

*J. Langdon M.D.*  
**MORNINGSIDE HOSPITAL**

---

---

**HEARINGS**  
BEFORE A  
**SUBCOMMITTEE OF THE**  
**COMMITTEE ON**  
**GOVERNMENT OPERATIONS**  
**HOUSE OF REPRESENTATIVES**  
**EIGHTY-FIFTH CONGRESS**  
**FIRST SESSION**

SEPTEMBER 16, 17, 18, AND 19, 1957

Printed for the use of the  
Committee on Government Operations

From  
E. L. BARTLETT  
Delegate in Congress from  
Alaska



Mr. CHUDOFF. Dr. Langdon, please?

What is your full name, sir?

Dr. LANGDON. Dr. J. Ray Langdon.

Mr. CHUDOFF. And where do you live, Dr. Langdon?

Dr. LANGDON. 10064 Southeast Stark, Portland.

Mr. CHUDOFF. Dr. Langdon, would you put your right hand on the Bible? Do you solemnly swear that the testimony you are about to give before this subcommittee shall be the truth, the whole truth, and nothing but the truth, so help you God?

Dr. LANGDON. I do.

Mr. CHUDOFF. Would you be seated, please?

#### TESTIMONY OF DR. J. RAY LANGDON, PORTLAND, OREG.

Mr. CHUDOFF. Doctor, what is your official title with the Morningside Hospital?

Dr. LANGDON. My title is acting medical director.

Mr. CHUDOFF. Will you proceed, Mr. Indritz?

Mr. INDRITZ. Dr. Langdon, could you summarize for us, your professional education and experience?

Dr. LANGDON. I was graduated from St. Louis University School of Medicine, 1950; internship in Pueblo, Colo.; 2 years psychiatric residency, Norways Foundation Hospital, Indianapolis; 2 years, United States Air Force; 8 months Medfield State Hospital, Medfield, Mass.; and since March 1, 1956, I have been associated with Morningside Hospital.

Mr. INDRITZ. Now you mentioned 2 years in the Air Force—What did you do in the Air Force?

Dr. LANGDON. I was psychiatrist with the 3700 Air Force Hospital, Lackland Air Force Base, Tex.

Mr. INDRITZ. And you mentioned association with various hospitals, but you didn't describe what you did in those hospitals.

Dr. LANGDON. As a psychiatric resident in Norways Foundation Hospital in Indianapolis, I was engaged in training in various psychiatric procedures.

Mr. INDRITZ. Are you a diplomate of the American Board of Psychiatry and Neurology?

Dr. LANGDON. I am.

Mr. INDRITZ. When did you receive your diplomate?

Dr. LANGDON. In December 1956.

Mr. INDRITZ. And you became employed at Morningside in June of 1956?

Dr. LANGDON. March 1956.

Mr. INDRITZ. March 1956. When you came to Morningside Hospital in March of 1956, did you observe the staffing patterns, procedures, and general conditions of patient care and treatment at Morningside?

Dr. LANGDON. To my ability I tried to.

Mr. INDRITZ. Since that time, what changes have you made in staffing at Morningside Hospital?

Dr. LANGDON. Well, I personally have not made any particular changes. The staff of the hospital as a whole has participated in any changes that have been made. And in that time, I can't say exactly what all changes have been made at the time I was employed at the hospital. At first, I do not know the number of attendants,

and I only know the exact number right now because of the testimony here; however, we at that time had 6 full-time nurses, as I understand, and we now have 7.

Mr. INDREITZ. Was that additional nurse employed at your recommendation.

Dr. LANGDON. Well, I always recommend additions to personnel wherever I have been, except in the Air Force.

Mr. INDREITZ. Dr. Langdon, most of the members of the committee, and at least this member of the staff, have been in the military services, and appreciate fully what you mean. Dr. Langdon, you heard the testimony of Dr. Ivor Campbell and Dr. John Waterman; did you?

Dr. LANGDON. I heard most of it, I think.

Mr. INDREITZ. Did you hear the recommendations made by those two doctors with respect to nurse staffing at Morningside?

Dr. LANGDON. I heard it. I don't know that I recall the exact details.

Mr. INDREITZ. May I help you to recollect that Dr. Campbell recommended Morningside ought to have 18 nurses and that Dr. Waterman generally concurred, and I believe mentioned the figure of 17 nurses?

Dr. LANGDON. Well, if that is what it was.

Mr. INDREITZ. Now, what is your opinion with respect to the need for additional nurses at Morningside Hospital?

Dr. LANGDON. Well, now, by nurses, what precisely do you mean?

Mr. INDREITZ. I am using the word "nurse" in the sense that those two doctors used it; namely, registered nurses.

Dr. LANGDON. Well, if we could have 18 or 80 psychiatric nurses—psychiatrically trained, it might be helpful. It would be difficult to say how many nurses could be properly used because of their qualifications and their personalities and all are quite varied; and I believe that this is the actual sense of the recommendations, although by quoting them in black and white, they merely have to say "registered nurse," and actually the American Psychiatric Association would like to have psychiatric nurses where indicated and general duty medical nurses where indicated; however, I don't believe that this is spelled out. I haven't seen that report, actually.

Mr. INDREITZ. Well, I am not sure that I understand your response, Doctor. I did understand Dr. Campbell to say that the present nursing staff at Morningside with 7 nurses, though much better than it had been, is still not in compliance with the standards of the American Psychiatric Association, and that he recommended 18 nurses, and I understood Dr. Waterman to concur generally, and that he mentioned the figure of 17 nurses. Now, are you saying that you disagree with those recommendations, or that you differ?

Dr. LANGDON. Well, I could hardly agree or disagree, because they are stated in the terms that you have stated them, and I point out that there are differences among nurses.

Mr. INDREITZ. Let me ask the question a little differently. Are you familiar with the staffing standards of the American Psychiatric Association?

Dr. LANGDON. Not entirely; no.

Mr. JONES. Mr. Chairman, may I ask a question of the witness, probably to save some time? If you did see them, would you be—would you have a different opinion from that of the national association?

Dr. LANGDON. Well, I don't think I do have a different opinion from that of the association.

Mr. JONES. So you would accept any figure that the National Association would advance, whether it would be 5, 10, or 100 nurses per patient?

Dr. LANGDON. I would accept this figure as representing an ideal.

Mr. JONES. All right. Mr. Counsel, he has answered your question.

Mr. CHUDOFF. He says he accepts the figures in the books.

Mr. JONES. He accepts the figures in the books.

Dr. LANGDON. As representing an ideal.

Mr. INDRITZ. Well, now, on the basis of the figures which are stated in that pamphlet and which I have just handed to you, and which you may look at to refresh your recollection, what is your opinion as to the need for additional nurses at Morningside Hospital?

