

# ***Murder Witness, Wife Slain***

Page 3

**Tonight: Rain**  
**Tomorrow: Mild**

Accu-Weather on Page 2



PHILADELPHIA DAILY  
**NEWS**

**8 ★**

**15c Final**

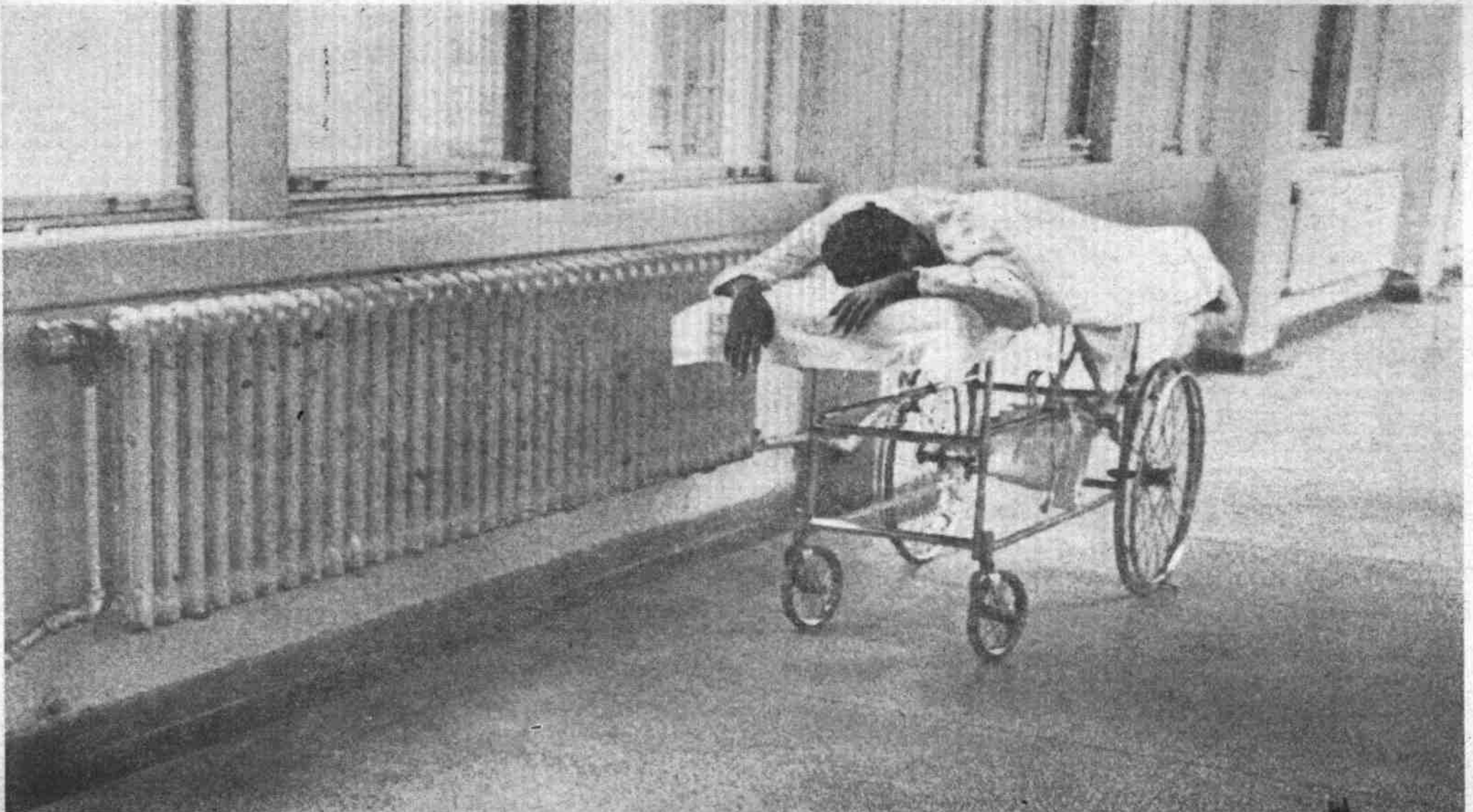
MONDAY, JANUARY 26, 1976

Our 252d Issue in Our 51st Year; © 1976, Philadelphia Daily News

# **PGH: Death by Neglect**

## ***Supply, Staff Shortages Killing Patients***

Page 3



Unattended, patients wait for hours to be moved at PGH

Photography by Susan Welchman



## Inside PGH

# Shortages Killing PGH Patients

By HOAG LEVINS  
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Philadelphia Daily News

Doctors and nurses at Philadelphia General Hospital report that patients there are dying because of severe shortages of equipment and personnel.

In a three-month investigation of the hospital—during which a reporter posed as a patient and an intern—the Daily News found that PGH patients routinely risk unnecessary hardships and hazards because the city-owned hospital does not have enough nurses, technicians, aides and basic life-sustaining equipment to keep patients alive and relieve their suffering.

PGH provides the only source of medical care for thousands of Philadelphians who can't afford to go elsewhere for treatment of their illnesses and injuries.

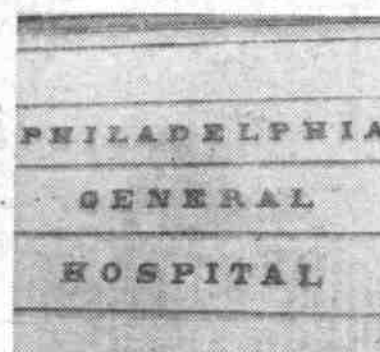
"It is not an exaggeration," said Dr. Robert Narins of PGH, a nationally-renowned authority in his field; "to say that a patient coming to PGH has a better chance of dying than if he went to another hospital."

### Horror Stories

His appraisal of the death-risk which confronts PGH patients is not new:

• In a January 7 memo to PGH's executive director, the directors of the hospital's intensive care unit, cardiac care unit and nursing service reported that 11 critically ill patients were denied admission to the intensive care units during the preceding two months because there weren't enough nurses to care for them. Citing conditions which are "untenable medically or legally," the department heads threatened to close both units completely on February 1 unless 14 new registered nurses were hired immediately.

• In a September 13, 1975, letter sent to PGH administrators and to Mayor Rizzo and the city Health Department, PGH doctors said they didn't have enough equipment or people to treat patients properly. The letter was approved by the entire house staff of physicians at the



**Doctors refer to some wards as "The Rose Gardens" because that's where the patients just get fed and watered.**

hospital. It said PGH's deteriorated conditions were causing "unnecessary morbidity, prolonged hospital stays and even death" among the patients.

• In April 1975, a statement unanimously approved by the medical staff executive board was delivered to City Council. The statement attacked inadequacies in the hospital's physical plant, staff and equipment. "There can be no doubt that deficiencies in each of these areas compromise our ability to deliver quality patient care," the statement said.

• In April 1971, Common Pleas Court Judge John J. McDevitt presided over a court action involving PGH. "The testimony of all the members of the medical and nursing staffs who testified before this court was that staff shortages have increased the risk of patient morbidity and mortality," the judge found.

• In December 1970, 50 physicians from PGH delivered a statement to City Hall. It declared: "Our patients are suffering and some are dying because of the lack of personnel and equipment ... Mice eat food from the patient's bedside cabinets. Flies crawl over patient's wounds. Bandages cannot be changed ... Pa-

Continued on Page 26



Photography by Susan Weichman

Wards with as many as 40 patients frequently have no nurses.

## Dubrow Witness, Wife Found 'Executed' in Home

By DAVE RACHER  
and JOE O'DOWD

Louis Gruby, key witness against two men convicted in the 1971 murder-arson terrorism at the Dubrow Furniture Store on South St., was shot dead in his home over the weekend. His wife also was slain.

Both were shot in the head from behind—usually described as "execution style."

Since his role in the murder trials, Gruby had worried about security. He had put extra locks on the doors of his home in a quiet, middle-class section of Rhawnhurst and there was a light timer to discourage burglars. The Grubys belonged to Operation

Town Watch, a citizens' anti-crime group.

GRUBY HAD BEEN an employee at Dubrow's, 417-21 South St., when eight men invaded the place Jan. 4, 1971, terrorized 24 customers and employees and shot one man to death. Another man was set afire, several were beaten and all were bound. The intruders then tried to set the store afire.

Gruby's testimony helped convict Robert Mims, 32, and Edward Sistrunk, 28, both sentenced to life for murder and arson. Ronald Boelter, 30, also was convicted but Gruby was not a witness against him.

Mims and Sistrunk were linked by

police to the Black Mafia, a group of black racketeers. Mims was a fugitive for nearly four years after the Dubrow incident. During that period, police said, he served as a bodyguard to the late Elijah Muhammad, a Black Muslim leader, in Chicago.

ASSISTANT District Attorney Frank DeSimone, who prosecuted Mims and Sistrunk, had described Gruby to the Mims jury as "the little David who came in to slay Goliath." Gruby was a short, slight man while Mims is 6-foot-4 and weighs 225 pounds.

Other sources in the district attorney's office today said Gruby had

told them he was afraid for his life and felt intimidated because of his testimony.

Of the eight men who invaded the store only Mims, Boelter and Sistrunk were arrested and brought to trial.

The Grubys' bodies were found sitting up on their living room couch. An autopsy today should determine when they died. No weapon was found and police launched a massive search of the neighborhood for clues.

The Grubys lived on the 2100 block of Faunce St. in a brick duplex. There were trees in the yard, a garden in back. They had moved in

about 20 years ago, with their four children, one of the first families on the street.

Gruby, 67, a retired Army intelligence officer, and his wife, 63, were found about 4:30 Sunday afternoon by their son, Michael, who'd come over because a neighbor had noticed the couple's lights on all Saturday night and all Sunday morning and afternoon.

According to police, the house bore no signs of forced entry and was not ransacked. "It's too early to say that nothing is missing," said one detective, "but it doesn't look like it so far."



# "The lack of equipment here kills people."

—Dr. Irving Herling



Continued from Page 3

Patients must lie for hours in their own excrement. The situation is totally intolerable."

## Nurses Needed

In interviews with the Daily News, doctors and nurses throughout PGH said conditions there are so bad that staff members often discourage patients from entering the hospital—unless there is absolutely no other alternative.

Leading the list of life-threatening conditions, according to staff members, is the severe shortage of registered nurses. Because of this shortage:

- Many hospital departments have no registered nurse on duty for as long as 16 hours a day.
  - Patients must go without medication, food and needed treatments because there is no one available to administer to them.
  - Patients have to lie unattended for hours as they suffer and even die in their beds, unobserved and with no hope of beckoning help.
  - The number of available beds in the medical intensive care units has been cut from 12 to as few as six, prohibiting patients in critical condition from getting the intensive, life-supporting care they require.
- In many of the wards at PGH, where as many as 40 persons are crammed into a single large room, there are no "call buttons" on the beds. Patients in these wards are unable to notify medical personnel they are having problems—such as heart attacks.

Throughout the hospital, doctors and nurses say they have to fight over or are unable to obtain important pieces of equipment such as

EKG machines, respirators and bed scales.

EKG — electrocardiogram — machines are needed to electronically detect heart malfunctions—before they kill the patient. Respirators are used to keep a person breathing—and alive—when his lungs stop or are injured. Bed scales are used to monitor patients with potentially fatal chemical and fluid imbalances.

## Files Locked

Because of staff shortages, the medical records department has been closed after normal business hours. Doctors cannot obtain medical reports of patients admitted after 6 p.m. or on weekends. Since they are unable to learn a patient's known allergies and previous conditions, doctors often must use guesswork when administering medications and treatments then.

Because of staff shortages, portable X-ray machines cannot be manned throughout the hospital. Critically ill patients who cannot be transported to the main X-ray room, don't get X-rays. These patients need X-rays more than anyone else.

Because of staff shortages, the X-ray file room is closed after day-time hours. Doctors cannot get previous X-rays of their patients—and cannot detect potentially fatal changes since the patient's last X-ray.

Because of shortages of supplies such as culture bottles, specimen containers and blood tubes, doctors often cannot collect body fluids or transport them to the labs for tests which reveal a wide variety of fatal diseases and conditions.

"There have been recent problems with patients here who have gotten very ill with fluid problems," said Dr. Robert Narins, chief of the PGH Renal-electrolyte section and an expert in the treatment of chemical and fluid imbalances in the body.

"Their situation was such that I would not want to have to sit down in front of a lawyer and argue it out. In court, lawyers would not have much difficulty proving we did not do what should have been done for the patient. We couldn't do it because you don't have the equipment here."

"I think any reasonable physician



Photography by Susan Welchman

Corridors are dimly lit and stretch as long as a city block.

would conclude that if you don't have the equipment you need and you don't have the appropriate number of nurses each of these things put a patient at risk. With the combination of all these things, there is no way anybody could deny that patients at PGH are at a substantially greater risk than those in other hospitals which are adequately equipped and staffed," Dr. Narins said.

Dr. Sandy Pomerantz, a resident physician at PGH, said, "There is no question that people go unattended for long periods of time here and suffer excess morbidity and mortality because of it."

"In September," explained Dr. Pomerantz, "I had a patient die on me because there were no nurses available to take care of him."

"He came in with a mild stroke

Continued on following page

## No More Money Needed

When the current \$36 million PGH budget — which has left the facility short of equipment and personnel — was up for City Council approval last year, top hospital officials denied they needed more money for their institution.

They even defended the Rizzo administration's decision to reduce PGH spending by \$638,000, compared to the previous year.

The transcript of that April 22, 1975, council budget hearing shows that a PGH delegation headed by assistant executive director Ernest E. Zeger told City Council there were "no problems" with funding for PGH.

Here is part of that testimony:

City Council President George X. Schwartz: "How do you feel about the criticism that is rampant about the services at PGH, some of the services, in the press? Do you have any feelings for it? Do you have any explanation about it?"

Zeger: "I think, Mr. President, that we have an adequate budget to provide and continue to provide the services at PGH."

Zeger went on to explain, "I think that with good management and with this budget we will not only continue the services of the hospital, but we will give adequate first-class service."

That realigned budget which Zeger defended — and which was adopted by City Council — provided for spending cuts in these critical areas:

- Hospital equipment, \$259,900.
- Permanent full-time employment, \$179,518.
- Permanent part-time employment, \$41,023.
- Regular Overtime, \$400,000.



The Author

Since coming to The Daily News in 1974, Hoag Levins, 29, made headlines with a major investigation of the closing of Frankford Arsenal and the renovation of Mayor Rizzo's \$410,000 Chestnut Hill house. During his three-month investigation of Philadelphia General Hospital, he posed as a patient and (without beard) as an intern.

## The Photographer

Susan Welchman, 28, joined the Daily News in September 1973, after working as a freelance photographer and studying at the Philadelphia College of Art.

## Official Silence — and a Denial

Earl Perloff, chairman of the PGH Board of Trustees, said Friday he "disagreed violently" with the view that there are serious problems affecting patient care in the hospital. Three other top officials did not respond to repeated attempts by the Daily News to discuss the hospital.

Perloff denied there were any shortages of nurses or equipment at the hospital.

"I am certain there are enough nurses to provide care to the patients. I have never seen any proof that we have ever had a death or a disability due to failure of nursing personnel or equipment."

PERLOFF SAID he was not aware of any shortages of nurses in the intensive care or cardiac care units. He said he was also not aware of threats by the directors of those



Perloff



Weintraub



Polk

units to close them on February 1 unless 14 registered nurses were hired immediately.

In a Jan. 7 letter to hospital director Tina Weintraub, the directors said they had turned away 11 critically ill patients in the preceding two months because there weren't enough nurses to provide the inten-

sive care they needed.

"There are enough nurses on those units and throughout the hospital," Perloff said. "I'm not familiar enough with the staff or the individual departments or areas to address specifics. We work through our administrative people for that."

For a week prior to the publica-

tion of this first installment in a series, the Daily News repeatedly attempted to speak with those administrators.

MRS. TINA WEINTRAUB, executive director of the hospital, has not returned repeated phone calls. People in her office repeatedly said Mrs. Weintraub "hasn't had the time" to speak about conditions inside PGH.

Dr. Pat Storey, PGH medical director, was contacted on Jan. 19. He agreed to meet with a Daily News reporter Jan. 22 to discuss conditions inside the hospital. But on Jan. 21, Dr. Storey canceled that appointment. A person in his office said Dr. Storey was not available to explain why he canceled.

