30, 1959, and June 30, 1960, the sum of \$800,000; for each of the fiscal years ending June 30, 1961, and June 30, 1962, the sum of \$600,000; for each of the fiscal years ending June 30, 1963, and June 30, 1964, the sum of \$400,000; and for each of the years ending June 30, 1965, and June 30, 1966, the sum of \$300,000.

(b) The Surgeon General shall, prior to the beginning of each calendar quarter or such shorter period as the Surgeon General may find necessary, estimate the cost of carrying out the approved plan, on the basis of estimates furnished by the Territory, including estimates of the amount of contractual obligations for the hospitalization of the mentally ill, and on the basis of such further investigations as he may find necessary. From the amounts appropriated for any fiscal year the Surgeon General shall pay to the Territory the amount requested by it but not to exceed the amount so estimated by the Surgeon General for each such period, reduced or increased, as the case may be, by any sum (not previously adjusted under this section) by which he finds that the amount paid for any prior period was greater or less than the amount which should have been paid. The amount of any balance of payments made to the Territory under this section and remaining unobligated on July 1, 1966, shall be repaid to the Treasury of the United States.

(c) Whenever the Surgeon General finds, after affording opportunity for hearing, that the Territory has failed to comply substantially with any provisions of the approved plan, he shall notify the Governor that no further payments will be made under this section (or that further payments will not be made for parts of the plan affected by such failure) until he is satisfied that there will no longer be any such failure.

(d) The Surgeon General is authorized to enter into arrangements with the Territorial government to provide for the care and treatment, in hospitals operated by the Service, of patients requiring hospitalization on account of mental illness. Such arrangements shall be subject to the availability of suitable facilities herefor and shall provide for charges to be sufficient to cover the full cost of such care and treatment.

(e) The Territorial government in amounts determined by the Surgeon General which shall be sufficient to cover the full cost of such care and treatment, payment by the Territory the amount of such charges shall be credited to the appropriation under which such costs were incurred. Provided, That, during the period of grants under this section, payment may be effected by deductions from the amount of such grants otherwise payable to the Territory, with such deductions to be credited to the appropriation from which such costs were incurred.

(f) The Governor of Alaska is hereby authorized, until April 1, 1957, and without further authorization from the Territorial legislature, to expend such funds as may be made available to the Territory of Alaska pursuant to this section.

PAYMENTS FOR CONSTRUCTION OF HOSPITAL FACILITIES

Sec. 372. (a) There is hereby authorized to be appropriated an amount not exceeding the total sum of \$6,500,000, to remain available until expended, to enable the Surgeon General to make payments to the Territory of Alaska, as the total contribution of the Federal Government to be used in the construction of hospital and other facilities in Alaska needed for the carrying out of a comprehensive program for the mentally ill as defined in title I of the Alaska Mental Health Act.

(b) Such facilities shall be scheduled for construction in accordance with a comprehensive construction program, developed for the Territory in consultation with the Public Health Service and approved by the Surgeon General. Projects shall be constructed in accordance with such approved program and in accordance with plans and specifications for the project approved by the Surgeon General.

(c) Upon certification by the Territory, based upon inspection by it, that work has been performed upon a project, or purchases have been made in accordance with approved plans and specifications, and that payment of an installment is due, the Surgeon General shall certify such installment for payment. Provided, however, That the Surgeon General may cause the project to be inspected at any time, and if such inspection indicates that the project is not being constructed in accordance with approved plans and specifications, he may, after notice and affording opportunity for hearing, withhold further payment until he finds that adequate corrective measures have been taken.

(d) The term "construction" means the amount found necessary by the Surgeon General for the construction of a project and includes the construction and initial equipment of buildings (including medical transportation facilities), arches, and engineering fees, the cost of land acquired specifically for the purpose of the project, and on-site improvements.

(e) If, within twenty years from the date of completion of construction, any hospital or other medical facility constructed with the aid of grants under this section shall cease to be a publicly owned facility operated for the care of the mentally ill, the United States shall be entitled to recover from the Territory the then value of the hospital or other medical facility reduced, however, proportionately to the extent to which the Territory may have contributed to the cost of construction thereof.

