

# CITIZENS LEAGUE REPORT

No. 116

## **Future Use of Glen Lake Sanatorium Facilities**

**June 1960**

Citizens League  
545 Mobil Oil Building  
Minneapolis 2, Minnesota

116  
Approved by  
Board of Directors  
June 1, 1960

TO: Board of Directors

FROM: Health, Hospitals and Welfare Committee, Laureess V. Ackman, chairman.

SUBJECT: Report on Glen Lake Sanatorium Commission's actions with respect to future use of the Sanatorium.

#### SUMMARY OF RECOMMENDATIONS

In accordance with the request from the Board of Directors, the Health, Hospitals and Welfare Committee has studied recent developments with respect to the future use and program of Glen Lake Sanatorium. This study has included careful analysis of the report of Hamilton and Associates to the Glen Lake Sanatorium Commission, and interviews and discussions with members of the commission and their administrator.

On the basis of this study and discussion, the committee recommends that the Board of Directors:

1. Oppose the use of the sanatorium as a combined TB-nursing home facility, with 156 (minimum program) and 537 (maximum) nursing home beds, as recommended in the Hamilton report.
2. Endorse the Commission's proposal for negotiating for the transfer or long term lease of Glen Lake Sanatorium facilities to the State of Minnesota for their use as a sanatorium and such other institutional programs as are under the State's direction.
3. Recommend that the 28-bed pilot unit for intensive nursing home care be conducted only as a research project and for a fixed period of six months and no longer, for the purpose of determining the cost of providing various levels of nursing home care. It appears that this six months' period will be long enough to make the research findings contemplated.

The Health, Hospitals and Welfare Committee commends the Glen Lake Sanatorium Commission and its administrator for their efforts to find a solution to the Glen Lake problem and to improve management practices at the institution.

This is a report of the Health, Hospitals and Welfare Committee's appraisal of the actions and proposals of the Glen Lake Sanatorium Commission with respect to the future use of the sanatorium. In order to understand these actions, as well as the position of the Citizens League, it is necessary to review recent developments leading up to the Sanatorium Commission's meeting of May 4, when the commission adopted a report setting forth its proposals and took first steps to implement them.

### BACKGROUND

The basic "problem" of Hennepin County's Glen Lake Sanatorium is well known and may be stated as: What should be done with the plant, facilities and staff of the institution in view of the recent rapid decline in tuberculosis patients? A passage from the recent report of Hamilton and Associates, hospital consultants employed by the Sanatorium Commission, gives the basic facts of the problem and the cause:

"The patient census has declined from 600 in July 1, 1950, to 200 at present (December, 1959), and it is estimated to be 150 in July, 1960, 50 by 1965, and 40 by 1970. This trend is the direct reflection of the effect of principally new methods of treatment, emphasis on outpatient care, a shorter length of inpatient stay, and a decline in the number of admissions."

Over the years the problem has received the attention of the commission and many outside groups, including such community organizations as the Citizens League and the Community Welfare Council of Hennepin County.

One step toward a solution of the sanatorium's problem was taken by the 1957 Minnesota Legislature when it authorized the commission to use empty beds for certain types of non-tuberculosis illness, specifically excluding, however, nursing home care. No action was taken from 1957 to 1959 to take advantage of this expanded authority.

The 1959 Legislature made three further significant changes in the sanatorium law: (1) it deleted the nursing home exclusion, (2) authorized the employment of an administrator, and (3) changed the size and composition of the commission. From a body of three citizens, one of whom was required to be a physician, the commission was changed to a body of three citizens, one a physician, and two Hennepin County Commissioners.

Acting with commendable vigor soon after its inauguration in the spring of 1959, the new Sanatorium Commission hired an experienced hospital administrator, and employed James A. Hamilton and Associates, Hospital Consultants, at a cost of \$40,000 to make a two part survey of the sanatorium: (1) Role, Programs and Space Utilization, and (2) Management Appraisal. The consultants reported on the first part of the survey in December 1959, and on the second part in March 1960.

Recent events have focussed principal attention on the role of the institution, so this committee report is directed to the first Hamilton report and subsequent commission action relating to the institution's role and program.

#### HAMILTON REPORT'S CONCLUSIONS AS TO PRINCIPAL COURSES OF ACTION OPEN TO COMISSION

The Hamilton report concluded that a TB hospital for Hennepin County, with no complementary program, is both unwise and undesirable because there would be only minor utilization of the total Sanatorium potential.