Secretary to acting Health Commissioner Dr. Lewis D. Polk said he was not available for comment on PGH.



# "What you see can be called 'nigger medicine.'"

—A registered nurse

Continued from preceding page

and had a metabolic problem with it. We were correcting the metabolic problem and the stroke was stable and the following morning he was OK.

"In the afternoon THE nurse in the department hadn't had a chance to take the vital signs of the patients because she was busy giving out the afternoon medicines. Eventually, about 5 p.m., she got to look at this patient and he was dead.

"There had been nobody there to look at him or notice the fact that he was having problems at all. I still don't know what his final problem was because they wouldn't allow me to have the man autopsied.

"This is not a rare case," said Pomerantz. "It is normal throughout the hospital to hear 'Someone was found dead.' They are 'found' because there is no one around to note that they were in the process of dying. The nurses have no time to spend with the patients because there aren't enough nurses to handle even the routine work.

"Legally," he said, "the entire situation here is uncomfortable if you want to look past the suffering of the patients toward that aspect of it. What saves PGH from large legal problems is the general lack of education and sophistication among the population of patients here.

"Most patients don't realize they can DEMAND a different sort of treatment than what they are getting."

## Death Results

"The lack of equipment here in PGH kills people," said Dr. Irving Herling, a resident physician at the University of Pennsylvania Hospital who also works under contract at PGH. "Patients who are in critical condition and require certain treatments often can't get those treatments and die.

"Take the case of a cardiac arrest — it happens all the time. The 'crash cart' full of equipment and drugs which is used to answer cardiac arrest calls doesn't have a defibrillator machine on it.

"A defibrillator is one of the first things you need when you attempt to get a heart going again. They don't have enough here, so you have to send a nurse running around to get one and drag it to where you are trying to treat the patient.

"At the same time, you must run through great lengths in these buildings which are spread out and have elevators which take as long as 10 minutes to get down to you.

"Now, you have three to five minutes from the onset of the arrest to its terminus—when the patient dies. If you CAN get there is time, you often find you don't have the equipment you need. The patient dies.

"Sometimes they don't call a 'code' (alert) because they know it would be impossible for the cart to get there on time anyway, so the patient dies. That happens here. There is no question about that.

"In other instances you can't get tests and studies done on a patient because there is no equipment or no technicians to do them. We're talking about patients with critical problems. The situation here is just incredible when you compare it to the

University of Pennsylvania Hospital or other hospitals in the area."

PGH admits nearly 14,000 patients a year and at any given time has about 700 patients in residence. In addition, its out-patient clinics handle as many as 236,000 patient visits a year.

During the last decade, the city hospital has become a place of last resort for the patients who are regularly rejected by other area hospitals. Private hospitals often refuse to treat anyone — even critically ill emergency patients — unless patients can produce proof of insurance coverage or other ability to pay for their treatment.

Those who can't pay are shipped to PGH. Their financial situation forces them to make a stark choice when they are ill: go to PGH or get no treatment at all.

The overwhelming majority of PGH patients are black, destitute and poorly-educated. At the same time, the city hospital's medical staff, administrators and board of directors are mostly white, affluent and well educated.

"When you get past the rhetoric in a situation like this," said Dr. Howard Hurtig, a neurologist who has been at PGH for three years, "there is a final yardstick you use to take a measure of a hospital — would YOU want to be a patient there yourself? Would YOU want your family or other people you love to be admitted to PGH?

"It is very clear to me that I wouldn't want anyone I know to be near this place because of the risk they take as patients here. I even

**"I had a patient die on me because there were no nurses available to take care of him."**

—Dr. Sandy Pomerantz

have bad feelings when I see a patient who needs to be admitted. You don't like to see anyone come into this kind of hospital.

"It's hard to show just what the hazards are in a few words. You can't easily prove in black and white that X number of patients died last week because they didn't have proper intravenous equipment or because there wasn't a registered nurse available to them.

"But as a doctor, it is quite clear to me that if you come to PGH, all things considered, you are more likely to die or suffer complications than if you went to another area hospital," Dr. Hurtig said.

A registered nurse who worked at PGH for five years echoed the testimony of many who spoke with the Daily News when she said, "At times, you reach a point when you just want to scream at someone, 'Hey, we don't have sheets, we don't have

paper towels, we don't have equipment that works and we can't get the drugs we need when we need them. There are people out there trying to stay alive. DO SOMETHING.'"

Like the other nurses interviewed, she asked not to be identified for fear of retaliation by hospital officials.

"It's no secret here that many of us send patients away from PGH. If there is any way they can scrape up the money or work it out, I tell them to go to another hospital where their chances of recovery and proper treatment are better," said the nurse.

"I was leaving the hospital one day, for instance, and this guy walked up to me with his hand in a towel," she said. "Inside the towel, his hand was cut up very bad. The thumb was severed so that it was just hanging on by a flap of skin. He said 'Where do I go, nurse?'

"I looked at the man and his hand and I knew he was going to need a lot of attention and a lot of therapy to get that hand whole again. I knew in my heart he wouldn't get that sort of attention in PGH. If he came in here, he probably would have lost the hand.

"I directed him across the parking lot and through the gate — into the hospital of the University of Pennsylvania.

## The Zoo

"I just couldn't send that man into PGH and see him go on the surgery wards. The situation there is just beyond description. People there don't have a chance."

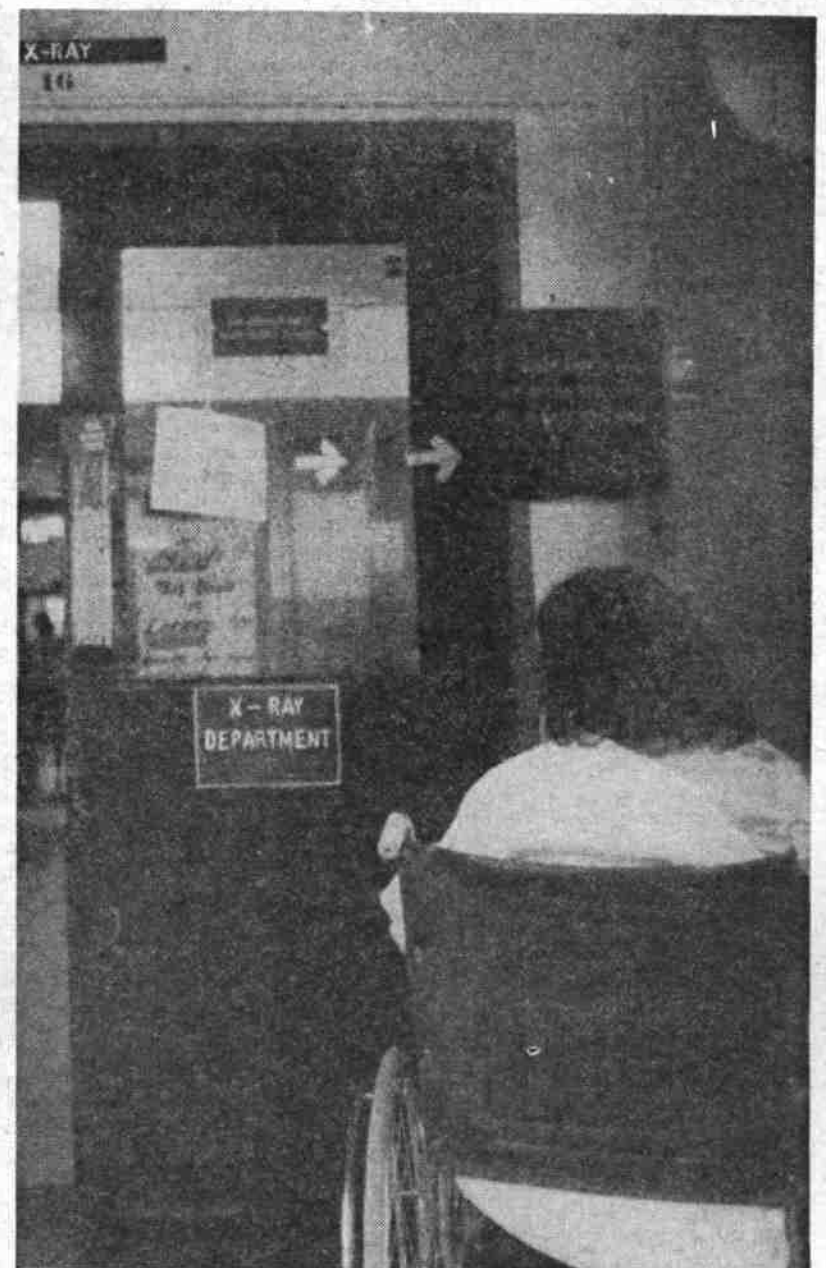
Many hospital insiders who were interviewed privately referred to the hospital wards as "the Zoo." Others talked about certain ward areas as "the Rose Garden," because, "You know, that's where the patients just get fed and watered — like a rose garden."

"The conditions at PGH are deplorable for the patients," said Dr. Craig Rothman, a resident physician at PGH. "Patients are not treated as human beings by the administration here. You have patients who don't get looked at by a nurse at night and who get into trouble — with no nurse there to take care of them.

"Patients have died in the hospital because of that. There are not enough nurses to watch them.

"I won't have former patients of mine come here," said Dr. Rothman. "Patients who I treated before and who ask if they can come to me at PGH. I tell them 'No, don't come.' I just can't subject them to what goes on here.

"You don't get good care here — not because you don't have good doctors and nurses, but because there is only so much you can do without enough people or equipment.



Photography by Susan Welchman

Shortstaffed X-ray department can't handle the load

"A comment on just how bad it is is the fact that it is not unusual to have patients be incontinent in bed — and then lie in the excrement for five hours or longer. It is so common that it is no longer considered a problem by many physicians.

"There are so few nurses, you can't get the routine work done, let alone have people available to clean patients up. There are so many other major problems that confront you here, that that one just slips by," Dr. Rothman said.

## Don't Know Difference

"What you see around you in PGH is a form of what could be called 'nigger medicine,'" explained one registered nurse who has been at PGH for four years.

"The people who run the hospital don't provide the same kind of staff or equipment or treatment because most of the patients here are 'just niggers and they won't know the difference anyway.'"

"The people who come here are poor and mostly black and not well-educated," said the nurse, who asked not to be identified to protect her job. "They are so used to abuse

and neglect that they don't know there IS any other way of being treated. Things here are done or not done by the administration because it knows the patients won't complain.

"If you filled this hospital with middle-class whites for just a day, you'd have a riot by suppertime. You'd have TV cameras here and all hell would be breaking loose.

"Sometimes the things I see here make me cry — I go home and put my head down on the kitchen table and cry because I don't know what else to do."

# Tomorrow: Nurses at PGH — critical condition



# ***Airport Security: 3-Hour Wait***

La Guardia Bombing Spurs Tough New Proposals, Page 5

**Tonight: Rain**

**Tomorrow: Cold**

Accu-Weather on Page 2



PHILADELPHIA DAILY  
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TUESDAY, JANUARY 27, 1976

Our 253d Issue in Our 51st Year; © 1976, Philadelphia Daily News

# **PGH.**

## ***Nurses Don't See Patients for Hours***

Page 3



There are not enough registered nurses for PGH's babies

Photography by Susan Weichman



## Inside PGH

# Too Few Nurses, Too Many Patients

By HOAG LEVINS

Copyright 1976, Phila. Daily News

The nursing shortage at Philadelphia General Hospital is so severe that a single registered nurse often is responsible for 100 or more patients.

A three-month investigation by the Daily News found the PGH nursing shortage is responsible for widespread suffering and, according to doctors, sometimes even death among the 700 patients there.

PGH, licensed by the state and receiving substantial funds from Washington, does not meet either minimal state or federal nursing standards. Yet for reasons not clear it continues to be licensed and funded.

Federal regulations require a hospital to have enough registered nurses to "insure the availability of

registered professional nursing care for all patients on a 24-hour basis every day." The state sets a similar standard.

However, the Daily News found that registered nurses aren't "immediately available" to PGH patients. In fact, patients frequently go for hours and even all night without seeing a registered nurse.

## Uncovered 16 Hours

In a recent spot check of hospital wards, the Daily News found major departments with no registered nurses scheduled for as long as 16 hours. Doctors and nurses on duty in those departments said:

- In the Neurology Department, there were a total of three registered nurses available to cover three shifts a day, seven days a week, in an area with 78 patients. At most, only a single registered nurse was on duty from 8 a.m. until midnight. The rest of the time, there was no registered nurse scheduled.

On the weekends, there was only a single registered nurse from 8 a.m. to 4 p.m. For the 16 hours from 4 p.m. until the next morning, there was no registered nurse scheduled. During that time, Neurology and the neighboring department, Physical Medicine, were covered by a single registered nurse who "floated" over both departments in charge of the combined 105 patients.

- In the Medical Department, six registered nurses were scheduled to cover 180 patients during the day and only two were scheduled for the evening and night shifts — making each nurse responsible for 90 patients.

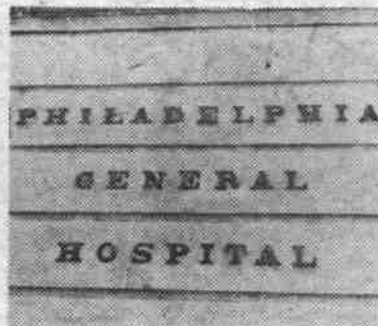
- In the women's surgical ward, 36 patients had a single registered nurse on the day shift and none regularly scheduled for the evening and night shifts.

- In the 17-bed "special" surgery unit which handles ear, nose and



Photography by Susan Welchman

Doctors who practice there say they wouldn't put their own children in PGH



*On the main pediatric ward there are 20 or more children—of both sexes, infants to 16-year-olds—housed in a single large room. Doctors say there are often problems caused by the older children physically "acting out" their sexual aggressions on the younger ones.*

Continued on Page 22

## Rizzo Foes Prepare Petition to Bounce Big Frank

By FRED HAMILTON

A coalition of Democrats, Republicans and Philadelphia Party leaders are organizing a citywide drive to recall Mayor Rizzo, the Daily News has learned.

One organizer said recall petitions would be on the streets by late March or early April with a goal of

200,000 signatures. The key to success, he added, will be public reaction to Rizzo's call for \$80-million in new taxes.

"The drive has been in the planning stage a long time," the organizer said. "But we had to wait for the one issue that would make it work — taxes. Rizzo lied about the budget and about raising taxes."

A RECALL election would take the signatures of 141,159 registered Philadelphia voters — 25 percent of the 564,636 who voted in the mayoral election last November.

According to the City Charter, the signatures must be obtained within 60 days of the signing of the first signature and no more than 20 percent of the signatures can come from any

one of the city's 69 wards.

The three City Commissioners — one Republican, one regular Democrat and one Rizzo Democrat — would determine whether the petitions and signatures are valid. The coalition is aiming for 200,000 signatures because many are expected to be challenged.

If the recall action is successful, Rizzo would have 15 days to resign or face a public referendum.

If the people voted "No" in this referendum, Council President George Schwarz would become acting mayor until a special mayoral election could be held.

"WE'RE GOING TO have a full-time staff, ward leaders, block captains and financing before we ever take the first signature," the organ-

izer said.

Also joining the recall drive will be the liberal Americans for Democratic Action.

Rich Chapman, ADA head, said the recall drive "looks gorgeous because we have an election right in the middle of it" and 75 percent of the needed signatures could be gathered "right at the polls" on primary election day, April 27.

## Student Stabs Teacher

VINELAND, N. J. (UPI)—A school teacher was stabbed by a student and seriously wounded yesterday in the hallway of Landis Junior High School, police reported. John Furgione, 26, was stabbed once in the back by a 15-year-old student who was not identified because of his age.

## City's Bond Rating Dips on Wall St.

The city's bond rating—a figure that determines how much interest will be paid on municipal bonds—has been lowered by one of the nation's two leading investment houses.

Moody's announced today that Philadelphia's bond rating had been low-

ered from A to BAA. This means the city will have to pay municipal bond holders a higher rate of interest.

IN TURN, the action will increase the city's deficit and further strain an already deficit-ridden budget.

What forced the rate lowering was disclosure this month that the city's present budget contains an \$80 million deficit and that the Rizzo administration is seeking a tax increase of equal amount.