SECTION 8 OF THE ACT OF JANUARY 27, 1905 (33 STAT. 619; 48 U. S. C., 1946 EDITION, Sec. 47)

Commissioners appointed by the judges of the district court in Alaska, pursuant to law shall, as ex officio probate judges and in the exercise of their probate jurisdiction, have the power, and it shall be their duty, in their respective districts, to commit, by warrant under their hands and seals, all persons adjudged insane in their districts to the asylum or sanitarium provided for the care and keeping of the insane of the Territory of Alaska. No person shall be adjudged insane or committed as such except upon and pursuant to the following proceedings, or committed as such except in writing is made by any adult person to a commissioner that there is an insane person at large in the commissioner's district, and to be brought before him, and he shall then immediately summon and impanel a jury of six male adults, residents of the district, to inquire, try, and determine whether the person so complained of is really insane. The members of said jury shall, before entering upon the discharge of their duty, each take an oath to diligently inquire, justly try, and a true verdict render, touching the mental condition of the person charged with being insane. Before entering upon such trial the commissioner shall appoint some suitable person to appear for and represent in the proceeding the person complained of as insane. And in case there is a physician or surgeon in the vicinity who can be procured, the commissioner shall cause such surgeon or physician to examine the person alleged to be insane, and after such examination to testify under oath before the jury in respect to the mental condition of said person. The commissioner shall preside at said hearing and trial. All witnesses that may be offered shall be heard and shall be permitted to testify under oath in said matter, and after having heard all the evidence the said jury shall retire in said matter, and if they are unanimous, by their verdict in writing, find that the said person and if the jury unanimously, by their verdict in writing, find that the said person is charged with being insane as aforesaid is really and truly insane and that he is so charged to be committed to the asylum or sanitarium aforesaid, and the commissioner approves such finding, he shall enter a judgment adjudging the said person to be insane and adjudging that he be at once conveyed to and thereafter properly and safely kept in the said asylum or sanitarium until duly discharged therefrom by law. The commissioner shall thereupon, under his hand and seal, issue his warrant, with a copy of said judgment attached, for the commitment of said insane person to the marshal of the division in which said proceedings are had, and delivered to the marshal to safely keep and deliver said insane person to said asylum or sanitarium, and the said marshal, for the service of process in connection with and the guarding and in the same manner as in the case of compensated from the crime. The commissioner, the juryman, and the witnesses prisoners convicted of crime. The commissioner, the juryman, and the witnesses in said proceeding shall be entitled to the same compensation and mileage as in civil actions. And all the compensation, mileage, fees, and all other expenses and outlays incident to said proceedings shall be audited and allowed by the district judge of the division in which said proceedings are pending and had, and when so audited, and allowed shall be paid by the clerk of the court in such division as the incidental expenses of the court are by him paid and from the same fund.]

SECTION 7 OF THE ACT OF FEBRUARY 6, 1909 (35 STAT. 601; 48 U. S. C., 1945 EDITION, SEC. 46)

That the Secretary of the Interior shall hereafter, as in his judgment may be deemed advisable, advertise for and receive bids for the care and custody of persons legally adjudged insane in the district of Alaska, and in behalf of the United States shall contract, for one or more years, as he may deem best, with a responsible asylum or sanitarium west of the main range of the Rocky Mountains submitting the lowest and best responsible bid for the care and custody of persons legally adjudged insane in said district of Alaska, the cost of advertising for bids, executing the contract, and caring for the insane to be paid from appropriations made for such service upon estimates to be submitted to Congress annually. So much of the Act approved January twenty-seventh, nineteen hundred and five, entitled "An Act to provide for the construction and maintenance of roads, establishment and maintenance of schools, and care and support of insane persons in the district of Alaska, and for other purposes," as provides that five per centum of the license moneys collected outside of incorporated towns in the district of Alaska shall be devoted to the care and maintenance of such insane persons is hereby repealed, and such five per centum, or so much thereof as may be necessary, shall hereafter be applied to and used for the establishment and maintenance of public schools in said district, under the supervision of the governor.]

ACT OF JUNE 25, 1910 (36 STAT. 852; 48 U. S. C., 1946 EDITION, SEC. 46a)

There is established at Fairbanks, in the Territory of Alaska, and at Nome, in the Territory of Alaska, respectively, a detention hospital for the temporary care and detention of the insane, wherein all insane and other patients in charge of the United States marshal shall be detained until transported to the asylum provided by law for their permanent care and cure, or otherwise disposed of as provided by the laws of the United States.]