The consultants then suggested three principal courses of action are open to the Sanatorium Commission in resolving the sanatorium's future: (1) close the sanatorium on a rapid phasing-out schedule and contract for the care of TB patients in other sanatoria and/or in Minneapolis General Hospital and other acute general hospitals; (2) continue the present TB program for about three years until the patient census declines to a point (75) where it is no longer feasible to provide quality medical care for the TB patients and at that time contract for future patient care with Minneapolis General Hospital and close the sanatorium and dispose of it for some nonhealth purpose if possible; and (3) inaugurate another patient care role complementary to the present TB care role which would meet a significant community health need and could make reasonably effective use of the staff and physical resources of the sanatorium for the long-term future.

The consultants concluded that the first alternative would not be possible or feasible.

They said it would be possible to follow the second course of action, in which case the question arises as to what other use might be made then of the plant. The consultants said they believed that "the County has a primary consideration not to get rid of the plant but to use it to the best advantage in serving the greatest proportion of unmet health bed needs in Hennepin County." They said the money that could be derived from sale of the sanatorium very likely would come nowhere near matching the value to the people of Hennepin County of using the sanatorium for some other hospital or related bed need.

The consultants concluded that the sanatorium should choose the third alternative -- it should continue responsibility for TB patient care until the size of the patient census can no longer justify its continuance, and should assume a new secondary and equally important complementary role of meeting another significant community health need.

#### HAMILTON REPORT'S CONCLUSIONS ON COMPLEMENTARY USE OF SANATORIUM

Emphasizing that the Sanatorium Commission's primary responsibility is still the care of TB patients of Hennepin County, the consultants considered various alternative programs complementary to the TB program. These were their conclusions:

1. Operation of the sanatorium as a TB hospital only, serving an expanded geographic area, would be impractical and impossible of accomplishment, and even if

undertaken, would only postpone resolution of the basic problem of empty beds.

2. Though the sanatorium is adaptable to acute general hospital use, it should not be used because (a) there are adequate acute general beds in the county, (b) remoteness of the sanatorium makes it impossible to secure medical and nursing staff, (c) maximum use of potential bed capacity and other facilities would not be obtained, and (d) withdrawal of 200 welfare patients from local voluntary hospitals would create uneconomic use of existing hospitals and would tend to impair their intern and residency training programs.

3. Use of the sanatorium as a chronic care hospital is also not advisable for the same staff reasons as in an acute hospital, plus the lack of need for substantial increase in chronic beds, and the isolated location in relation to acute general hospital services.

4. Physical resources, medical and nursing resources, and clinical, therapeutic and other facilities of the sanatorium are well adapted to the support of a nursing home program in addition to the TB program.

5. Use of the Sanatorium as an acute and chronic care State mental hospital would not be practical in view of the lack of adaptability of the physical plant and because it would be economically more feasible for the State to build a new 500-bed mental hospital.

6. Use of the Sanatorium by the State to care for aged patients in mental hospitals no longer in need of psychiatric care is not recommended because it would raise a major and controversial policy issue for the State, and could not be implemented until the County could dispose of all TB patients.

#### CONSULTANTS' RECOMMENDATIONS

1. The sanatorium should continue to provide TB care until the size of the patient census no longer justifies it.

2. The complementary role of providing nursing home care service to Hennepin County residents should be assumed, for minimal, moderate and maximum care.

3. When the TB census drops to 75 -- expected in three years -- the TB program at Glen Lake should be dropped and the remaining patients should be taken care of at General Hospital.

4. The future program should be based on operation of 181 TB and 537 nursing home beds, with acquisition of nursing home beds in four phases over a period of time.

QUESTIONS RAISED BY LEAGUE COMMITTEE

Following publication of the Hamilton report on the future role and programs of Glen Lake, the Sanatorium Commission invited community groups to present their views on the report, and many did. The Health, Hospitals and Welfare Committee had not reached the point in its work to propose recommendations to the Board of Directors for a League position. However, the committee's study had given rise to a number of basic questions about the Hamilton report for which it still sought answers. Committee representatives presented these questions to the commission at its regular monthly meeting on March 2.

The chief questions were:

- (1) Did Hamilton and Associates give enough attention to the recent trend in nursing home construction in Hennepin County in projecting an urgent bed need?
- (2) What will happen to per diem cost of nursing home care under the Hamilton recommendations when TB is dropped in 3 to 5 years and therefore total overhead cost becomes chargeable to the nursing home program?