Dr. LANGDON. Well, now, our present staff of nurses, I think, is a rather competent group. I think you have had some acquaintance with these nurses, and I think that they do a rather good job; therefore, I have not made any recent recommendations for additions to the staff.

Mr. INDRITZ. In the light of the testimony that you have heard and your experience thus far at Morningside: Are you considering making recommendations for additional nurses?

Dr. LANGDON. Well, in light of my present and future experience at Morningside, I might make recommendations for various things; not on the basis of what I have heard, however.

Mr. CHUDOFF. Well, now, on the basis of what you have seen, would you make recommendations for additional nurses? Let's stop fencing with each other.

Dr. LANGDON. Well, this here, you mean?

Mr. CHUDOFF. What?

Dr. LANGDON. This, you mean?

Mr. CHUDOFF. No; not this. I mean in Morningside—you work there now, don't you, Doctor? On the basis of your experience as a psychiatrist at Morningside on the basis of having seen and—the seven nurses work. Would you make a recommendation for more nurses at Morningside Hospital?

Dr. LANGDON. Well, not at the present time. I would very likely in the future if I felt that the treatment program as we are trying to work it along would justify the use of more nurses, I would recommend their addition.

Mr. CHUDOFF. What you are trying to tell us is that with the seven nurses, everything is fine there?

Dr. LANGDON. No; that is not what I said.

Mr. CHUDOFF. Well, now, you tell me what you said.

Dr. LANGDON. I said as the treatment program is developing—

Mr. CHUDOFF. I am trying to understand you.

Mr. JONES. I didn't get your reply, Doctor.

Dr. LANGDON. I said that as the treatment program develops, and if we are able to do as good a job as we hope, we may find that more nurses or more something else is indicated. We constantly find that.

Mr. CHUDOFF. Well, the only thing we are trying to clear up, Doctor, and I don't want to belabor the point, is this: Dr. Waterman made a recommendation and Dr. Campbell made a recommendation, Dr. Guthrie made a recommendation, and these doctors thought that,

in order to operate Morningside efficiently, there should be 16, 17, or 18 nurses. You have seven. Now, you work there. You see how the nurses operate. If you feel that 7 are sufficient, you tell us that. We are not trying to make you say they need 16 if you don't think they need 16.

DR. LANGDON. Well, I think—

MR. CHUDOFF. We are trying to get the facts from you.

DR. LANGDON. I think, in order to make these facts mean something, we would have to understand what we are trying to do with treatment, and what—how these things develop.

MR. CHUDOFF. We are not psychiatrists. We want to know that whatever you have to do to treat these patients, either medically or through therapy, whether seven nurses can do the job or you need more, and, if you need more, how many more do you need?

DR. LANGDON. Well, I am saying that right now, at the present time, with my knowledge, which is necessarily limited, I am doing the best job I can with these nurses, and they are doing a good job—

MR. CHUDOFF. What do you mean; that your knowledge is limited? Don't you know what's going on there?

DR. LANGDON. I don't know all about mental illness, and I don't know all about mental deficiency, and I don't know all about any type of medicine, nor do I know all about many fields with which psychiatry is closely related.

MR. CHUDOFF. You know, in your capacity as psychiatrist for the hospital, whether or not there are enough nurses to take care of the patient load, don't you?

DR. LANGDON. Well, I don't know what you mean by patient load, but—

MR. CHUDOFF. Well, I am trying to make you understand: I am not a doctor. I am trying to find out—I am trying to find out whether the things that they do for the people that are committed to Morningside Hospital, either by the court or contracted to the Morningside Hospital by the Government or Alaska—the Territory of Alaska—whether there are enough nurses to take care of whatever you have to do to take care of those patients?

DR. LANGDON. Today, there are; tomorrow, I may know something more, and I may need more or I might need less, depending on how much I am able to learn.

MR. CHUDOFF. At this very moment, 7 are enough, but tomorrow morning at 9 o'clock you may need 9; is that it?

DR. LANGDON. It's possible.

MR. CHUDOFF. All right. That's what I want to find out.

MR. INDRITZ. Dr. Langdon, you had heard these other psychiatrists with considerable experience in the field of both psychiatry and hospital administration recommended 16, 17, or 18 nurses. What are the considerations that lead you to disagree with those recommendations?

DR. LANGDON. The considerations that lead me to disagree with that are, No. 1, the amount of knowledge and ability that nurses and I, together with the rest of the staff of the hospital, are able to bring to bear on a patient's illness.

MR. HOFFMAN. Could I ask him one there?

MR. CHUDOFF. Surely.

Mr. HOFFMAN. Well, they are basing their statements on a sort of a hard and fixed rule—so many nurses to so many patients, aren't they?

Dr. LANGDON. Well, necessarily, they have to do that.

Mr. HOFFMAN. That's what they're doing. Now, there are all degrees of knowledge and service—quality of service among nurses. The nurses don't all weigh just so many pounds, and they don't all have just so much ability; they don't always render just a certain amount of service, do they? It varies with the individual and the knowledge and so on, every time?

Dr. LANGDON. This is true of nurses and everybody else, of course.

Mr. HOFFMAN. Why, sure, and you are basing your statements upon what you know of the situation at Morningside? And I think all the committee wants to know is whether or not you, in the exercise of your judgment, which Dr. Waterman said every physician should exercise, is entitled to exercise, whether or not there are enough nurses there now; is that it, Mr.—

Mr. CHUDOFF. Well, I think he said there was. He said 9 o'clock tomorrow morning there may not be, but, at this moment, they are sufficient. And I said that was what I wanted to know.

Mr. HOFFMAN. Sure, and if, by plane, 20 more patients should arrive—there is no hard and fixed rule which can be applied to all hospitals or all the groups of patients, is there?

Dr. LANGDON. No; the American Psychiatric Association is trying to improve the standards of all mental hospitals, and that is what they are working toward, and that's why they try to set up these regulations and these staffing patterns.

Mr. JONES. Mr. Chairman, may I ask the doctor a question? Doctor, as I understand, your statement is that the condition of the hospital never stays static; therefore, you can't tell from day to day what your requirements are going to be in the way of employment to the proper operation and management of the hospital; is that correct, sir?

Dr. LANGDON. That's true. It may well be that—there are all types of forces acting within the hospital—there may be more patients; we may know more; the patients may improve, and this changes the picture.

Mr. JONES. Now, Doctor, are you called in by the management to satisfy their inquiries as to the needs of the hospital with respect to corpsmen and nurses and other medical requirements, such as medicines and all the rest of the needs?