ACT OF APRIL 24, 1926 (44 STAT. 322, 48 U. S. C., 1946 EDITION, SECS. 50 AND 50A)

(Sec. 50.) [All articles of personal property belonging to a patient, who has died prior to his parole or discharge from a mental institution or has eloped therefrom, and remaining in the custody of the superintendent or other proper officer of such institution, shall, if unclaimed by such patient, or his legal heirs or representatives, within the period of five years after the decease of such patient or the date of leaving the institution, be disposed of in such manner as the Secretary may prescribe, and any proceeds resulting therefrom shall be covered into the Treasury by the Secretary. Any moneys remaining to the credit of such patient, if unclaimed by his legal heirs or representatives of such patient within the period of five years after the decease of such patient or the date of the leaving of such institution, shall be covered into the Treasury by the Secretary.]

(Sec. 50a.) [The Secretary shall cause diligent inquiry to be made, in every instance after death or elopement of any patient, to ascertain his whereabouts or that of his legal heirs or representatives and shall turn over to the proper party or parties any moneys or articles of personal property in the custody of the superintendent of the institution to the credit of such person. Claims to such moneys or articles of personal property may be presented to the Secretary at any time. In the event a claim is established by competent proof more than five years after the death or elopement of a patient, it shall be certified to Congress for consideration.]

ACT OF OCTOBER 14, 1942 (56 STAT. 782; 48 U. S. C., 1946 EDITION, SECS. 46, 46c, 47a, 47b, 47c, 48, 48a, 50, 50a)

(Sec. 46.) [The Secretary in behalf of the United States is authorized to contract, for one or more years, with a responsible asylum, sanitarium, or hospital west of the main range of the Rocky Mountains submitting the lowest responsible bid for the care, treatment, and custody of patients. The cost of advertising for bids, executing the contract, and caring for the insane shall be paid from appropriations to be made for such service upon estimates to be submitted to Congress annually.]

(Sec. 46c.) [When used in this section and sections 46, 47a-47c, 48a, 49a, 50, and 50a of this title unless otherwise expressly stated or unless the context or subject matter requires—

(a) "Secretary" means Secretary of the Interior;

(b) "Alaska" means the Territory of Alaska;

(c) "Mental institution" means any asylum, sanitarium, or hospital under contract with the Department of the Interior or otherwise authorized by law to have the care, treatment, or custody of patients;

(d) "Resident" means a person who has his legal residence in Alaska;

(e) "Patient" means a resident of or person in Alaska who has been legally adjudged insane and committed to a mental institution.

(f) "Medical officer" means the Federal medical officer supervising the psychiatric care and treatment of patients at any medical institution.]

(Sec. 47a.) [The superintendent or other proper officer of any mental institution shall, upon admission of a patient to such institution, be entitled to the temporary and immediate custody of the moneys and personal property on the person of the patient and shall keep a proper account thereof. Such moneys may be used from time to time for the benefit of a patient if the patient so requests. Upon parole or discharge of any patient from such institution, all moneys and personal property remaining to the credit of the patient shall be returned to him or his legal representatives.]

(Sec. 47b.) [The superintendent of any mental institution shall discharge any patient, except one held on order of a court or judge having criminal jurisdiction in any action or proceeding arising out of a criminal offense, as follows:

(1) Upon the written certification by the medical officer that such patient is considered to be recovered.

(2) Upon the written certification by the medical officer that such patient, while not recovered, is considered in remission and is not deemed dangerous to himself or others and is able to support himself.

(3) Upon the return of such patient, if a nonresident of Alaska, to his legal residence or upon transfer of such patient to a United States Veterans' Bureau facility.]

(4) Upon order by a court or judge having jurisdiction.

(5) After the continuous absence on leave of such patient from such mental institution for more than twelve months unless, in the judgment of the medical officer, such discharge would not be in the best interests of the public and the patient.

