TRENDS IN LONG-TERM CARE

HEARINGS

BEFORE THE

SUBCOMMITTEE ON LONG-TERM CARE

OF THE

SPECIAL COMMITTEE ON AGING

UNITED STATES SENATE

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SECOND SESSION

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(Salmonella)

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TRENDS IN LONG-TERM CARE

(Salmonella)

WEDNESDAY, AUGUST 19, 1970

U.S. SENATE,
SUBCOMMITTEE ON LONG-TERM CARE,
SPECIAL COMMITTEE ON AGING,
Washington, D.C.

The subcommittee met, pursuant to notice, at 9:40 a.m., in room 3110, New Senate Office Building, Senator Frank E. Moss chairman, presiding.

Present: Senators Moss, Williams, Yarborough, Young, Hansen, Fannin, and Saxbe.

Also present: Senator Mathias, and Representative Pryor.

Staff members present: William E. Oriol, staff director; John Guy Miller, minority staff director; Val Halamandaris, professional staff member; Dorothy McCamman, special consultant; Patricia G. Slinkard, chief clerk; and Peggy Fecik, assistant clerk.

OPENING STATEMENT BY SENATOR FRANK E. MOSS, CHAIRMAN

Senator Moss. The subcommittee will come to order.

This is a hearing of the Subcommittee on Long-Term Care of the Special Senate Committee on Aging.

We are pleased to have with us this morning Senator Williams who is the chairman of the full committee who will sit with us this morning. Also, Congressman Pryor has been invited to join us who has done some very excellent work in this field and we value his counsel.

On August 1, the press carried reports of a salmonella outbreak and a substantial loss of life in a Baltimore nursing home. By August 7, the Washington Post had labeled the outbreak an "epidemic" reporting that 107 patients in the Gould Convalesarium had suffered salmonella poisoning with 21 deaths.

With the rising death toll standing at 27, we are here to look for answers. We seek to document for the public record the events of a tragedy. The record we compile will be studied with the hope of preventing similar occurrences.

But our scope of inquiry will be wider than establishing responsibility for the Baltimore epidemic. Nursing home residents are consumers—our most unprotected group of consumers. Nor is our scope of inquiry completed by stating our concern for proper food services within an institutional setting. The suggestion is made that the events of the Baltimore epidemic perhaps echo the warnings made by Rachel Carson and other students of the environment.

We hear, for example, reports of traces of DDT in our milk; we hear that our breakfast cereals have questionable nutritional value; we hear that each of us eats more than 3 pounds of food additives a year and that the bread that we put in our mouths daily is "embalmed" to keep it feeling soft and fresh long after it isn't. We are told that 42 percent of all illnesses suffered by man are foodborne.

Perhaps it is time we took a good hard look at the elements in our food chain so that we might again be secure in our belief that the food on our tables is wholesome and nutritious.

Within this context a few words about salmonella are appropriate. Salmonella describes a family of bacteria which cause an infectious disease of significant importance in the United States. To healthy individuals the disease appears as an intestinal flue-like complaint marked by nausea and diarrhea but the disease is particularly serious to the very elderly and the very young.

Dr. James Goddard, former Commissioner of the Food and Drug Administration in testimony before this committee 2 years ago expressed his deep concern about the increased incidence of salmonella poisoning, citing a 1,000 percent increase since 1951. Some 21,000 cases were reported last year which everyone concedes is just the tip of the iceberg. Estimates set the number of cases last year in the United States at 2 million with a total cost of $300 million annually.

Salmonella can be passed on in many ways and up to now our emphasis has been directed toward processed foods, which though potentially hazardous actually have been involved in few outbreaks of the disease. Examinations of outbreaks since 1967 reveal that the vast majority of cases are attributable to faulty food-handling practices.

This fact reflects the structure of our regulatory mechanisms. Control of contamination of food in interstate commerce is the responsibility of the Food and Drug Administration and that agency has exerted great pressure to eliminate the bacteria. But foods processed for intrastate sale and food services generally are subject to the control of State and municipal agencies who are inadequately equipped to exert salmonella controls. Thus, the most serious problem—mishandling of food during preparation and serving—is the responsibility of agencies least prepared to handle it.

