

The tragedy and lessons Of Morningside Psychiatric Hospital

How did the horrendous mistreatment of psychiatric patients in Morningside Hospital continue for nearly 7 decades? The answer lies in the 1958 report to Congress. The Federal government, the Territory of Alaska and the state of Alaska all set a standard of patient care, but there was no effective enforcement mechanism. As soon as the oversight left, managers of Morningside Hospital went back to business as usual. And that was denying psychiatric patients basic rights and care in order for the facility to save money and to operate for convenience.

And that brings us to 2015. The Legislative Legal Services put forth the opinion that the state of Alaska was turning citizens over to locked psychiatric facilities with an insufficient state standard of care. And I would add, oversight. Alaska still has no effective enforcement mechanism for patient rights.

Information provided by Faith J. Myers

April 23, 2024

The 1958 report to Congress next page:

Morningside Psychiatric Hospital

Excerpts from:

A report submitted to the 85th Congress, 2nd Session, House of Representatives, Report #1820, in 1958.

Subject: The 400-bed psychiatric hospital, Morningside, in Portland, Oregon. Virtually all the patients were Alaska residents; many were Alaska natives.

Dr. Winfred Overholser, Superintendent of St. Elizabeth Hospital, the Federal mental hospital in Washington, DC, headed the team that prepared the 62-page report presented to Congress. The report covered the years at Morningside from 1948 to 1957.

Mr. Dawson of Illinois, from the Committee on Government Operations submitted the following Twenty-Fourth Report submitted by the Public Works and Resources Subcommittee.

On May 21, 1958, the Committee on Government Operations had before it for consideration a report as of September 19, 1957, from its Subcommittee on Public Works and Resources entitled "Morningside Hospital."

Morningside, a mental hospital with 400-bed capacity located at 10008 Southeast Stark Street, Portland, Oregon—Operated by the Sanitorium Company, an Oregon Corporation chartered in 1899. Mr. Wayne W. Coe, President, owns 598 of its 600 shares of stock. "For more than 50 years the corporation has been the agent of the United States Department of the Interior, under contract, to provide care and treatment for residents of Alaska who have been ordered committed as mentally ill." Contracts are in 5-year intervals—the Sanitorium Co. the sole bidder since 1915. The contract of June 18, 1953, was to expire on June 30, 1958.

Pursuant to section 302 of the Alaska Mental Health Enabling Act of 1956.
The act gave the Territory of Alaska the authority to write mental health care laws and regulations.

“Virtually all the patients in Morningside Hospital are those committed from Alaska. Many of them are Alaskan natives, who had been transported over a thousand miles from their homes to the Morningside Hospital, and many of them have been separated for long periods of time from their family and friends.”

“Numerous complaints and allegations that the patients have been receiving improper care and treatment.”

Report primarily concerned with the 10-year period, 1948 to 1957.

Conclusions of the 1958 report that was given to Congress.

1. The Morningside Hospital was for many years operated with insufficient professional staff and inadequate facilities; its patients received inadequate care and, in some cases, outright mistreatment and abuse. “Until about 1955, these inadequacies were so grave that they must be deemed wholly unjustifiable.” Substantial improvements made but still not adequately staffed.
2. Mr. Wayne Coe diverted profits “to his own benefit instead of hiring needed professional personnel.”
3. Repeated outside surveys and the spotlight which congressional committees have focused on the hospital inadequacies began needed reforms. The Congressional committee believed that “this history indicates that in the absence of the closest governmental supervision Mr. Wayne Coe cannot be trusted to provide proper treatment for the patients committed to his care if the congressional spotlight is removed and the profit motive again becomes the main factor.”
4. In Dr. Schumacher’s survey of 1952 there was only 1 registered nurse for 344 patients. At the time of the committee hearings, the number of nurses had been increased to 7 nurses due to committee pressure, but the committee felt the hospital should have had at least 16 to provide “adequate nursing service.”

