

WILLIAM W. THOMPSON, M.D.
Medical Director

DOROTHY MICKELSON
Registrar

MORNINGSIDE HOSPITAL

10008 SOUTHEAST STARK STREET
PORTLAND 16, OREGON

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PHONE ALPINE 4-5506

March 15, 1956

ROY A. DOWLING, M.D.
Chief, Medical Services

WILLIAM D. SWANCUTT, M.D.

ATTENDING STAFF:

D. C. BURKES, M.D.
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JOYLE DAHL, M.D.
Dermatology

WALTER A. GOSS, M.D.
Pediatrics

CHARLES P. WILSON, M.D.
Tuberculosis

WILLIAM F. GULICK, D.M.D.
Dentistry

HERBERT KRUMBEIN, D.M.D.
Dentistry

CONSULTANT STAFF:

RODERICK C. BLATCHFORD, M.D.
Obstetrics and Gynecology

CHARLES E. CATLOW, M.D.
Urology

W. H. CLARKE, M.D.
Orthopedics

GEORGE J. COLLINGS, D.M.D.
Oral Surgery

ROBERT S. DOW, M.D.
Neurology

LOUIS P. GAMBEE, M.D.
Surgery

WILLIAM GARNJOBST, M.D.
Surgery

JAMES B. HAMPTON, M.D.
Internal Medicine

C. E. HARDWICKE, M.D.
Proctology

JOHN F. HIGGINSON, M.D.
Thoracic Surgery

ARTHUR HUNTER, M.D.
Radiology

ANTON C. KIRCHHOFF, M.D.
Anesthesiology

BRUCE N. KVERNLAND, M.D.
Neurosurgery

JOHN L. MARXER, M.D.
Orthopedics

CHARLES H. MANLOVE, M.D.
Pathology

JOHN R. MONTAGUE, M.D.
Internal Medicine

PAUL B. MYERS, M.D.
Ear, Nose and Throat

JOSEPH F. PAQUET, M.D.
Internal Medicine

D. N. STEFFANOFF, M.D.
Plastic Surgery

ROBERT W. ZELLER, M.D.
Ophthalmology

Mr. Anthony T. Lausi
Director, Office of Territories
Department of the Interior
Washington 25, D. C.

Dear Mr. Lausi:

I am certainly sorry that we did not have a chance to get together when I was in Washington last week. The conversation which I did have with Mr. Milner, Mr. Coulter and Mr. Junge, was, however, very pleasant and, I believe, valuable to all of us.

As you know, we discussed the proposed amendment, number 2, to the contract between the Interior Department and the hospital.

The one item which seemed to present the greatest difficulty is the definition in the law of "Medical Officer", which seems to require that the person acting as Medical Officer have the responsibility to "supervise". This would seem to keep the responsibility for the hospital's program in the hands of the person designated as the "Medical Officer".

A thought has occurred to me that we have a situation here which is somewhat similar in that the law requires that certain things only be done by the County Health Officer but which, because we care for county patients, we must be free to do. This was gotten around by appointing Doctor Thompson a Deputy County Health Officer. As such, he performs no duties and acts only to commit the county to certain financial responsibilities in connection with the care of these patients.

As I read the law, the definition of "Medical Officer" does not say he must be paid by the government or perform any duties other than those described in the law. We are attempting to give the hospital full and complete responsibility for its entire program. With an outsider, who must "supervise", this is difficult to accomplish. This may be a violent change in thinking but perhaps someone on our staff could be designated by you as the "Medical Officer". Thus, the responsibility would remain with the hospital. The Board with its overall acquaintance with the hospital would review the supervision, just as is the intent of the contract amendment.

To	Initial	Date
Milner		
Milner		
Junge	EL	3/20
FILES		

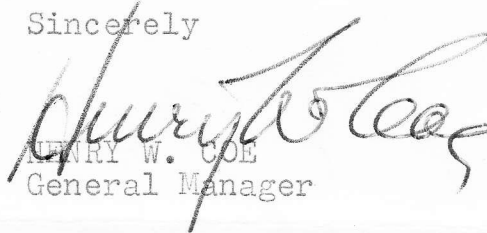
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Mr. Anthony T. Lausi
Page 2

I am dashing this off so that you may have it early in hand. I will write in detail our reactions to the draft of amendment shortly. A recent event creates additional incentive for early action on this proposal.

Sincerely



HENRY W. COE
General Manager

cc: Mr. Carl Junge, Special Assistant to Assistant Secretary,
Office of Public Land Management, Department of Interior,
Washington, D. C.



UNITED STATES
DEPARTMENT OF THE INTERIOR
OFFICE OF THE SOLICITOR
WASHINGTON 25, D. C.