In her recent book, "Poisons in Your Food," Ruth Winter makes this very point. She concedes that most State health personnel try to do an effective job but emphasizes that contamination and adulteration of foods cannot be recognized without laboratory tests and yet 41 percent of the State milk and dairy supervisors and 71 percent of State food inspection supervisors have no college degree. She is especially critical of Maryland, saying, and I quote:

> Although the food and drug inspectors may be responsible for overseeing the health standards of thousands, retail food and drug, and wholesale and manufacturing plants some States, such as Maryland, have only three State inspectors.

Fortunately salmonella has a low fatality rate with about 70 deaths reported each year and the median number of infections per one outbreak is seven which isolates for us the central questions to be answered at this hearing:

Why did the Baltimore outbreak reach epidemic proportions?

Why was there such a substantial loss of life?

As we proceed with the agenda of this hearing the committee will give due consideration to the possibility of legislatively implementing recommendation No. 5 of the Aging Panel of the White House Conference on Food, Nutrition, and Health which called for a Federal code with health, nutrition, and personnel standards for our elderly receiving food services in institutional settings.

Our witness list is long but before we call our first witness I want to again welcome the chairman of the full committee and ask him if he has an opening statement he would like to make at this point.

STATEMENT OF THE HON. HARRISON A. WILLIAMS, JR., U.S. SENATOR FROM NEW JERSEY

Senator WILLIAMS. Thank you very much, Mr. Chairman.

Briefly, yes, I would like to take a moment to make a proposal that I think is relevant to the proceedings today. First I would like to again thank you as chairman of the Subcommittee on Long-Term Care for conducting this inquiry in conjunction with the overall subcommittee study of trends in long-term care. You managed to alert the Nation to dangers and neglect within the nursing home system and at the same time have drawn attention to positive achievements which have taken place in so many of our facilities. I know you will continue your efforts to establish genuine improvement in standards in nursing homes that are under the Medicaid program.

Mr. Chairman, I feel deeply that reaction to mass tragedy should not be our sole basis for action to improve the nursing homes. Yet whenever tragedy does take place we should analyze its cause and learn what we can to prevent reoccurrence. Our primary topic this morning is the outbreak of salmonella poisoning which has currently caused 27 deaths in Maryland in recent weeks.

The Maryland tragedy has drawn widespread attention because of the large number of facilities. The same is true of the Marietta, Ohio, fire which claimed 31 lives earlier this year. How much attention do we pay to incidents which may claim fewer lives but which nevertheless deserve concern and corrective action? If only one or two persons die elsewhere in circumstances which suggest that salmonella was the cause, should we be less alarmed than we are over the Baltimore situation?

If we learn that three or four persons die of smoke suffocation in a fire, should we take no heed of this? Why should sheer number of deaths be the criterion for concern?

Given full information on each death, whether it stands alone or is one of many, we, in this Nation, might have a far more urgent sense of alarm than we now do about conditions in many of our nursing homes, and yet there is no organized way to make a national appraisal of the situation. The Committee on Aging receives reports of such scattered fatalities almost by chance. The same is largely true of Federal agencies.

Medicare and Medicaid funds are being paid for long-term care, and Federal authorities should certainly insist on a far more efficient reporting system. For that reason I intend to ask the directors of those two programs to request appropriate Federal agencies to establish the reporting system to which I have alluded.

I know from personal experience in New Jersey and elsewhere that many nursing home associations, as well as individual administrators, are attempting to establish and maintain standards at the highest levels. They are proving that a good nursing home can be a rehabilitation center rather than a dismal place where people go to die without any hope or even thought of recovery.

As long as needless deaths occur, however, the entire nursing home field will suffer from recurring "black eyes." The best way to fight such fatalities is to report them on a national basis, and that is what I am today asking Federal officials to do. I appreciate all the work you are doing.

Senator Moss. Thank you very much, Senator Williams. Your leadership on this committee has brought about much improvement legislatively and we are certainly appreciative of the attention you are giving these problems.

Senator Hansen is a member of the subcommittee and he has joined us. Senator Hansen, do you have any opening statement or remarks you would care to make?

Senator HANSEN. Thank you, Mr. Chairman.

I don't believe I do. I think you have adequately laid out the concern that all of us feel and we are here to see what we can find out.

Senator Moss. Thank you.

Senator Young, do you have any opening remarks to make?

Senator YOUNG. Thank you, Mr. Chairman.

Senator Moss, I am here to listen. I was shocked over this occurrence, of course, and I am glad that we are going into the facts.