(b) The superintendent of any mental institution may permit absence on leave to any patient, who is not recovered, under conditions that are satisfactory to the medical officer and when, in the judgment of the medical officer, absence on leave will not be detrimental to the public welfare and will be of benefit to such patient. Provided, That the superintendent shall satisfy himself by sufficient proof, that such patient is able to support himself or that the friends or relatives of such patient are willing and financially able to receive and care for such patient. And provided further, That the order committing such patient to such institution shall continue in force and effect until he is discharged as herein provided. A mental institution shall not be liable for the expense or support of a patient while he is on leave of absence. The superintendent of a mental institution from which a patient is absent on leave shall terminate the leave and authorize and direct the actual return of such patient to such institution when, in the judgment of the medical officer, the return of the patient to the institution would be in the best interest of the public and the patient. Any patient who is absent on leave or escapes from a mental institution to which he has been committed may, upon the direction of the superintendent of such institution, be returned thereby by a peace officer or any officer or employee of such institution.

(c) No patient shall be discharged or granted absence on leave from a mental institution without suitable clothing and the Secretary may furnish the same, and such amount of money, not exceeding \$25, as the medical officer may consider necessary. The Secretary may also furnish to any patient, who has been discharged or granted absence on leave, transportation to his legal residence or to such other place as the Secretary may deem appropriate. Provided, That the cost of such transportation shall not exceed the cost of transporting such patient to his legal residence.]

(Sec. 47c.) (a) The superintendent of any mental institution may place at board in a suitable family in a place in Alaska or elsewhere any patient who is considered by the medical officer to be a suitable person for boarding out. Such boarder shall be deemed to be a patient of the institution. The cost to the United States of the board of such patient shall not exceed the amount specified by the Secretary.

(b) The superintendent of the institution shall cause all patients placed at board by such institution in families at the expense of the United States to be inspected at suitable intervals by a representative of the institution.

[(c) The superintendent of the institution may at any time remove to another boarding place, or back to the institution whence the boarded-out patient came, any or all such patients in accordance with the judgment of the medical officer of what will be most beneficial to them. Not more than four patients shall be boarded out at the same time at any one home or family.]

(Sec. 48.) [The commitment papers of any person adjudged insane in Alaska shall include a statement by the committing authority as to the legal residence of such person. The Secretary shall, as soon as practicable, return to the State or county to which they have a legal residence all patients who are not residents of Alaska. For the purpose of facilitating the return of such persons, the Secretary may enter into a reciprocal agreement with any State or political subdivision thereof for prompt return under proper supervision of residents of such State or Alaska who have been legally adjudged insane. Residents of Alaska who have been legally adjudged insane outside of Alaska shall, with the approval of the Secretary, be transferred to a mental institution. All expenses incurred in returning to their legal residence patients who are nonresidents of Alaska may be paid from applicable appropriations for the care and custody of the insane of Alaska, but the expense of transferring residents of Alaska who have been legally adjudged insane outside of Alaska shall be borne by the State making the transfer.]

(Sec. 49a.) [It shall be the duty of a patient, or his legal representative, spouse, parents, adult children, in that sequence, to pay or contribute to the payment of the charges for the care or treatment of such patient in such manner and proportion as the Secretary may find to be within their ability to pay: *Provided*, That such charges shall in no case exceed the actual cost of such care and treatment. The order of the Secretary relating to the payment of charges by persons other than the patient, or his legal representative shall be prospective in effect and shall relate only to charges to be incurred subsequent to the order: *Provided, however*, That if any of the above-named persons willfully conceal their ability to pay, such persons shall be ordered to pay, to the extent of their ability, charges accruing during the period of such concealment. The Secretary may cause to be made such investigations as may be necessary to determine such ability to pay, including the requirement of sworn statements of income by such persons.]

(Secs. 50, 50a.) See above.

THE GOVERNOR'S
ARIZONA MENTAL HEALTH RESEARCH COMMITTEE

STATE CAPITOL
PHOENIX, ARIZONA

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March 11, 1956

ERNEST W. MCFARLAND
GOVERNOR

REC'D FILE RECD

Honorable Stewart Udall
House of Representatives
Washington, D. C.

Dear Stewart:

Enclosed are the copies of the material from the Alaska papers which was sent to me by Mr. James C. Parson of the Alaska Department of Health, Section of Mental Health.

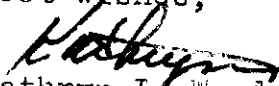
The Washington newspaper LABOR of February 18, 1956 carried a good article on this subject. It particularly points out the work that Mrs. Green of Oregon is doing.

Would like very much to have a copy of the -

HOUSE REPORT # 1399, 84th Congress 1st. Session

My thanks for sending the material from the Congressional Record.