Other questions concerned staffing and the remoteness of the institution.

The League received no information at this commission meeting to satisfactorily dispel the doubts raised by these questions about the Hamilton recommendations.

SANATORIUM COMMISSION ACTS TO ESTABLISH NURSING HOME PILOT UNIT

The Sanatorium Commission took no action on the Hamilton report recommendations at its April 6 meeting, but on April 12 the commission submitted to the Hennepin County Board of Commissioners a formal request for the County Board to approve admission of nursing home patients to the sanatorium. Such approval is required by law, as well as approvals of the State Welfare Commissioner and the State Health Commissioner.

At this point there was no clear indication of what course of action the commission had in mind, inasmuch as it had issued no formal statement on its proposals. However, newspaper articles, editorials, letters to the editor and conversations with individual commission members and staff, did not clearly remove the possibility that the commission might be embarking on the first step toward implementing the Hamilton recommendation for making the sanatorium into a combined TB-nursing home facility. Commission members and staff indicated, however, that the commission planned to take definite action on the pilot unit at its May 4 meeting.

REPORT BY HEALTH, HOSPITALS AND WELFARE COMMITTEE, AND  
ACTION BY CITIZENS LEAGUE BOARD OF DIRECTORS

Proceeding on the assumption that the Sanatorium Commission might have in mind setting up an extensive nursing home program in line with the Hamilton recommendations, the Health, Hospitals and Welfare Committee presented a report to the League's Board of Directors with the following conclusions and recommendations:

- (1) That it was inadvisable for the Sanatorium Commission to institute a nursing home program complementary to tuberculosis care at the sanatorium as outlined by the Hamilton report.
- (2) That it was inadvisable for the commission to start a pilot unit for intensive nursing home care.
- (3) That the commission should vigorously pursue with State authorities the possibility of the State's taking over the sanatorium, for one of its health and welfare needs.
- (4) That, failing the State's using the sanatorium, the County should seriously investigate other ways of disposing of the institution.

At a special meeting on April 29, the League Board considered, but did not act on the report of the Health, Hospitals and Welfare Committee. The Board believed that perhaps there was a possibility the commission could clear up the questions previously raised about nursing home supply and cost of providing nursing home care at the sanatorium, questions which appeared, on the basis of information then available, to go to the heart of the issue of whether the proposed pilot unit was advisable.

The League Board addressed a letter to the Sanatorium Commission asking for a clarification of these questions, and postponement of a decision on the pilot nursing home unit until the commission's June meeting.

COMMISSION ISSUES "PROGRESS REPORT",  
AUTHORIZES PILOT STUDY NURSING HOME UNIT

At its May 4 meeting the commission formally acknowledged receipt of the League communication and indicated, in a "progress report" it issued, and subsequent discussion with League staff, that it shared doubts about the points raised by the League concerning the Hamilton report. At the same time, however, the commission's report proposed going ahead with the pilot study unit for intensive nursing home care, and the commission set in motion the actual establishment of the unit.

Because the League had not an opportunity to study the progress report to acquaint itself with the commission's position and reasons therefor, the League Board of Directors postponed further consideration of the commission's action until the Health, Hospitals and Welfare Committee could make such a study.

The Health, Hospitals and Welfare Committee studied the progress report and met for the purpose of discussing its recommendations. At this meeting, held on May 23, it had the benefit of comments by Mrs. Walter W. Walker, a member of the commission as well as of the committee, who was speaking as an individual.

This report to the Board of Directors is the result of committee action taken at the meeting on May 23. Mrs. Walker did not vote on the Committee's recommendations.

SANATORIUM COMMISSION'S APPRAISAL OF HAMILTON REPORT,  
AND ITS RECOMMENDATIONS FOR FUTURE ROLE OF SANATORIUM

The Sanatorium Commission's progress report dissented from the Hamilton report's principal recommendation that the institution be converted to a combined TB hospital-nursing home, eventually with 181 TB beds and 537 nursing home beds.

The commission based this dissent on a different evaluation of nursing home bed needs, its interpretation of legal authority for counties to enter the nursing home business, and its appraisal of likely costs under the nursing home program.

Hamilton concluded that "nursing home beds represent the only major and urgent type of bed shortage in the County". The Sanatorium Commission said there appears to be "some difference of opinion on nursing home bed needs", and cited factors not mentioned by Hamilton, such as recent actual and planned construction of nursing home beds by private interests and new FHA financing program available for nursing home bed construction.