5. Insulin-coma therapy “was used dangerously at Morningside Hospital during the period from 1949 to 1955 when the hospital was grossly understaffed and without sufficient professional personnel for such hazardous therapy.”
6. The Congressional committee found that the hazardous and improper manner in which insulin-coma therapy was administered contributed to “the high insulin-coma therapy death rate at Morningside Hospital” as compared to the insulin-coma therapy death rates among Oregon Hospitals during this period.
7. Morningside Hospital “depended, in substantial part, on patient labor for the operation of the hospital.”—Aside from the benefits of occupational therapy, it was “a gross abuse of patients.” “Many of them were overworked, their assignments bore little relationship to their needed treatment, and their labor was used for the personal benefit of officials and employees of the hospital.”
8. The hospital philosophy was “the more the patients could be worked, the less paid staff would have to be employed and the more profits the company and its owner would make.”
9. “Until 1957, when the Territory of Alaska relieved the hospital of its burial responsibilities under its contract and placed these responsibilities elsewhere, many deceased patients were being buried without regard for common standards of decency, including burial of two bodies in single graves, failure to mark graves, etc.
10. No trained dietician — “hospital served the patients with poorer and less appetizing food than that served to employees.”
11. Patients should be treated in Alaska—advantage taken of the therapeutic value of family ties, in accordance with the policy of Congress in passing the Alaska Mental Health Enabling Act of 1956.
12. Committee considered that the Department of the Interior “has been negligent and inefficient...in how it carried out its responsibilities.”
13. No social worker employed...” seriously hampered the recovery and discharge of patients.”
14. The failure of the Territory of Alaska to fill the position of medical officer meant that the hospital psychiatrist discharged patients and he had a conflict of interest in that he wanted patients to spend more days in the hospital for monetary compensations sake.

15. The Commissioner of Health only visited the hospital twice.

Principal Recommendations

1. Construct hospital and mental health program in Alaska.
 2. Provide adequate temporary facilities, preferably in Alaska.
 3. If stuck with Morningside—short term cost-plus-fixed fee with contract standards: increased professional staff, single standard food service, a boarding out program, correcting burials previously done, requiring a Territorial medical officer to determine when patients are ready for discharge.
 4. If insulin-coma therapy is administered—done only with adequate medical safeguards.
 5. The Commissioner of Labor notified on behalf of the patients working at the hospital to get compensation or other action to prevent abuses of labor.
 6. A civil suit between the Interior Department and the Sanitarium Co. may be taken on behalf of the patient workers.
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Morningside Hospital has 21 buildings spread over about 11 acres. Also farm adjoining has 77 acres and 7 buildings for truck crops, fruit and pasture. There are 28 acres to grow hay for cattle.

June 30, 1957—hospital had 138 employees and professional staff of 28 with 7 hospital nurses.

Both the 1948 contract and 1953 contracts required the company to “furnish all laboratory work, x-ray, surgery, and other medical care, including insulin-coma shock therapy” and recreational and occupational therapy. Morningside did not comply in 1948 or 1952.

Provision in 1953 contract to meet standards of Oregon State Board of Health—government paid a specific base rate per patient per month. In 1948 paid \$70 per patient per month—adjusted every 6 months. Last 6 months of 1948 contract was \$122.10 per patient per month. In 1953 contract--\$184 per patient per month.

The contract stipulated to reimburse company up to \$65 under 1948 contract and \$75 under 1953 contract for costs of burying a deceased person. Contract stipulated company must observe internment standards.

For patients discharged or boarded out--\$25 per patient. The company received up to \$400 for annual Christmas festivities.

In the 1948 and 1953 contract, the government stipulated they would place a medical officer at the hospital.

The hospital failed to provide standard of care under the 1948 and the 1953 contracts.

In view of the fact that the deficiencies in hospital staffing were repeatedly called to the attention of both hospital management and the Dept. of the Interior. Recommendations of the Department's medical officer, Dr. George F. Keller, and the 1948 survey by Dr. Shumacher reported that the hospital only had 1 doctor (no psychiatrist) and a medical student (no registered nurse, no social worker, no dietician). Service staff—54 persons.

Children were not separately housed, there were no school facilities, the wards were overcrowded, staff conferences were not held, follow-up notes on patients were insufficient and records did not reveal work details.

In late 1949, the Interior Dept. requested a group of specialists headed by Dr. Winfred Overholser, Superintendent of St. Elizabeth Hospital, the Federal mental hospital in Washington, D.C., to study the mental health needs of Alaska. The report of 1950 noted "that only custodial care is provided" at Morningside. "Patients appear to be well fed and sympathetically treated" but "practically no psychiatric treatment if afforded the many patients who urgently need such treatment. The professional staff is inadequate numerically and professionally to provide the required treatment.

Dr. Schumacher's survey of June 1952—There was one psychiatrist for 344 patients in residence who had a "minimum of training." There was only 1 graduate nurse with duties limited to care of patients receiving insulin-coma shock therapy. One registered occupational therapist, 1 part-time schoolteacher, no social worker

and no nutritionist. The American Psychiatric Association recommends 1 physician to 30 patients on acute words and 1 to 150 on continuing treatment cases.

Eighteen staff in charge of patients on the farm, laundry, shop, kitchen, etc. The ratio is 1 to 5.5.

Well over half of all patients have been in the institution more than 6 to 9 years. More patients are employed in industrial therapy than in occupational therapy.

Patients have no contact with family or relatives.

Survey team led by Dr. Thomas Parran, former Surgeon General of the United States in 1954 reported the custodial care was good, but there was still only 1 psychiatrist. Added 2 physicians and second nurse, but nurses were being used only for insulin shock therapy and active tuberculosis patients. Patients in the regular wards were still being served only by attendants. There were 348 Alaskan patients. The food was mediocre and below standard.