Best wishes,


Kathryn L. Woodward
2535 E. Edison Street
Tucson, Arizona

Mental Health Debate

THE ALASKA MENTAL HEALTH bill is scheduled for debate in Congress Wednesday and Alaskans once more, are sending a barrage of telegrams to Congressmen asking for their support.

The bill would modernize procedures for handling mental patients from Alaska. It would replace the present law which requires that the patients be convicted in court of the crime of being insane before they are eligible for treatment.

It would abolish the practice of holding patients in jail like criminals. It would end the practice of escorting them to the states in custody of a U.S. marshal.

It would transfer to the territorial government the jurisdiction now held by the federal government.

The bill is so desirable that it has the support of every segment of the population in the territory. There is no opposition.

THE FLOOR DEBATE will either move the bill ahead on its road to enactment or kill it permanently.

One Congressman has announced his intention to kill it with amendments. His opposition appears to be a personal crusade. He has no political support from either party. But he is a man of power and prestige. His opposition is feared.

He has said he will seek to amend it by changing the formula for federal aid to the hospitalization program. At present the bill would extend federal assistance for 10 years during the transition period in which the territory would take over new responsibilities. It would authorize appropriations of \$6,500,000 for the construction of a hospital in Alaska. The opponent has said he will require that Alaska match every federal dollar going into the program.

This would be a crippling amendment. Ever since Alaska was purchased from Russia in 1867 the federal government has retained complete jurisdiction over mental patients. Congress appropriates \$750,000 annually to pay for hospitalization in a commercial institution at Portland.

The bill as written is fair. The federal government would assist the territory in building the facilities to take over the new responsibility. In return for the investment, the federal government would be released from the annual expenditures that are ever-lasting under the present law.

THE OPPONENT has announced also

that if his attempt to amend the bill fails he will seek to kill the bill by another method.

He has said he will seek to have it returned to the committee instead of passed. This is an effective way to kill it. Under such an action the House would simply refuse to consider it.

If that action is taken, Alaskans will be left helpless under the present law. The procedures for committing patients would remain unchanged. They have been termed barbarian by men of eminence in the field of mental science.

The commitment procedures are the most detestable part of the present law. They prompted the new legislation. All the other matter in the bill, including transfer of administrative responsibility to Alaska, and the federal financial assistance, were inserted from the Washington level.

THE FIGHT against the bill appears to be so unsound and without justification that Alaskans have looked elsewhere for the true explanation for it.

Behind the scenes is the commercial interest of the Portland institution. Alaskans have expressed widespread discontent with the Morningside Sanitarium. They would terminate the present contract if they had the power.

The owners of the sanitarium have resisted federal efforts to audit their accounts. They have testified that their contract for the care of patients from Alaska has netted a handsome profit. The Congressman who opposes the new legislation has taken a direct and active interest in perpetuating the present contract which benefits the institution.

THERE IS REASON for optimism that the new bill will pass and the unsavory conditions will be ended.

The House committee approved the measure after a complete hearing of all the arguments the opponent could show them. The Rules Committee has likewise approved it so the measure could come to the floor for debate Wednesday. If the opponent had proper grounds for his opposition, the bill would certainly have been stopped in one of the two committees.

The new law is so important to Alaskans that they are now sending telegrams to key Congressmen urging their support. This is the last hurdle before the matter goes to the Senate where opposition has appeared and final enactment is likely without delay.

Photocopy from the University of Arizona Library Special Collections

House Passage Of Alaska

Mental Health Bill Is Lauded

Say Alaska Mental Health Bill Violates Religious Freedom

WASHINGTON, (Special) — "Crackpots" from California and Arizona are attempting to block Alaska's mental health bill by charging in letters to the Senate transfer affairs committee that the bill is "an effort to destroy religious freedom" and would set up an "American Siberia."

Delegate E. L. "Bob" Bartlett took note of these attacks on the administration sponsored program in a letter to the department of health, education and welfare, stating the campaign to block Alaskan treatment for Alaska's mentally ill is "perhaps inspired."

In Anchorage, the latest attacks were described as "uninformed" by someone closely connected with the mental health problem.

Mrs. Richard Stryker, president of the Anchorage Mental Health Association, said, "the only thing which occurs to me is that these people are listening with their mouths open."

