2705 S. W. English Court, Portland 1, Oregon, December 14, 1952.

FILED

The Director, Office of Territories, U. S. Interior Department, Washington 25, D. C.

Dear Sir:

Incident to a recent perusal of the current contract I would like to call attention to several random thoughts suggested by it.

As nearly as I can tell section 6 has never been used. In a situation like this one it would be very impractical and difficult to administer. Some states and particularily California are experimenting with this idea. At any rate, it would call for adequate social service.

With reference to section 9, the thought occurs to me whether this would cover other than federal beneficiaries, for instance, the county and city and private (paid for by other than public funds) adult and minor "hold-overs" of miscellaneous category which are now accepted here and at best interfere some with the care and treatment of the Alaskans. The same might be said for and about other federal beneficiaries, namely to the extent that their presence and necessary care and treatment detracts from that of the Alaskans.

I believe that section 11 should be looked into. However, I understand that both the VA and the USPHS who contract with two other undertakers pay a higher rate. I know that the one the VA deals with is a first class establishment, but I am not so sure about the one the USPPS deals with. I do believe though that both of them do a better job for their agencies than has been done for the Alsskans.

I am wondering if section 15 could not be modified to include committed patients. In this connection I would like to quote from section 10, page 11 of the 1951 Standards for Psychiatric Hospitals and Clinics, "With reference to industrial activity, every possible safeguard should be adopted to avoid the exploitation of patients. The goal in industrial therapy, as in occupational therapy, should be the welfare of the patient".

Could section 17 be applied to the arrangement with the undertaker?

Referring to section 20, I believe that the supervising medical officer should and will continue to receive the same loyal support which you and your associates have given him and which he in turn has tried to return conscientiously. Even more authority might be desirable for him in order to properly and satisfactorily counteract attempts at disparagement of him on the part of the contractor and his hirelings by way of trying to whitewash themselves.

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Yours truly,

G. F. Keller, M.D.,

Medical Officer.