# "I left because I couldn't stand it anymore. I was going 100 miles an hour all the time and still falling behind."

—A nurse who quit PGH



Continued from Page 3

throat patients, no registered nurses were scheduled. Patients there depended on registered nurses who "floated" from the nearby surgical intensive care unit.

• In the special "detention" ward which handles prisoners from the city jails, 10 patients had a registered nurse during the day and none scheduled for the evening and night.

Since last fall, the Medical Intensive Care Unit and the Cardiac Care Unit—which care for patients in critical condition—have been cut from 12 available beds to as few as six because of a shortage of registered nurses. During the last two months, doctors say the cuts forced 11 critically ill patients to do without the intensive care they required. In a Jan. 7 letter to PGH executive administrator Mrs. Tina Weintraub the directors of these units threatened to close them completely next

Sunday unless 14 new registered nurses are hired.

## Official Refusal

The Daily News tried to talk with PGH officials about the number of registered nurses at the hospital, their work schedules, and the nurse-to-patient ratio. The administrators refused to be interviewed. PGH doctors said they have sought similar information from the administrators but were rebuffed.

A registered nurse with ten years at PGH explained why patients sometimes go without medicine:

"Say you have 90 or 100 patients out there and many require various medicines at regular intervals—like 10 o'clock. Well, you can't get to them all at 10 o'clock. So maybe a couple hours go by before you get to them.

"If there is an emergency, you have to drop everything. There is no one to take up the slack. So those times, maybe the patients don't get any medication at all. Now I know that patients won't die because they miss one medication, but this is an ongoing thing. At times it is barbaric, but there is nothing else you can do.

"As a rule," the nurse continued, "patients don't get good care here. I mean 'good care' like not being left to roll in pain all night because the nurse couldn't get to you with your pain medicine, or not being ignored and left to stare at the ceiling in fear or pain, or not to be left to lay for hours in your own (excre-

ment) because the nurse doesn't have time to clean your bed.

"Things like that are ignored at PGH. It is a way of life here. There is only so much that one nurse can physically do."

## Unqualified Nurses

PGH's practical nurses are not qualified to do much of the work left undone as a result of the registered nurse shortage.

Practical nurses undergo a year of training in general hospital procedure and work with patients only under the direct supervision of either a physician or a registered nurse. Registered nurses undergo 3-to-4 years of intensive medical training. They must pass a state exam before they are "registered" as professional nurses. Only registered nurses can assist physicians in various medical procedures, administer drugs including narcotics and employ the various items of sophisticated medical equipment used to test, monitor or treat patients.

Because they are overwhelmed with patients, many registered nurses at PGH don't stay long.

One 28-year-old nurse who quit PGH recently and now works at Woman's Medical College explained:

"There is an incredibly high frustration rate at PGH. As a nurse, you want to do things for people. You want to relate to individuals and help them through their fears and problems—but at PGH you can't do that.

"Everyway you turn you are confronted by obstacles. I left because I couldn't stand it anymore. I was going 100 miles an hour all the time and still falling behind. There is no way you can provide adequate care to 400 patients, or even 50 patients, when there is only you . . .

"I came to Women's and it was like a new world. I realized that for the whole year I was at PGH, I didn't write a single nurse's note about a patient. In order to do that, you have to have at least some knowledge of the individual patients."

## Hiring the Rejects

PGH's poor reputation often leaves it to pick from the nursing applicants who can get jobs no where else, according to nurses in and out of the hospital. Recently, for instance, PGH had to hire a new nurse who was Korean and was not able to speak English. Unable to communicate with either the doctors or the patients, she left after three days.

"There are no nurses around many times so that I can't even get regular checks on my patients' blood pressures and pulses . . ." said Dr. Craig Rothman, a resident at PGH. "I can't even get my patients weighed regularly because there aren't enough people to do it.

"It is not at all uncommon," said Dr. Rothman, "to have intravenous bottles run out on patients because

Continued on following page

## The Law

Pennsylvania Statute 62:1026:

"The (State Health Department) shall refuse to issue a license or shall revoke a license (of a hospital) for any of the following reasons:

- Violation of or non-compliance with the provisions of this act or of regulations pursuant thereto;
- Fraud or deceit in obtaining or attempting to obtain a license;
- Gross incompetence, negligence or misconduct in operating the facility;
- Mistreating or abusing individuals cared for in the facility.

Pennsylvania Statute 62:911:

"Whenever . . . any condition (at a hospital) is found to exist which is unlawful, unhygienic, or detrimental to the proper maintenance and discipline, or to the proper maintenance, custody, safety, and welfare of the inmates thereof, (The State Health Department will) direct the (hospital) officers to correct said objectionable condition.

"If such officers fail to comply with such direction, the Department may request the Department of Justice to institute appropriate legal proceedings to enforce compliance therewith or the Department may withhold any state money available for (the hospital) until such officers comply with such direction."

# Nurse-Juggling Act Hid Shortage From HEW

By HOAG LEVINS

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According to PGH doctors and nurses, hospital officials took special measures to conceal nursing shortages from inspectors last November.

From Nov. 17 to 21, a five-member team made a special inspection of PGH at the request of the regional office of the Bureau of Health Insurance (BHI) — an agency of the federal Health, Education and Welfare Department.

• During the five-day inspection, PHG officials rearranged nursing schedules. The inspectors left thinking the hospital was "staffed properly."

Each year, HEW funnels more than \$22 million in health funds to PGH. In order to qualify for those annual payments, a hospital must meet the minimum standards established by HEW for hospitals.

Normally, hospitals are accredited by the Joint Commission on the Accreditation of Hospitals (JCAH), a private, Chicago-based firm whose approval of a hospital is honored by HEW most of the time.

PGH has JCAH accreditation. However, the regional BHI office ordered the special survey because of complaints it had received about the conditions at the city-owned facility.

BHI contracted with the state

health department to make the survey. This is the same state agency which has granted the hospital a state license each year, despite its deteriorated physical condition.

A spokesman at the BHI office explained that PGH is no longer considered to be necessarily in compliance with federal regulations.

"On Oct. 1, 1975 we notified (PGH) that we were removing them from the 'deemed status' — deemed to meet the standards under which a facility qualifies for Medicare funds," explained George Patterson, staff officer for the state operations branch of the BHI.

"From this point, the hospital will have to meet all conditions. They will have to comply with the standards. If we find they have not gotten into compliance, we'll be obliged to institute a termination action at that point. The funds from HEW would be terminated after 15 days notice from HEW."

## Deceptive Appearance

Nurses and doctors at PGH say that during the week of the inspection the nursing schedules were juggled to make it appear there were more nurses on duty than is actually the case.

Federal standards say that a hospi-

## 'Utterly Incorrect'

PGH board chairman Earl Perloff said allegations of a registered nursing shortage at the hospital were "utterly incorrect." Perloff said the "shortage" was in the mind of the doctors because "physicians never have enough nurses."

Hospital executive director Mrs. Tina Weintraub, medical director Dr. Pat Storey and Acting Health Commissioner Dr. Lewis D. Polk have all refused to respond to Daily News phone calls.



Perloff

tal must have enough registered nurses on duty to "insure the availability of registered professional nursing care for all patients on a 24-hour basis daily."

However, during a three-month investigation of PGH, the Daily News found that the severe nursing shortage there has left many departments without a registered nurse for as long as 16 hours a day. Some departments have one registered nurse to care for 100 or more patients.

"During that week when the survey team was coming through, it was like the nursing administrators were spinning yarn from air," said a nurse assigned to the Medical Department.

"Nurses were pulled from other services during the day and put on

duty at night when the inspectors would be around. A week later, it was back to the normal — with no registered nurses on many wards for evening and night shifts."

According to Dr. Sandy Pomerantz, who was working the Medical Intensive Care Unit (MICU) that week, the MICU's normal staff of five nurses was abruptly cut to two — with the three "pulled" nurses being sent to work the night shifts on the wards.

"It made me angry," said Dr. Pomerantz, "because it showed this large concern for illusion and little or no concern for patients who needed nurses on the MICU."

"I went to the head nurse and said, 'Look, is this a coincidence that

you're pulling nurses from me at the same time the inspectors are coming through?' She told me to 'keep it off the record' and not to cause trouble.

"I don't think it is cute or appropriate to shift nurses to create illusions for inspectors who are supposed to be enforcing the barest minimum standards within the hospital."

## A Clean Sweep

Doctors and nurses said some wards and patients were specially cleaned. Excrement-soaked mattresses were replaced and special heavy-duty deodorizers were installed in some wards.

"That created another problem," explained another doctor. "On (Ward) 2-East, at least one woman had a violent reaction to the deodorizers and had to be removed to another floor to stop her asthma attacks. The smell of the deodorizers was more overwhelming than the smell of excrement which normally prevailed the place."

Richard Zarin, acting director of the state health department's division of licensure in Harrisburg, said the survey found "the facility staffed properly and providing proper care for the patients there."

Zarin said his department would recommend that HEW continue to fund the hospital.



**"... it means one of two things happen — they are eventually fed cold food when you get to them, or they are not fed at all."**

**—A registered nurse with 10 years at PGH**



Continued from preceding page

there is no one available to check them. That means you have to start a new line in the patient—which can be a real problem with the old people like we have here, because it is hard to find a useable vein.

"So here you are, knowing your patients are not going to get adequate care on the wards — they can't with the nursing situation. So you send them to the intensive care unit when they have a routine problem because it is the only place with enough nurses.

"It also gets very crowded there because most of the doctors do the same thing and you have situations where you have to make a decision on which of the patients in the ICU you are going to 'bump' to make room for one in worse condition.

You are then choosing which patient you want to send back to the floor — where they will not be looked at or cared for by a nurse because there is only one nurse for maybe 100 patients."

### ***Eyewitness Reporter***

A Daily News reporter, posed as a visiting medical student and joined PGH interns on their patient conferences and rounds. He found that a good portion of their time — and energy — is spent dealing with the thorny "politics" of trying to place patients in intensive care rather than in the ill-equipped, understaffed wards.

Interns and residents often find



Unattended, patients sometimes wait for hours before they receive needed treatments

Photography by Susan Welchman

themselves doing work which is normally done by nurses—or even aides.

"It is a question of whether I do the work or allow it to go undone..." said Dr. Ron Harris, an intern. "I find myself wheeling patients around the hospital because there is no one else available to transport patients. I'm not complaining about helping the patients—they need to be transported for tests that I want them to have.

"But physicians shouldn't be wheeling patients around the halls. There

are too many other patients who need the physician's attention during the same time," said Dr. Harris.

During frequent tours of PGH, a Daily News reporter saw patients on stretchers for hours in corridors and at the entrances to many wards. Doctors and nurses said the patients had to wait in the hallways because no one was available to transport them.

"There is not enough of anything," explains one registered nurse with four years at PGH. "You can't find enough aides. You find yourself re-

duced by the overwhelming number of patients you must handle to assembly-line thinking. You've got to get certain jobs done and there are so many of them and only one of you.

"For instance, at lunchtime, say you have ten or more people who physically need to be fed. You can't feed ten people. There is no one else to do it. They can't feed themselves, so it means one of two things happens — they are eventually fed cold food when you get to them or they are not fed at all."

### ***Nursery Unstaffed***

The Pediatrics Department doesn't have enough registered nurses to staff the newborn nursery around the clock.

"This is a problem because having properly trained people in the nurseries is important because many babies require life-saving procedures any time, day or night," said Dr. Peter Wilson, head of the Pediatrics Department.

On the main pediatrics ward there are 20 or more children—of both sexes, infants through 16-year-olds — staying in a single large room. Doctors explain that there are often problems caused by the older children physically "acting out" their sexual aggressions among the younger ones on the open ward.

At night there is no registered nurse on the ward. Only a single practical nurse is available.

"In judging things like this," said Dr. Wilson, "You've got to ask the crucial question—'Doctor, would you admit YOUR child to this ward as a patient?'"

"It is a question of supervision. If you have YOUR five-year-old daughter on the ward, you'd like to feel that there is adequate supervision so that if the child needs assistance night or day she will get it, or if she is approached by an older kid, that there will be someone right there to handle the problem.

"So the answer to that crucial question is this hospital is, 'No.'"

## ***Historic Hospital Is Hardly a Bicen Shrine***

Two years older than the state house which would eventually be called "Independence Hall" and 18 years older than the Liberty Bell, Philadelphia General Hospital is the oldest institution of its kind in the country.

It started as a Quaker Almshouse in 1733 in the Society Hill section and moved to its current location in 1835. As an institution, it has operated continuously for the last 243 years.

PGH'S OWN bicentennial celebration was held 43 years ago. Ironically, then-mayor J. Hampton Moore used the occasion to explain that the city couldn't balance its budget and, hence, would be unable to open and operate a newly-constructed wing on the hospital.

### **Tomorrow: How PGH breaks the law**

Moore told his 1933 audience, "The mayor is endeavoring to economize, get the city back to a financial basis where the budget will meet, and it may be that our institution will have to suffer until normal conditions are restored in this great city of ours.

The majority of the 17 buildings in the present PGH complex date back to the early 1930s or before. A number of architectural surveys in recent years concluded that the buildings are hopelessly antiquated and beyond renovation.

During the past two decades, its physical structure and its medical reputation have declined.

Up until the early 1960s, its medical staff was considered one of the best in the country. Doctors frequently served part-time at the hospital without pay — to be affiliated with the prestigious staff.

AS DID MANY municipal hospitals around the country, PGH began to lose a substantial portion of its middle income patients as waves of former city dwellers moved to the suburbs.

At the same time, new federal programs such as Medicare and Medicaid were enacted and provided city dwellers with a means to pay for medical care in any hospital they

chose. Increasing numbers chose newer and better equipped hospitals.

By the early 1970s, its patient population was mostly black and impoverished. It had become a "dumping ground" for patients which other areas hospitals didn't want to handle.

During most of his 10-year-term, Mayor James H. J. Tate sought ways of getting rid of the deteriorating and increasingly expensive hospital. At one point, Tate appealed to the University of Pennsylvania to take over the hospital — and was rebuffed.

At the end of the Tate Administration, a master plan for a \$105 million re-building program at PGH was developed.

It was one of the first budget items eliminated when Mayor Rizzo took office in 1972.



