

EDWARD
LEWIS **Bob**
Bartlett
of ALASKA

...a Life in Politics

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CHAPTER 11

The Long Journey to Morningside

BOB BARTLETT HAD many friends throughout Alaska. Each one undoubtedly remembers a particular bill the delegate put through Congress—perhaps a private measure for the relief of a specific individual, or a bill benefitting a community or the territory. Since it is impracticable to chronicle each legislative achievement, a history of two measures, each chosen for its general importance to Alaska, may illustrate the legislative process and show the role Bartlett played. The measures selected for this purpose are the Alaska mental health bill and, in the next two chapters, the achievement of statehood.

In territorial days, it was said that there were three sides to Alaska—inside, outside, and Morningside. “Inside” meant Alaska, “outside” the rest of the world, and “Morningside” the institution near Portland, Oregon where those unfortunate Alaskans who went insane in the great land were incarcerated.

Jokes about Morningside had amused Alaskans over the years. These did not reflect cruelty or cynicism but rather provided a light relief to a dark problem besetting all communities—the care and treatment of the mentally ill. In more reflective moods Alaskans realized that the problem was serious and that, like many Alaskan problems, it was exaggerated by the isolation, distances, and high construction costs that they suffered.

It was largely because of the Klondike gold discovery in Canada’s Yukon Territory and the resulting influx of argonauts into Alaska that Congress at last decided to enact legislation that would meet some of the territory’s most crucial needs. Among these pieces of legislation was the criminal code of 1899, which made provisions for the mentally ill. Before its passage, only those Alaskans who had become mentally ill while serving prison sentences could receive treatment in a mental institution. Under the new code, which became law on June 6, 1900, a jury could find a defendant not guilty on grounds of insanity. In such a case, if the court found that nonconfinement endangered the public peace or safety, it had to commit the individual to any lunatic asylum authorized by the United States. The section of the code dealing with the civilian insane also contained a provision for

Alaska's governor to advertise for and review bids and, in behalf of the United States, contract from year to year "with the responsible asylum or sanitarium west of the main range of the Rocky Mountains submitting the lowest bid for the care and custody of persons legally adjudged insane" in the territory. The secretary of the Interior had to approve the contract, under which the federal government assumed all transportation and maintenance costs.

In January 1901, Alaska's governor John Brady signed a contract with the Oregon State Insane Asylum at Salem. The contract was renewed in 1902 and 1903. Because of overcrowding, however, the Salem institution refused to accept Alaskan patients after January 15, 1904. At this point Dr. Henry Waldo Coe, the founder of Mount Tabor Nervous Sanitarium near Portland, Oregon offered to care for them. In that same year congressional action enabled the Department of the Interior to eliminate yearly renewals and to award a five-year contract to Dr. Coe. From then on, until the passage of the Alaska Mental Health Enabling Act in 1956, Alaskan patients received treatment at the Portland institution, to which Dr. Coe had given the name Morningside.¹

Alaskans welcomed legislation that would provide care and treatment of the insane, but they resented the fact that patients were maintained in an institution located outside the territory. Accordingly, in 1910 James Wickersham, Alaska's delegate in Congress, attempted to persuade his colleagues to build a federal mental institution in southeastern Alaska. The House Committee on Territories and the governor of Alaska, however, refused to endorse the delegate's bill because of the cost involved, the dreary climate of southeastern Alaska, and the fact that the insane could be accommodated elsewhere. Congress, as a matter of fact, considered it economically and medically unwise to treat the insane in an institution located in Alaska. Therefore, when it conferred territorial status in 1912, it refused to extend authority over the mentally ill to Alaskans.²

Dissatisfaction with the situation, however, continued to exist in Alaska. Despite the financial burdens which a mental institution in the territory would impose on Alaska's slender tax base, many Alaskans insisted that it was both humane and therapeutic to keep patients in a territorial institution where they could be visited by friends and relatives.

Not surprisingly, therefore, territorial delegates continued their periodic attempts to persuade Congress to grant authority over the mentally ill to Alaska. On July 15, 1935, Delegate Anthony J. Dimond introduced a measure (H.R. 8849) which would have enabled the secretary of the Interior to "locate, establish, construct, equip, and operate a hospital for the insane of Alaska. . . ." Igloo Number 1 of the Pioneers of Alaska in Nome applauded the delegate's efforts and observed that the "farming out" of the insane was inhumane, abominable, and an incentive to human greed and avarice. Edward Cannon, an ex-Alaskan living in

Seattle, congratulated Dimond and remarked that with an honest psychiatrist heading such an institution, it "will stop a lot of railroading [of patients] on frame-ups by crooked territorial appointees who wanted to settle their revenges in this way."³

