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State Hist Soc
Printed in the Minneapolis Morning Tribune, September 8, 1959:

"I am enclosing a letter from Dr. Dale C. Cameron, medical director of the state mental hospitals, who has called to my attention an error in my letter to the editor of Aug. 10 titled 'State Hospital Funds Explained.'

"In my letter to the editor, I pointed out a few 'extreme savings' that could be made on 'tranquilizer' drugs during the coming biennium. I have since been informed by Dr. Cameron that the drugs referred to in my article are not tranquilizer drugs and that the 'extreme savings' would in effect amount to approximately \$365 on the three drugs mentioned. So that the public will not be misled by my unintentional error I would appreciate your publishing this."

Fay George Child, chairman of subcommittee on public welfare appropriation in the Minnesota state senate, Maynard, Minn.

"Dear Sen. Child: Your Aug. 10 letter to the editor illustrates quite clearly my conviction that you and most other state legislators wished to appropriate sufficient funds to allow for 'orderly progress' in Minnesota's mental health program and believe you did so in the 1959 session.

"I do not wish to enter into public controversy with you or any other legislator. However, it is hoped that you will wish to clarify for the public some of your points which could easily be construed to indicate that improved, rather than somewhat reduced, service will be available to patients in Minnesota's state mental hospitals during the next two years.

"You stressed the 'increase' of 1959-61 appropriations for mental hospitals over those of 1957-59. The \$2,507,211 'increase' for the mental hospitals is more than absorbed by rises in fixed costs. The same is true for the mentally retarded, special hospitals, etc. In the salary account of the mental hospitals alone, \$2,670,231 is needed to retain personnel authorized in the present legislative session, to pay economic salary adjustments, etc.

"Increased costs for fuel, power and food included in the appropriation amount to \$167,590. However, the actual fixed costs in these items are short of being fully covered in the current appropriation by an additional \$169,230. Thus, the 'increase' actually represents a deficit of at least \$499,840 without taking account of expenditures for drugs and other medical supplies and certain other current expenditures.

"While the legislative appropriation for medical supplies is somewhat higher for this biennium, it is considerably less than was spent last biennium. Over \$100,000 additional was spent for this purpose from contingency funds, and other needed expenditures were curtailed to make money available for drugs. Our best current estimate of the funds needed to maintain the last biennium's level of service (without any improvements) indicates that we will be short approximately \$750,000 in the current expense accounts of the mental and special hospitals and the institutions for the retarded, over and above any deficits in salary accounts.

"The statement regarding price reductions in tranquilizing drugs was an unfortunate error. We do use tranquilizers in large volume and if savings of the magnitude of \$141.50 to \$24.00, etc., were possible on volume purchases, over-all savings would be very substantial indeed. However, none of the drugs mentioned is in fact a tranquilizer. The prices cited are correct for three non-tranquilizing drugs purchased in small quantities. The estimated savings on these items will be approximately \$365.00 -- hardly 'extreme' in the over-all deficit.

"Your letter then cited population decreases as a factor allowing for 'substantially greater per capita drug allowance than the dollar percentage would indicate.' We do have fewer patients in our mental hospitals now despite an increase in admissions of several hundred per year, and for this we can thank the devoted personnel in our hospitals, the increased work of the county welfare personnel, and the advent of tranquilizing drugs.

"However, the needs for treatment supplies cannot be figured on the basis of average daily population alone. A far more significant figure is the number of admissions, and the different types of patients who need treatment. New patients consume enormous quantities of personnel, time and drugs, and careful planning for discharge of a patient is very time consuming.

"The proper mission of our hospitals should be to admit, treat and discharge patients with the greatest possible efficiency, not simply to provide long-term hospital care to patients who fail to improve. Thus, per capita costs and especially per capita drug costs are very poor indicators of budgetary needs.

"Why, if our needs for additional personnel are so great did we not 'employ all the personnel allowed. . . by the 1957 legislature?' The answer is contained in your Aug. 10 letter. The hospitals were forced to leave positions vacant and used the money allocated to the unfilled positions to pay a cost-of-living increase and in some cases granted merit increases. The law required salary increases based on a rise in the cost-of-living and I am sure that you realize that the 1957 legislature did not appropriate the necessary funds to pay this required increase.

"We had no alternative but to hold jobs open to obtain the money to pay this necessary and worthwhile salary increase to the remaining employees.

"We cut the number of employees in some institutions and increased it in others, based on proven need.' In the face of rising admissions and greater success in releasing patients from mental hospitals, we are expected to offer treatment with 119 fewer personnel in these hospitals during the next two years. It is true that Sandstone state hospital closed with 107.75 employees, but the majority of its patients were transferred to other hospitals and still require care. Additional personnel (70) were authorized for the Brainerd state school and hospital to care for 482 additional patients.

"Twenty-nine positions were taken from Cambridge (21) and Owatonna (8) -- with no decrease in patients or students -- to provide additional staff at Faribault. Personnel were reduced in the special hospitals, in the out-patient clinics fully supported by the state and, most drastically, in the Residential Treatment Center for Children.

"Finally, you commented on the 'commissary privileges' of the physicians and superintendents. While this is naturally of personal concern to the individuals involved and to the department of public welfare, it is not nearly so important as the major issues previously discussed. These personnel were given 'commissary privileges' over years in lieu of needed salary increases, but they were not permitted 'to take what they wanted out of the storeroom.' They were issued only the same foods as were purchased for patients and in amounts according to the size of the family.

"No matter how the change in maintenance policy is 'explained,' it resulted in a salary decrease to all physicians living in hospital quarters.

"Members of the voting public must decide whether they want their friends, relatives and themselves to have their optimum chance for recovery if they become mentally ill or whether they want a good custody program with minimal treatment. If it is the former, they must be willing to pay for it directly through tax and other fiscal channels. If it is the latter, they must be willing to pay for it in human suffering and wasted lives."

Dale C. Cameron, M.D., medical director.