lection. You, no doubt, realize that all mental health lands are subject to competitive leasing for oil and gas, and we utilized our selection entitlement in cases where previously withdrawn land which appear valuable for oil and gas development suddeniv became available for state selection."

That statement by Mr. Holdsworth ought to dispel any notion that the million acress of land is being held in a single unit and will be used one day as a concentration camp. But I doubt it. I predict that this baseless, incomprehensible allegation will continue to be made year after year, just as continue to be made it.

Sincerely yours,

E. L. BARTLETT.

Mr. EARTLETT. Mr. President, about 6 years ago the Alaska Psychiatric Institute was dedicated, and on September 26, 1962, I told the Senate of that event and reviewed the background of the Alaska Mental Health Act. Because it tells in detail the history of passage of that measure and because I hope it will lay to rest at long last the fabrications and charges surrounding the bill, I ask unanimous consent that my address to the Senate be made part of the RECORD.

There being no objection, the address was ordered to be printed in the RECORD, as follows:

NEW HOSPITAL OPENS IN ALASKA

Mr. BARTLETT. Mr. President, Sunday, September 9. was a beautiful day in Anchorage, Alaska. The sky was clear. The sun was warm. The mountains stood out in bold relief. Nature was in an autumnal mood.

On the afternoon of that day the Alaska Psychiatric Institute was dedicated. This is the newest, most modern hospital in the world for the care of the mentally ill. It will begin to receive patients next month. Designed to care for 225 people at the outset, the institute is so planned that it may be expanded.

I traveled aimost 9,000 miles in order to be at the dedication ceremony. I flew from Washington, D.C., to Anchorage and back over the weekend only so that I might be present for the dedicatory exercises. For everyone present it was a thrilling occasion. For some few of us it was even more meaningful. For three of us there on that day this was the culmination of an effort which began over a decade ago. For a fourth, this represented attainment of a goal which, for a time, seemed impossibly distant.

Winfred Overholser, M.D., the great psychiatrist who has been superintendent of St. Elizabeths Hospital here in Washington, D.C., for a quarter of a century, was present. Jack Haldeman, M.D., Assistant Surgeon General of the United States was there. I had the good fortune to be present. And Marjorie Shearon, Ph. D., who made such a significant contribution to the passage of the act which made possible the building of the institute, honored us by her presence. It was Dr. Overholser who, in 1949, headed a committee which subsequently reported the need for Alaska mental health legislation. This was a forerunner of the draft bill which became law.

In those days Dr. Haldeman headed up Public Health Service work in Alaska. Then and later he worked hard for passage of adequate mental health legislation.

The Alaska Psychiatric Institute was constructed because the Congress of the United States and the executive branch of the Government saw an imperative need for it and responded to that need generously and helpfully.

The then Territory of Alaska was and had been throughout its existence strangely situated in respect to the treatment of the mentally ill. For reasons not entirely clear, the territorial government had been prohibited from passing any legislation at all on this subject. The Federal Government cared for those who had to be hospitalized at a contract institution in the State of Ore-Modern opinion was strongly against gon. this contract system, and only one State in the Union continued to use it, and then only to a very liimted extent. The Alaska Mental Health Act was signed into law by President Eisenhower on July 28, 1956. It proposed Eisenhower on July 20, 1500. To pre-some far-reaching changes, all of which have become effective since then or are in the theorem of becoming effective. Throughout process of becoming effective. Alaska's territorial history until then, per-sons in poor mental health had been arrested as common criminals, tried before juries in the U.S. Commissioners' courts and, if found guilty, had been sent to this hospital far away from their homes. There was no psychiatric care in Alaska.

Public Law 830 of the 84th Congress changed all of this.

In the first instance, the territorial legislature was and, as has been noted, for the first time authorized to legislate on the subject of mental health.

In the second place, the Congress recog-nizing that a heavy financial load would be abruptly placed upon the territorial government for the first time, authorized a grant to Alaska, through the Surgeon General of the United States, aggregating \$6 million over a period of years.

Next, the Congress made available \$6,500. 000 as the Federal contribution toward the construction of the hospital which was dedicated September 9.

Finally-and this is what started all the trouble-the territory of Alaska, which in its governmental capacity was land poor in the midst of the greatest land area in any U.S. political subdivision, was granted a million acres from the U.S. public domain. The purpose of this was so that the territorial government might obtain additional revenue through sale or lease of this land. I cannot say that the bill sailed through the House of Representatives. Objections were made there to its form and its philosophy. However, those objections were finally overcome and the bill was passed by the House. It was after this that the blow descended. And what a blow. Once before the Senate, the act became the focal point of a heated controversy. A tempest arose. The legislation was widely assailed. At that time I was Delegate to the House of Representatives from the territory of Alaska and I recall ever so well one Senator telling me that upon the subject of Alaska mental health legislation he had received more correspondence than on any other since the lend-lease bill was before the Senate. This was typical.