Dr. Schumacher's recommendations of 1955—Morningside should have a minimum professional staff of 2 full-time psychiatrists, a full-time clinical psychologist, a dietician, a psychiatric social worker and other increases in staff. Patients are hampered in their recovery because they are “separated great distances from their families and they lose contact with both family and community.”

Report made November 19, 1956, by Miss Tirzah Morgan, mental health consultant of the Public Health Service—there were improved standards of cleanliness, hygiene and physical nursing care, but changes made were to make a good appearance. Occupational therapy work was of a limited kind. Long-range changes not happening—improvements in ward level staff not being made. There was an increase in the number of severely brain damaged children that the hospital was not prepared to face.

June 18, 1957 Report—decreased use of insulin shock therapy and increased use of tranquilizers. Decrease of tuberculosis patients.

Report by North Pacific District Branch of the American Psychiatric Association, September 10, 1957—Improvements in staff. Recommendations there be a more expeditious release of patients ready for discharge. There are 335 to 375 patients. At this rate the psychiatrist has only 2 minutes per day per patient. There is no

boarding out program and no social worker. Need 2 psychiatrists and more nurses and a dietician and psychiatric-trained social worker.

Elderly patients who “lacked control of their eliminative functions” were “strapped to stools in the lavatory” for many hours. One person died of exhaustion. In one case, “a patient who vomited during an epileptic fit was placed, by two attendants...in a bathtub with 10 inches of water and doused with buckets of water instead of being cleaned with a sponge or cloth.” The patient died. (1953) In another case, an epileptic was “assigned to work in the boiler room with hot-water hoses and was found scalded and dead (1948)

“One of the gravest of the complaints investigated by the committee was that the hospital management had exploited patients, or as one complainant put it, had made ‘slaves’ of the patients.” Patient labor includes “planting and harvesting crops, caring for cattle and pigs”, work in cannery, laundry, carpentry, machine and print shops, janitorial and construction and alteration of building, etc. Patients worked a 12-hour day, 6 days a week. In 1956, the value of the patient’s labor was \$87,000. Patients were exhausted and received no pay or nominal sums of 25 cents or \$1 per week. No records were kept of the patient’s work and patients worked in the homes of officials and employees. “For example, patients were assigned to work at the homes of Mr. Wayne Coe, who controls the company and, Mr. Harvey Lazelle, Miss Hagna, the secretary and others without pay.”

Food “included old and moldy bread, pork with bristles.” “Full of grease.” Written menus were different from what was actually served to patients.

The Sanatorium Co. did not properly handle the accounts of money belonging to the patients—money from relatives and social security were co-mingled with company funds.

Burials—unmarked graves were near a ravine and overgrown by tall grass. —In 1953 the contract applied standards in the contract, but they were not observed. There was a confusion in records as well as absence of markers.

In 1947 no license was granted Morningside because the well water was contaminated, and raw milk was served among other reasons. Granted again on March 10, 1949. In 1951 the license was again withheld and granted again in 1952.

During the 20-year period from January 1, 1936, to December 31, 1955, the company received \$7,374,126 as payment from the government. The company made a net profit of \$521,498. Many of the profits were diverted to the owner of the company, Mr. Wayne Coe, and he charged personal expenses to the company also. He sold the cattle of the company for personal profit.

Since approx. 1929, the Dept. of the Interior had its own medical officer stationed at the hospital. Dr. George F. Keller was employed at Morningside as Medical Officer from 1947 to 1957. “He found conditions at Morningside deplorable, with inadequate staff, and improper care and treatment of patients verging on outright abuse.” In 1948, the Schumacher report confirmed Kellers’s findings. Mr. Wayne Coe, the owner of the company, stalled them and frustrated any improvements.

Congressional Committee involvement first occurred April of 1955.

Minority Report from the Dept. of the Interior

The Department of the Interior rejected any blame cast on them and put the blame on the Medical Office, Dr. George Keller, for not speaking up. They said that the hospital was much improved from 1955 until the time of the congressional hearings. They downplayed any mistreatment on the part of the hospital. The minority report states that the boarding out program, which did not happen, was under Dr. Keller’s supervision.

Hearing held by a special subcommittee of the Subcommittee on Interior Affairs, Hon. Edith Green, Oregon, presiding, April 7, 1955, Subcommittee on Territories and Insular Affairs contributed to the enactment of the Alaska Mental Health Act.

