

CONFIDENTIAL

2705 S. W. English Court,
Portland 1, Oregon,
March 28, 1953.

Hon. James P. Davis, Director,
Office of Territories,
U. S. Interior Department,
Washington 25, D. C.

Dear Sir:

This has further reference to your letters of March 16th about "patients sent to other facilities" and their property and of March 18th about Lorna McKeon Blanchard's money.

In the former, I was not exactly sure what you meant in the second paragraph. In fact, I completely missed the point at first and dictated a letter accordingly. Then it dawned on me that you might have reference to patients treated at other local hospitals here on account of lack of facilities at Morningside. I then dictated another letter which was sent to you. I felt this was rather a jumbled letter, but it was late in the fater-noon and I wanted to get it off that day. I do not remember if I ever spoke or wrote about that situation before, but I was aware of it and had thought about it. If I have not spoken or written about it before, it was simply because it slipped my mind or I did not think about it at an appropriate time and therefore might not have been mentioned to anyone by me. As you know, the treatment facilities here are very limited. That also holds for certain diagnostic facilities. So, when anything special comes up which requires the services of other hospitals and doctors the patients are taken to another hospital and returned here when the diagnostic procedure or treatment has been completed. This would include such things as operations, confinements, serious medical illnesses, pneumo-encephalograms, etc. Of course, there has been more of this during the past six years than ever before. As nearly as I know, the company pays for such services. The patients are not considered as being on parole, although actually that is what it amounts to. It has become a somewhat taken for granted routine. I knew that the patients were carried on the voucher during such absences, but did not know if this was by arrangement with your office, or if it merely was the company's usual way of collecting for something at least in part. At such times the patient's property is kept here. I remember at least one case where a patient died at another hospital and was taken from there directly to the undertaking establishment. As I look back over it now, I see where your office never had any notice of some of the patients having been at other hospitals or of possibly even having died there. Would you like to have notice of such events? I have written to you about some cases like Glenn Glover, Francis Long, Willie Aglinga, etc. If you wish, I might be able to get you a list of patients, hospital they were at, reason for being there, length of time there, etc., if they kept record, and if so, as far back as they have records, for you to have checked against the vouchers. I presume you have or will talk to Mr. Coe about this matter. As I stated in my previous letter, this would all not be necessary if Morningside had all necessary facilities and staff. If Mr. Coe pays for it, it does cost him, however, and whatever he saves or makes is what he collects by carrying them on the voucher. I would like to hear more from you about this.

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In the case of the latter letter, I outlined the situation as well as I could. The system and handling of things might not actually be as smooth and expeditious as it might sound or appear from my letter. The question arises if perhaps a guardian should be appointed for Mrs. Blanchard locally to take over her money and property so that some of it could be applied on her bill.

I might state in conclusion, that such letters are not easy for me to reply to, because the help is inclined to take things personally, raise questions, want to argue about matters, feel they are under suspicion, resent questions, are reluctant about providing information, would rather not be bothered, feel that Mr. Coe and they are being persecuted, suspect me of "ratting" on them, etc. This applies particularly to Mrs. Mickelson, Miss Hagna and Dr. Thompson. I have to be careful what I say and can't always say exactly what I think, or what I ask questions about and how I do it, etc. They wonder why I ask for information or what I may do with it, or who may want it and for what reason, etc. Little or nothing can raise suspicion or resentment or defensiveness, or tension, etc., and I hear such things as "what brought that on?" or "we have nothing to hide" or "who thought of that?" or "that makes me tired", etc. It is difficult to dictate to a bored, tense, defensive, critical, etc., stenographer at such times and in such situations. It is also difficult to ask about things or talk about matters or discuss problems with people who invariably and promptly get on the defensive, develop tension, show resentment, want to argue, want to know better, etc. My contention is that this starts at the top and that some of these people are here because they are that way on orders and because additionally they naturally think, feel, like to and want to be that way. In other words, they are naturals to help the man and his enterprise and themselves. You can see why I sometimes write my own letters to you personally or why a different personell setup would be desirable or why I would at least like to have an independent and not man or company obligated stenographer.

Otherwise things are going on about as usual from day to day. It would be interesting to learn what might be in the process of the making at your end.

With best wishes and personal regards, I am

Sincerely yours,

G. F. Keller

G. F. Keller, M. D.