She added that one of the biggest problems barring the passage of the bill at this time are attacks "by crackpots whose protests are always more exciting and hair-raising."

Dr. Richard C. Murphy, district health officer, when first informed of the attacks by the Daily News, commented, "that's quaint" but pointed out there is nothing in the bill which would provide for beds for patients from the outside or interfere with religious freedom.

"The only purpose of the bill is to provide a local institution for Alaskans," he said.

Jim Parsons, psychologist for the U.S. public health service, said "whoever is attacking the bill is uninformed. I don't know where they get the idea of American Siberia. I don't know what it is."

...of the provision for a million acres of land, which is to be used for financing the mental health program.

...said the bill was drawn up on recommendations of experts and includes the best features of mental health programs all over the nation.

ANCHORAGE DAILY NEWS, FRIDAY, FEB. 3, 1956

Officials Express Gratitude, Cite Senate Hurdle Left

Passage of the Alaska Mental Health Bill yesterday in the House of Representatives brought great rejoicing among the many who have worked for it.

"Speaking in my official capacity, I am extremely grateful to everyone who took part in helping to get the bill passed," said Dr. Oscar Hubbard, head of the mental health section of the Alaska Department of Health. "Now there is only one hurdle left—the Senate."

"The provision for the million acres of land could be very important later on and will assist Alaska mental health for many years. Granting of funds will also make it possible to provide facilities in many places where patients can be temporarily kept instead of being thrown in jail," he declared.

"It will also make it possible to build a real mental health program in Alaska instead of the present stop-gap affair," Dr. Hubbard pointed out.

Members of the Mental Health Association, while jubilant over the passage of the bill through the House, are already laying plans for a Senate campaign.

Mrs. Rogene Stryker, president, said the association will contact Delegate Bartlett and Senate leaders to find out when the bill will come before that body.

"Although there has been little opposition so far in the Senate, we want to make sure the senators know what Alaskans want, so all the precious good work will not go for naught," she said.

Plans are also being formulated to set up territorial regulations so that when the bill is finally passed, a comprehensive mental health program will be "ready to go."

Photocopy from the University of Arizona Library Special Collections

Wednesday, January 18, 1956

Daylight Today 6 Hrs 38 Min.

Sunrise 8:51 a.m. Sunset 3:29 p.m.

Yesterday's Temperature

Maximum — 12 Minimum — -20

Anchorage

READ BY ALAS

FORTY-FIRST YEAR

PHONE 56201

ANCHORAGE, ALASKA, WI

MENTAL HEALTH

Daily Times

FORECAST

Cloudy tonight and Thursday. Low tonight, 0. High Thursday, 20.

ANS EVERYWHERE

WEDNESDAY, JANUARY 18, 1956

16 PAGES

PRICE 10 CENTS

BILL APPROVED

House Passes Alaska Issue On Voice Vote

Provides \$12,500,000
For Care, Treatment
Of Mentally Ill Here

WASHINGTON (AP) — The House today approved by voice vote a \$12,500,000 mental health program for Alaska.

It passed and sent to the Senate a bill authorizing the federal government to give the territory \$6,500,000 for construction of a mental hospital and other facilities, and \$6,000,000 over a 10-year period to provide an integrated

Defeated by voice vote was an amendment by Rep. Miller (R-Neb) to require the territory to match the federal funds for construction.

Miller claimed that states are required to match funds, but opponents argued that Alaska is not a state and could not possibly raise the money.

Since 1910 the Interior Department has contracted with the Morning-side Hospital at Portland, Ore., for the care and treatment of Alaska's mental patients, an average of 345 annually in recent years.

The legislation also would authorize Alaska to select within 10 years a million acres of vacant unreserved public lands and to use the income from the land for the care of mental patients.

Before the vote, an air of optimism prevailed among supporters of the bill.

Delegate Bartlett and Rep. Edith Green (D-Ore) predicted it would be passed, as the effects of telegrams from Alaska began to be felt.

Rep. Joe Martin (R-Mass) House GOP leader, reportedly passed the word to Republicans that he and the Eisenhower administration favored the bill.

Another high ranking GOP official had promised to try to lineup some Republicans who have criticized some features of the mental health measure.