# Chinatown, Our Chinatown . . .

Pages 27-46

**Tonight: Cool**  
**Tomorrow: Snow**

Accu-Weather on Page 2



**8★**

**5c Final**

WEDNESDAY, JANUARY 28, 1976

Our 25th Issue in Our 51st Year: © 1976, Philadelphia Daily News

# Rain... Flood... Cold

## *Schuylkill Flood Waters Are Receding*

Page 3

## *Inside PGH*



Lacking other facilities for relaxing or meeting visitors, patients at Philadelphia General Hospital often must use elevator waiting

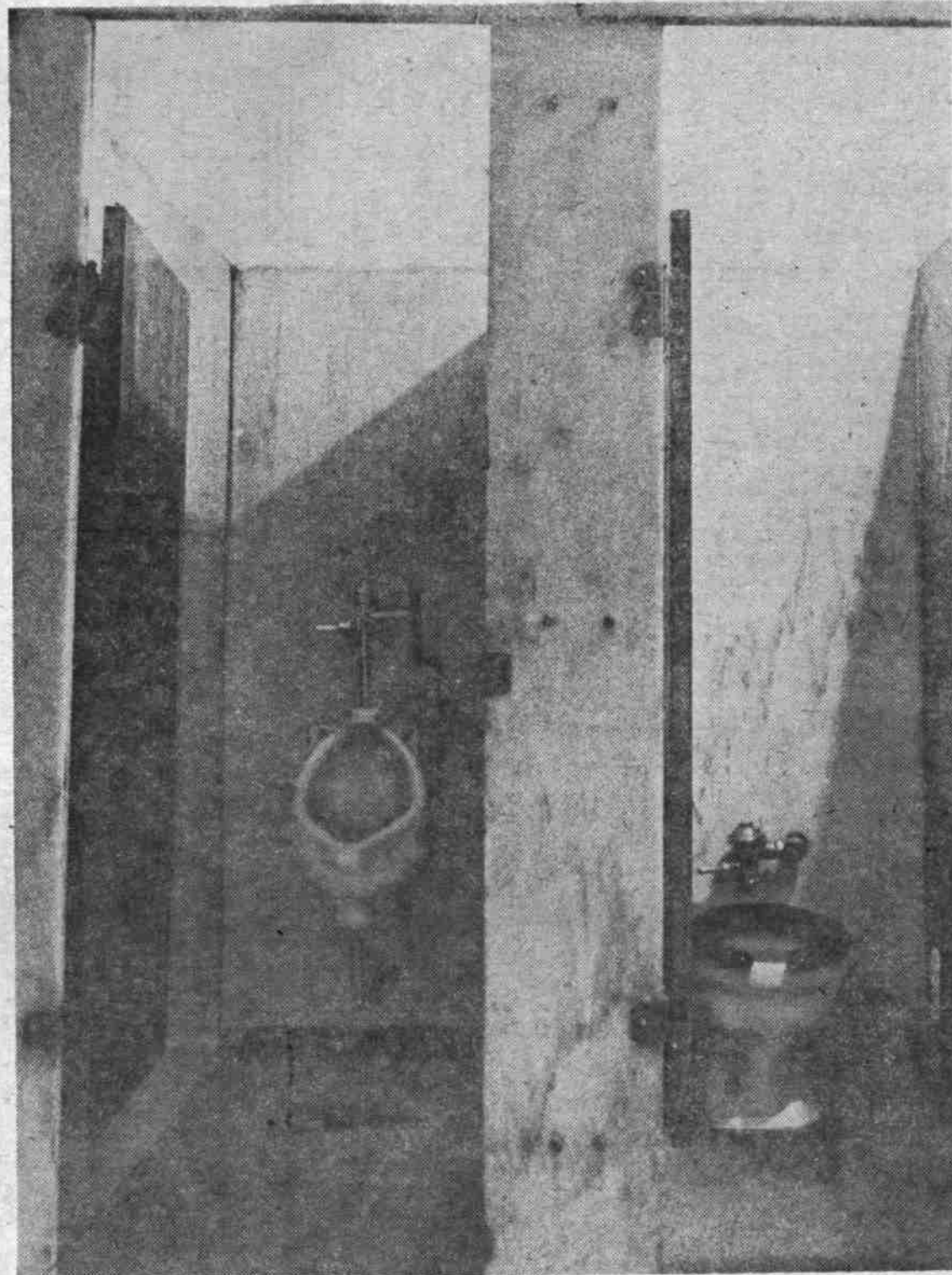
areas as their "lounge." Conditions throughout the city hospital don't meet the State Health Department's life-safety standards—

yet the state licenses and approves hospital practices. Reporter Hoag Levins continues his report on Page 5.

Photography by Susan Welchman



## Inside PGH



His

Hers

This bathroom is used by PGH patients of both sexes, men the stall on the left, women the one on the right.

Photography by Susan Welchman

# PGH Flunks Pa. Standards, Still Licensed

By HOAG LEVINS  
Copyright 1976, Philadelphia  
Daily News

Conditions inside Philadelphia General Hospital fail to meet minimum standards for hospitals set by the state Health Department — yet that same department continues to license and approve it.

That licensing allows the city to qualify for millions of dollars in aid for PGH from the state and federal governments. During the present fiscal year, more than \$23 million of PGH's \$36 million annual budget will come from Harrisburg and Washington.

Although the state tolerates the conditions at PGH, a three-month investigation by the Daily News found that patients at the only municipal hospital routinely risk unnecessary hardships, suffering and — according to doctors and nurses — sometimes even death because of conditions there.

The hospital, which serves thousands of poor Philadelphians who have no place else to go for medical care, is dirty, ill-kept, low on staff and short of some of the most basic life-saving equipment.

Richard Zarin, acting director of the state Health Department's division of licensure, which licenses PGH each year, said hospitals really don't have to meet standards established by state law.

"The state can grant exceptions if the state feels the health and safety of the patients will not be jeopardized by those exceptions," said Zarin.

"In the case of PGH," he added, "the open wards and other things



*"We've tried everything and still we've gotten no response. Why doesn't anyone care about these people here in PGH?"*

—Dr. Frank Krakowski,  
Chief Medical Resident

probably existed before the law went into effect. We surveyed PGH and believe they are in compliance with all applicable state and federal codes."

However, "Rules and Regulations for Hospitals," the state law which Zann's department is supposed to enforce, doesn't contain a "grandfather clause" exempting old hospitals from meeting current life-safety standards.

The law states, "Before a hospital may be approved, it must meet . . . minimum standards, rules and regulations." The law also says violations

Continued on Page 16

## Patty's Trial Opens

SAN FRANCISCO (UPI) — As Patricia Hearst watched intently, a federal judge questioned potential jurors on the opening day of her trial and said he hoped to complete jury selection today, clearing the way for opening arguments to begin tomorrow.

In a dramatic moment, Miss Hearst, looking thin and pale, stood at the judge's request, giving a first look at the famous defendant to the prospective jury panel of 120 citizens, from which 12 will be chosen.

Quickly questioning jurors — a role normally taken by the judge in federal courts — U. S. District Court Judge Oliver J. Carter by the end of the day had dismissed 46 potential jurors. A surprisingly large number,

74, remained in spite of his apparent leniency in excusing jurors.

MISS HEARST, dressed in a navy blue pantsuit which appeared a bit too large for her slight frame, sat quietly but listened intently. She smiled and occasionally chatted during breaks with her parents and two younger sisters, Anne and Vicki, who sat in the first row 10 feet away.

She sat at a table along with five of her attorneys, including flamboyant F. Lee Bailey, who heads her defense team.

Miss Hearst could be sentenced to as much as 25 years in prison on a bank robbery charge, and faces an additional 1-10 years for the second charge of using a firearm to commit a felony.



Janey Jimenez escorts Patty Hearst to court.

## Who's That With Patty?

SAN FRANCISCO — For weeks now, a tall, striking, dark-skinned woman has been Patty Hearst's almost constant companion.

Her repeated appearance in newspaper photos and on TV has raised one question—who is she?

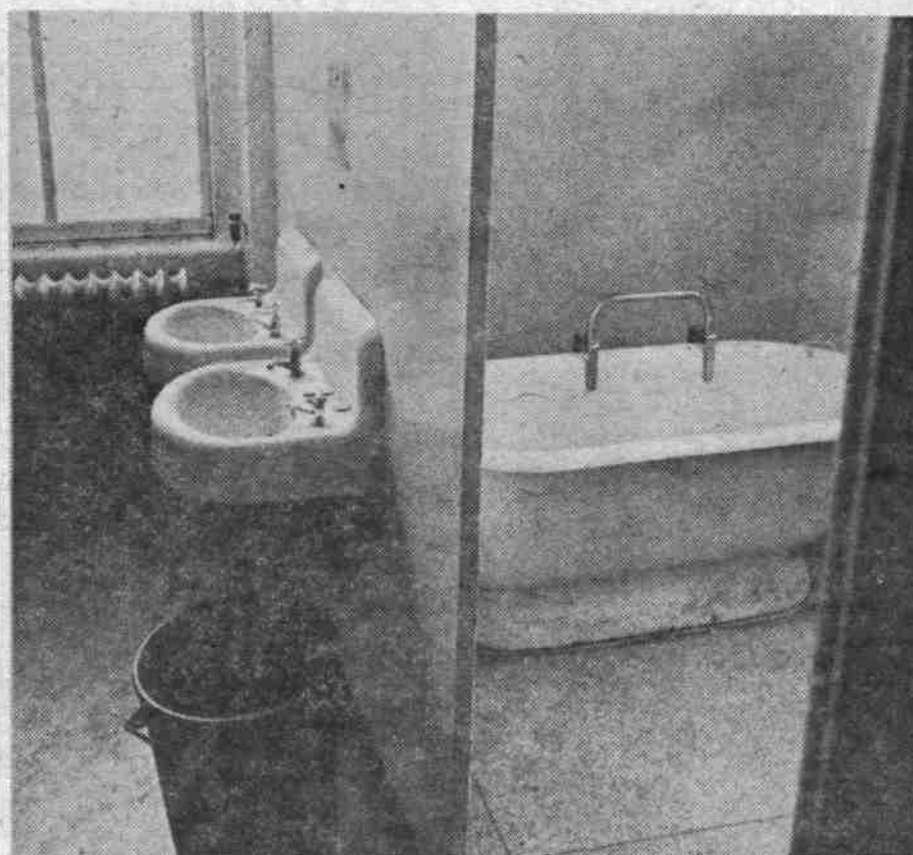
She's 23-year-old Mexican-American Janey Jimenez, a deputy U. S. marshal, assigned to escort Miss Hearst from jail cell to court room.

But a large, legal fence separates the two. Miss Hearst, heiress to the Hearst newspaper fortune, is a prisoner, on trial for bank robbery. Miss Jimenez is single—and "available," she says—and trying to learn enough about law "to help my people."



**"We see doctors raising hell about malpractice premiums, but are they willing to strike or demonstrate or raise hell to correct conditions at PGH? No."**

**—Charles Bowser**



Photography by Susan Welchman

Wards that have as many as 40 patients often have only a single bathtub and two basins for washing

## PGH Flunks State Standards, but Keeps License

Continued from Page 5

"... shall be sufficient cause for revocation of a license."

Interviews with staff members and inspections at PGH by a Daily News reporter who posed as a patient, an intern and a frequent visitor disclosed a variety of deficiencies which conflict with the state's "Rules and Regulations for Hospitals" or local safety and sanitation codes.

### 13 Violations

Violations range from major deficiencies involving architectural inadequacies to small details such as the failure to attach identification bracelets to new patients.

These violations include:

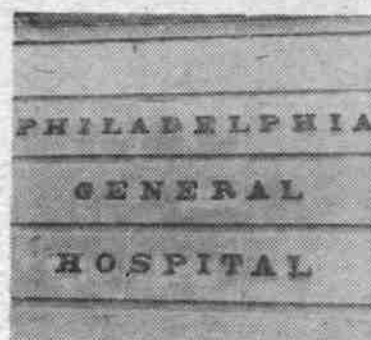
- An "open ward" system in which as many as 40 patients are housed in

a large room. State law says there should be no more than four patients in a room.

- Lack of adequate bathroom facilities. Although state law requires a separate bathroom for every four patients, PGH patients have only "gang bathrooms" which offer as few as two toilets for 40 people.

- Unsanitary bathroom conditions. Bathrooms surveyed over two months often lacked toilet paper and were continuously dirty. In some cases, floors were spotted with human excrement and basins remained filled with dirty wash water throughout the day. The single bathtub provided in some wards to serve as many as 40 patients also was continuously dirty—and occasionally used as a trash container.

- At least one department has a single bathroom for both men and



women. Men use one stall. Women use the stall next to it. The law requires separate bathrooms for each sex.

- Fire hazards. Throughout the hospital, the survey showed mounds of trash piled in bathroom areas and stacked against hot radiators. In the wards, patients were smoking in the

same room in which others were being given oxygen treatments.

- Too few nurses to provide registered nursing care for "all patients at all times," as required by law. Some wards at PGH have no registered nurse on duty for as long as 16 hours a day. Others have one registered nurse in charge of 100 or more patients.

- A pediatrics ward which houses 20 or more children — of both sexes, infants through age 16 — in a single large room. Doctors say problems often are caused by older children physically "acting out" their sexual aggressions on younger ones. This arrangement violates state law, because it does not separate children by age.

- Bed pans are flecked with dried excrements. The law requires they be "antiseptically clean."

- There are no bedside call buttons

for many beds, although they are required by the state. Many patients in PGH cannot call for help when they need it.

- Inadequate lighting for patients who, by law, are supposed to have a reading light, night light and good general illumination.

- The X-ray Department, file room, and medical records department are inadequately staffed, doctors say. Denied access to files after day-time hours, physicians frequently are forced to treat patients without knowing their allergies, past medical history or former injuries. State law demands adequate staffing in these areas.

- The law requires "suitable ventilation," but wards frequently smell of old urine and stale air. A 1972 architectural study of PGH said "ventilation systems are . . . non-existent or inadequate . . ."

- The heating system does not maintain the 70 degree temperature required by law. Doctors frequently turn on window air conditioners in the winter to offset the heating system which raises temperatures in the wards into the 80s — causing dehydration among patients. A Daily News reporter equipped with a highly sensitive thermometer found temperatures ranged from 61 to 84 degrees throughout the hospital.

Pennsylvania law says the state Health Department, "may withhold approval, withhold state aid and, in appropriate cases, refer the matter to the Department of Justice for appropriate action" if it decides a hospital does not meet minimal standards.

## What the State Found Wrong at PGH

Late last June, the state conducted its annual licensing survey of PGH.

On July 25, the state Health Department sent a list of deficiencies it found to PGH chief Mrs. Tina Weintraub.

Among other things, the state told her the hospital would have to hire more registered nurses to provide care for "all patients at all times."

In a Sept. 4 letter to the state, Mrs. Weintraub wrote, "The office of nursing is continually interviewing and working toward recruitment and re-

tention of professional graduate nurse staff."

The state also had directed Mrs. Weintraub to find a way to keep the PGH pharmacy open after 5 p.m.

In her letter, Mrs. Weintraub said the hospital was preparing to implement a new pharmacy system which would make pharmacists available "16-24 hours a day, seven days a week."

PGH received its license.

But while PGH officials were telling the state they were looking for more

nurses, they were turning down requests from their own department heads to hire more—citing a "job freeze" imposed by the city.

Doctors and department heads interviewed by the Daily News said the Patient Care Committee was repeatedly turned down when it asked for more nurses and aides.

The Patient Care Committee, which is made up of doctors from all PGH departments, monitors the quality of care being given to patients.

New nurses have been hired—but

the attrition rate has kept the overall number of nurses about the same as it was when the state made its June inspection, PGH staff members say.

Meanwhile, the PGH pharmacy still closes at 5 p.m.

Almost five months after Mrs. Weintraub promised, no new system has been started.

Doctors and nurses who need special drugs after 5 p.m., or on weekends still must use extraordinary and time-consuming means to get them.



**"The story of PGH is 'Who are we going to shortchange next?' You try to attract new aggressive doctors and when you get them, there isn't even a desk for them."**

—Dr. James Howard, former chairman, PGH Patient Care Committee

# Grapefruit Juice Cans Do Double Duty

*"I came in the wards one day and found patients with tubes from their bladders running down the side of the bed and into rusted grapefruit juice cans. I couldn't believe it."* — Dr. Robert Narins

Doctors and nurses at PGH frequently are unable to get equipment and supplies they need to provide even routine treatment for patients.

Interviews with doctors and nurses and inspections by a Daily News reporter revealed that PGH is short of items ranging from paper towels to life-sustaining respirators.

"We are talking about items of equipment of the most basic nature," said Dr. Robert Narins of PGH.

"For example," he went on. "There was a shortage of catheter bags. The idea with a catheter bag is that you insert a rubber tube in someone's bladder to prevent bacteria from getting into the bladder and infecting the kidney. So you have a sterile tube with a sterile bag at the end of it—a closed sterile system."

"I came in the wards one day and found patients with tubes from their bladders running down the side of the bed into rusted grapefruit juice cans. I couldn't believe it. We had no bags and that's the best improvisation the aides could come up with."

ANOTHER DOCTOR told how earlier this month nurses were unable to get colostomy bags for two days.

"We had a woman admitted who had a colostomy (removal of the colon) and she needed another bag. No colostomy bags could be found."

"So what was done was the nurses attempted to use a rubber surgical glove in place of the bag. When I got to the woman, she had a glove full of excrement as well as excrement all over her body and the bed. The odor throughout the ward was terrible. This sort of thing is quite normal here," the doctor said.

In the present fiscal year alone, equipment spending at PGH was cut by \$260,000, compared to the preceding year.

"The story of PGH is 'Who are we going to have to shortchange next?'"

explained Dr. James Howard, who was chairman of the PGH Patient Care Committee for the last two years. That committee, composed of doctors from all hospital departments, monitors patient care.

Two weeks ago, he quit—taking a new job at a hospital in Phoenix.

"You try to build a good staff and attract new aggressive doctors and

when you get them to come to PGH, there isn't even a desk for them, let alone an office," said Dr. Howard. "They don't have enough nurses to take care of their patients. You can't provide them with essential items you must have just to keep sick people breathing."

"I just couldn't take it any more. How can you explain to doctors why

you can't get them things like blood culture bottles, toilet paper, insulin?"