Dimond's bill failed to pass. Undeterred, he again introduced a mental health measure (H.R. 1555) in 1937. Progress of sorts was made when Secretary of the Interior Harold L. Ickes reported on the measure. After briefly reviewing the legal basis for treating Alaska's mentally ill, Ickes stated that it was "conceivable that despite proper treatment at a reasonable figure, public sentiment aroused by a law requiring the insane to be delivered to the lowest responsible bidder would seriously interfere with both Government and the contracting institution in the discharge of their obligations to the patients." Above all, urged the secretary, "place the whole thing beyond the profit motive."⁴ However valid the recommendations, the proposed legislation did not receive the approval of the Bureau of the Budget and therefore was doomed to failure.

Again in 1940 and in 1941, Delegate Dimond introduced legislation to remedy the mental health situation in Alaska, but Secretary Ickes, although assuring Dimond he realized the need for action, counseled him to postpone further efforts until the war had ended.⁵

After winning election in 1944, Delegate Bartlett continued his predecessor's efforts. Bartlett found that commitment procedures had not changed in over thirty years. The only way in which a mentally ill or retarded person could receive hospital care was to be declared "an insane person at Large" in a court hearing before a jury of six adult male residents and a United States commissioner, after a warrant had been issued for the detention of the individual. Although the accused was usually defended by a lawyer, in these hearings the person often was held in local jails while waiting for a hearing or for transportation to the hospital, because other facilities were not available. Some individuals arrived at Morningside without ever having been examined by a physician, much less a psychiatrist. No person or his family could request care in the hospital program without going through the court hearing. Children as well as adults had to endure the same procedure, whether they were mentally ill or merely retarded. In addition, numbers of patients who were committed to Morningside died a few hours after admission because they had not received proper medical care while in detention, while waiting for transportation, or while en route to Oregon.⁶

Not long after Bartlett had begun his duties, Congressman Homer Angell of Oregon introduced a measure to construct a facility in Portland that was to take care of Alaska's mentally ill as well as Oregon's. Congressman Hugh De Lacy of Washington submitted a similar measure to construct a facility near Seattle. Bartlett immediately found himself in a potentially embarrassing situation. Angell

was one of Alaska's staunchest friends on the House Committee on Territories, and Bartlett did not intend to alienate the man. But he realized that building permanent facilities in the States that were designed to accommodate Alaskan patients would jeopardize the eventual establishment of comprehensive mental health facilities in the territory. Bartlett sounded out committee members and concluded that the chances for passage of any mental health bill were slim. For the record, he introduced his own carefully worded measure to construct a hospital for the insane of Alaska.⁷ As Bartlett had expected, the various measures did not even receive a hearing. But when the bill was introduced again in 1947, he at least gained supporters.

The Alaskan mental health problem now advanced to the stage where it merited a study. Numerous members of Congress had been made aware of the revolution the Second World War had wrought in Alaska. Many wartime defense workers had chosen to remain in Alaska after the war, resulting in a population increase of 77.4 percent between 1940 and 1950, from 72,524 to 128,643 inhabitants.⁸ The war had also resulted in a sharpened awareness of the problem of mental illness. Between 1940 and 1950 some 654 Alaskan mentally ill were admitted to Morningside Hospital, while a maximum of 355 Alaskans were patients at the hospital in any single year between 1940 and 1950. Federal appropriations for Alaskan patients had also increased from \$208,840 in 1940 to \$534,900 in 1950.⁹

After extensive consultation with various executive departments and the Alaska commissioner of health, the Department of the Interior in July 1949 decided to survey the problem. A team of experts, headed by Dr. Winfred Overholser, director of St. Elizabeth's Hospital, a large federal mental institution in Washington, D.C., traveled north. After first inspecting Morningside Hospital, they spent three weeks in Alaska, visiting towns from Ketchikan to Kotzebue.

The experts listened to testimony from Alaskans familiar with the territory's mental health problems. Anthony J. Dimond, Anchorage district judge and former delegate in Congress from Alaska, spoke to them. He objected on principle to the contract system for the care of the mentally ill. Dimond reminded his listeners that, as delegate, he had introduced several mental health measures for Alaska, without success, and that at one time he had received a commitment from President Franklin D. Roosevelt for several million dollars for an Alaskan mental institution. Nothing had come of all these efforts. Dimond said that he appreciated the first scientific inquiry in Alaska dealing with mental health problems. He hoped that the effort would "result in great aid and benefit to all who are here who are 'Touched,' as they used to say in the ancient days, 'with the finger of God' and who are not entirely responsible in some ways for what they say and do."¹⁰