Alaskans Wire Capital About

Urge Republicans To Overcome Miller's Threat

Alaskans today came to the support of the Alaska mental health bill with a deluge of telegrams to GOP leaders in the House as well as to other organizations Outside.

The bill is scheduled to come up on the floor of the House for a two-hour debate on Wednesday.

Threatening its passage is Rep. A. L. Miller (R-Neb) who has consistently fought against it.

Telegrams asking passage of the bill "as is" have been sent to Representatives Sam Rayburn (D-Tex), Joe Martin (R-Mass) and Charles Halleck (R-Ind) by interested groups and individuals.

Messages asking for support of the bill have been sent by Mrs. Mary Koeniger, president of the Alaska Medical Association Auxiliary; Dr. A. Claire Renn, president of the Anchorage Medical Society; Dr. C. E. Chenoweth, president of Providence Hospital Staff; Sister Mary of Nazareth, superior of Providence Hospital; the Young Republican Club, and the Anchorage Mental Health Association.

The AMA Auxiliary has also appealed for help to Mrs. Dorothy Chase, national chairman, and Dorothy Underwood, regional chairman of the mental health committee of the American Medical Association Auxiliary.

Telegrams have also been sent by the auxiliary to Governor Herter of Massachusetts and to J. Watson Flett, chairman of the board of selectmen and former Lt. Governor of Massachusetts.

Also sending telegrams were the Doctors' Clinic, Anchorage Medical and Surgical Clinic; Wendell Kay, speaker of the House; Earl Cooper, president of the Senate; Ray Plummer, Democratic committeeman; Bonnie McGee, member of the board of the local polo chapter; and Attorney Bob LaPollette. The latter said he'd try to use his personal influence to get the bill passed.

The fight over the bill appears to be shaping up over the provisions by which Alaska would be authorized and aided financially to build its own mental care facilities in the territory. The bill's other main features—modernizing the general commitment procedures for the men-

Mental Health Bill

Rep. Miller has served no

(Continued on page 9)

WIRES SENT CONGRESS ON MENTAL HEALTH BILL

(Continued from page 1)

Miller said that if the House does not accept his proposal for changing the financial section, he will move to kill the bill by returning it to committee.

Miller said he will try to have the bill amended on the House floor so as to require Alaska to put up matching funds for every dollar of assistance the federal government advanced for hospital construction in Alaska.

Rep. John Saylor (R-Pa) indicated he would back up Miller in criticism of the financial portion of the bill. He said, as did Miller, that he was "heartily in accord" with the commitment section but that there is "violent disagreement" over the other section.

The committee refused to follow Saylor's request to return the bill to committee for slicing into two bills.

Del. Bartlett told the committee that it was "the very best bill that has ever been before us." He pointed out that Alaska has no authority under its organic act to raise the matching funds with bonds that states or districts in states can use to obtain funds.

Bartlett, answering questions about what the program would cost the government, pointed out that the government is now paying near-

ly \$900,000 annually for patient care at Morningside Hospital, at Portland, Ore.—a cost that will continue until some change is made. He said that by paying the \$12,500,000 proposed in the mental health bill over a 10 year period, the government would save money over a 20-year period.

Several Rules Committee members objected to the feature in the bill which says that the income from 1,000,000 acres of land in Alaska be earmarked for mental health financing. Bartlett and Rep. Leo O'Brien (D-New York) said they, too, opposed the earmarking of funds and agreed to support an amendment on the floor that would simply grant the acreage to Alaska with no strings attached to use of the funds.

The bill has received strong support from Rep. Edith Green (D-Ore) who notified Byron Gillam of Fairbanks, member of the territorial board of health, that "the bill stands a good chance of passing if Alaskans will overwhelm GOP House leaders with telegrams."

Messages should be sent asking for passage of HR 6376, Alaska Mental Health Bill, to Rep. Joe Martin, Rep. Charles Halleck and Rep. Sam Rayburn all at the House Office Building, Wash. D.C.

Attacked As 'Siberia' Deal

By FRANK W. VAILLE

WASHINGTON (AP) — A House passed bill to modernize commitment procedures and treatment of Alaska's mentally ill is being attacked as an effort to "destroy religious freedom" or create an "American Siberia" in the northern territory.

Such criticism has been voiced in several dozen letters received by the Senate Insular Affairs Committee, before which the bill is now pending, and by individual senators.