Senator Moss. Thank you very much.

We have invited Congressman Pryor to sit with us because of the great work he has been doing in this field. If Congressman Pryor has any opening statement, I would have him make it now.

Representative PRYOR. I would first like to thank you Mr. Chairman, for making this opportunity available to me to participate with this subcommittee as we explore some of the problems and ramifications of our aged in America and the ramifications of this incident. I think you have touched on many of the basic problems that we have in the nursing home industry today.

I think also that I would like to point out to the committee that I apologized publicly in the House of Representatives on August 3 for only pointing up problems within our nursing home situation today and not offering solutions. I think that all of us here today in this room are seeking those solutions, we are seeking answers to problems.

I would like to again thank the chairman and the committee for extending me this invitation.

Senator Moss. Thank you very much, Congressman Pryor.

Senator Tydings of Maryland was unable to be here this morning because of a conflicting commitment but submitted a brief statement. The statement is very short so I will read it into the record at this point.

This is the statement of Senator Joseph D. Tydings.

STATEMENT OF HON. JOSEPH D. TYDINGS, U.S. SENATOR FROM MARYLAND

Mr. Chairman, I am pleased to have this opportunity to present a statement to the Subcommittee on Long-Term Care of the Special Committee on Aging.

The quality of the care received by the elderly and chronically ill in the nursing homes of our country has long been of particular concern to me, and recent events in my own State of Maryland have made all the more poignant the need for continuing investigation of the care and food these persons receive.

Recently an outbreak of salmonella poisoning hit two nursing homes in the Baltimore area. Over 20 persons died and well over 100 were taken ill, many critically. At one time or another, 107 of the 140 residents of Gould Convalesarium became ill from this infection. An outbreak of disease causing so many deaths and serious illnesses in such a short time can only be termed a tragedy.

But the truly tragic aspect of these deaths and illnesses lies in the helplessness of these persons to prevent this disease from snuffing out their lives or making them seriously ill. These are the most helpless of all consumers. They cannot do their own shopping to make sure the food they eat is fresh and wholesome. They cannot assure themselves that the refrigeration of food once purchased is adequate to keep it fresh. Since they are not in their own homes, they cannot make sure that their food is prepared and served in sanitary surroundings. Health officials have listed these areas—meat, poultry, eggs, and food handling—as the likely sources of salmonella poisoning.

The helplessness of these persons to protect themselves from dangers that quite obviously endanger their very survival calls out for the public to protect them, as much as possible, by law.

To my knowledge, the causes of this disaster and the precautionary measures that might have prevented it have not been fully discovered. I am hopeful that during the hearings of this subcommittee the facts surrounding this particular incident can be fully determined and that these facts might well form the basis of new and tougher legislation to protect the residents of nursing homes.

Also, I urge that this subcommittee attempt to determine if adequate enforcement of existing Federal law by the Department of Health, Education, and Welfare might have prevented this disaster. In 1967, I had the privilege of cosponsoring amendments to the Social Security Act that were introduced by you, Mr. Chairman. These amendments, which were passed and became law, required each State receiving Federal funds for a medical assistance program to provide, beginning July 1, 1969, periodic inspections of all nursing homes to determine whether the care, food, and facilities provided by these nursing homes are adequate and sanitary.

However, as of now, the Department of Health, Education, and Welfare has not issued the complete set of regulations necessary to implement this law. The facts developed by these hearings should indicate whether additional Federal legislation is necessary to protect our elderly and chronically ill, or whether adequate enforcement of existing law by HEW might have prevented this disaster.

Senator Moss. The administrator of the Gould Convalesarium, Mr. Mitchell Gould, was invited to be a witness here today and would have been the logical one to start this morning. However, Mr. Gould has been unable to come. I sent him a letter on the 16th of August inviting him to appear here this morning. I have a reply that was delivered to me just this morning dated the 18th of August. So that there won't be any question about why he is not here, I think it is important to have this letter before the hearing to understand his absence. I will read his letter into the record, it is only a page and a half.

DEAR SENATOR MOSS: It is to the credit of your subcommittee that the problems of the aging are now receiving the attention which they have long merited. Your interest in the recent tragedy at our home is both understandable and commendable. When Mr. Halamandaris, your staff member, visited us some time ago, every effort was made to acquaint him with all of the facts known to us. He will recall that we discussed the matter at considerable length and that I introduced him to Drs. Koehler and Dadisman of the Federal Communicable Disease Center. I will continue to assist your subcommittee, as well as all other interested agencies on all levels of government, in every possible way.