Document “Additional Views” by Hon. Clare E. Hoffman

The Hon. Clare E. Hoffman states that the food was adequate, “sufficient, well-prepared.” “Bedding clean and in order.” There were no other bidders on the government contract besides Morningside. “A congressional committee departs a long—long way from what may be considered proper procedure, commonsense, and good judgement when it permits an expert to charge individuals with misconduct, criminal negligence, when that charge is based upon hearsay and the opinions of others.” “The contention that...the hospital was inadequately staff is undoubtably true....is that the staff compared favorably with that of other

hospitals.” “The answer: The alleged mismanagement, abuse and ill treatment just did not exist.” “As the years went on there was a steady improvement in the physical facilities and in the treatment of the patients.”

The evidence does not support any allegations that deaths occurred in the hospital as a result of criminal negligence. The above congressman was against Alaska treating the mentally ill in Alaska.

The Overholser committee recommended the development of a comprehensive mental health program under the Alaska Territorial Dept. of Health. Also, the construction of an adequate modern mental health hospital in Alaska. Report submitted February 10, 1950.

In recent years, the patient load at Morningside Hospital has been ...345. “Year 1955—359 patients—232 males and 127 females.” On June 30, 1954—345 patients---225 males and 120 females. During fiscal 1954, 77 patients were admitted, 44 patients were discharged, and 18 were paroled.

Additional Views of Hon. Victor A. Knox

“I toured the entire hospital” to see what the situation was at present. “I found conditions there ...to be possibly same or superior to that of the many state hospitals with which I have become familiar during 16 years with the Michigan State Legislature.” There were no wards that were under lock and key. There was a specific ward for tuberculosis.

Subsequent to these inquiries the plan of the Territory of Alaska to continue to use Morningside Hospital until facilities are available in the Territory to care for their patients has been approved and a new contract has been entered into between the Territory and the hospital for this purpose.

The Territory of Alaska was given the authority to establish mental health laws and regulations in 1956. The contract to care for Alaska residents in Morningside would continue until late 1967.

Information provided by Faith J. Myers

Author of the book, “Going Crazy in Alaska: A History of Alaska’s treatment of psychiatric patients.”

My View: In the 62-page Overholser report to Congress, there was no effort to get the opinions of the 300 plus patients or to get statistics: number and type of patient complaints, injuries and traumatic events. ---The same as today in 2024 in Alaska's locked psychiatric facilities--patients have no voice.

Opinion:

4/19/24

Alaska must end letting managers of locked psychiatric facilities be in charge of psychiatric patient rights and quality of care.

The Overholser report submitted to the 85th Congress, 2nd Session in 1958 is still relevant today. The subject of the report was the 400-bed psychiatric hospital, Morningside, in Portland, Oregon. Virtually all the patients were Alaska residents; many were Alaska natives.

The 1958 report outlined the mistreatment that patients at Morningside had to endure. Some patients were used as house servants and worked 12 hours a day with one day a week off and given little or no pay in compensation. The report goes into other details of patient mistreatment.

By 1958, both the Federal government and the Territory of Alaska had signed contracts with Morningside for the care of psychiatric patients and by 1959, the state of Alaska would also join in and sign a contract despite the publicized patient mistreatment.

How did the horrendous mistreatment of psychiatric patients in Morningside continue for nearly 7 decades? The answer lies in the 1958 report to Congress. The Federal government, the Territory of Alaska and the state of Alaska all set a standard of patient care, but there was no effective enforcement mechanism. As soon as the oversight left, managers of Morningside Hospital went back to business as usual. And that was denying psychiatric patients basic rights and care in order for the facility to save money and to operate for convenience.

And that brings us to 2015, when the Legislative Legal Services stated that the state is turning psychiatric patients over to locked psychiatric facilities with an insufficient state standard of care. And I would add insufficient oversight.

Managers of psychiatric facilities have been asked by the state to write the psychiatric patient's grievance and appeal process (AS47.30.847) in order for the state to save money.

Psychiatric patients were given eleven rights by state law AS47.30.840. Managers of psychiatric facilities have been put in charge of interpreting those rights with little or no state oversight and enforcement.

Psychiatric patients were given a right to gender choice of staff for intimate care (AS18.20.095) to cut down on patient trauma and abuse. A recent state report shows that only one of twelve facilities has written a policy that complies with the state law.

In 1958 the Overholser report to the Congress shows that the patients were being mistreated and even brutalized at Morningside because the standards set by the Federal government and the Territory of Alaska had no effective enforcement mechanism.

Not much different today in 2024—there is still insufficient state enforcement of psychiatric patient rights and patients do not receive independent assistance when filing a grievance or an appeal.

For Alaska to move away from the mistakes of 50 or 100 years ago in mental health care, the Legislature is going to have to get involved and put in place an oversight agency and also, put in place enforcement mechanisms for psychiatric patient rights and quality of care requirements.

Faith J. Myers,

Author of the book, "Going Crazy in Alaska: A History of Alaska's Treatment of psychiatric patients."