With regard to legal authority for the commission's undertaking extensive nursing home care supplementary to TB care, the commission cited general State statutes which make county Welfare Boards responsible for operating county nursing homes.

The commission concluded it is inadvisable to "currently proceed with an extensive nursing home program per se since the County Nursing Home law provides a positive base for the county to undertake such activities as part of the welfare program."

With regard to costs of the nursing home program projected by the Hamilton report, the commission disagreed with Hamilton that such costs should not include a pro rata share of overhead.

The commission reached the following conclusions in reference to future use of the sanatorium:

"... recommendations for immediate or early venture into the operation and maintenance of its facilities for acute or chronic general hospital services or for extensive nursing home beds by the Hennepin County Sanatorium (should) be viewed with forbearance and circumspection.

"All such recommendations tend to underemphasize the significance of the premises that whatever future use is found for the Sanatorium facilities, it should be program or programs not only compatible with the current tuberculosis care program but should also capitalize to the fullest upon the physical resources of the facilities to assure reasonable operating costs per unit of service rendered.

"The Sanatorium Commission also suggests the legal considerations involved do not warrant presumption by others that the Commission wishes to accrue elements of tax-supported medical care program without evidence of critical need. This is not to say that the unused facilities are to be neglected or kept idle as the only feasible alternate."



The commission recommended these courses of action, in order of preference:

1. Continue the TB program as long as necessary for public health reasons or until other suitable arrangements for hospital care elsewhere are made, and concurrently declare facilities in excess of the needs of the Sanatorium Commission for such program as surplus to the County Board of Commissioners for their considerations of use for other county function, or lease or sale.

2. Negotiate for transfer or long term lease of the sanatorium to the State for its use as a sanatorium and such other institutional programs as are under its direction.

3. Initiate pilot study nursing care unit of 28 beds for a limited period to better judge the community need for a high standard nursing care program and to gain realistic cost experience in a tax-supported facility.

The commission at its May 4 meeting formally approved initiation of the pilot study nursing care unit, called for in the third recommendation.

#### HEALTH, HOSPITALS AND WELFARE COMMITTEE CONCLUSIONS AND RECOMMENDATIONS

##### 1. Control and prevention of tuberculosis in Hennepin County.

We concur with the Sanatorium Commission that it should continue to regard the control and prevention of tuberculosis in Hennepin County as its first responsibility in considering future use of the sanatorium.

##### 2. Conversion of the sanatorium to a combined TB - nursing home facility.

###### (a) Operating costs.

The Hamilton report estimated that its proposed program would provide nursing home care at a cost of \$8.70 to \$9.10 per day. However, the consultants noted that these figures did not include the cost of overhead, which they allocated entirely to the TB program, on the grounds that under present law the Sanatorium Commission may levy a property tax only for TB care.

In considering the long range cost implication to the County it seems only proper, as the Sanatorium Commission indicated, to allocate a proportionate share of overhead to nursing home care during the early years of combined TB - nursing home program. In any case the allocation of overhead to the nursing home program would have to be made once the TB program were discontinued in three to five years. If this were done it seems likely that the average per diem cost would approximate the highest rates now charged by private nursing homes.

The sanatorium administrator has estimated, in connection with the projected pilot study, that the cost of minimal care will approximate \$8.25 per day.

The Hamilton report looks hopefully to County Welfare patients for a major use of the sanatorium's proposed nursing home program. At the operating costs noted, however, it seems unlikely that many County Welfare cases could economically

be referred to the sanatorium since welfare cases rarely run up to the \$10-\$15 per day range, and average out at \$5.57 overall.

Should the authorized welfare rate schedule ever be raised to a point where it could meet a \$8.25 cost (requiring action by the State Welfare Department), it would then be fair to suggest that such rates payable to private nursing homes would lend substantial impetus to construction of additional nursing home facilities by private groups and individuals.

(b) Nursing home bed needs.

We share the Sanatorium Commission's doubts about the extent of nursing home bed needs in the County. In addition to the factors cited by the commission we note that:

- National standards, such as the four beds per 1,000 population rate for nursing home beds referred to by Hamilton, frequently are goals rather than realistic standards. Hamilton notes that this is the maximum prescribed by the U. S. Public Health Service under its program of grants for construction of nursing homes, and that few sections of the country have approached this standard. It is also noteworthy that the County's chronic disease beds are far below the number called for by national standards, yet the consultants were not alarmed at this apparent shortage.
- The 718 beds currently classified "unsuitable" by the State Health Department because of their non-fire-resistant buildings may become suitable by installing sprinklers within a three year period.