APR 12 1958

Memorandum

To: Acting Assistant Director for Alaskan Affairs
From: Acting Assistant Solicitor for Territories
Subject: Need for and functions of the Medical Officer at
Morningside Hospital

This refers to the conversation which you, Mr. Junge, Mr. Coe, and I had some time ago concerning the references to the Medical Officer in the proposed revision of the Morningside contract. Two questions arose: Is it necessary that there be a Medical Officer at Morningside Hospital, and if so, is it necessary that the Medical Officer "supervise" the care and treatment accorded patients at the hospital. I believe the answer to the first question is in the affirmative, and that the answer to the second is also affirmative but that the nature of the supervision may be defined in the contract.

In order to determine whether a Medical Officer is necessary, I have examined the Federal statutes pertaining to the Alaska insane and the legislative history surrounding them. The latter is not rewarding. I have been unable from any source to obtain copies of the hearings on the bill which became the Act of October 14, 1942 (56 Stat. 782, 48 U.S.C., sec. 46 et seq.), which first made reference to the Medical Officer, but I have examined the committee reports. None clarifies the purpose of the statute with respect to the Medical Officer. I believe, however, that the statute is sufficiently clear to be susceptible of only one construction: there must be a "Medical Officer" to "supervise the psychiatric care and treatment of patients".

The statute does not provide that "the Secretary shall" or that "the Secretary may" appoint such an officer. It merely defines the term "Medical Officer" to mean "the Federal medical officer supervising the psychiatric care and treatment of patients at any medical institution" (48 U.S.C., sec. 46c). That officer is, however, given specific statutory responsibilities which are essential to the functioning of the hospitalization of the Alaska insane. In section 6 (48 U.S.C. sec. 47b), the law provides five grounds for the discharge of patients. In two of these, relating to the transfer of a patient to a Veteran's facility or to his state of residence or to an order of a court having jurisdiction, the participation of the Medical Officer is not required. In the third, relating to discharge following 12 months absence on leave, the Medical Officer may prevent discharge

if his medical judgment so warrants. In the remaining two, relating to patients who are recovered or in remission, a discharge can be made only upon the written certification by the Medical Officer. Also in section 6, absence on leave may be permitted only when the Medical Officer approves and only under conditions satisfactory to him. Under section 7, boarding out of patients with private families may be accomplished only when the Medical Officer considers it suitable. These provisions indicate that the presence of a Medical Officer is essential. Without such an officer, absence on leave could not be accomplished except in connection with transfers to other facilities or pursuant to a court order. Clearly the functioning of the hospitalization program would be seriously jeopardized if discharges and absences on leave were so curtailed. In the circumstances, I can only conclude that the statute anticipates the presence at the hospital with which the Secretary contracts of a person acting as "Medical Officer".

This is not to say that the Medical Officer must be a full time Federal employee. I believe that the device which we have tentatively agreed upon of designating one of the members of the Board of Attending Psychiatrists to act as Medical Officer is legally acceptable.

On the second question, whether the Medical Officer must "supervise", I believe that he must, but that the term may be definable in a manner acceptable to the interested parties. I believe we can properly delete the suggested language that the Board be appointed to "supervise the medical and psychiatric care and treatment of patients".

Instead I believe that it would be sufficient if the Board were appointed (under the proposed new section 6(a)), to perform the six specific functions set forth in the revised contract. These functions are tantamount to supervision, as that term has been defined by the courts (New York Insurance Co. v. Rhodes, 60 S.E. 828; Egner v. States Realty Co., 26 N.W. 2d 464; People v. Brophy, 120 P. 2d 946). I see no reason why, under those circumstances, we must also provide specifically that the Medical Officer or that the Board will "supervise" per se.

Ruth Van Cleve

Ruth Van Cleve
Acting Assistant Solicitor
for Territories

~~Mr. Coulter~~
UNITED STATES
DEPARTMENT OF THE INTERIOR
OFFICE OF THE ASSISTANT SECRETARY
WASHINGTON

Files
Ag. 448-1st
Contracts

April 6, 1956

Copy

Mr. Milner 9M
~~Mr. Coulter, OT~~

To: ~~Mr. Coulter, OT~~

Subject: Morningside Hospital.

Received a phone call from Mr. Henry Coe advising that the Medical Officer, Dr. Keller, had written the hospital management a letter dated March 30, demanding the services of a private secretary because the present arrangement of providing secretarial services was not proving satisfactory. Following this request, Mr. Coe recorded the total time utilized by the doctor for a full week and found this to be 5 hours. He asked my advice as to what action to take.

This call was referred to the Office of Territories, either Director Lausi or Mr. Coulter, but in attempting to transfer the call the connection was broken. It is unknown whether Mr. Doe talked with anyone in OT.

CLJunge