William B. Healy, a deputy U.S. marshal for Alaska's Third Judicial Division, described the handling of persons suspected of being insane: his office served the

arrest warrant and took the suspect into custody; the commissioner's court held a hearing; if the Court found the individual insane, he was committed and held in confinement. In most of the insanity proceedings, Healy stated, the accused was charged with the crime of being an insane person. The criminal aspect disturbed Marshal Healy, because "in most instances our people are mentally ill. They need medical attention. We have to confine them in jail. We have no other alternative. We confine them as though they were a criminal, when, in fact, they need care and attention." Transporting the mentally ill individual was yet another problem, since the person was treated as a criminal during that procedure as well. It was difficult for the guards and "a very severe shock . . . and detrimental to the patient their having to be put on a boat and placed in a straightjacket for eight days, maybe, getting them to Seattle, juggling them on the train and getting them to Morningside." Air transportation to Morningside required only two days, but airlines could refuse to carry insane prisoners at any time, the marshal stated, and nowhere in Alaska could prisoners be properly cared for while in confinement awaiting transportation. In short, Healy concluded, the marshals ought to get out of the business of handling these patients altogether.¹¹

Throughout their trip, the experts heard of the urgent need for more humane and less public procedures for hospitalizing Alaska's mentally ill and retarded. Over and over again the team listened to the objections to the contract care of mental patients in proprietary institutions, which existed nowhere else in the United States.

At the conclusion of their trip, the experts recommended that a sound, long-range program for the care of Alaska's mental patients be initiated at the earliest possible date. This included the construction by the federal government of a readily expandable 350-bed hospital to be located in central Alaska and of a 50-bed treatment center at Mount Edgecumbe Health and Educational Center at Sitka. They also recommended that other Alaskan hospitals provide for emergency care of mentally ill individuals; that the mental health program in the territorial Department of Health be greatly enlarged; and that an agreement be worked out with the territorial government to take over and operate the facilities after their completion. In addition to these long-range recommendations, the team also advocated immediate changes, such as the development of a comprehensive mental health program under the territorial Department of Health.¹²

In the meantime, Delegate Bartlett had mobilized Alaskan churches, nurses' associations, physicians, and others interested in mental health reform. These groups bombarded Congress with pleas for favorable consideration of Bartlett's Alaska mental health measure, which formulated procedures for the hospitalization of the territory's mentally ill and also included the establishment of a hospital. But the Bartlett measure died on July 2, 1952, when Congressman Angell, who

lived in Portland, home of Morningside Hospital, objected to the bill.¹³

Undeterred, Bartlett, early in 1953, introduced yet another mental health measure at the opening of the new Congress. This time the bill did not get out of the subcommittee, but heightened interest in reform led the departments of the Interior, Defense, and Health, Education, and Welfare (HEW) to sponsor a comprehensive survey by four experts from the Pittsburgh Graduate School of Public Health. In 1954 this survey was enlarged with the addition of still another team of professionals, who evaluated Morningside Hospital and health conditions in general in Alaska. Their findings about mental health care essentially agreed with those of the 1949 survey group. They characterized the admission procedures to hospital care as "comparable to the apprehension and commitment of a criminal" and, underlining their words, as "archaic, cruel, inhumane and essentially barbaric."¹⁴

Early in 1954 three mental health measures confronted lawmakers: Bartlett's bill from 1953, Pennsylvania Congressman John P. Taylor's new measure in the House, and Nebraska Senator Hugh Butler's bill in the Senate. Both House bills had been drafted in the Department of the Interior, Bartlett's with the assistance of psychiatric specialists, in response to the 1949 Overholser report. The chief difference between the two House measures consisted of a clause in the Taylor bill which provided that the federal government "shall never appropriate more money for the care of Alaska's mentally ill than it did in fiscal year 1954," some \$798,600. It also provided that the contract between the Department of the Interior and Morningside Hospital would remain in force until its expiration in 1958. Bartlett privately objected to the provision that would freeze federal appropriations at the 1954 level because he was fearful that the territorial government would be unable to make up the differences in subsequent years. Bartlett voiced his reservations to the executive session of the subcommittee considering the Taylor bill but was overruled; and on May 24, 1954, the House Committee on Interior and Insular Affairs favorably reported the Taylor bill.