Dr. LANGDON. Well, now, in conditions of medical—medicines, drugs, and such as that, management has not asked me, and I have not asked them. We merely order the drugs.

Mr. JONES. Well, I didn't mean to just confine it to—they ask you your opinion on what the requirements are going to be at the hospital from day today, don't they?

Dr. LANGDON. Normally, we consult rather frequently.

Mr. JONES. Yes, and they ask you to extend your opinion with them, as to the requirements of the hospital and the needs of the hospital in the future?

Dr. LANGDON. They ask me to give my best estimates so they—

Mr. JONES. And you give the best estimate to Mr. Wayne and Mr. Henry Coe?

Dr. LANGDON. Yes.

Mr. JONES. Well, now, would you be just as generous with this committee in extending an estimate of the requirements and the needs of that hospital with respect to trained personnel to properly operate it and give the patients the minimum type of care that would be, in your opinion, the best psychiatric care that you could render under the circumstances?

Dr. LANGDON. Now, you specified the best psychiatric care under the circumstances, and—

Mr. JONES. Under the limitations of the money, and the limitations that you have at your disposal, Doctor. I did not put a hypothetical question to you. I am talking about the position that you occupy in the Morningside Hospital, and the regular number of patients that come in, and the regular number of patients that are discharged. I am asking no more of you for the committee than would be required of you in the way of the management of the hospital to ask you to say what you think would be the needs?

Dr. LANGDON. Well, actually, I offered, as you know, to try and help the committee in any way I could.

Mr. JONES. Yes, sir. Now, to that question. If you are of the same mind now as you were, how many actual—how many nurses do you think it would actually take to give the minimum requirements to the patients there at Morningside Hospital?

Dr. LANGDON. Well, the minimum requirements might well take no nurses.

Mr. JONES. All right. None. All right, to give the best attention, how many would you say?

Dr. LANGDON. Well, let's see. I would suppose that we might have, for the best attention, we might have 40 or 50.

Mr. JONES. All right. In other words, 40 or 50 would be suitable to you to operate under the optimum opportunities there as a psychiatrist; is that right?

Dr. LANGDON. Understand, that was a guess, but—

Mr. JONES. Well, make your best guess now.

Dr. LANGDON. With the present conditions, I think that with 50 nurses, we could give pretty good care.

Mr. JONES. All right. Now, then, if you got 20 nurses—

Mr. CHUDOFF. How many?

Mr. INDRITZ. How many?

Mr. CHUDOFF. Fifty?

Dr. LANGDON. Five O.

Mr. INDRITZ. You are recommending 50 nurses?

Dr. LANGDON. He asked me in the best care that I could possibly give.

Mr. JONES. That's right. The best care. He said under minimum requirements, he could get by without any.

Mr. CHUDOFF. Mr. Jones, I am not arguing. I just didn't hear.

Mr. JONES. Yes; I was going to say that. Now, then, in your opinion then, the estimate that Dr. Waterman and Dr. Campbell expressed that 20 nurses would not be excessive to the needs of the hospital?

Dr. LANGDON. Well, it would be right now.

Mr. JONES. I beg pardon?

Dr. LANGDON. It would be right now.

Mr. JONES. Why do you say not—right now?

Dr. LANGDON. Because as I previously expressed, in attempting to develop a treatment program which involves the whole hospital, all the staff members, all the patients, we cannot arbitrarily stick in a lot of other people who haven't fitted into the program yet.

Mr. JONES. Well, then, do you think there is any possibility under the present arrangement that you could reduce the personnel, and relieve the Government of having to spend extra money down there for unwanted or unneeded personnel?

Dr. LANGDON. Well, I have already said that I recommended the present setup, so I don't think that I could say that I want to reduce it right now, under our present situation.

Mr. JONES. So you are satisfied with the present personnel and present arrangement at Morningside?

Dr. LANGDON. I might point out, Mr. Jones, if I might, that no hospital to which I have been, have I, or the management or the administrator been satisfied. They have all been trying to make improvements. Well, I guess the Air Force was, too, but at all the other hospitals, this has been the constant state.

Mr. JONES. Except right now?

Dr. LANGDON. Well, with Mr. Chudoff's recommendation of until tomorrow morning, maybe.

Mr. JONES. Well, of course, the only thing you can gage by tomorrow morning is of what happened on yesterday.

Dr. LANGDON. Well, understand that was merely to point out that these things are changing rapidly.

Mr. JONES. Well, Doctor, what are your long-range plans to improve psychiatric care at the hospital?

Dr. LANGDON. Well, the long-range plans, of course, were in operation before I came there, and I have tried to elaborate on them since that time, and insofar as I am able to increase my own experience and knowledge, the long-range program would include increasing development of all the programs that are now in operation, plus addition of any new ones I might be able to—

Mr. JONES. Now, you mean programs—increase in personnel to carry out those programs?

Dr. LANGDON. If it was indicated and necessary, I would certainly recommend increased personnel.

Mr. JONES. Now, if you accelerate your psychiatric program at the hospital, wouldn't it of necessity require a larger staff of nurses?

Dr. LANGDON. Not of necessity, no.

Mr. JONES. It would not?

Dr. LANGDON. As we pointed out, that all people are different, and we hope that all people are learning all the time.

Mr. JONES. Well, now, Doctor, do you have any different mental situation as far as the character of the patients that is different from any other mental hospital?

Dr. LANGDON. Well, now, as far as State hospitals that I know about, and private mental hospitals and the veterans' hospitals—

Mr. JONES. Yes, sir; all of them.

Dr. LANGDON. That I know about, naturally we do have a different situation because we have to operate both as a hospital for adult and child emotionally disturbed patients as well as those—



MR. JONES. Doctor, will you give us an example of a hospital that has increased its psychiatric care that has not increased the need for more nurses and more trained personnel to carry out the wishes of the psychiatrists?

DR. LANGDON. Well, now, in answer to your previous question which I didn't quite finish. I said that we also—

MR. JONES. Excuse me. I didn't want to cut you off, Doctor.

DR. LANGDON. We not only have the adult and children with emotional disorders, but we have a number of adult and children with neurological and other types of mental deficiency. This is different than in most other mental institutions.

MR. JONES. The chairman has just notified me that I am almost in violation of my own motion. So, Doctor, I enjoyed and I appreciate your replies to my inquiries and I want to thank you.

MR. CHUDOFF. I want to ask you a few questions. Doctor, I believe you testified in reply to Mr. Jones' question that your hospital is a little different than the average private, public and veterans' mental hospital because you have children and emotionally upset people and adults, and therefore it is not like a veterans' hospital that have all men that have a mental problem; is that right?