We understand that many of them will do this. While these homes will not be as desirable as newly built homes, their continued existence will contribute to meeting the need for nursing home care.

(c) Effect on private nursing homes.

In opposition to using the sanatorium for acute general hospital care, the consultants said that withdrawal of welfare patients from nonprofit community acute general hospitals would create an uneconomical occupancy of beds, and would create increased cost of care to other patients in those hospitals. It seems likely there would be a similar economic effect on private nursing homes if patients were taken out of them.

(d) Remoteness of Glen Lake Sanatorium.

The consultants said a disadvantage of using Glen Lake for acute general hospital care would be the travel distance cost and inconvenience for patients' families, as well as the difficulty of getting physicians to such a remote spot. It seems likely that the same objection would apply to families of nursing home patients, and to physicians, particularly those with intensive care patients, requiring frequent visits. Also, remoteness of a Glen Lake nursing home would have the disadvantage of taking patients away from centers of activity. It is generally acknowledged that nursing home and old patients prefer to be near such centers.

All things considered, we conclude that it would be inadvisable for the Sanatorium Commission to inaugurate the TB - nursing home program proposed by the Hamilton report.

3. Use of the sanatorium by the State of Minnesota.

As stated near the outset, the Hamilton report proceeded on the premise that "the County has a primary consideration not to get rid of the plant but to use it to the best advantage in serving the greatest proportion of unmet health bed needs in Hennepin County."

Recognizing the County's continuing responsibility for top-grade care for its TB patients, we believe nevertheless that the sanatorium problem must be viewed in a broader setting than the Hamilton premise. That is, the problem of the institution should be viewed as the best use of the Glen Lake facilities and personnel from the standpoint of the community's health needs and resources, and financial resources. A major consideration in "financial resources" is the continued drain on the taxpayers of having the institution maintained and operated on an uneconomic basis, whether it is for TB purposes or TB-nursing home purposes.

We are convinced by the Hamilton report, the Commission's statement, and the other facts and conclusions presented in this report that none of the suggestions for a combined TB-complementary medical care use under County control are advisable. This leaves two choices, both of which would presume continued responsible County action to take care of tuberculosis care and control:

- Use of the sanatorium by the State government.
- Disposal of the sanatorium for some other use.

The Hamilton report considered several possible uses by the State and rejected them, in favor of the nursing home recommendation, generally for the following reasons:

(a) The single State tuberculosis sanatorium. Rejected because it would run into opposition by out-State residents with relatives in TB institutions nearer their homes, and mostly because the declining TB incidence soon would bring the institution back to the basic problem of having many vacant beds.

(b) A mental hospital. Rejected because of "the lack of adaptability of the physical plant for such purpose and because it would be economically more feasible for the State to construct a new 500-bed mental hospital than to try to adapt the Sanatorium to such use."

(c) A "half-way house" for aged patients in mental hospitals no longer needing psychiatric care. Rejected because "this would raise a major and controversial policy issue of the State accepting a role in the field of nursing home care; in any event, it would not be feasible to consider, even if legislative authority were enacted, because it would not be implemented until such time as the County could dispose of all the tuberculosis patients and close the Sanatorium.

We share the conclusion regarding use of the sanatorium as the single State TB facility. Regarding the other two alternatives, however, we believe that the points cited in opposition by Hamilton are not so conclusive as to discourage continued vigorous efforts by local officials to get State consideration of these

possibilities. The commission's progress report indicates it also is not convinced of the impracticality of using the sanatorium as an acute and chronic care state mental hospital.

The State has many needs for institutions -- mental hospitals, mentally retarded, adult and youth correctional institutions -- and in view of these needs and the State's limited resources it would seem unsound to accept a conclusion that the State prefers to build, for example, new mental hospitals rather than use a sound but older structure such as Glen Lake at a lower cost.

We therefore concur with the Glen Lake Sanatorium Commission in its proposal for "negotiation for the transfer or long term lease of Glen Lake Sanatorium facilities to the State of Minnesota for their use as a sanatorium and such other institutional programs as are under their direction."

4. The 28 bed nursing home pilot unit.

The Sanatorium Commission provided little explanation in its official progress report of its reasons for establishing a pilot study nursing home unit beyond saying it should be "for a limited period to better judge community need for high standard nursing care program and to gain realistic cost experience in a tax-supported facility." Its reference to the need for operating any program at "reasonable operating cost" suggests that the commission is particularly concerned about the value of the pilot study as a way of determining costs for nursing home service.