"THE SHORTAGES are everywhere in the hospital," explained Dr. Frank Krakowski, who is chief medical resident at PGH. "These are things we tackled over a year ago (when residents and interns met with city and hospital officials) hoping to solve and here we are—a year later—

facing exactly the same shortages and problems."

"It's obvious Rizzo doesn't give damn about PGH. He's done nothing."

"We have tried to get someone to look at PGH and its problems but no one is interested. We tried politics: we went to (unsuccessful mayor candidate Charles) Bowser. There was no response on Bowser's part. We went to City Council in April to raise the issue of conditions and shortages at that public forum. What was the response? Nothing."

"What about (Councilwoman) Etta Allen? She is a physician. We thought surely she would have more to say. Her response was to make one visit to PGH where she came in the emergency room and the police and fireman's ward and then walked out and never said a thing. That was the end of it."

"We've tried everything and still we've gotten no response. Who doesn't anyone care about these people in PGH?"

Rizzo and Dr. Allen could not be reached for comment.

Asked to respond to Dr. Krakowski's charge, Bowser accused PGH doctors of refusing to help themselves.

"I talked about PGH during my campaign," said Bowser, who finished second to Rizzo in a 3-way race last November. "PGH is a hellhole met with doctors. I told them the solution is a political one. I told them they'd have to do something to meet City Council—because nothing moves that City Council."

"We see doctors raising hell about malpractice premiums, but are they willing to strike, or demonstrate, or raise hell to correct conditions at PGH? No. They said, 'Look we can do this because it is too risky. We get in trouble.'"

"There is only so much a politician can do," the Philadelphia party leader said. "If those doctors walked out or formed a picket line at PGH's gate you'd see dramatic things start to happen."



Photography by Susani Welchman

Empty EKG machine stations on PGH's wards are visible evidence of equipment shortage

## What Doctors, Nurses Say They Need at PGH

Items of equipment and supplies which doctors and nurses say they frequently do without at PGH include:

- EKG—or electrocardiogram—machines used to detect heart malfunctions before they kill the patient.
- Respirators and other respiratory equipment needed to sustain patients whose lungs are damaged or not working because of illness or traumatic accident.
- Ambu bags, used to resuscitate patients who have suddenly stopped breathing. In one recent case, a doctor who could not get an ambu bag

had to perform mouth-to-mouth resuscitation on a tuberculosis patient—directly exposing himself to that disease.

- Special mattresses and mattress pads used to cushion patients who have bed sores. Without them, the sores spread and can lead to sometimes fatal infections.
- Electronic "beepers" worn by doctors so they can be immediately contacted anywhere in the hospital in case of a patient emergency. Currently, as many as six interning physicians share a single beeper. The

doctor carrying that beeper must chase through the wards to find the doctor in his group who is being "beeped."

- Urine sample bottles.
- Sputum culture bottles.
- Blood culture bottles.
- Blood collection tubes.
- 20 gauge needles used to administer intravenous solutions.
- 18 gauge intravenous needles, especially designed to stay in a patient for a long time without damaging the vein—important in a hospital which must administer intravenous solutions



to a large population of elderly.

- Plastic tubing used to administer intravenous solutions.

- Catheter bags used to drain the bladder.
- Hand towels used by physician who must wash their hands after examining each patient.
- Toilet paper.
- Paper covers used for examination tables.
- Paper cups used for distributing medications.
- Sheets and pillow cases.
- Alcohol used primarily for cleaning the skin when giving injections.
- Bed scales, needed to monitor the weight of patients who are critically ill with various fluid and chemical imbalances.



**"There is no way under the sun I could influence the bidding in this thing.  
How could I have inside information?"**

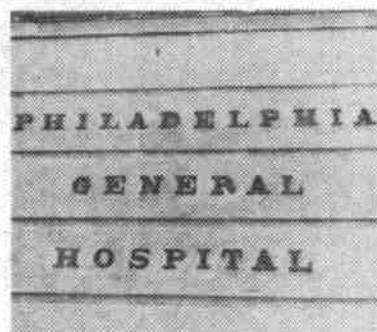
—PGH board chairman Earl Perloff

# PGH Head's Firm Profits from Hospital



Earl Perloff (inset), PGH board chairman, also owns Lowry Inc. which supplies PGH groceries

Photography by Susan Welchman



## PGH Director, Health Chief Remain Silent

The Daily News has attempted to contact PGH executive director Mrs. Tina Weintraub for the last ten days.

Yesterday, people in her office said Mrs. Weintraub was still unavailable for comments or questions about the conditions in PGH.

Acting Health Commissioner Dr. Lewis D. Polk also did not return phone calls to his office.



Trash piled on hot radiators is one of PGH's fire hazards

Photography by Susan Welchman

The chairman of the PGH board of trustees also is the head of a Camden, N. J., firm which sells produce to the city for use at PGH.

Earl Perloff, who has been chairman at PGH for seven years, is chairman of the board of Alfred Lowry & Bros., 1200 Ferry Ave., Camden, a company specializing in institutional food services.

Lowry has won city contracts by underbidding other competitors in the normal process used to award city contracts. Competing firms did not have top executives who were also in charge of the city institutions that were to receive the produce.

Perloff said he saw nothing wrong with serving in both positions.

"There is no way under the sun that I could influence the bidding in this thing. How could I have inside information?" said Perloff. "We've been selling to the city for 50 years and are awarded several items each month. I don't know what PGH orders.

"The amount of business we're talking about is very small anyway — it is about one-tenth of one percent of our company's business and in relation to that is a small amount of money," Perloff said.

A check through the last three years of city contracts shows that Lowry & Bros. has sold \$420,291 worth of groceries to the city for use at PGH and city correctional institutions.

Perloff is best known locally for another wholesale grocery firm which bears his name — Perloff Bros., of which he is company president. In 1958, Perloff Bros. purchased Lowry and continued to operate it under its original name.

The city's ethics code prohibits a city official from having a financial interest in a firm which deals directly with his city agency. Since the city's procurement department actually buys the produce for PGH — and not PGH itself — Perloff is not covered by the law.



## Tomorrow: 'I Was a Patient at PGH'





# Explorer Iron-On Decal

And a Free Seat at a Big 5 Game—Page 49

**Tonight: Clear**  
**Tomorrow: Sunny**

Accu-Weather on Page 2



PHILADELPHIA DAILY  
**NEWS**

**8★**

**15c Final**

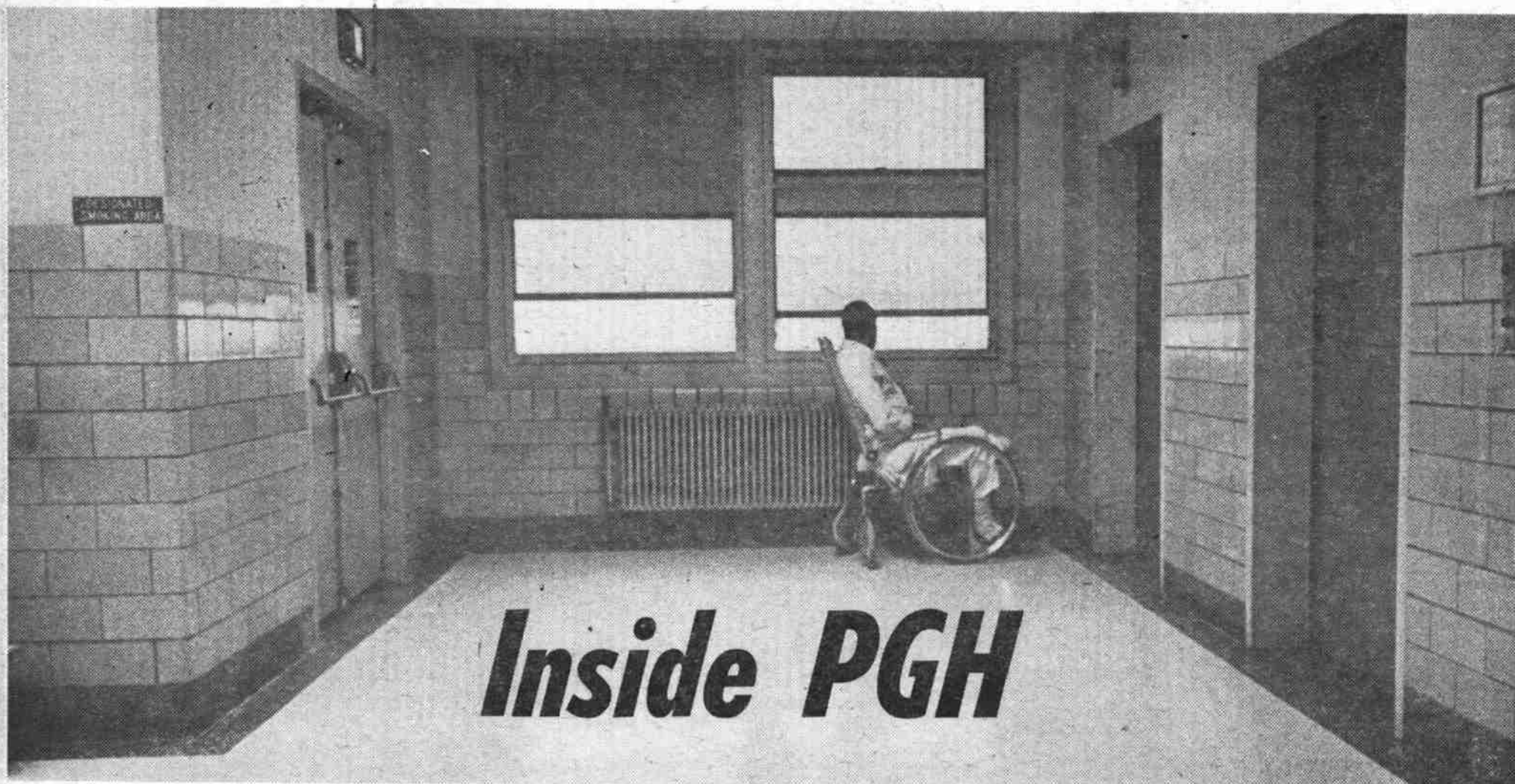
THURSDAY, JANUARY 29, 1976

Our 255th Issue in Our 51st Year © 1976, Philadelphia Daily News

# \$8,000 Reward

## *Secret Witness Doubles Offer for Cop Killer*

Page 3



## *Inside PGH*

Housed in buildings that have been found to be substandard and hopelessly anti-

quated, a patient at Philadelphia General Hospital looks ahead to a bleak future.

Reporter Hoag Levins became one of those patients. His report begins on Page 5.

Photography by Susan Welchman



## Inside PGH

# My Stay as a Patient at PGH

"Why can't you go home?"

—Unidentified nurse

By HOAG LEVINS

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Philadelphia Daily News

"Hurry up and get that stinking son of a bitch out of here."

The words drifted after my stretcher as it began to roll down the dingy corridor. I was headed from the emergency screening area to the emergency treatment room.

I had come to Philadelphia General Hospital that night to see what sort of treatment the city institution offers the indigents it is supposed to care for.

I was posing as a derelict who reeked of cheap wine and was complaining of the symptoms of gastritis—a common problem among alcoholics which can lead to severe dehydration and even death if untreated.

I had rubbed my body and clothes with decayed food from a garbage can, cheap wine and generous doses of rancid sardine oil. And I had roasted my tattered clothes over a wood fire to give them the acrid smell one finds on winos who spend their winter huddled around makeshift fires.

I straggle into the hospital shortly before 8 p.m. I am given a plastic card with my assumed name on it and the notation "no home"—making

Continued on Page 18



Photography by Susan Welchman

Reporter Hoag Levins, posing as an ailing derelict has his temperature checked at PGH.

## Baby Badly Hurt in Fall At Allen Housing Project

Andre Daniels, 13, was coming home from the store around 2:30 p.m. yesterday when he saw what looked like a large doll on the ground outside the Richard Allen Homes Housing Project.

The "doll" was Donald Allen, a one-year-old who had just fallen from an open third-floor window at the 10th

### Boy Found Dead

A 13-year-old Olney boy reported missing yesterday was found dead today—buried under debris at a Mascher St. and Duncannon Ave. construction site.

Police found the body of John Flynn, of Ruscomb St. near 3d, at about 7:30 a.m. Flynn had been reported missing by his father, John, at 4 p.m. yesterday. Police called the death an accident.

and Parrish Sts. project, where he lived with his family. The screaming child was naked, his face and leg covered with blood.

He was in fair condition last night in Hahnemann Hospital's intensive care unit, with head injuries and possible internal injuries.

MRS. BRENDA ALLEN, said her son and her two other children, all preschoolers, were alone in one room at the time of the accident. She and her husband also were home she said. "His sister opened a window and he fell out" said Mrs. Allen.

YOUNG DANIELS, who also lives at the project, summoned two men from a nearby barber shop. One wrapped the child in his coat, and a Fire Department rescue squad rushed him to Hahnemann.

After bringing help, Daniels said he looked up and saw two young children at the open window.

"They told me to throw the baby up."



Photography by Sam Psores

Andre Daniels: Found "doll"

## Hearst Trial Judge Bars Press During Jury Quiz

SAN FRANCISCO (UPI) — Four Of the seven, four were tentatively jurors tentatively were seated yesterday in Patricia Hearst's bank robbery trial, but selection of a panel to try the heiress bogged down in detailed closed-door questioning of each prospective juror.

U. S. District Judge Oliver J. Carter's earlier prediction that a jury would be seated in two days proved to be wrong when up to an hour was needed to interrogate prospective jurors individually about any biases or opinions that could prevent them from judging the case impartially.

Defense attorney F. Lee Bailey said it was possible the 12 jurors and four alternates could be chosen by Friday, "but if we do, Thursday will be a busy day."

After barring the press from the proceedings at the request of the defense, Carter asked questions of seven members of the panel of 36 chosen by lot as the first prospective jurors.

THE PRECAUTIONS taken to keep jurors from being exposed to publicity will rival the security for the famous defendant herself.

Yet in spite of the jail-like conditions, nearly two-thirds of the prospective jurors told about them have indicated they still want to serve.

From the time the panel of 12 jurors and four alternates is chosen, they will be locked up nightly in a hotel near the Federal Building where reservations already have been made. They will be allowed to see their families only on weekends, and then only with a marshal present.

Miss Hearst is charged with the armed robbery of a San Francisco bank branch along with four members of the Symbionese Liberation army, which kidnaped her nearly two years ago.



**"I tremble. I moan. I slobber on myself. I fall on the floor. I shiver violently. I wait for nearly 2½ hours before someone takes notice of me."**

—Reporter Hoag Levins

# Hospitals Gain at PGH's Expense

By HOAG LEVINS

In 1972, an \$80,000 study done for the city by a Cherry Hill, N. J. consulting firm, recommended that some money-making functions performed at PGH be turned over to nearby private hospitals.

Dr. Lysle H. Peterson was a director of the private firm, MDC Corporation, and also an executive connected to private hospitals that benefitted from his firm's recommendations.

In a telephone interview from Houston, where he is now a vice president of the University of Texas, Peterson said he thought his double involvement with the MDC study of PGH was "entirely appropriate."

"I knew the study was being done," he explained, "but I was not involved in the decision-making processes of that study. I was also chairman of



Peterson: a conflict?

the medical board of Graduate Hospital at the time, but my involvement with decisions involving PGH

was no more or less than other faculty members there."

AT THE TIME of the study, Peterson was an executive serving in a number of capacities at the University of Pennsylvania Medical Center, an umbrella organization which includes Graduate Hospital, the Penn School of Medicine and the Hospital of the University of Pennsylvania.

Peterson was also vice president of the University City Science Center (UCSC) — another organization directly involved with private hospitals that benefitted from the MDC study recommendations.

UCSC is a group of 29 hospitals and universities, including the University of Pennsylvania Medical Center.

The 1972 MDC study recommended that much of the work done at PGH

be transferred to private hospitals — such as Graduate, the Hospital of the University of Pennsylvania and other institutions connected with UCSC.

The study recommended that those private hospitals receive "optimum reimbursement" from the city for taking various functions from PGH.

ONE OF THE money-making services that has been moved to the Hospital of the University of Pennsylvania from PGH since the study is the neurosurgery department. For the last two years, discussions have been going on about consolidating PGH pediatric ward — another money-making function — with another University City Science Center affiliate, Children's Hospital.