DR. LANGDON. Well, I believe there are a few veterans' hospitals that have women.

MR. CHUDOFF. Well, your hospital is different. Now, isn't it true that if you have a different problem, a greater problem than the average mental hospital, you would need more nurses?

DR. LANGDON. Not necessarily, no. We need different things for different problems.

MR. CHUDOFF. All right, now you heard the gentleman from the Interior Department testify while you were sitting in the back of the room; didn't you?

DR. LANGDON. Well, I didn't hear all that he said. I tried to listen.

MR. CHUDOFF. Well, do you remember in response to a question by counsel, the Chief of the Office of Territories said that the Department had already prepared an amendment to the contract with the Morningside Hospital to pay—the Government to pay, \$35,000 more a year for more nurses because both the Government and the Morningside Hospital realized that they needed additional personnel. Did you hear him testify to that?

DR. LANGDON. I did not hear that; no.

MR. CHUDOFF. Well, that's what he said, and am I right about that, Mr. Lausi? You said that you were about to enter into a supplemental agreement with the Morningside Hospital for additional medical nursing personnel which would cost the Government about \$35,000?

MR. LAUSI. That was based on the Parran report; yes.

MR. CHUDOFF. Yes, on that Parran report. And that the only reason why you never went through with the supplemental agreement was because of the fact that the hospitalization was transferred to the Territory of Alaska, and you didn't want to saddle them with the additional \$35,000 expense; you felt that they ought to enter into it themselves if they wanted to?

MR. LAUSI. Well, it had not yet been transferred. We expected the bill to be passed.—

Mr. CHUDOFF. That's right, you expected the bill to be passed. But in view of the report that you received, you felt there was justification for additional nursing—personnel in the hospital?

Mr. LAUSI. Just based on the Parran report, and I—

Mr. CHUDOFF. I understand that, and you had definitely made up your mind, and you had concluded that it was worth \$35,000 to meet that request in that report?

Mr. LAUSI. Well, I would say yes.

Mr. CHUDOFF. Now, in view of what the Chief of the Office of Territories has said, would you say that there was need for additional nursing personnel in the Morningside Hospital?

Dr. LANGDON. What was the date of the Parran report?

Mr. CHUDOFF. What was the date of the Parran report, Mr. Lausi?

Mr. LAUSI. October or November 1954.

Mr. CHUDOFF. October or November 1954?

Mr. LAUSI. Well, I am not certain how many nurses were at the hospital at that time.

Mr. CHUDOFF. Less than you have now. How many were there, Mr. Indritz?

Mr. INDRITZ. I think there were two.

Mr. CHUDOFF. There were 2 or 3; now you have 7.

Dr. LANGDON. And we have got \$35,000 more to get more nurses?

Mr. CHUDOFF. You don't have it. You almost got it. Just missed out on it.

Dr. LANGDON. Well, now, certainly, if we had \$35,000 more, we would try and use it in some way.

Mr. CHUDOFF. Well, they weren't just going to give you \$35,000 because they liked you. They were going to give you \$35,000 more because they felt there was a need for additional nursing personnel based upon this report, and it wasn't just an outright gift of \$35,000, it was because the hospital was going to hire more nurses to meet the demand.

Mr. LAUSI. Mr. Chairman, for the nurses, as I recall it, it was 5 to 15 thousand dollars a year.

Mr. CHUDOFF. All right, well, then \$20,000 was for nurses and—

Mr. LAUSI. It involved a psychiatric social worker, and—

Mr. CHUDOFF. Well, let's get the record straight. Was any part of that for nurses?

Mr. LAUSI. Yes; I will get the Parran report.

Mr. CHUDOFF. All right, fine. Now, Doctor, I believe you testified that you graduated from medical school in 1950?

Dr. LANGDON. I believe so.

Mr. CHUDOFF. And you had—you were in the Air Force for part of that time?

Dr. LANGDON. Right.

Mr. CHUDOFF. Did you ever, during the time that you weren't in the military service, work at any mental hospital in the capacity of chief psychiatrist or administrator?

Dr. LANGDON. I worked in the capacity of senior physician, but not as chief or superintendent.

Mr. CHUDOFF. And at what hospital was that?

Dr. LANGDON. Medfield State Hospital, Mass.

Mr. CHUDOFF. But you have never been chief psychiatrist or **chief** administrative psychiatrist as you are in the Morningside Hospital!

Dr. LANGDON. I presume that's true.

Mr. CHUDOFF. That's all. We will get you that figure as soon as the Chief of the Office of Territories gets it. Do you have any questions. Mr. Hoffman? Mr. Knox?

Mr. KNOX. Yes; I have. Dr. Langdon, I had the privilege of touring Morningside Hospital and I was greatly impressed with some of the things that you told me as we made the tour, and since that time, I have had the pleasure of meeting a young man, Mr. Rollie Dobson, of the TV station here in Portland, former member of the press here in Oregon, and he showed me some pictures of a social function at the hospital. I should like to show them to you and ask you if you could identify them as a social function at the hospital?

Mr. CHUDOFF. That is not tunnel therapy, is it, Mr. Knox?

Mr. HOFFMAN. It is an activity required under the terms of the **contract**.

Mr. CHUDOFF. It's not tunnel therapy?

Mr. HOFFMAN. I don't know what they call it, but it's required by the contract.

(Papers handed.)

Dr. LANGDON. Yes, sir.

Mr. KNOX. The notation on the back of each picture is "The Christmas Party of 1955."

Dr. LANGDON. Yes; I see that.

Mr. KNOX. In which the staff members, the employees and that patients all mixed and participated? I think it is something that should be recognized as a function which you do not often see in mental institutions, and I believe it is one that we should look up to, one that I believe will greatly assist in the restoration of the individual who happens to be a patient, back to normal life. What is your opinion, Doctor?

Dr. LANGDON. Well, I might point out that these pictures were taken in 1955, and while I can't comment on that time, I know that these **functions** are not unusual then or now, and as I have already pointed out, the type of treatment program that is going on in psychiatry now requires long-term patience and long-term step-by-step planning, and these pictures are certainly an evidence that things were going on then, and I hope that we will be able to continue improving on that **in the future**.

Mr. HOFFMAN. Will you yield?

Mr. KNOX. I will be most happy to yield momentarily.

Mr. HOFFMAN. Section 13 expressly states: "Appropriate Christmas festivities and so on," isn't that right—in the contract? The contract calls for it?

Dr. LANGDON. Oh, you're reading that from the contract?

Mr. HOFFMAN. Yes.

Mr. CHUDOFF. Well, Mr. Hoffman, I don't think any member will deny that they have dancing there.

Mr. HOFFMAN. What?