Bartlett had also communicated his fears to the territorial commissioner of health, Dr. C. Earl Albrecht, who was leading the Alaskan supporters of mental health reform. Although Bartlett had pledged him to silence, Albrecht apparently related Bartlett's worries to the *Ketchikan Alaska Chronicle*, which reported the delegate's "grave concern at the chances of passage" of Taylor's bill. Taylor angrily let Bartlett know that the only danger that might prevent early enactment of his Alaska mental health bill was Bartlett's objection to the \$798,000 ceiling on federal appropriations. Bartlett was furious at Albrecht for his breach of confidence.¹⁵

On June 7, 1954, Congressman John Byrnes, an opponent of the Alaska legislation, asked unanimous consent that the Taylor bill be passed over without prej-

udice, whereupon the author asked, and was granted, unanimous consent to remove the bill from the consent calendar. Shortly before the bill was called, Bartlett had seated himself next to Taylor, who apparently thought he was going to raise an objection. Taylor was ready to rise and ask that the bill be stricken from the calendar "so he could seek a rule for it, and [he] was so wound up that he did not notice" when Byrnes, and not Bartlett, made the objection. Bartlett subsequently noticed that the *Congressional Record* of June 7 omitted mention of Byrnes' action. He speculated that this deletion had been made so that there would be no permanent record of Republican opposition to the legislation.¹⁶

On July 6 the House passed the Taylor measure and sent it to the Senate. Bartlett did not express adamant opposition to the Senate version, but he did caution that he doubted the territorial government could pay the full costs of a mental health program within a year, despite the grant of 200,000 acres of land to help defray expenses. He urged the Senate committee to defer action on the measure and to pass a bill that would only revise commitment procedures. The delegate acted cautiously in his testimony before the senators because he had been warned "by a friend that it was very ardently desired by some that I express outright opposition to the bill; if that were done . . . political capital would be made of this against me in the forthcoming campaign." Presumably, a Republican governor and legislature in Alaska would accuse Bartlett of opposition to a reform measure widely desired by all segments of the Alaskan population.¹⁷

The Senate Committee on Interior and Insular Affairs favorably reported the amended Taylor bill to the full Senate on August 13. The measure provided for the voluntary hospitalization of mentally ill individuals. It also provided for a procedure for hospitalization upon court order, which contained all possible safeguards for the patient. Any patient refused discharge from a hospital would be entitled to a judicial hearing, and any patient hospitalized as the result of a judicial hearing could appeal the decision to Alaska's territorial district court. The new procedures were to replace the criminal lunacy proceedings that had remained unchanged since 1905.¹⁸

Although the Alaska mental health measure was approved by the insular affairs committee, when the bill finally came up in the full Senate, it was passed over. Bartlett's opposition to some of its specific provisions effectively killed the measure in that session. The delegate had been unhappy with a Senate amendment requiring Alaska to assume financial responsibility for the institutional care of those committed after April 1, 1955. He had also opposed the continuation of the Morningside contract until 1959. Bartlett, although approving of the concept of territorial financial responsibility, still believed that complete hearings should be held on the subject in 1955. The delegate's stand put him in opposition with the territorial Board of Health, led by the energetic Dr. Albrecht. Bartlett, who

customarily attempted to achieve consensus and broad support for the resolution of important issues, felt that he had been undermined by the Board of Health's endorsement of the Senate version. Barbara Dimock, his Republican opponent in the 1954 delegate race, used the incumbent's opposition as a campaign issue. Bartlett easily retained his seat.¹⁹

Early in the new session of Congress, Delegate Bartlett and Representative Edith Green of Oregon introduced legislation modernizing commitment procedures. They presented separate bills providing for the construction of a hospital for Alaska's mentally ill. Shortly thereafter, Senator Richard Neuberger of Oregon, an old Bartlett friend, introduced similar legislation in the Senate. Morningside Hospital had served a useful role during Alaska's frontier era and was operating under responsible and conscientious owners, Neuberger observed, but the contract system of caring for the mentally ill was fundamentally wrong, cruel, and archaic. On earlier occasions, the senator continued, members of Oregon's congressional delegation had used their influence to block changes in the treatment of Alaska's mentally ill because Morningside Hospital had provided a valuable local payroll in Portland. "I renounce any such consideration," Neuberger concluded, "knowing that the humane and upright people of Oregon join me in this stand."²⁰

With so many bills in the hopper, the Subcommittee on Territorial and Insular Affairs of the House Committee on Interior and Insular Affairs appointed a special subcommittee for inspecting Morningside Hospital in Portland. Subcommittee members, including Delegate Bartlett, spent April 7, 1955, at the hospital. There they learned from the testimony of Wayne W. Coe, owner and manager, and his son Henry W. Coe, general manager of the sanitarium company operating the hospital, that 1904 was the first time that the Department of the Interior had asked the hospital to take care, temporarily, of a few Alaskan mental patients. The temporary arrangement had become permanent. The latest contract between Morningside and the Department of the Interior had become effective on July 1, 1953, and was to run until June 30, 1958. The federal government had agreed to pay a base rate of \$184 per patient per month, to be adjusted semiannually for inflation. Between 1904 and 1955, some 2,784 Alaskan patients had received care at Morningside. During this period the hospital population had remained fairly constant—between 330 to 360 patients per year—with discharge and death rates closely related to admission rates.²¹