A little-publicized study done by Professor Ed Sparer of the Univer-

sity of Pennsylvania Law School in October 1974, dealt with the gradual moving of services and patients from PGH to the University of Pennsylvania Medical Center.

Sparer's report said that in 1967, the city had been paying the University of Pennsylvania \$933,015 for salaries and benefits for the services it provided PGH patients. By 1973, that amount had jumped to \$2,016,287.

That report cited the new trend of doctors to transfer patients other than the chronically ill or "undesirables" to the university hospital and other hospitals.

That "Health Law Project" reported that the continuing transfer of those patients and services was quietly leading to "the gradual dismantling and collapse of the public hospital."

## 'I Hurt . . . Help Me Please'

Continued from Page 5

me one of the homeless, penniless people who wander into PGH for help.

In the emergency room waiting area, I join about a dozen other people sitting on the semi-circle of chairs.

I tremble. I moan. I slobber on myself. I fall on the floor. I shiver violently. I wait nearly two and a half hours before someone takes notice of me.

"Good God, you smell," says the barrel-chested, gravel-voiced woman in white who directs me to a desk to answer questions about my ailment.

After filling out the form, she holds her nose and says "Here, you're done. Get the hell away from me."

For four doctors, I wince at the appropriate times when their fingers press into my upper abdomen. I say weakly that I have not been able to eat for days because of persistent vomiting. For good measure, when one of them turns his back, I put my finger down my throat and vomit.

### 'Let Him Go'

I am to be admitted. But there is some discussion with one intern repeatedly saying, "I know I'm being too flippant about this. I know this sounds flippant, but is this really going to do any good for this guy? Can't we just let him go? He'll wander home. Things are tight on the ward. They're not going to want to take him."

The resident doctor on the scene cuts off the argument. I am wheeled to an elevator and taken up to one of the wards. At the entrance of the

### No Comment

For 11 days, the Daily News has attempted to reach Mrs. Tina Weintraub, executive director of PGH. Yesterday, Mrs. Weintraub's office again said she was not available for comments or questions about the conditions inside the hospital.

At the same time, Acting Health Commissioner Dr. Lewis D. Polk's office said he was not available for comment about the city's hospital.

ward, there is a heated debate. The nurses can't handle the patients they already have.

A nurse leans over and asks, "Why can't you go home?"

In a fetal position under the sheet, trembling, I weakly explain, "They stole my coat. I lost my last \$2. I don't have anywhere to go. I hurt inside. I can't eat. Help me, please."

"Hey, look," said the intern who admitted he was being too flippant before. "If we give you \$2 and a coat will you get the hell out of here?"

There are gales of laughter.

"Look, I'm serious," he says to the others gathered around my stretcher. "I know it sounds flippant, but I'm serious. He'll wander back to where he came from if we let him go."

I am wheeled back and put into one of 17 beds which line the walls of the large open room. To prevent dehydration, an intravenous line is put into my arm.

Insertion of the needle is incredibly painful. Later, I ask a doctor why. He said the hospital had run out of the

correct size needles. It had to use a much larger needle as a substitute.

A nurse comes by and whips a blood pressure cuff around my arm, takes a reading, says nothing and rushes off to the next bed to do the same. Later she comes back, shoves a thermometer into my mouth and then bolts away to the next bed.

Later, I am told by nurses this is the normal pace. The severe shortages of nurses and aides require an impersonal, assembly-line approach.

After midnight, the man next to me urinates in his bed. The air—which already smells of stale urine is now saturated with the strong hot odor of fresh urine. An aide comes by and cleans the old man. He urinates a second time. Two aides return and get the old man out of bed, cursing him loudly.

That was the first of a number of times the aides cursed patients during the night. Sometimes, the two male aides shouted at each other from each end of the ward—as if they were frolicking in an empty storeroom rather than in a room full of patients trying to sleep.

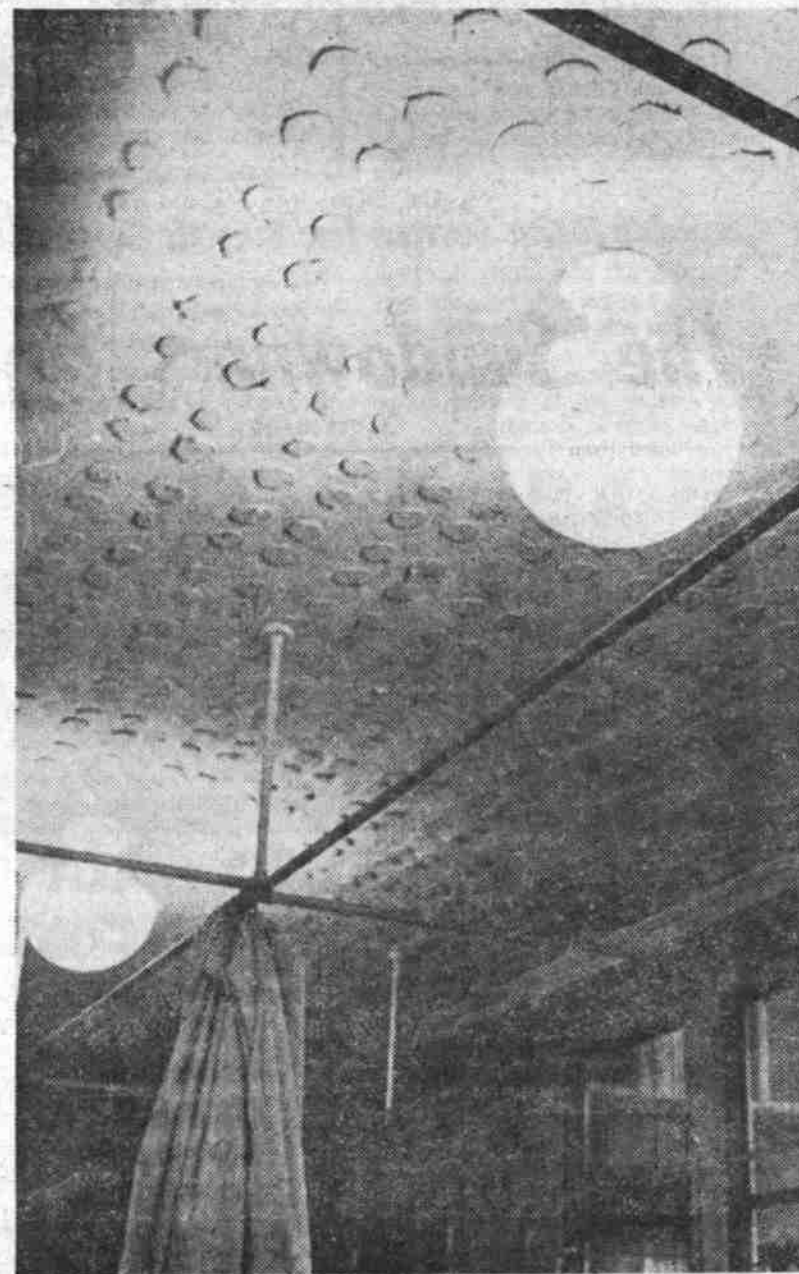
### Night Lights

Throughout the ward, many overhead lights are left on all night. A light directly above me shines brightly in my eyes. I ask an aide to turn it off so I can sleep.

"Can't," he responds.

The noise in the open ward grows louder as the night wears on. Patients groan, shriek and even shout at their pains or in unison with their inner delusions. One man recites religious

Continued on Following Page



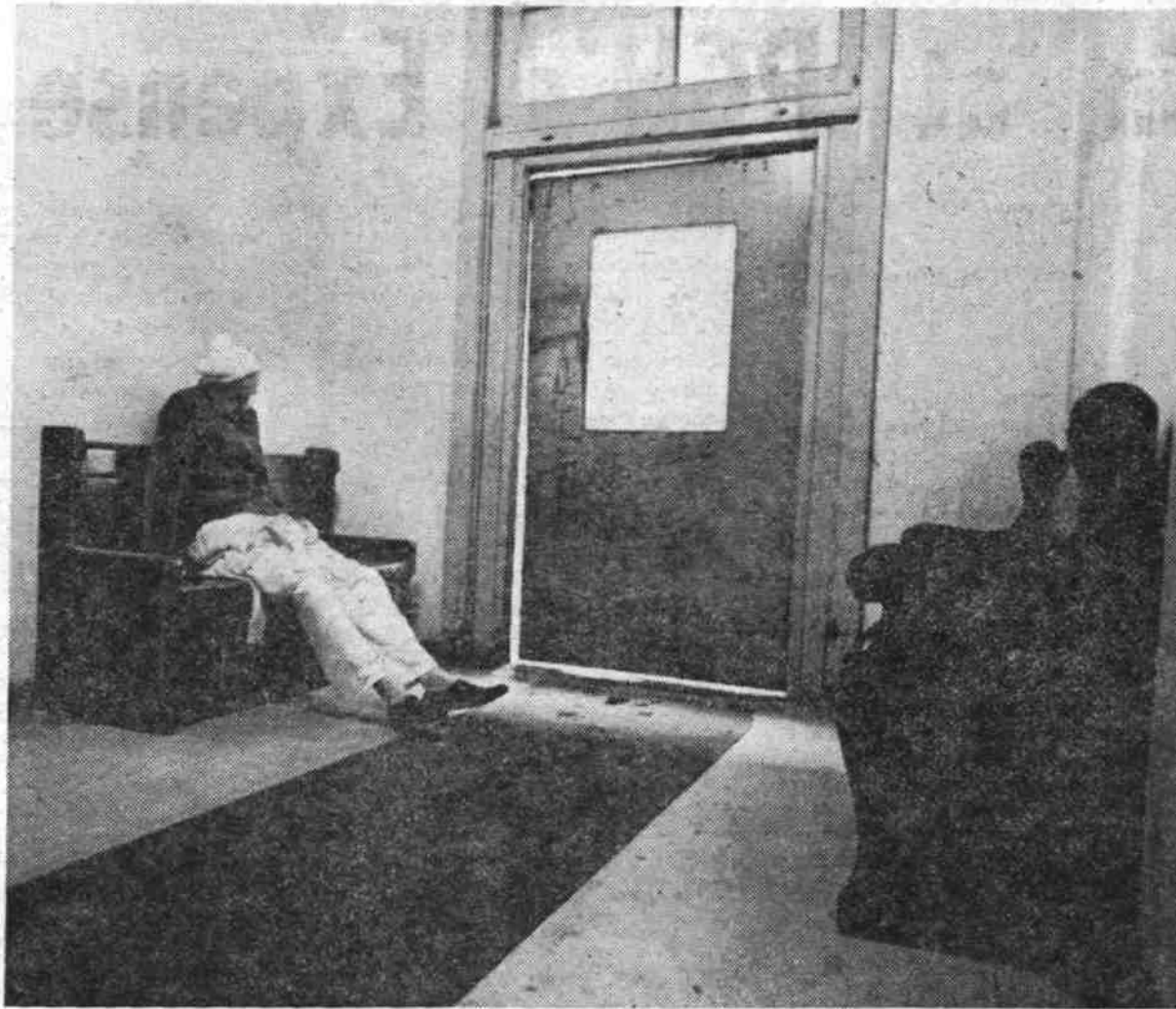
Photography by Susan Welchman

Falling ceiling tiles are a PGH problem. Here, they were finally all ripped off



**"Most of the buildings are at least 40 years old and have outlived their functional usefulness. It is recommended that they be demolished."**

—1971 Ewing Company Study



Seeking escape from cramped wards, patients rest in doorways

Photography by Susan Welchman

## The Sundowners Rant, Rave

Continued from Preceding Page

sermons as if he's addressing a church congregation.

Many hospital insiders refer to the screamers and shriekers in the wards as the "the sundowners" — patients who, for any number of reasons having to do with their age, mental instability or deteriorated physical conditions, rant and rave all night.

Later I learned that open wards—where as many as 40 patients are crammed into a single room—are prohibited by state law.

As I learned in that open ward, if the sundowners rant and rave and don't sleep all night, YOU don't sleep all night.

### A New Day

Shortly after dawn, two transistor radios are switched on in the ward—tuned to different stations. The "reverend" stands by his bed and uses his arm to punctuate his sermon—which he now delivers at the top of his voice. "Brethren, we are gath-

ered here in the sight of almighty God . . . His droning is humorous; then bothersome and finally, maddening, as it hammers at my ears.

As dawn turns into morning, patients around me lie in their beds staring at the wall, the ceiling, the next bed. Others stare straight ahead, their eyes unfocused.

I ask an aide if there is a TV set I can watch.

"Don't have no TV sets here," he replies. He moves on quickly.

I call him back and ask if there are any magazines to read. He shrugs his shoulders and hurries away.

I ask a man across the room what patients do all day here besides staring at the walls. His answer is a shake of the head and a snorting, abrupt laugh—apparently to underscore the absurdity of my question.

I wonder what patients do if they want to call family or friends. There are no phones in the wards. A single pay phone in the corridor is the only phone for more than 60 patients.

Toward noon I begin to feel nauseous at the smell of my own body. Not a nurse or an aide had come to wash me. I am still wearing a pair of undershorts stained and encrusted with decayed food, rancid fish oil, wine and dirt.

I ask a nurse for a pole so I can walk around with my intravenous bag. She never comes back.

I ask an aide three times to empty the large stainless steel container at my bedside which was full to within half inch from the top with urine. It is not emptied.

Later in the afternoon, Daily News photographer Susan Welchman, disguised to look as messy as I do, brings me a change of clothes.

I dress and slowly walk down the long ward.

No one—other than my fellow patients—is around to see me leave.

No one asks me why I am leaving or if I am well enough to go.

I can't help wondering how long it takes someone, somewhere in PGH, to notice one of their patients was missing.

## PGH Studied Again, Now for \$98,500

By HOAG LEVINS

Copyright 1976, Philadelphia Daily News

The City health Department has given a \$98,500 contract to a local management firm for a new study of Philadelphia General Hospital, the Daily News has learned.

It is the second such study commissioned by the Rizzo administration in four years.

That first study — which cost \$80,000 — was done in 1972 by another local firm whose top executives have contributed heavily to Mayor Rizzo's election campaigns.

The latest study will be done by Medicon Inc., a firm specializing in management consulting for hospitals.

A Health Department spokesman said information on the purpose and scope of the new study would have to come from PGH administrator Tina Weintraub. Mrs. Weintraub has not responded to repeated calls from the Daily News.

THE 1972 STUDY was done by the MDC Corp. of Cherry Hill. That study restated much of the information that had been developed in earlier PGH studies.

MDC officials have been close to Rizzo since his first campaign in 1971. The company now gets a substantial portion of its income by staying in the good graces of his administration. Last year, MDC got 15 non-bid city contracts worth \$517,000.

Last year, the three top officers of MDC — Gilbert N. Zitin, president; Bernard Greenspan, executive vice president, and Charles R. Manella, treasurer — gave at least \$500 each to the mayor's campaign fund.

In 1971 — prior to receiving the \$80,000 PGH contract — Zitin contributed \$2,000 to Rizzo's campaign.

Rizzo hired Margo Zitin — the wife of MDC's president — as a \$17,500-a-year "development economist" in December, 1974.

## Survey After Survey And Yet No Action

During the past two decades, every mayor has commissioned major PGH studies.

Often begun in the midst of a controversy about conditions at PGH, the studies slowly proceeded to their conclusions, were eventually published and then promptly forgotten—until the next controversy.

Architectural firms, management consultants, writers, photographers, printers and assorted bureaucrats were paid hundreds of thousands of dollars—the exact sum is unknown—to produce these studies.

Meanwhile, PGH conditions grew worse.

Here are excerpts from some of these studies:

• From the "Report of the Policy Committee on Medical Care for the Needy," commissioned by Mayor Richardson Dilworth in 1957:

"Promotion of public health and the prevention of disease is the prime duty of every civilized community.

"The committee recommends that City Council make available . . . a sufficient amount of money to proceed with the recommended program (at PGH) in 1957."

• From the "Report of the Mayor's Committee on Municipal Hospital Services," commissioned by Mayor James H. J. Tate in 1968:

"At PGH, disjointed administrative relationships . . . have created an unmanageable institution deprived of the means of ful-

filling its mission of good patient care within a total delivery system.