Mr. Halamandaris has extended to me an oral invitation to attend the hearing which your subcommittee has scheduled for tomorrow. Unfortunately, however, although the crisis has passed, its aftermath continues to demand my full attention. There are approximately 90 patients now in the home, and fifteen of our personnel, some of them key members of our staff, have not yet been able to return to duty. Investigative teams are on the scene daily, securing data and making tests. We are flooded with inquiries, many from the concerned members of the families of our patients, all of which require immediate reply. A highly qualified sanitation consultant, engaged by us, has begun an intensive review of our entire facility.

While I must defer my appearance at this time, I shall be glad to make myself available to you at the earliest possible opportunity. If any of the subcommittee should care to visit the home, or to conduct further investigation on the site, my staff and I are at your call.

Very truly yours, the Gould Convalesarium. Signed Mitchell Gould, Executive Director.

Senator Moss. Mr. Gould has been most cooperative and I wanted to make sure that that was understood. He appears to be very anxious to find the root of the problem and do what he can to guard against any repetition. This subcommittee will have a later hearing, possibly about the first of October, when Mr. Gould will come before us to give his testimony in this matter.

We will now proceed with our witnesses who have appeared this morning to testify. Seated at the witness table are Dr. Neil Solomon, the secretary of health and mental hygiene for the State of Maryland, and Dr. Matthew Tayback, assistant secretary of health, mental hygiene, and scientific affairs, Baltimore, Md.

We are delighted to have you gentlemen here this morning and we do look forward to your testimony before this committee.

Dr. Solomon, would you like to lead off?

STATEMENTS OF NEIL SOLOMON, M.D., SECRETARY OF HEALTH AND MENTAL HYGIENE, STATE OF MARYLAND, AND MATTHEW TAYBACK, M.D., ASSISTANT SECRETARY OF HEALTH, MENTAL HYGIENE, AND SCIENTIFIC AFFAIRS, BALTIMORE, MD.

Dr. SOLOMON. Thank you, Mr. Chairman, and other members of the subcommittee.

We certainly are glad to have the opportunity to come before you and to try to answer the questions that you, Senator Moss, and

Senator Williams asked, both as far as the acute situation at the Gould Convalesarium and what the facts are and also how this fits into the long-range plans and what can be done to deal with the long-term care of the aged in our country.

Specifically about the tragedy that struck at Gould's Convalesarium, there were 144 patients that were present at the time that the salmonella infection struck. Of those 144 patients, 108 patients had signs and symptoms of salmonella infection. Of the 108 patients, 25 patients subsequently died. These are indeed shocking figures.

If one looks at the attack rate, 78 percent of the population of the patients at that time were attacked by the infection. The mortality rate was 28 percent. This is indeed a very high mortality rate associated with salmonella. One could ask why the high mortality rate. The answers here are not clear but there are certain very suggested answers. One was dealing with an aged population which had other serious problems, medical problems in many cases. Their reserve capacity—that means their ability to sustain life—was much less than that of the person who is of a younger age. Therefore, any insult that is significant to this reserve capacity would result in a reserve capacity lesser than one that is sustained life, and this probably is what happened.

But there is more to it than that if one looks at the employees who were not old and who were not sick but who were young and healthy. There were 76 employees present and of the 76 employees, 30 of them came down with signs and symptoms of salmonella disease. This is an attack rate of 46 percent in a very healthy group.

This suggests certain things. This suggests, one, that what we were dealing with was a variant strain. This suggests, two, that the initial insult was a massive insult; a large amount of bacteria presumably entered the body and resulted in this type of problem. Then the third situation is that reporting was not adequate.

The reporting of this outbreak did not reach my attention until Friday, July 31. Within hours after it reached my attention I sent forth an investigative team made up of city, State, and Federal health detectives to go to the premise, find out what happened and do what was necessary to prevent the spread and then to make recommendations for us in the future.

This brings us to the investigation itself. At the present time we do not have the completion of the investigation. The investigation is still continuing. I do not have the formal and final report from the Communicable Disease Center nor from the city and State health departments. We expect to receive this information, and when we do we will hold a public inquiry to determine (1) what was the mode of entry, if it can be determined, of the salmonella infection; (2) why weren't the cases reported; and (3) what can be done to prevent this from happening in the future.