The subcommittee counsel and members were bothered by Alaskan territorial commitment procedures. They learned that most patients arrived accompanied by a marshal or a matron, sometimes with a relative or friend as well, but that generally they came without any type of clinical history or diagnostic records. No transcripts of Alaskan commitment hearings were made. In a typical case, when

hospital personnel contacted the commissioner who had committed a particular patient, they found that he knew as little about the case as they did. The commissioner reported that he had flown to an isolated village during a snowstorm, held the hearing, and took the patient out within a matter of half an hour or so.²²

Between April 21 and July 8, 1955, the subcommittee held sporadic hearings in Washington, D.C. They heard and questioned closely some thirteen witnesses from the various executive departments.

By the middle of May, the departments of the Interior and Health, Education, and Welfare had submitted their proposed amendments in the form of a substitute measure, which had received the blessing of the Bureau of the Budget. Alaska's governor, B. Frank Heintzleman, endorsed the bill as providing, for the first time, a badly needed integrated and comprehensive program for the treatment of the mentally ill of the territory. Outlining the main points now incorporated in the new measure, Delegate Bartlett told a joint committee of the territorial legislature in February that there "was unanimity among the members. . . that the approach would be agreeable to the Alaska Legislature."²³ The delegate felt that the measure under discussion was an excellent one. Most witnesses favored the new bill, with the exception of Wayne and Henry Coe, who were fighting for their economic survival.²⁴

While hearings were being held in Washington, territorial residents followed the congressional action on the mental health measure through occasional reports in the newspapers. While the Coes were on the stand, for example, the *Anchorage Daily Times* described for its readers how Wayne W. Coe, the sole owner of Morningside Hospital, had reaped a fortune from treating the territory's mentally ill. From 1936 to 1953 his company had shown a net return after taxes of \$671,696.43. And since, as the sole owner, Mr. Coe had set his own salary during that period—a salary ranging from \$23,000 to \$30,000 per year—his total return for the seventeen years had amounted to \$1,115,196.43. That, the paper concluded, was one way to make a million dollars and perhaps "be well on the way to a second or third million," because it was not known how much profit Coe had realized between 1904 and 1935.²⁵

If Alaskan papers were unfriendly towards the Coes, the Coes at least found an ally in Congressman A.L. Miller of Nebraska, who lavishly praised the medical care administered at Morningside. Nevertheless, he favored passage of a bill that would revise commitment procedures as well as grant Alaska 500,000 acres of land to help the territory establish a mental health program. He adamantly opposed a proposal for a \$6.5 million federal appropriation for the construction of mental health facilities in Alaska.²⁶

Throughout the deliberations Delegate Bartlett clarified various aspects of the measure for subcommittee members. He attempted, often unsuccessfully, to ward

off crippling amendments, such as one which earmarked income for the land grant, raised to one million acres by an amendment by Congressman Miller, for mental health purposes only.

In the final subcommittee vote, eleven Republicans voted against the measure while thirteen Democrats and one Republican voted in favor of it. Bitter debate had developed over the proposed grant of \$6.5 million for the construction of Alaskan mental health facilities. Congressman Miller had wanted to cut the proposed appropriation in half but had withdrawn that amendment in favor of one which would have forced Alaska to match the construction appropriation dollar for dollar. Bartlett and his fellow subcommittee Democrats had successfully resisted this amendment, primarily because no preliminary discussions had been held on the matter. Miller had responded by calling Bartlett stubborn and blaming him for the slow progress of a variety of Alaska legislation.²⁷

On July 8, 1955, the subcommittee reported the amended Alaska mental health measure to the full committee. In turn, the committee reported it to the full House on July 25, 1955.²⁸

It soon became apparent that the Senate would not hold hearings on the Alaska mental health measure. There was also substantial doubt that the House Rules Committee would consider a request for a rule at this time, because the leadership had decided to clear for action only those bills which possessed national importance. Friends of the Alaska measure, therefore, decided to wait until 1956 for the final push in Congress. Bartlett optimistically predicted that the Alaska mental health bill would become law in 1956.²⁹

In the meantime, the House Subcommittee on Territorial and Insular Affairs journeyed to Alaska to hear testimony and investigate any matters within its jurisdiction. Delegate Bartlett accompanied the subcommittee and at times presided over the hearings. For twenty-two days in September 1955, the subcommittee traveled widely throughout the territory, visiting eighteen communities, from Barrow to King Salmon and Kodiak to Ketchikan. Of the many residents testifying on a wide range of problems, approximately forty addressed themselves to the mental health program. The new bill before Congress, introduced by Representative Edith Green of Oregon, found wide support in Alaska.

