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These five patients are being placed in Greenacres by Monday, October 31, in order to bring the hospital census down to 106. It is my understanding this will make possible a change in rate of cost to the State of Alaska for services rendered by Morningside.

The following two cases were brought to my attention because of their unusual nature.

Pat Shanahan - Born March 4, 1884, an 82 year old white male, citizen of Canada, who was committed in Ketchikan in 1920 following his arrest for the murder of Steve Regan, Assistant U.S. Attorney at Ketchikan. Diagnosis at the time was Paranoia with alcoholism. He is now quite possibly a candidate for an Oregon Nursing home. He has many somatic complaints. Apparently has severe arthritis of the spine. He has refused to apply for deportation to Canada.

Lester Mangle - born in 1900, was committed in 1960 from Juneau after he shot and killed a woman stenographer of the Department of Health in Juneau. He was after Dr. Albrecht. Diagnosis: Paranoia. He now has ground privileges, goes to town with groups, keeps in touch with attorneys and periodically, about once a year, raises the issue of his commitment.

I gained the impression that Mr. Coe is thinking of developing extended care capabilities within Morningside. What this would mean would be to take X number of beds and charge nursing home prices and give accepted nursing home care. I would expect this would be at the common going rate for this type of service in Oregon. I think they would be quite willing to accept most of the patients they now have in this category.

Morningside will continue to give followup for patients in Greenacres, in other nursing homes and in the nearby community until some change in this arrangement is made officially.

I felt it was clearly established that patients from Alaska on convalescent leave from Morningside at Greenacres and I think another nursing home, are to receive a weekly visit by a doctor from Morningside for which we pay \$5 per month per patient. I gained the distinct impression from Dr. Jones, Dr. Hutchins, Mrs. Salisbury and Mr. Coe that this agreement was not being faithfully carried out. Yet I believe we have been paying for this service. *No \$5.00 per patient per visit*

I have the impression that the present population of 105 patients makes possible reducing the number of patients that we pay for from 129 or thereabouts to the figure of 106 at the rate of \$18 a day. Medical and surgical care is given at other hospitals. I'm not clear whether or not medications cost us extra. I also have the impression that Mr. Coe is a very difficult person to do business with in that he changes the interpretation of agreements to suit his thinking at the moment.

Baby Louise Haven

ongoing? There are 70 patients presently at Baby Louise. They had two or three new admissions. As a group these are severely handicapped patients. I did not look them over individually but did gain some over-all general impressions. The age range is from a few months to adolescence. The care given is ongoing. Attempts are being made to utilize special education. Constant supervision and attendance by chiefly non-professionally trained people; this is being done with a great

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deal of dedication and affection. Dr. Knapp and Mrs. Salisbury assist in their respective capacities with the over-all care. Dr. Knapp, a pediatrician, who is the director of a clinic in the town nearby, is interested in patients of this type. He has available to him for the workup of cases coming from the surrounding areas, consultations with various specialists in the Portland area as well as the universities of Oregon and Washington. He has been operating under the assumption that most of the patients admitted to Baby Louise H. have been adequately studied prior to their arrival. This has been true in most instances; however, there is a need for being able to study further a child at the time of admission and on occasion sometime during the course of their care in this facility. It was suggested to Dr. Knapp, Mr. Moss, and Mrs. Salisbury that in the event a patient required a thorough study including neurological, psychiatric or psychological evaluation that the recommendations of this group be brought together in a staff summary and submitted to Dr. Bowman before it was implemented. Routine laboratory studies, surgical work, orthopedic work that was already in progress or that would arise on an emergency basis would continue to be handled as it has. Apparently this is by consultation through Dr. Knapp and/or Mrs. Salisbury to the appropriate specialist. They mentioned a Dr. Embick doing orthopedics who has given good service at a reasonable fee. I think orthopedics was mentioned as they have a patient with multiple handicap who is receiving orthopedic attention at the moment. I gained the impression that Dr. Knapp uses good common sense in the amount of consultation he uses.

JPR:hww