Undoubtedly, the act would have died in the Senate had not the members of its Interior and Insular Affairs Committee been men of judgment, of conviction, and of courage. For it would have been easier, I know very well, for them to have allowed the bill to gather dust in the committee files than to act upon it. All the trouble started when a paper in California editorially alleged that this was a bad bill, a wicked bill, a bill designed for sinister purposes. It asserted that the million-acre land grant was a device to create in Alaska a "Siberia-U.S.A." According to the editorial, the million-acre tract would be "fenced in" and then political prisoners would be sent to "Siberia" by corrupt and nasty officials in the States. How in the world anyone came to believe this is beside the point. The fact is that they did. This was attested to by the thousands and thousands of letters that rolled in to U.S. Senators, and by the number of witnesses who appeared before the Interior and Insular Affairs Committee against the bill, some of them filled with strange venoms which they ejected. Of course, it was never intended that the land be chosen by the territory of Alaska in one huge block; it has not been. If ejected,

any of it has been fenced it, it has been for

the normal purposes of fencing. In any case, the legislative history of the Alaska Mental Health Act makes, in retrospect at least, an absorbing political chapter in American history. Unbelievable as it now seems, it has to be believed. It happened. And it happened, not in some distant age. but in the mid-20th century. Not everyone who made great contribu-

tions to this wonderful legislation could be lin at Anchorage on September 9, unfortunately. co For example, Representative EDITH GREEN, of oil Oregon, could not be there. It was she who did what few in political life would have the ab th courage to do-she became from the outset one of the very strongest advocates of this m sti legislation, despite the fact that it would :0 have the eventual result of terminating the ex contract which had been in effect for so 01 long with a hospital in her own community. And Representative LEO W. O'BRIEN. of New York, author of the Alaska Statehood Act. AI -84 and always Alaska's friend, not only managed N the bill in the House, but, when it was in Т grave danger in the Senate, came before the ei Senate committee to make an eloquent and te logical appeal for its passage. Also there were Representatives WAYNE ASPINALL, of A n Colorado, now chairman of the House Inte terior and Insular Affairs Committee, and а Representative JOHN P. SAYLOR, of Pennsylvania, now ranking Republican member of that same committee; also former Repre-sentative A. L. Miller, of Nebraska, then g member of the ranking Republican committee. 11

And in the Senate there were, among so many others, Senator James E. Murray, Senator CLINTON P. ANDERSON, Senator Arthur V. Watkins, Senator HENRY M. JACKSON, Senator ALAN BIBLE, Senator Barry Goldwater. and ever so many others who defied criticism and took charge of the act and put it through.

Mr. President, I have mentioned some names. Not all can be mentioned, of course, but Alaskans were and are grateful. It certainly would be inappropriate for me to neglect to mention that M. W. Goding, Alaska-born and now High Commissioner of the Trust Territory of the Pacific Islands, was instrumental, together with Dr. Overholser, in drawing up the 1949 report.

While in Anchorage I learned that many people there have forgotten, or do not know. the struggles and agonies and aberrations all of which were part of the legislative history of the Alaska Mental Health Act. I know of no better account of all this than that which was written by Dr. Shearon, who, as I have mentioned, was at Anchorage the other day for the dedication.

There were many of us who gave of time and effort in the legislative endeavor. As I recall, Dr. Shearon did not become involved in it until the act was before the Senate. From that time on she devoted almost exclusive attention to it. And because she early became convinced that it was good legislation, proper legislation, needed legislation, she made perhaps the greatest sacri-fice of all in persisting in the bill's defense and advocacy. For she suffered heavy in-come loss on account of this. Some of her clients, and one in particular, were convinced the bill was bad. Dr. Shearon believed otherwise. They parted company. She would not compromise with her beliefs and principles, even though she suffered thereby a money loss which she could ill afford. For this, I have always honored her. And I was particularly glad that, because of all that had gone before, Dr. Shearon was able to be in Anchorage.

And for an historical account of what happened in the legislative history of the Alaska Mental Health Act, I know of no more factual or absorbing account than that written by Dr. Shearon, which I ask unanimous consent to have printed in the RECORD at this point.

There being no objection, the article was ordered to be printed in the RECORD, as follows

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