Mr. CHUDOFF. I don't think anybody said that they shouldn't have dances and that they don't have Christmas parties. I am sure that they have Christmas parties, and I think we all agree that—

Mr. HOFFMAN. No; no; no. I was just showing that the Interior Department was careful enough to include it in the contract.

Dr. LANGDON. Of course, this is not the only occasion of having such activities. We have them as often as we reasonably can.

Mr. CHUDOFF. I think that's very nice.

Dr. LANGDON. If it will fit in with therapeutic program.

Mr. KNOX. Mr. Chairman, I ask unanimous consent, without reproduction of the pictures which I have shown to Dr. Langdon, that they become a part of the original record, without reproduction.

Mr. CHUDOFF. I can't see any objection to it. Let's put it in the appendix.

Mr. KNOX. That's O. K.

Mr. CHUDOFF. Doctor, can I ask you one question? Morningside Hospital is not the only mental hospital in the United States that has dances for the patients; is it?

Dr. LANGDON. Morningside Hospital has dances, perhaps of different character than other hospitals, but certain other hospitals have dances.

Mr. CHUDOFF. I think it is recommended as a good type of therapy in a mental hospital; isn't it?

Dr. LANGDON. Well, it is not an isolated thing. It is part of the total therapeutic program.

Mr. CHUDOFF. We may have a problem here. Mr. Indritz, our counsel, tells me that the only way we could possibly preserve the secrecy of the patients if we print these pictures is to blind out the faces, and I don't know whether that is good or bad.

Mr. KNOX. Mr. Chairman, I asked that the pictures be in the original record without reproduction.

Mr. CHUDOFF. We will put them in the files of the committee, because I think we have agreed not to give any names of patients, and I think the pictures certainly would identify them.

Dr. LANGDON. You don't want any personnel identified there do you?

Mr. HOFFMAN. In practically every one, there is the doctor.

Mr. CHUDOFF. Well, I will tell you what we will do. We will take the patients out and we will just print the doctor's pictures; would that be all right?

Mr. KNOX. Mr. Chairman, if it is in any way going to be used as an identification of the patients, I would recall the pictures so that they will not be included in the official record.

Mr. CHUDOFF. I think that all members of the committee will unanimously agree that there is a dancing program, a good dancing program, and it serves a good purpose.

Dr. LANGDON. But it is not an isolated thing, as I point out. You all agree to that, do you?

Mr. CHUDOFF. Yes, sir.

Mr. KNOX. Dr. Langdon, in my visit to the hospital, I observed that the hospital was open at every port; there were no wards that were under lock and key. Would you care to comment on that phase of the operation?

Dr. LANGDON. This matter came up, I believe, the other day, as far as the business of having open doors, and one thing that was perhaps not clarified was the fact that all the wards have open doors, and this is standard at all times, except at night, when most people, in Phila-

delphia and everywhere else, lock their doors at night. But, in the daytime, all the doors are open.

I would say, further, Mr. Knox, in answer to your question, that the open-door program is one of the steps toward a total therapeutic community program, which has been working in the hospital for some time, and which takes a long time to develop, particularly in view of the long history of locked doors and bars and keeping the patients under control so that legislative committees and others will be satisfied that the patients are kept under control and being still.

Mr. KNOX. Dr. Langdon, would you comment briefly on the food situation at Morningside Hospital?

Dr. LANGDON. Well, the food situation is to the extent that patients and personnel seem to do rather well. One of the chief types of special diets we have at the hospital is reducing diets, and we do have—in addition to the food itself, we have made in my time, before my time, in the future, attempts to make the living conditions and the dining conditions and the food itself as reasonable as possible so that all the patients can behave and act as much like normal human beings as is possible. This is the intent of our whole program, and the food itself is a definite part of the program.

Mr. KNOX. Dr. Langdon, would you comment on the isolation of the tubercular patients at Morningside? Just briefly, please.

Dr. LANGDON. Well, I might say that, since the problem has been attacked by Alaskans since the Parran report, we have less active tuberculosis. However, these patients who do have active tuberculosis and are under treatment for this are kept in a special ward, designed specifically for this, and I believe that perhaps our control program is a little more rigid than many of the other actual TB hospitals, but I believe, to my knowledge, it is a rather adequate program.

Mr. KNOX. Do you feel that all precautions are taken, as far as tubercular patients are concerned, so they will not mingle with the—or come in contact with the other patients at the hospital?

Dr. LANGDON. All that we can think of.

Mr. KNOX. Mr. Chairman, I yield back to counsel my time.

Mr. CHUDOFF. Will you proceed, Mr. Indritz?

Mr. INDRITZ. Did you say that—

Mr. CHUDOFF. Oh, before you do, were you able to get that figure for us; how many nurses were included in that \$35,000 supplement?

Mr. LAUSI. Well, I couldn't list the positions. We estimated it at 35.

Mr. CHUDOFF. Well, will you give the list of positions? More particularly, the nurses?

Mr. LAUSI. I beg your pardon?

Mr. CHUDOFF. Will you give us the list of the positions; more particularly, the nurses?

Mr. LAUSI. The only nurse that was recommended in the Parran report was the psychiatric nurse, and, in addition to that, the dietitian, the psychiatric social worker, the half-time clinical psychologist; a qualified assistant psychiatrist, and they recommended that the occupational-therapy department should be enriched by someone especially trained in recreational therapy.

Mr. CHUDOFF. And that, you estimated, would cost an additional \$35,000?

Mr. LAUSI. Yes. In effect, that was included, substantially, in our amendment.

Mr. CHUDOFF. Thank you.

Mr. INDRITZ. Dr. Langdon, did you say that the tubercular patients are kept separate from the other patients?

Dr. LANGDON. Those with active tuberculosis.

Mr. INDRITZ. Doctor, when did you first come to Morningside; May or March?

Dr. LANGDON. I said March 1956.

Mr. INDRITZ. March of 1956. What was the division of responsibilities or work that you had and that Dr. Keller had?

Dr. LANGDON. Well, I don't know exactly what Dr. Keller's responsibilities were. My own job was to work with the patients; that is the understanding I came there with—that I was to do my best to treat them the best way I knew how.

Mr. INDRITZ. Did you have responsibility for approving their discharge?

Dr. LANGDON. At that time, I had responsibility for recommending it, I presume. Dr. Keller at that time approved any actual discharges.

Mr. INDRITZ. When Dr. Keller left, in February of 1957, who has taken over the job or the responsibility for approving the discharge of patients?