"Care is being conducted at PGH in buildings that were obsolete when planned."

• From "A Preliminary Master Plan Report for PGH" prepared by George M. Ewing Company, Architects; commissioned by Mayor James H. J. Tate in 1971:

"Heating systems (at PGH) are unable to meet the requirements of a modern hospital. Ventilation of buildings is either non-existent or totally inadequate. The electrical system is likewise inadequate.

"Communications systems are either non-existent, inoperative or inadequate. Lighting levels generally are well below currently accepted standards and lighting equipment is out of date.

"Most of the buildings are at least 40 years old and have outlived their functional usefulness. It is recommended that they be demolished."

• From "A Study of the Philadelphia General Hospital, and Philadelphia Health Care Needs and Delivery Systems," commissioned by Mayor Frank L. Rizzo in 1972:

"The existing Philadelphia General Hospital is inefficient and will become more and more so . . . and in its present form is economically unrealistic for future operations."

## Tomorrow: PGH headed for collapse?



# Warlock Held in Girls' Killings

Page 3

**Tonight: Clearing**  
**Tomorrow: Cloudy**

Accu-Weather on Page 2



**8★**

**15c Final**

FRIDAY, JANUARY 30, 1976

Our 256th Issue in Our 51st Year; © 1976, Philadelphia Daily News

## State Calls For Probe Of PGH

Page 5



**Ask Ol'  
Blue Eyes**

**He'll Answer Your Questions: Page 27**



Presented with fresh evidence that all is not well inside Philadelphia General Hospital, the state today ordered an investigation while police and municipal workers

filed suit to stop injured employees from being hospitalized there. What could all this mean for the hospital's future? See Page 5.

Photography by Susan Welchman



# State Calls for Probe of PGH

State Health Secretary Leonard Bachman today ordered a complete investigation of Philadelphia General as a result of this week's Daily News' series on the city-owned hospital.

At an 11 a.m. press conference here, Bachman said he was particularly disturbed by reports that state inspection teams got false information.



Bachman

tion at PGH during a recent survey.

"I have specifically directed my staff to investigate the allegations," said Bachman. "If false information was provided to my staff inspectors, I will take the strongest course of action against those individuals responsible, including criminal proceedings if appropriate."

EARLIER IN THE WEEK, the Daily News reported that nursing schedules were juggled during a week-long November inspection to make it appear that there were more nurses at PGH than there actually are. Doctors and nurses at PGH say the severe nursing shortage has led

to widespread suffering and even death among the patients at PGH.

PGH Board Chairman Earl Perloff has denied that there is any nursing shortage.

"As secretary of health, I am responsible for licensing and Medicare-Medicaid certification of all state hospitals," Bachman said.

"Earlier this morning I dispatched a team of inspectors to PGH headed by the state Bureau of Quality Assurance. As soon as the report is completed, I will make it public."

Bachman said he was "not surprised" by reports of poor care given PGH patients. "Many knowledgeable

health professionals have known for decades that the care provided in our country's larger public hospitals has been second class. These public hospitals almost defy attempts to reform them," Bachman said.

BACHMAN SAID he met last night with city Managing Director Hillel Levinson who promised full city cooperation with the investigation.

"I am convinced," said Bachman, "that the city administration understands the magnitude of the problem that it faces at this institution."

Bachman's department provides the key approval and licensing which allows the city to collect more than \$22 million each year from federal

and state sources for the operation of PGH. Without that approval, the city would not qualify for funds.

"As secretary of health, I am determined to improve conditions at PGH," Bachman said. "I have known personally scores of dedicated people at PGH who have kept this institution functioning through the years often under intolerable conditions."

Added Bachman: "I want to take this opportunity to publicly commend the staff and management of the Daily News for again bringing this serious problem to the public's attention."

—Hoag Levins

## Inside PGH

# City Slowly Strangling Hospital, Says Staff

By HOAG LEVINS

Copyright 1976, Philadelphia Daily News

What is the future of Philadelphia General Hospital?

Is it slowly being closed—as many PGH doctors and nurses believe—or will it continue indefinitely providing substandard care?

A three-month investigation by the Daily News found that PGH's severe staff shortages, lack of equipment and inadequate buildings are responsible for wide-spread suffering and, according to doctors, sometimes even death among the 700 patients there.

Inside PGH, there is a widespread belief among staff members that they are working in a hospital "which has no future." They believe city officials are purposely withholding money the hospital needs to bring it to a quiet collapse.

The Daily News wanted to ask city officials about their plans for PGH. City Finance Director Lennox Moak, the only official who would respond, said, "There has certainly been no decision by the city to phase out PGH. Any assertion to that effect is without foundation."

### Medical Exodus

Whether founded in fact or not, the belief that PGH is closing is playing a large role in morale, motivation, and planning throughout the hospital.

It is one of the prime reasons behind the exodus of doctors and nurses in recent years. The hospital has become a "revolving door" institution where staff members sign on, stay a short while and leave in frustration.

The frequent departures have added to PGH's worsening reputation in local and national medical circles. And as its reputation declines, so



"I don't know how anyone could be a patient there and get well."

—Mayor Rizzo  
March 1972

does its ability to attract well-qualified and highly motivated doctors and nurses who are the backbone of a first-class hospital.

Dr. James Howard, who was chairman of a doctors' committee that monitors patient care at PGH, believes, "PGH is being phased out. That is the story of what is happening and that is why doctors are getting out or thinking seriously about getting out."

"When you stand back and look at the overall situation, it becomes obvious that the city wants to get out of the hospital business, but doesn't quite know how to do it. It will take a few years more, but we are getting to the point where the hospital will simply collapse."

"It will appear that it was closed by circumstances other than by politicians who did not want to make the distasteful and controversial announcement that they were closing down the city's only hospital for indigents because it was too expensive for them to run it any longer," Dr. Howard said.

### Out of Business

Shortly after taking office in 1972, Mayor Rizzo talked with reporters about his plans to improve health care facilities. He said he was particularly worried about conditions at PGH.

"I don't know how anyone could be a patient there and get well," he said in March, 1972.

"I've been there and to be there must make people feel awfully bad. There are people lying unattended in the corridors and the condition of the hospital is old and in need of repairs," the mayor said.

A month later, the Rizzo Administration announced it wanted to eventually get out of the hospital business.

At the same time, Rizzo killed the \$105 million PGH rebuilding plan by the preceding Tate Administration.

The \$1.9-billion, six-year capital program he unveiled in April, 1972 had only \$2.6 million earmarked for renovations at PGH. That capital program put a low priority on health care facilities, libraries, recreational centers and similar projects. Instead, the new budget leaned heavily toward massive construction projects involving the airport, highways, center city commuter rail tunnel, and other similar projects.

Rizzo's 1976 capital budget calls for

Continued on Page 19



Photography by Susan Welchman

Along with the dirt and dangers: boredom



**"A wounded Marine in the middle of a battlefield, in the middle of a rice paddy, in the middle of the mud had a better chance than a Philadelphia pedestrian who is hit by a car on Spruce St. and brought into PGH."**

—Dr. Les Dornfeld

## The Cost Of Budget Cutbacks

Continued from Page 5

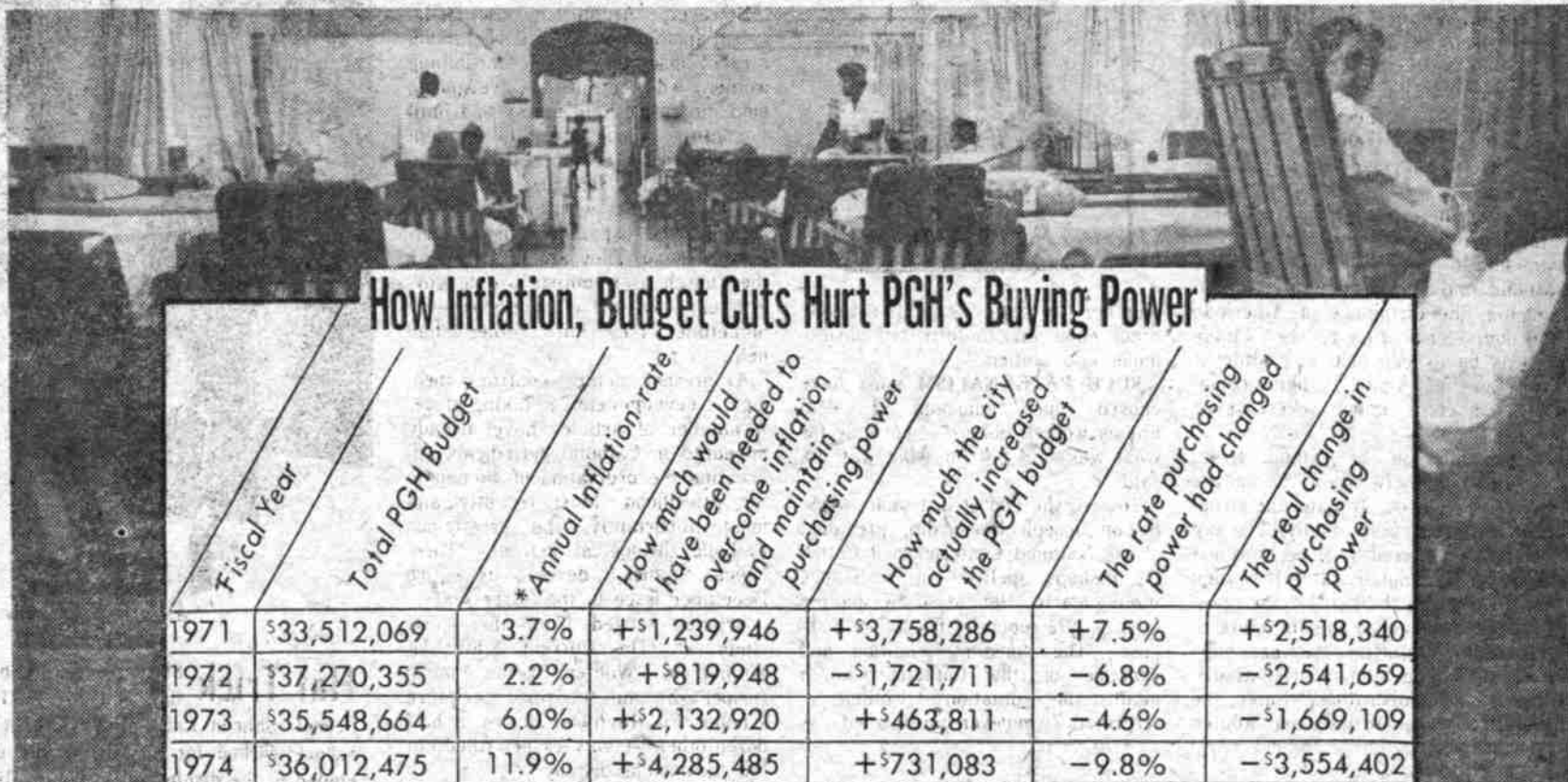
PGH to receive \$5.8 million to upgrade its physical facilities.

But since 1971, the city has paid a total of \$205,000 to two local architectural survey firms who found that current PGH facilities can not be economically upgraded.

"The general configuration of the buildings rule out any possible consideration or replanning or reuse to meet present-day hospital specifications. Most of the buildings are at least 40 years old and have outlived their functional usefulness. It is recommended that they be demolished," one study said.

Money has been spent recently to plaster some of the holes in the walls at PGH, install fire doors and make other repairs.

However, some of those repairs already have begun to deteriorate. For instance, in the surgical conference room, which was plastered and painted less than a year ago, the paint is peeling in large sections, exposing the crumbling plaster. In



How Inflation, Budget Cuts Hurt PGH's Buying Power

Fiscal Year	Total PGH Budget	* Annual Inflation rate	How much would have been needed to overcome inflation and maintain purchasing power	How much the city actually increased the PGH budget	The rate purchasing power had changed	The real change in purchasing power
1971	\$33,512,069	3.7%	+\$1,239,946	+\$3,758,286	+7.5%	+\$2,518,340
1972	\$37,270,355	2.2%	+\$819,948	-\$1,721,711	-6.8%	-\$2,541,659
1973	\$35,548,664	6.0%	+\$2,132,920	+\$463,811	-4.6%	-\$1,669,109
1974	\$36,012,475	11.9%	+\$4,285,485	+\$731,083	-9.8%	-\$3,554,402
1975	\$36,743,558	7.7%	+\$2,829,254	-\$638,356	-9.4%	-\$3,467,610
1976	\$36,105,202					

\* Based on the U. S. Government's Consumer Price Index for the Philadelphia Area

other areas, ceiling work is crumbling in because of water which is coming from leaking pipes or outside sources.

During the last four fiscal years, PGH has experienced a drastic reduction in its overall purchasing power.

A Daily News study shows that budget reductions and inflation have slashed the hospital's basic buying power by as much as \$3.4 million a year since fiscal 1971.

By the end of fiscal 1975, PGH's overall purchasing power was less than 66 percent of what it had been in 1971.

City officials previously have pointed to the declining patient population to justify cuts or lack of increases in the PGH budget.

The number of patients coming to PGH has declined steadily. In its yearly reports to the American Hospital Association (covering 12-month periods ending every September) PGH reported 18,607 patients were admitted in 1971. The number dropped 28 percent to 13,325 by 1975.

But doctors and nurses at PGH point out that deteriorating conditions at the hospital drive potential patients away.

"I'm no expert on hospital management, I'm just a nurse," said one registered nurse. "But I know when you offer people a dirty hospital, no sheets, poor care and a better chance of dying or developing complications, those people will do damn near anything to find another hospital before coming to yours."

"Doctors and nurses themselves advise potential patients to go to another hospital if there is anyway they can possibly manage it."

"To say that 'If you have fewer patients at PGH, you deserve less money,' is like telling a dehydrated, starving patient he needs less food because he is so thin," said the nurse.

"So then, when the patient gets even thinner and weaker, by THEIR logic you tell that patient that now he

deserves even less food and water because he has lost additional weight. In the end, that patient dies — just like this hospital is going to do."

## Why 3 Doctors Gave Up at PGH

### No Assistance

Dr. Robert Narins is a nationally renowned authority in the field of renal-electrolyte medicine, the treatment of chemical and fluid imbalances in the body. He took charge of the PGH renal section in 1972 and is leaving in the spring because of what he describes as "unbearable conditions."



Narins

"There are constant, life-threatening shortages of basic equipment. You can not get even near enough nurses to provide minimal care for your patients. You can't get your patients X rayed. You can't get patient records when you need them," he said.

"I'm tired of dealing with people who answer my questions by saying, 'But how do you KNOW there aren't enough nurses?'"

"For God's sake, people are dying out there because there aren't enough nurses to take care of them."

### No Future

Dr. James Howard, 37, who left PGH two weeks ago after three years there, was chairman of a doctor's committee that monitors care throughout the hospital and works to improve it.



Howard

"Department heads would sit down with the administrators and say they needed nurses," he said. "I mean, we were talking about the barest minimum required by law."

Administrators repeatedly said the city had imposed a job freeze. No more nurses. No more aides. No more anybody.

"(Assistant administrator Ernest) Zeger even refused to give us — the hospital doctors — the figures on our own nurses. He said he was afraid that we would 'make trouble' at the (City Council) budget hearings."

"That was it for me. I had had enough. You can only deal with patients getting that kind of treatment for so long. So long."

### No Leadership

Dr. Les Dornfeld was chief of the dialysis unit at PGH. After seven months at PGH, he left the hospital this week to return to California — and another job.



Dornfeld

"I was with the Marine Corps in Vietnam," he said. "A wounded Marine in the middle of a battlefield, in the middle of a rice paddy, in the middle of the mud had a better chance than a Philadelphia pedestrian who is hit by a car on Spruce st. and brought into PGH."

"I'd call the administrators and I couldn't get them. They are like invisible people. One of the other doctors took me side and told me how HE got to talk with the administrators. He would phone them and say 'I'm on my way up to see you.' Then he would go to the back door of their office and catch them as they sneaked out."

## City Workers Don't Like PGH

Charging that conditions at PGH "create an immediate and direct danger" to patients, three members of the Police and Streets Departments sued the city yesterday to stop it from sending injured municipal workers there.

Currently, city workers injured on the job must go to PGH to qualify for "injured on duty" pay status, which guarantees them full pay and free medical care when out of work.