Discussion with commission members indicates a number of reasons for initiating the pilot study:

(a) To provide a clear picture, on a controlled research basis, of the exact costs, staffing, and problems involved in providing nursing home care at various levels of intensity. We were informed that the State Welfare Commissioner is very interested in determining these facts so that he can make a realistic appraisal of the present structure of fees which he allows county welfare boards to pay for their assistance recipients receiving nursing home care; that the State Health Department will find such information valuable in connection with carrying out its extensive supervisory and regulatory responsibilities in the nursing home field throughout the state; and that such agencies as the Community Welfare Council are interested because of their general interest in medical care and the problems of the aged.

We were also informed that cost and staffing data of the type to be gained from the pilot unit are not now available from private nursing homes and hospitals, that they are a difficult type of data to obtain, and that at least some of the private operators will welcome getting such data.

The sanatorium administrator has prepared a statement of "Policy for management of Glen Lake Sanatorium pilot study nursing care unit", including estimated costs of providing minimal, moderate and intensive care in the pilot unit. The commission regards these only as estimates which will need to be proved or disproved by actual experience under the pilot study. It is significant to note, however, that on the basis of these estimates, and assuming that all but a few of the patients will be county welfare cases under the present welfare rate structure, the cost of the pilot unit for six months is likely to run at about \$58,000 with revenue at \$32,000. The difference will have to be made up out of Glen Lake funds.

(b) A second reason for initiating the pilot study is to give the commission a factual test of the Hamilton opinion that such care can be provided on an economical basis. It is said that such data are necessary to decide once and for all whether the sanatorium can or cannot offer nursing home care on a competitive basis.

In addition it is said that until such data are available the commission will not be in a good position to request the State to take over the institution, since such action would be counter to the recommendations of the expert consultants the commission hired, and would also be counter to previous requests by the commission to the Legislature that the commission be permitted to admit nursing home patients.

(c) A third reason given for the pilot nursing home study is that it enables spreading fixed overhead costs at the sanatorium over a broader base.

We do not consider this a very strong argument in favor of the pilot study. If the administrator's estimates of costs are at all close to actual, the increased cost to the sanatorium of running the pilot study will more than offset any saving on overhead.

An argument frequently heard in opposition to the pilot study is that once the Sanatorium Commission committed itself to a nursing home program at the sanatorium, with no matter how clear an intention of using it only as an experimental pilot study, it would find it difficult if not impossible to withdraw the program, even if the program turned out to be uneconomical.

Such skepticism may often be justified, based on experience with some governmental "experimental" programs. However, we believe that the present commission has demonstrated its dedication and its courage for pushing ahead on hard decisions - particularly on staff reductions - to the extent that we believe the commission will terminate the pilot study when it has proved its point.

On balance, we endorse the commission's pilot study of nursing home costs and problems for a limited period as a research project that can yield valuable information for the various governmental and community agencies cited as well as the nursing home industry. We feel confident that the commission through its administrator will maintain adequate control on the study so that the data sought will in fact be forthcoming.

While the commission has said that the study will be for a limited period it has not set a specific time. We urge that the commission set a specific termination date of six months as sufficient time in which to determine the facts on costs, staffing and service.

COMMENDATIONS

The committee has been greatly impressed with the ability and dedication of the Sanatorium Commissioners: County Commissioner Richard O. Hanson, president, Kenneth J. Holmquist, vice president, County Commissioner S. Earl Ainsworth, John E. Twomey, M. D., and Mrs. Walter W. Walker. In our opinion, since their appointments in early 1959, they have faced squarely the serious management problems that have beset the sanatorium in recent years, and have thus far pursued a clear course in attempting to solve them and the basic question of the institution's long run role in the community.

We are also impressed with the excellent performance of the administrator, Owen Stubben, in advising the commission and carrying out its policies.

Finally, we wish to commend the Hennepin County Board of Commissioners - George W. Matthews, chairman, S. Earl Ainsworth, vice chairman, Richard O. Hansen, Elwood Swanson and I. G. Scott -- for the high caliber of their appointments to the commission under its expanded five-member composition, and for supporting the commission's policies during a period of rapid change.

Cyrus O. Hansen, M. D., Chairman,  
Glen Lake Sanatorium Subcommittee

Laurens V. Ackman, Chairman,  
Health, Hospitals and Welfare Committee