Dr. LANGDON. Well, the Territory of Alaska, as represented by Dr. Hayman, has taken over, in general, the supervision of this. They have asked me to recommend specific patients for discharge, and they have elaborated a considerably improved plan for followup care in Alaska, which we are attempting to follow through with them. It is my understanding this was not available to them before in the past, and they are trying to work hard on this program now.

Mr. INDRITZ. Do you know that, under the contract, the compensation to the hospital is measured by a monthly rate of pay to the hospital, based on the number of patients at the hospital?

Mr. JONES. Mr. Chairman, I don't think those questions are necessary. The contract speaks for itself. I don't see why we have to go into that.

Mr. INDRITZ. I would like to know if he knows it, sir.

Mr. CHUDOFF. I know why, and if you want to have an executive session, I will tell you why, but I just can't—

Mr. JONES. All right.

Dr. LANGDON. In general, I know that from what you said that the hospital was paid a certain amount of money for each patient that they care for.

Mr. INDRITZ. Are you an employee of the hospital?

Dr. LANGDON. I presume I am.

Mr. INDRITZ. Do you feel that you are in a situation of a conflict of interests because you on the one hand are an employee of the hospital, and on the other hand, bear the responsibility for determining when the employee is to be discharged, and thereby cut off the compensation to the hospital?

Dr. LANGDON. Well, as a physician, I think that my primary responsibility is to the patients, and therefore, this does not represent a conflict of interests.

Mr. INDREITZ. I think we will all agree that your primary responsibility is to the patient. My question was whether, since you are an employee of the hospital, whether you believe that you are in a situation of a conflict of interests, because you have the responsibility for determining when there shall be cut off in compensation to the hospital?

Dr. LANGDON. I have already said that I do not feel this is a conflict of interests, because my interest is to get the patients well—get them home and out of the hospital. I have pointed this out. In many cases, we have tried hard to get patients out of the hospital, and until this followup care program gets functioning better in Alaska, we will still have some difficulty in getting patients home.

Mr. CHUDOFF. Well, now, do you think that the contract intended—the contract between the Department of the Interior and the hospital, since assigned to the Territory of Alaska, intended that the medical officer and the chief psychiatrist of the hospital should be one and the same person?

Dr. LANGDON. I did not say they were one and the same person.

Mr. CHUDOFF. Well, aren't you—don't you represent—aren't you the medical officer?

Dr. LANGDON. I am the medical director, as I said, the acting medical director.

Mr. CHUDOFF. You are the acting medical director. Now, aren't you the medical officer in accordance with the contract, duly appointed by the Territory of Alaska?

Dr. LANGDON. It is my understanding from personal conversation with Dr. Hayman that he, himself, is supervising the contract.

Mr. CHUDOFF. You mean he's the medical director—or the medical officer?

Dr. LANGDON. He did not say he was that. He said that it was his understanding that he was supervising the contract.

Mr. CHUDOFF. Well, do you know anything about the contract, did you ever read it?

Dr. LANGDON. Not recently, no.

Mr. CHUDOFF. Well, now, I will have to—I want to call your attention to section—

Dr. LANGDON. Actually, I didn't outline this particular thing.

Mr. CHUDOFF. Section 6A, which says:

The Secretary shall have the right to place a medical officer, hereinafter referred to as the medical officer, at the hospital, and shall supervise the execution of the terms of this contract. The medical officer shall direct and supervise the acceptance, the welfare and treatment, and the release of all patients. The medical officer shall be provided ample office accommodations and so forth.

Dr. LANGDON. The first statement there was "the Secretary shall have a right to place this officer" there?

Mr. CHUDOFF (reading):

The Secretary shall have the right to place a medical officer at the hospital who shall supervise the execution of the terms of this contract. The medical officer shall direct and supervise the acceptance, the welfare and treatment, and the release of all patients.

Now, I presume that the reason that section 6A was put in the contract was so that there would be a system of checks and balances on the hospital itself by the other contracting party, the Government of the United States, now the—formerly the Government of the U. S.:

States, now the Territory of Alaska, so that this medical officer would first of all determine whether or not the patients were being properly accepted, whether their welfare was being considered, their treatment was good, and whether they were fit to be released or should not be released, and in view of that fact, don't you think it would be a conflict of interests for you to be both medical officer and medical director?

Dr. LANGDON. I have already pointed out that I am not medical officer.

Mr. CHUDOFF. Well, now, how often does Mr. Hayman come down to the hospital?

Dr. LANGDON. Dr. Hayman, you mean?

Mr. CHUDOFF. Oh, Dr. Hayman; pardon me.

Dr. LANGDON. Dr. Hayman, I believe, feels that he is supervising the contract, and I can't speak for him other than that.

Mr. CHUDOFF. Doctor, I didn't ask you how he feels; I asked you how often he comes down to the hospital?

Dr. LANGDON. Well, I actually don't know.

Mr. CHUDOFF. Well, how many times have you seen him there?

Dr. LANGDON. Three or four times, I would guess.

Mr. CHUDOFF. Since 1956?

Dr. LANGDON. I don't know how long.

Mr. CHUDOFF. Well, now, when did you come to the hospital?

Dr. LANGDON. I came here in 1956.

Mr. CHUDOFF. When in 1956?

Dr. LANGDON. March 1956.

Mr. CHUDOFF. And this is now September 1957—that is approximately 18 months since you have been there; right?

Dr. LANGDON. Approximately.

Mr. CHUDOFF. And in 18 months, the supervisor of the contract for the Territory of Alaska you say was in your hospital 3 or 4 times?

Dr. LANGDON. That is my guess, and I didn't say that. He has been supervisor since February of 1957.

Mr. CHUDOFF. Well, since February 1957—that's 7 months—I don't want you to guess how many times he was there, I want you to tell me how many times you saw him there?

Dr. LANGDON. Well, I would only have to estimate that, because I can't remember for certain. I think I have seen him there twice.

Mr. CHUDOFF. Twice since February 1957?

Dr. LANGDON. Yes.

Mr. CHUDOFF. And do you believe that that's the proper way to supervise a contract, by coming in twice in 7 months?

Dr. LANGDON. Well, now, you are asking my opinion, because it is after all, Dr. Hayman's responsibility, and—

Mr. CHUDOFF. It's his responsibility?

Dr. LANGDON. I expect that it reflects his confidence in the hospital that this type of arrangement has been set up. In fact, he has indicated—

Mr. CHUDOFF. You are trying to justify to me that Dr. Hayman came only twice in 7 months because he has confidence in the hospital, and he feels it isn't necessary for him to be the watchdog?

Dr. LANGDON. I don't find it necessary to justify Dr. Hayman's conduct.



Mr. CHUDOFF. But you do know that he has been there twice in 7 months?

Dr. LANGDON. That's right.