Subcommittee members heard the U.S. attorney for the Fourth Judicial Division, Theodore F. Stevens, voice his criticism of the commitment procedures. Although greatly respecting the process of trial by jury, Stevens doubted jury judgments in insanity cases. Often, Stevens commented, insane individuals appeared extremely lucid on the witness stand at a sanity hearing, while perfectly normal individuals often got nervous and fidgety. The U.S. attorney told of having been cautioned in advance about one insane man who would appear very lucid and clear in his testimony and "that we should allow him to continue . . . as

long as he wanted because he would reach the peak of his development and then slide quickly. It was well over an hour, probably into two hours, before that happened. But when it did happen, it was very spectacular. The gentleman took off his shoe and began reading a poem about the Statue of Liberty and gave us a political speech and a couple of other things."³⁰ Normally, however, no such advance warning was given. Stevens concluded, and sanity hearings usually took no more than twenty minutes. In short, there was considerable room for error.

In the hearings Bartlett went to the crux of the opposition issue by asking witnesses whether or not Alaska could assume the mental health obligation. Typical of the answers given were those of Byron Gillam and the Reverend George Boileau, S.J., of Fairbanks. Both denied any intention to secure further federal aid and Boileau asserted that given "a foothold . . . we will walk ourselves."³¹ Mrs. Richard Stryker of Anchorage perhaps summed up Alaskan opinions of the mental health bill best when stating that "whether Morningside is good, bad, or indifferent, the Alaskan people should be able to have control over their own mentally ill; they know what is required. It is closest to them. In my mind it is completely ridiculous that the Congress of the United States should have to worry about something that the Alaskans are perfectly capable of taking care of themselves. Morningside . . . is quite often brought up to draw attention away from the mental health bill itself, and it irritates me thoroughly when it happens."³²

In Fairbanks Bartlett alerted Governor Heintzleman to the probability that Alaska would be required to match the construction funds on a dollar-for-dollar basis. Heintzleman was certain that Alaska would be unable to raise the necessary funds. In any event, the governor believed that constructing hospital facilities was a federal responsibility, since the territory would be "doing just about all we could be expected to do in picking up more and more of the check every year to take care of these people."³³

A tired subcommittee returned from its travels in October 1955. Members had heard testimony and recommendations on many Alaskan matters. Best of all, they had gained an appreciation of its physical vastness and special problems.

Early in January 1956 the House of Representatives struggled to its collective feet and by unanimous voice vote passed the Alaska Mental Health Enabling Act. The congressmen were blissfully unaware that they had just set into motion a panic among a segment of the political right wing.

The panic itself began on January 25, 1956, with the appearance of an unsigned article in the obscure *Register* of Santa Ana, California, entitled "Now — Siberia, U.S.A." Expanded copies of the article were mailed out widely from Los Angeles by the California chapter of the right-wing Minute Women of the U.S.A. The article defined the Alaska mental health bill as a vicious measure that was a cover for an infamous scheme to establish in Alaska "our own version of the Siberia slave

camps run by the Russian government." The one million acres, or slightly more than 1,562 square miles, granted to Alaska for the hospitalization and care of the mentally ill there was an enormous area on which innumerable individuals could be detained; and the definition of mental illness was so broad, the article charged, "as to include anything from dandruff, headaches, toothaches, or fallen arches." The article raised the fear that the legislation would, in fact, "place every resident of the United States at the mercy of the whims and fancies of any person with whom they might have a disagreement, causing a charge of 'mental illness' to be lodged against them, with immediate deportation to Siberia, U.S.A.!"³⁴ George Orwell had indeed been correct in his novel—only 1984 had arrived early.

Other right-wing groups and activists quickly joined the swelling protest against the Alaska mental health bill. Among many others were the Concordians of North Hollywood, California; the Tarrant County Medical Society of Fort Worth, Texas; the Association of American Physicians and Surgeons; Dr. George A. Snyder, a physician of Hollywood, California; Mervin K. Hart, the president of the National Economic Council, Inc., of New York; and Dan Smoot, a radio commentator in Dallas, Texas.