In a class action suit in Common Pleas Court, Policemen Joseph McMenamin and Dennis Kirby and streets worker Harry Moore asked the court to order the city to allow its employees to go to the hospital of their choice — with the city continuing their benefits. The suit also asks the court to appoint a receiver to run the hospital until conditions are corrected.

In a related matter, the Philadelphia NAACP yesterday asked the U. S. Department of Health and Welfare to place PGH in receivership.

**Who is responsible for the problems at PGH, next page.**



**"We have attempted to fund the hospital reasonably in light of our total demand for funds."**

**—Finance Director Lennox Moak**



Lennox Moak, Earl Perloff, Charles F. Gallagher, Thomas J. Mullaney, Raymond Hemmert, Lewis Polk, Tina Weintraub, Patrick Storey, John Facenda

## Here Are Those Responsible . . .

The ultimate responsibility for Philadelphia General Hospital rests with Mayor Rizzo.

The person responsible for day-to-day operations of PGH is Mrs. Tina Weintraub, who was selected executive director by Rizzo in 1972, the first without a medical background.

Between Mrs. Weintraub and Rizzo are a number of mayoral appointees who exert a direct-controlling influence on PGH and its operations.

Rizzo decides how much money PGH and every other city institution and department will get. Virtually every problem at PGH stems from lack of funds.

After taking office in 1972, Rizzo left little doubt about the hospital's place in his priorities. He killed the \$105 million PGH rebuilding plan developed by the previous administration of Mayor James H. J. Tate.

Over the last 4 years, City Finance Director Lennox Moak wrote Rizzo's "no tax" budgets which steadily undercut PGH's spending power.

Overseeing the hospital and the city's other health facilities, is Acting Health Commissioner Dr. Lewis D. Polk.

A pediatrician, he has spent about 20 years in the city's health bureaucracy.

In order to continue earning his \$46,717-a-year civil service salary after Rizzo named him to the \$35,000 non-civil service commissioner's job, Polk turned down a permanent appointment. He uses the title "acting commissioner."

Polk is also secretary of the PGH board of trustees—the seven-member unpaid board which the City Charter makes responsible for "satisfactory hospital conditions, adequate facilities, proper care of patients, proper staffing . . . and like matters."

The Charter says, "No particular qualifications are required for appointees to the boards of trustees . . . but all appointments must be made on a non-political basis. It is anticipated that citizens with a demonstrated interest in institutional welfare and administration will be chosen and that they will be competent to fulfill their trust."

Two of the PGH trustees are Charles F. Gallagher, president of the Fraternal Order of Police and Raymond M. Hemmert, president of the Philadelphia Firefighters Union.

All city employees injured on the job are taken to PGH for free medical treatment. There is a special ward for police and firemen.

This ward is the only area of the hospital which doctor's say is adequately equipped and staffed. For instance, it is the only ward area which has round-the-clock registered nursing.

Besides Polk, Gallagher and Hemmert, other members of the board are:

• **Earl Perloff**, chairman. He is also chairman of the board of the Alfred Lowry & Bros. Inc. The Daily News found that Lowry sells groceries to the city for use at PGH.

• **Thomas J. Mullaney**, vice chairman. He is an attorney and has worked as a Democratic fund raiser in the past.

• **John Facenda**, WCAU-TV personality and commentator.

• **Joseph Goldstein**, director of the Jay Bee Loan Co. in Bala Cynwyd—a firm specializing in making loans to tavern owners.

The board of trustees officially appoints the administrators. Since 1972, PGH's executive director has been Mrs. Weintraub. She began her career in city government in 1952 when then-mayor Joseph Clark gave her a job in the managing director's office.

She survived the political turmoil in that office through the administrations of mayors Clark, Richardson Dilworth and Tate.

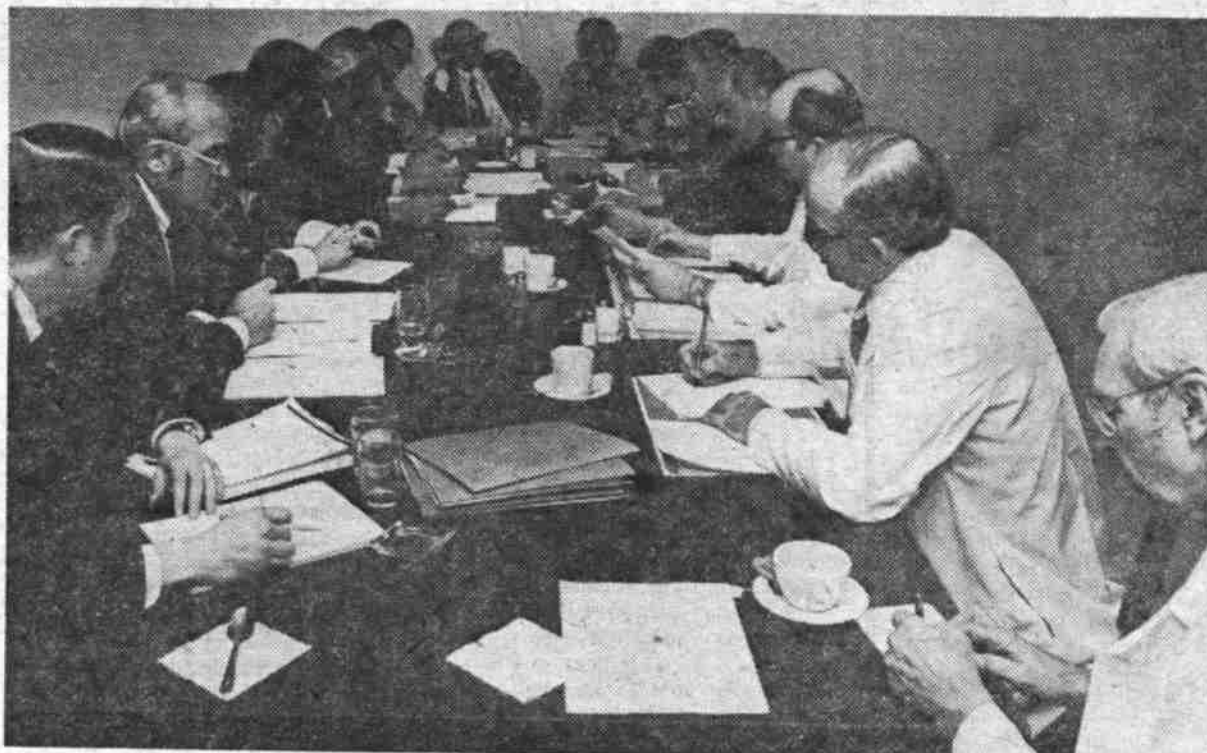
According to reports at the time, her lack of medical background shocked a number of doctors at the hospital. The Philadelphia medical community only learned of her nomination after she had been confirmed in a hastily arranged meeting at which only a quorum—4 trustees—attended. One of those trustees abstained. She was confirmed to her new position by three of the seven board members.

She currently makes \$37,500 a year.

The PGH medical director—who is in charge of medical care throughout the hospital—is Dr. Pat Storey. He was hired last July and formerly was medical director at Graduate Hospital.

### Correction

The Daily News yesterday incorrectly identified Margo Zitin, a city development economist, as the wife of Gilbert N. Zitin, a big contributor to Mayor Rizzo's election campaigns. The two have been divorced.



PGH officials and trustees gather for their monthly meeting

Photography by Susan Welchman

## . . . And What They Say About PGH's Conditions

Of the 11 officials responsible for overseeing Philadelphia General Hospital, only City Finance Director Lennox Moak could be reached yesterday.

In response to the Daily News' series on life-threatening conditions facing patients at PGH, Moak said:

"We have attempted to fund the hospital reasonably in light of our total demand for funds."

Mayor Rizzo could not be reached for comment yesterday. His office said he would not be in all day because his hip, broken in the ARCO Refinery fire last October, was bothering him.

Acting Health Commissioner Dr. Lewis D. Polk's office said he was at a meeting and was not available for comment.

A person in the office of PGH board chairman Earl Perloff said he

had just left on vacation and would be gone for two weeks.

Vice chairman of the board, attorney Thomas J. Mullaney was not available for comment. His secretary said she did not know when he would be in.

Board member Charles F. Gallagher, president of the Fraternal Order of Police, was not available for comment. His secretary said she did not know when he would be back in his office.

Board member Raymond M. Hemmert, president of the Philadelphia Firefighters Union was not available for comment. His secretary said she did not know when he would be back in his office.

Board member John Facenda, WCAU-TV personality, was not available for comment. His secretary said she would contact him and have him call the Daily News "right away." He did not call back.

Board member Joseph Goldstein,

director of a Bala Cynwyd finance company was not available for comment. His office said he would be in Florida until February 9.

The Daily News has attempted to contact hospital executive director Tina Weintraub for the past 12 days. Yesterday her office said she was still unavailable.

PGH Medical Director, Dr. Patrick Storey was not available for comment. His secretary said he would be in meetings all day.



# City Would Hike Your Wage Tax 20%

By TOM SCHMIDT

Mayor Rizzo, saying that "new taxes are necessary," today submitted his fiscal 1977 budget to City Council. It calls for a 20-percent hike in the city wage tax, a substantial boost in real estate taxes and a cut of about 900 city jobs.

In a 25-minute budget message to Council, the mayor blamed the necessity for tax hikes on inflation and the failure to obtain "anticipated state and federal revenues."

About 1,000 persons, most of them city employees, as is traditional, packed Council chambers to hear the mayor. He was greeted by applause and was applauded politely at the

## What It Would Cost You

If the city's wage tax goes up from 3 5/16 percent to 4 percent next year, here's how the increase would affect the working man and woman:

A wage-earner making \$10,000 a year would pay \$400 in wage

taxes, compared to \$331.25 now.

If a worker is making \$15,000, he'd pay \$600 in taxes, rather than \$496.87.

A \$20,000-a-year wage-earner would pay \$800 a year, rather than \$662.50.

end, but his message was not interrupted by any clapping. Sign carriers were forbidden entrance to the room and there were no demonstrations.

City Council now must hold public hearings on the proposed budget.

Council can amend the budget, but it must take final action by May 31. The budget goes into effect when the fiscal year begins July 1.

The wage tax hike—from 3 5/16 percent to 4 percent—means a work-

er earning \$10,000 a year would pay \$400 in wage taxes instead of the present \$331.25. The wage tax was last raised in 1971 from 3 to 3 5/16 percent.

Finance Director Lennox Moak would not specify which jobs would be cut. He said a decision on specific cuts in each city department would be made within three weeks.

THE NEW BUDGET calls for \$1.3 billion in expenses, compared to the \$1.2 billion submitted by Mayor Rizzo last year.

It also is based on the assumption that the \$80-million emergency tax package now pending in the House of Representatives in Harrisburg will

be approved and enacted before the end of the current fiscal year.

The package provides for a record 14-mill real estate tax increase and hikes in lesser taxes.

Moak announced yesterday the city has abandoned plans either to levy or raise taxes on amusements, parking lots and garages and liquor by the drink.

STILL BEING sought are a 1-mill increase in the mercantile license tax, a tax on vending machines of \$25 per year per machine, a 5-percent tax on hotel bills and a 5-percent tax on food served in restaur-

Continued on Page 34

## Tina Weintraub Quits at PGH

BY HOAG LEVINS

Mrs. Tina V. Weintraub, executive director of Philadelphia General Hospital, has resigned.

In a March 26 letter to the PGH Board of Trustees, Mrs. Weintraub said she was leaving the position she held since 1972 because of poor health.

The 55-year-old career bureaucrat has been at the center of a storm of controversy since a January series of articles in the Daily News detailed the dirty, ill-equipped, short-staffed, and substandard conditions at her hospital.

Mrs. Weintraub steadfastly has refused to answer any questions about those conditions—conditions that doctors and nurses at PGH said were causing suffering and even death among patients.

Mrs. Weintraub responded to the controversy by barring reporters from the public hospital. In February she refused to allow a state and federal inspection team into the facility, despite state laws that guarantee health officials access to any hospital at any time.

HER RESIGNATION comes one month after the resignation of Earl Perloff, chairman of the PGH Board of Trustees. Perloff stepped down in February after the Rizzo administration announced it would close PGH rather than spend the money necessary to bring the facility up to minimum state or federal standards.

At the time of Mrs. Weintraub's appointment, her lack of medical background shocked a number of doctors at the hospital.

She began her city career in 1952 when then-Mayor Joseph Clark gave her a job in the managing's director's office.

She survived the political turmoil in that office through the administrations of Mayors Clark, Richardson Dilworth and James H. J. Tate.

MRS. WEINTRAUB'S move from City Hall to PGH was a swift and unexpected one. The Philadelphia medical community only learned of her nomination after she had been confirmed in a hastily arranged meeting at which only a bare quorum—four trustees—attended. One of those trustees abstained and she was confirmed by only three of the board's seven members.

Mrs. Weintraub, who made \$37,500 annually as executive director, has not been in her office in a number of weeks. In early March, hospital spokespersons said she was on vacation.

In her letter of resignation, Mrs. Weintraub said she had had a heart attack in 1975 and was now under strict doctor's instructions not to continue her work.

Earnest E. Zeger, associate executive director at PGH, has been appointed acting executive director by the Trustees.



Tina Weintraub: doctor's orders

## Court Gives Karen Right to Die If...

By GLORIA CAMPISI

Julia Quinlan said she was weary.

A small figure against the high-backed rectory chair, she leaned last night across the dining room table littered with paper plates and meal remnants and talked to the Rev. Tom Trepasso.

"In two weeks it'll be a year," Julia Quinlan said softly to her parish priest. "Less than two weeks. No. Two weeks."

"This past week has been particularly difficult. It (Monday) was Karen's 22d birthday."

Soon, it will be over, said her husband, Joe, 51, a pharmaceutical company official. Over except for that final anticlimactic step—pulling the plug. Karen Ann Quinlan, the couple's adopted daughter, has lain in a coma at a North Jersey hospital since mixing alcohol and tranquilizers at a party last April 14.

The New Jersey Supreme Court yesterday granted her family the right to let her die, if doctors agree.

THERE HAD BEEN early talk of an appeal all the way to the U. S. Supreme Court. But State Atty. Gen. William Hyland said late yesterday that was unlikely.

A look of hurt crossed the faces of both Quinlans, however, at even the mention of an appeal, and it grew suddenly quiet in the rectory of Our Lady of the Lake Church, in Mount Arlington, N. J.

"I don't see any end of justice to be served by an appeal," said Joseph Quinlan. "It's a rumor. It would be a very sad one if it were true, to inflict more suffering on this family, and on Karen."

"No one who has seen her feels differently," said Joseph Quinlan in a low voice. The Quinlans have two younger children.

Yes, he said, he and his wife had seen Karen only yesterday morning, hours before the court decision.

"You wonder," he said, as if he were holding a conversation with himself. "You wonder how it could be possible she could deteriorate so slowly, over such a long period of time, but she still is."

"They feed her through a tube through her nose."

THE QUINLANS TOLD a press conference earlier yesterday they would begin meeting with doctors today to discuss who would form a panel of medical experts to determine if Karen should be removed from the respirator at St. Claire's Hospital.

The high court appointed Quinlan his daughter's guardian, reversing the opinion of a Superior Court judge who last Nov. 10 ruled against the family in its plea to let her die with "dignity." Judge Robert Muir Jr. said removal of a respirator before a patient's heart stops beating was considered homicide under New Jersey law.

The State Supreme Court justices said however: "We have no hesitancy in deciding... that no external compelling interest of the state could compel Karen to endure the unendurable, only to vegetate a few measurable months with no realistic possibility of returning to any semblance of cognitive sapient life." The seven justices were unanimous.

THE COURT SAID, however, any action to end Karen's life would have to be approved by the ethics committee at St. Clare's Hospital. There would be no civil or criminal liability for removal of the respirator, if that is the doctors' decision and it is approved by the ethics committee, the court said.

The Quinlans are painfully aware of critics' charges the decision sets a dangerous precedent, permitting the state a say when a person will die. "There are several safeguards," said Mrs. Quinlan earnestly. "They (the Justices) have everything spelled out."

Quinlan told the news conference he wanted the respirator disconnected in the presence of the family and their priest.

"Someone asked us if we had any doubts, now that we're allowed to go ahead and do it," said Quinlan last night. "I told them no."