Mr. INDRITZ. Have you ever been in Alaska, Dr. Langdon?

Dr. LANGDON. I have been there once. I was up—invited up by the department of health this last summer, to speak at a—or to attend a meeting and was later invited to speak at it.

Mr. INDRITZ. Do you make any efforts to encourage visits to the hospital by relatives of patients?

Dr. LANGDON. In any case that we possibly can, we ask for relatives to drop in and see us at any time. We have made special provisions that relatives who are in Portland may come to the hospital during extensive visiting hours, and if they can only be in town for a short time, they may come out at any time, and of course, this applies always to critically ill patients and we also have extended invitations to friends, relatives and other interested visitors to come to the hospital, and of course this applies to the committee and all its members, too.

Mr. CHUDOFF. Well, there is nothing unusual about patients having visitors, if they are physically able to receive them, is there, in any hospital?

Dr. LANGDON. I don't know. Counsel asked me a question if we encouraged this, and I answered.

Mr. CHUDOFF. I hope that you do. That's good therapy.

Mr. INDRITZ. In the testimony which has already been given before this committee, there have been a number of recommendations made for a psychiatric social worker. Similar recommendation has been made in practically every report of survey by experienced psychiatrists since 1948. What is your recommendation with regard to the employment of a psychiatric social worker?

Dr. LANGDON. Well, now, at the present time, since, under the present arrangement with the Territory of Alaska and the hospital, releases from the hospital are no longer determined by the Department of Interior, and the aftercare program is set up, a psychiatric social worker has been employed by the Territory, and I believe that she will serve a very useful function in the future.

Mr. INDRITZ. Is Mrs. Salisbury a psychiatrically trained social worker?

Dr. LANGDON. I understand that she is a medical social worker. I also understand that this distinction between the two types of social worker is to be done away with in the near future, because a social worker is supposed to do social work.

Mr. INDRITZ. Well, I had the impression from, I believe, Dr. Campbell's testimony, that there is a considerable distinction between a psychiatrically trained social work and a medically trained social worker, and that he recommended a psychiatrically trained social worker.

Dr. LANGDON. Now, this can be a wide distinction or a narrow distinction, and, again, it varies on the individual.

Mr. INDRITZ. Could you aid us by giving us what you understand to be the difference between those two?

Dr. LANGDON. Well, my own understanding of the difference—it does not include the knowledge of what the actual requirements are for the two. My own understanding of the difference is that—

Mr. CHUDOFF. Well, now, let's try to understand what you are telling us. You are trying to tell us you are not competent; you don't know what the difference is, and, therefore, you can't tell us; is that what you are trying to say?

Dr. LANGDON. I said I did not know the actual requirements to call a person a psychiatric social worker.

Mr. CHUDOFF. In your opinion, a social worker is a social worker, and they don't need any special training to be a social worker?

Dr. LANGDON. They don't need any special training to be a social worker?

Mr. CHUDOFF. Other than to be a social worker?

Dr. LANGDON. I think that that is their chief function, and the more training they have in all areas in which they deal the better off they will be.

Mr. CHUDOFF. Well, then, why does the profession give a social worker one title, like psychiatric social worker and another social worker another title, like medical social worker? Why do they do that if there is—if the primary purpose that they are in existence for in hospitals is just to do social work?

Mr. JONES. Mr. Chairman, I move that we use the Department of Labor's job classification as to the difference between a medical worker and a psychiatric worker, and put it in the record in order that the committee will have that distinction so we won't have to—

Mr. CHUDOFF. All right. I accept that. Will you accept that, Doctor?

Dr. LANGDON. I don't understand the purpose; why you want it in the record.

Mr. CHUDOFF. Well, we are trying to find out what is a psychiatric social worker.

Dr. LANGDON. Oh, you want to put that in the record?

Mr. CHUDOFF. You say you don't know the requirements, so Mr. Jones, to save time, says that he feels that we ought to take the Government's definition of a psychiatric social worker and put that in the record and accept it.

Dr. LANGDON. Well, with this addition, I would like to state that, again, in social work, as in nursing and in psychiatry and everything else, it depends on the individual doing the work as to how well it gets done.

Mr. JONES. Let me ask you one question, Doctor. Would you say that, if I don't go to a medical school, and I can take a patient down at the hospital here and do just as good a job on removing a patient's appendix, I should be entitled to a certificate to practice surgery in the State of Oregon?

Dr. LANGDON. Well, now, you are basing this specifically on physicians, and, obviously, the law says "No."

Mr. JONES. Wait a minute. The question, as I understand it, propounded to you was to a classification of an employee under your supervision, and that you know the qualifications required of that position, yet you are not able to define them, and you then say that the only qualification is what the person can actually do in the way of trained service. Now, if that is true, wouldn't I be a good doctor if I could remove somebody's appendix, notwithstanding the fact that

I never attended medical college, never practiced medicine, but I had a great skill with penknife or scalpel or whatever you do it with?

Dr. LANGDON. I presume that the way you propounded the question, first, that we have a social worker in either case—medical social worker or psychiatric social worker?

Mr. JONES. Well, is there a difference; is there a difference—

Mr. CHUDOFF. He didn't ask you that. He asked about a surgeon.

Dr. LANGDON. Well, was he asking about a surgeon and a nontrained person entirely?

Mr. JONES. No; I was just asking you about the distinction you made between the two job classifications, because you said it depended on the ability of the person to discharge his responsibilities.

Dr. LANGDON. Well, and I also mentioned earlier that, because of the necessity for increasing knowledge of psychiatry in use in all areas, they are doing away with the distinction between these two types of social workers.

Mr. CHUDOFF. Now, you say you don't know the difference. How can you say they are doing away with it if you don't know what the difference is?

Dr. LANGDON. Well, I am merely reporting on what social workers say.

Mr. CHUDOFF. Now, you said that you didn't know what are the qualifications of a psychiatric social worker or a medical social worker. How can you say they are doing away with it?

Dr. LANGDON. Well, I don't know that they are mutually exclusive.

Mr. CHUDOFF. You know, Mr. Jones, I want to certainly commend you for bringing out that surgical situation. There is a fellow who went to jail in Massachusetts about 6 months ago for practicing medicine without a license. He was a very, very skilled surgeon. As a matter of fact, in the time that he was practicing without a license, he performed about 500 very difficult operations, very successfully, but they put him in jail anyway, even though he was a good surgeon, because he never went to medical school, and was never licensed to practice medicine in Massachusetts.

Dr. Campbell, I wonder if we couldn't take advantage of your knowledge again. I just want to find out what is the difference between a psychiatric social worker and a medical social worker. It seems that Dr. Langdon can't tell us. He says he doesn't know the difference.