At the moment it appears that this was an isolated incident in the Baltimore area but certainly one that should not be disregarded. There are aspects of it that make it preventable and we in the State will do everything possible to prevent this from happening again. Some of the specific things that we in the State can do are to be much more involved in the purchase, preparation, and distribution of food. We also believe that the State should be much more involved in the actual operation as far as standards go of the nursing homes.

At the present time the State is primarily involved in the physical structure but not in the actual operation. We ask the question, Are the patients' personal needs being met in the nursing home; and if not, why not?

We believe that the State should get involved in this operation to see that the personal needs of the patients are indeed being met.

We also believe there should be more rigid inspection and an upgrading of standards with more stringent enforcement of the standards. Now these are the things that will come out of our inquiry, and as a result of this inquiry we will then have specific recommendations for the prevention in the future. If one looks at the reporting of salmonella, not only in the State of Maryland but across the country, one fact comes to life and that is that less than 1 percent of all cases of salmonella are ever reported to public health officials.

Of approximately the 2 million cases, Senator Moss, that you referred to of salmonella that are prevalent in the United States each year, only 20,000 of these cases are ever reported. Yet they all should be reported. We believe and we have started to work with the local medical societies in Maryland to see that there is an upgrading of this reporting, but this certainly is a problem that is not limited to Maryland and is found prevalent throughout the country.

We now believe that the Federal Government has a real role to play in this area. In regard to Senator Williams' question of what can be done on a long-term scale, the Communicable Disease Center certainly gave us assistance with a prompt response and were most helpful, and for this we are most grateful.

There are before the Senate Finance Committee, now, our social security amendments, and it was indeed heartening to read, Senator Moss, your testimony about this and your strong feeling and your colleagues' feelings about these, because as you know H.R. 17550 and specifically section 225 would drastically reduce the Federal participation for the long-term care related to the aged. This is the antithesis of what we are trying to do in the State of Maryland. This would set any programs in the State of Maryland back to where they were before the current time, not only what we plan to do for the future.

We believe strongly that the needs of the aged and the long-term care should be put under one umbrella. Specifically, we can show you that this would result in a much more effective system and a system at lower cost because right now the main emphasis is the permanent institutionalization of the aged. We believe that we should have viable alternatives to this permanent institutionalization. One would be to upgrade the home health services.

There are many old folks in our country who don't want to go to institutions and whose family, children, do not want them to go to institutions but the facts are that there just are not the home health services to keep them at home. What we propose to do in the State of Maryland—I would hope that the Federal Government would help us—would be to develop home health services so that if mother or father wanted to stay at home and the children wanted them to stay at home, ample doctors, nurses, and paramedical people could go to the homes and help them when necessary and give them that added lift that they don't have now.

Now there are certainly many other people who need institutionalization and these people should be cared for, but of those who don't need it we would seriously stress the home health services.

There is also the geriatric day-care centers that we believe should be set up and should be augmented. This is a place where there are many children, where mother and dad can live with them but because of necessities of economics the children work during the day and there is no one to take care of mother and dad during the day. These geriatric day-care centers would be set up so that the parents could eat at home with their children, they could then be dropped off at these geriatric day-care centers, the children would go to work, pick up the parents on the way home from work and they could sleep at home.

This would be, again, an alternative to the permanent institutionalization. These day-care centers could be used in a way that could be very helpful to us in the medical field by actually providing us with paramedical help. These elderly people can give to our health care system some much-needed manpower.

Then there is the question of short-term care in hospitals and in nursing homes. Rather than to commit ourselves to the permanent institutionalization of the elderly, again the alternative would be to let them live at home when they want to and when their families want them to live at home. Give them the home health services needed but be realistic enough to know that there will be times when they will run into problems at home and can't be cared for at home. Then have a short-term hospital nursing home institution facility available to them where they could get the necessary relief, have the acute problem ameliorated, and then return home.

I am happy to tell you that we instituted that this year in the State of Maryland. We have underutilized beds for the chronically ill patients dealing with tuberculosis problems. We utilize these beds for the short-term care of the aged where these patients otherwise would have gone into permanent institutionalization. Instead, when they ran into problems they were put into these care centers where they were treated for a short period of time and then released to the home.