The country was flooded with wild, frantic newspaper articles, bulletins, and scare sheets, all in response to the ill-informed article with the catchy slogan "Siberia, U.S.A." that had appeared in the *Register*. Patriotic groups and other organizations, as well as the usual smattering of individuals on the lunatic fringe, picked up the slogan and elaborated on it. In general, they all believed that the mental health bill proposed to establish a political concentration camp of one million acres in the frozen arctic wastes of Alaska. Leaflets and pamphlets, mailed en masse and passed from hand to hand, warned patriots of the grisly future in store for them if they dared to be politically independent on the local level; if you were anti-United Nations, anti-UNESCO (United Nations Educational, Scientific, and Cultural Organization), against fluoridation, or in favor of the Bricker amendment; if you voiced Christian principles too loudly at Parent-Teacher Association meetings; if you expressed your disapproval of Bertrand Russell's philosophy; "they" would get you. "They" would probably arrest you in the middle of the night, Soviet style, find you guilty of mental illness, and hustle you off to faraway Alaska, separated from family and friends, where you would end your days as an inmate of "Siberia, U.S.A."³⁵

As were other members of Congress, Bartlett was startled and nonplussed by the large volume of mail in opposition to the Alaska mental health measure. At the end of January the delegate urged Senator Henry M. Jackson of Washington to schedule Senate hearings quickly to clear up misunderstandings and apprehensions. "Some of these letter writers," Bartlett related, "are under the impression that the million acres would constitute a huge stockade in which insane persons

will be turned loose, and a lot of other nonsense" as well. Some of the mail from California alleged that Dr. Overholser, who had testified in favor of the Alaska bill, had ties through his professional group to the World Health Organization (WHO). "WHO is affiliated with UNESCO," Bartlett concluded, "so it follows as a matter of simple logic [to these right-wing individuals] that the Alaska mental health bill is a communist enterprise."³⁶

A few days later Bartlett exclaimed that letters were arriving "in such numbers and contain such marvelously strange statements that no man or group of men could hope to follow them all." Perhaps, the delegate argued, what was required more than enactment of the Alaska mental health bill were "huge grants of government funds to train without delay whole regiments of psychiatrists. They are badly needed. The campaign against the Alaska mental health act proves this." What we are dealing with, Bartlett concluded, are large numbers of "psychoceramics," in short, crackpots.³⁷

On February 20, February 21, and again on March 5, 1956, the Senate Subcommittee on Territorial and Insular Affairs held hearings on the Alaska mental health bills. The Eisenhower administration supported the legislation, as did the overwhelming majority of witnesses who testified.

Senator Neuberger probably summarized best the reasons for support when he indicated that common humanitarian instincts dictated that Alaska's mentally ill be treated in the territory instead of shipped far away to Oregon. When first coming to the Senate about a year earlier, Neuberger stated, "I was informed that the only real chance that there would be for such legislation was that if a member of the Congress from Oregon would take the lead in sponsoring it." That situation existed, Neuberger continued, "because for approximately half a century a private hospital in my home community of Portland has been the official agency for caring for Alaska's mentally ill. Unless a member from the Oregon congressional delegation took the lead," other members of the Congress might be reluctant to pass a bill which would result in the wiping out or diminution of a payroll of an operating facility in the State of Oregon." Subsequently, he and Representative Green had taken the lead.³⁸

Opponents of the Alaska mental health measure earnestly advised the senators that H. R. 6376 was an internationalist plot, a Communist scheme, and/or a plan to subvert the Constitution of the United States.

Mrs. Stephanie Williams, president of the American Public Relations Forum, Inc., of Burbank, California, was spokeswoman for her group of approximately one hundred members. She repeated the allegation that mentally ill from other states would be shipped to Alaska for incarceration in mental institutions if the measure passed. Williams rambled somewhat incoherently, discussing mental health bills in other states as well as dissecting the Alaska measure paragraph by

paragraph. She told the senators that “before the United Nations Charter was signed, an alien could not own land in this country. They may do so now, and there is nothing to prevent Russia from buying a whole million acres or renting it for leasing,” presumably to house American mentally ill. Throughout her confused presentation, the senators listened patiently. At the end of her testimony, Senator Alan Bible of Nevada, who chaired the hearing, thanked Mrs. Williams, telling her that “we are very happy to have had you with us [and] your remarks in analyzing the bill will receive the careful consideration of the committee.”³⁹

Mrs. Leigh F. Burkland of Van Nuys, California, the author of “Siberia, U.S.A.,” objected to the definition of mental illness. “What is mental health?” she asked. “By whose standards can we decide one person is normal and another not?” She claimed that supporters of the Bricker amendment, as well as people opposing the United Nations of UNESCO, had been accused of having paranoiac tendencies.