Dr. CAMPBELL. Well, it's an accepted view that he should start with a social worker as a caseworker. They usually have, are required to have, a bachelor's degree in social science. From there, they can progress further in their studies and a medical social worker would be one who was trained particularly in medical cases, but without any psychological training. A psychiatric social worker, as it is generally accepted and as is recognized by Federal institutions, is one who has had a master's degree, which included 1 year of training in a psychiatric institution and setting, and in which she did handle patients in counseling and in therapy—possibly group therapy, under the supervision of a trained and recognized psychiatrist. Following that, she can be placed in a clinic or in a hospital, and do both simply social work, which means correspondence with the families and she can also do psychiatric counseling under supervision.

Mr. CHUDOFF. Now, you know Mrs. Salisbury at Morningside Hospital, Doctor?

Dr. CAMPBELL. I do not, but I understand that she is a medical social worker.

Mr. CHUDOFF. And do you think that a medical social worker will meet the needs of the type of work that has to be done at the Morningside Hospital?

Dr. CAMPBELL. Not at the Morningside Hospital, but she could be particularly valuable in the Territory, unquestionably.

Mr. CHUDOFF. All right. Thank you.

Mr. JONES. Mr. Chairman, I am of the opinion that we have spent considerable time examining the witnesses on all the points that have been raised by all the proponents or parties to this contract; we have had diligent inquiry and meticulous examination of all the witnesses; and I think the record is rather complete, both with professional and laymen's views as to the conduct of the Morningside Hospital. Therefore, I move, Mr. Chairman, that the further conduct of this inquiry be concluded, with the exception of the right to submit statements to become a part of the record after they are examined by the committee.

Mr. CHUDOFF. Well, first of all, let's see—how do you feel about that, Mr. Hoffman. Do you think that we have learned all we can possibly learn from this witness, or do you have some things to ask him?

Mr. HOFFMAN. I have been out most of the time, but I think his qualifications are unquestioned; his integrity has never been questioned. I think he knows a world of things—has a store of information that would be helpful to us, but I don't think it is necessary to examine him further.

Mr. CHUDOFF. How about you, Mr. Knox?

Mr. KNOX. Mr. Chairman, I want to conclude the hearings as expeditiously as possible. However, I believe Mr. Netzorg had a request, I believe, for Dr. Nelson—

Mr. CHUDOFF. We are going to make an announcement—I mean I am going—the Chair is going to make an announcement which I think ought to satisfy everybody that wants to be heard, and if we conclude with the testimony of this witness, we will give everyone who is interested in the Morningside Hospital problem an opportunity to submit statements in writing to the committee to be made part of the record, providing those statements are received on or before September 30, 1957, and that gives you 10 days; and that those statements be sent to the office of the subcommittee at room 201, George Washington Inn, Washington, D. C. They should be addressed to the Subcommittee on Public Works and Resources of the Committee on Government Operations of the House of Representatives.

Now, if Mr. Netzorg and Mr. Williams have a request that they want to make on behalf of their clients, if they will submit the statements that their clients would make before this committee in writing to the subcommittee at our Washington office on or before September 30, 1957, we will place them in the record along with the other statements received by the other people that want to be heard.

Mr. HOFFMAN. Well, if they have their statements here, Mr. Chairman, can't they file them now?

Mr. CHUDOFF. Oh, sure, we will accept any statement that is ready.

Mr. HOFFMAN. Mr. Williams, did you hear what was said?

Mr. WILLIAMS. Yes, I did, Mr. Hoffman.

Mr. CHUDOFF. If you have your statement here, we will be glad to take it, and you won't have to mail it in.

(Mr. Williams submitted the following written request:)

SEPTEMBER 19, 1957.

*To the Chairman and Members of the Subcommittee on Government Operations,  
United States Courthouse, Portland, Oreg.:*

The writer, as counsel of record for Dr. William W. Thompson, respectfully requests that Dr. Thompson be recalled to give further testimony in the instant proceeding, and further requests that Drs. Herbert L. Nelson and James Shanklin, psychiatrists of this city, be also called to give testimony before this subcommittee.

This request is based upon rule 25 (m) of the Rules of the Committee on Government Operations, which provides:

"(m) If the committee determines that evidence in testimony at an investigative hearing may tend to defame, degrade, or incriminate any person, it shall—

"(1) receive such evidence or testimony in executive session;

"(2) afford such person an opportunity voluntarily to appear as a witness;

and

"(3) receive and dispose of requests from such person to subpoena additional witnesses."

We submit that no reasonable minds would disagree that the testimony of the witness, Ivor Campbell (which testimony was of purely hearsay character) had a tendency to defame, degrade, and/or incriminate Dr. Thompson. After Dr. Thompson's testimony was completed, the witness Campbell was questioned concerning particular patients formerly under Dr. Thompson's care. Inasmuch as this testimony was derogatory and hypercritical of Dr. Thompson, it is amazing that he was not asked these same questions during the course of his former testimony. Since the committee did not choose to receive this defamatory testimony in executive session, it is inconceivable that Dr. Thompson should not be given the opportunity to refute the same before this committee in public hearing.

This committee should never ignore and suppress the rights and privileges granted to all citizens under the Constitution of the United States in its zeal to find facts. Every factfinding body exercises a quasi-judicial function as respects the competency and relevancy of testimony offered it.

In my opinion, the committee has abused the discretion which it admittedly possesses in permitting hearsay testimony and incompetent testimony derogatory of Dr. Thompson to be entered in this hearing. When the attacked witness has no right to cross examine his accusers, the committee itself should exercise every precaution to protect his rights. In this sense, the committee is the guardian of the legal rights of all witnesses called before it.

It is further to be noted that certain members of the subcommittee, in my opinion, intimidated and abused Dr. Thompson by repeatedly attacking his credibility whenever he gave answers not in accord with responses sought by the questioner. This practice shocks traditional concepts of American justice and fair play because:

(1) It amounts to a prejudgment of the conclusions to be drawn from the hearing.

(2) The witness is given no opportunity to respond to such prejudicial outbursts.

(3) This converts the proceedings into a trial of the witness thus attacked.

(4) The vilification by the questioner is made under immunity from subsequent legal proceedings.

I feel that the interests of my client can only be protected by the granting of the request which we make. If this request is strongly or vigorously stated, we trust that the members of this subcommittee will take no personal offense. I make this statement in the utmost sincerity, being ever mindful that, as an officer of the court, I am charged with the legal and moral responsibility of preserving and protecting the cherished rights of my client from unfair abuse from any source.

Respectfully submitted.

DAVID R. WILLIAMS, *Attorney at Law*