Most of the letters are signed by individuals and come from Arizona and California. The Senate committee has replied to those it received, saying it is "at a loss" to understand the complaints.

Although the number is small, Delegate Bartlett (D-Alaska) has taken official note of the communications, advising Roseadi B. Steekens, assistant secretary of Health, Education and Welfare, that a campaign—"perhaps one which has been inspired"—has been launched against the bill.

The legislation, endorsed by the Welfare Department, was requested by President Eisenhower in his State of the Union message.

Alaska's mentally ill now are committed only after a court trial and are sent to the Morningside Hospital at Portland, Ore. for treatment at government expense.

Bartlett said the letters voice one of two contentions: That the bill is "anti-religious" or that the million acres of land which it provides for given Alaska is to be enclosed and used as a "Siberia" to which the insane from the United States would be taken. The "anti-religious" letters do not discuss the objection in detail.

Both contentions, Bartlett said, constitute a "complete misunderstanding" of the bill.

He said the proposed legislation "actually makes no reference to religion but seeks to establish a more humanitarian procedure for treatment of the mentally ill by caring for them—not in a distant state as is now done—but in an institution within the territory."

It also seeks to end the contract system which Bartlett said has been "generally condemned by experts in the field."

He said the land to be given Alaska "was decidedly not for reckless speculators" but is to provide revenue which will help Alaska finance costs of the program.

The bill, which passed the House on a voice vote last week, is patterned after legislation now in effect in several states.

It also would authorize appropriation to the territory of a total of \$12,500,000 dollars with which to build hospitals and assume the treatment program over a 10-year period.

After a closed session of the Senate Territories Subcommittee today, Chairman Jackson (D-Wash) said opponents of the bill will be heard during the week of Feb. 20.

He estimated the hearing would be completed within one day inasmuch as some testimony already has been received.

Ministers Back Mental Health Bill

Anchorage ministers voiced unanimous approval of the Alaska Mental Health Bill yesterday at a meeting of the Ministerial Fellowship.

The group voted to send telegrams expressing its approval and support of the bill.

"We felt that some action to curb recent unfavorable publicity was necessary," said Rev. Ralph Weeks, publicity chairman.

The ministers resolution stated, "we do not regard the bill as anti-religious. We approve it fully." Secretary Rev. A. Herbert Mjorud, was authorized to send a telegram to Sen. Henry Jackson, (D-Wash) committee chairman before whom the bill will come.

Individual pastors were also urged to send personal messages.

Recent reports have appeared in newspapers that certain religious groups have called the bill "anti-religious."

Members of the local association pointed out that the bill had been approved by all major faiths before it was recently passed by the Congress.

EARLY MENTAL HEALTH BILL HEARING PLEDGED

WASHINGTON (AP) — Early hearings were promised today by the chairman of the Senate Territories Subcommittee on a House-passed bill to modernize Alaska's mental health program.

Sen. Jackson (D-Wash) said he plans to hold hearings in February with a view to completing committee action "so the Senate will have ample time to consider it."

He said hearings had been asked by Sen. Neuberger (D-Ore) who has introduced legislation similar to that passed by the House.

The Senate committee already has taken some testimony on the subject. Jackson said he felt there would be no need for extensive hearings before the committee is prepared to act.

The bill approved by the House does two things. It sets up modern legal procedures for commitment and hospitalization of the mentally ill, and it provides for transferring administration of the program from the Department of Interior to the territory.

A series of grants would be designed to help the territory shoulder the financial burden. It would authorize an appropriation of \$6,500,000 for construction of hospitals and related facilities in Alaska and another \$6,000,000 in diminishing amounts over a 10-year period for care and treatment.

The bill also provides the territory be permitted to select a million acres of the land from which proceeds will go to the treatment program.

Alaska's mental patients are now treated at government expense in

the Morningside Sanatorium at Portland, Ore. Commitment to care is possible only after a court hearing, preceded by arrest and confinement in jail.

Photocopy from the University of Arizona Library Special Collections

HR 6376

March 16, 1956

Mrs. Kathryn L. Woodward
2535 East Edison Street
Flagson, Arizona

Dear Mrs. Woodward:

Enclosed please find a copy of House Report 1399
as per your request. I am also sending along a copy of
H. R. 6376.

With kind regards, I am

Sincerely yours,

Stewart L. Hall

Enclosures

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