John Kasper, a bookseller from Merchantville, New Jersey, told the senators that Ezra Pound, whom he considered America’s greatest living poet, had been incarcerated in St. Elizabeth’s Hospital, even without the passage of H.R. 6376. And, Kasper contended, Pound was sane, “one of the most brilliant men who has ever lived. You will find him surrounded by raving lunatics.” Kasper identified Alaska as being “practically the furthest reach of the country.” He claimed that psychiatry was a Jewish plot, since it had begun with Sigmund Freud and, therefore, “almost 100 percent of all psychiatric therapy is Jewish . . .”⁴⁰

Thousands of conservative and right-wing Americans believed that sinister forces were fashioning a program of national brainwashing. They maintained that section 119, particularly subparagraph (c), of the mental health measure would permit the government to dispatch political dissenters and other citizens of any state to an Alaskan Siberia. To demonstrate that it could happen in America, another pair of witnesses, Charles and George Finn, dubbed the “terrible Finn twins” by Bartlett, told their tale of woe. They claimed that the government had illegally seized a surplus plane they had earlier purchased from the Federal Security Agency. They thereupon had executed a citizen’s arrest of a United States attorney in Los Angeles. Consequently, they were indicted for interfering with an official in pursuit of his duties and were sentenced to a year in jail. However, upon recommendation of the judge, the Finns, without benefit of a psychiatric examination, were sent to a federal insane asylum in Springfield, Missouri and confined in a ward for the criminally insane. After a thirty-five-day hunger strike and the intervention of Senator William Langer, they were released.⁴¹

Dr. James A. Franklin, Jr., president of the Memphis chapter of “We, the People,” opposed the legislation because he believed it to be a plot to socialize medicine in America. Retired Brigadier General Herbert C. Holdridge, a one-time vice-presidential candidate on the Prohibition ticket, also opposed H.R.

6376, believing it to be a Roman Catholic conspiracy aimed at establishing, "under the guise of humanitarianism . . . the horrors of a Siberian prison camp coupled with the horrors of a snake pit insane asylum."⁴²

The hearings closed on March 25, 1956. The American political lunatic fringe had inundated Congress with letters, telegrams, and pamphlets in opposition to the Alaska mental health bill. Two senators told Bartlett that they had received more mail and telegrams against H.R. 6376 than on any subject since their arrival in the Senate. One had counted five thousand letters and wires in opposition to it. The delegate had tried to "hold off those who would prevent our Mental Health Act from becoming law. . . who would do to Alaska what Alaskans don't want done to Alaska and who don't want Alaskans to do the things they should be permitted to do." Bartlett admitted being "a bit confused after the onslaught of the Patriotic Women of the U.S.A., the Minute Women of the U.S.A., Inc., and ever so many others who have attacked the Mental Health Act."⁴³

There were bright spots. The Coes apparently had realized that some sort of Alaska mental health measure was certain to pass. Giving up their previous opposition, they supported the Alaska bill before the Senate subcommittee, much to the surprise of Bartlett, who remarked that he had been regrettably unaware of this communality of interest. Morningside Hospital, the Coes told the delegate, unfortunately had been used as "an emotional whipping boy" over the years. It was important, they said, to go on with the business of caring for the mentally ill in the best possible fashion.⁴⁴

It was the suggestion of Senator Barry Goldwater of Arizona that eventually broke the logjam. Since controversy had raged over Title I of the bill, which dealt with commitment procedures, Goldwater proposed to strike that title, leaving it to the Alaskan territorial legislature to draw up the necessary mental health legislation, just as many of the states in the continental United States had done. On May 15 the full Senate committee adopted the Goldwater amendment, and on June 7 the Senate passed the abbreviated version of the Alaska Mental Health Enabling Act by unanimous vote. On June 14 the House disagreed with the Senate version of the mental health bill and requested a conference, and on July 2 the conferees agreed to the Senate version of H.R. 6376.⁴⁵

On July 20, 1956, the House took up the question. Congressman Miller, no friend of the territory, offered a motion to recommit the measure. The motion was ruled out of order, because the Senate already had adopted the conference report. On July 28, 1956, President Eisenhower signed the bill into law. At last the fight had been won.

The history of this legislation illustrates the familiar elements of opposition to Alaska measures—the fear of added expense to the federal government, the lack of understanding of Alaskan logistics, the reluctance to grant lands to the terri-

tory, and the resistance of various special-interest groups. In this case, the words "mental health" had come to be looked upon suspiciously by conservative and right-wing Americans who were alarmed over the vast pretensions of modern psychiatry, the ever increasing accumulation of data which showed the growth of mental illness in twentieth-century America, and the concomitant extension of local, state, and federal mental health programs. Bartlett generally had trouble enough, but he had almost despaired when the issue became involved in the emotionalism of an alleged conspiracy on the part of the federal government to create a vast prison camp for political undesirables in the icy wastes of Alaska. In the end, however, reason had prevailed, and the mental health bill cleared Congress.