The final point is the development and augmentation of regional geriatric screening centers. This is terribly important because in the State of Maryland we have found that many elderly people were in mental hospitals, not because they were mentally ill, but because there was no other place for them and they found themselves in these mental institutions. This is as wrong as wrong can be.

We have taken steps already and have released over 10 percent of our geriatric patients who were in mental hospitals and are going about in a systematic way to release all of them to the alternative facilities. To prevent this from happening in the future we have established regional geriatric screening centers where a patient who needs help would go to the screening center and there would be given counsel and guidance into the best type of help that they could receive.

It is obvious that at the moment there is fragmentation in the care of the aged and in the long-term chronically ill. We in the State of Maryland see this so very vividly and clearly in the fact that a patient who needs 24-hour nursing home supervision is under the purview of the Medicaid program under the department of health.

If that same patient improves and only needs 23 hours of nursing home supervision, they leave the health department and now come under the purview of welfare. This is a terrible hardship on the patient and on the family because this means that a patient or their family could financially afford to have them cared for under Medicaid can no longer be cared for under welfare.

The requirements are entirely different, the mode of payment is entirely different, and this is a nightmare that we in the State live with because of the Federal regulations. Again, putting this together under an umbrella where there would be adequate care for the aged as the broad scope of the umbrella, where there would be viable alternatives to permanent institutionalization we believe would have real merit and would help us in our innovative programs in preventing this type of tragedy from happening again.

I now would like Dr. Tayback to read for the record our formal statement.

Senator Moss. Very good.

We would be glad to hear you, Dr. Tayback.

STATEMENT OF DR. MATTHEW TAYBACK

Dr. TAYBACK. Mr. Chairman, gentlemen, you have heard in broad outline the nature of the so-called salmonella incidents in the city of Baltimore. You have also heard that our public inquiry will be held in the State of Maryland in order to elucidate further those necessary facts to determine the cause of the incident and to determine what are the specific modes of control, that such an incident, however isolated, can be eliminated if it is at all possible by way of standards and by way of enforcement of standards.

At this time as a result of the experience recently in Baltimore but further as a result of considerable cogitation about the whole problem of care of the aged, which both our chairman, Senator Moss, and Senator Williams have brought to the attention of the Nation repeatedly, we have reached a notion of how to proceed more broadly with the issue of care of the aged.

We would state the proposition that the medical and health care problems of the aged are prime issues for public concern which have yet to be adequately recognized in terms of effective management. By way of example we would cite the specific conditions in the State of Maryland. In Maryland, 13,000 beds are occupied by aged patients in nursing homes while another 2,000 aged patients are found in State mental hospitals. In addition, not less than 1,000 chronic disease hospital beds are set aside for subacute and rehabilitative care of the disabled aged. Here then are 16,000 beds and associated facilities concerned with the long-term medical care needs of the aged which receive the limelight in terms of devotion of medical resources.

By contrast, in the general hospitals, we have in Maryland some 12,000 beds and it would not be an exaggeration to state that 30 percent of these beds are concerned with the medical care of our aged citizens. Note then the overwhelming significance of the aged in the medical affairs of our community and of our Nation. Has this situation existed always, and if so, what is unique about it?

The preeminent position of the medical care problems of the aged is a relatively new circumstance. The aging of the population has been going on for several decades. But it is only recently and particularly since the establishment of the Medicare program that the public sector has become a dominant factor in meeting the urgent medical needs for the aged. Furthermore, marked advances in maternal and child health fortunately have reduced the relative significance of problems associated with child bearing and early child diseases.

While the public concern with and commitment to medical problems of the aged has increased enormously, the concept of structuring this concern into an effective and efficient effort has received inadequate, if any, attention. The tremendous growth of 5,000 nursing home beds in Maryland in the past 6 years has been accompanied by a growth in a home health service program of less than 40 percent of this mark. In the meanwhile, other options of care have received little development at all.

The relationship between the resource provided by the physician and other community sources of care, the acute hospital, the chronic disease hospital, the mental hospital, the nursing home has been left more or less to happenstance, and this happenstance presents a sad picture for our elderly citizens sociologically. The form of care most shattering from a spiritual point of view, and most expensive—namely, permanent institutionalization—is becoming the major investment in our medical care of the aged.

With these concepts in mind we plan in the State of Maryland to recognize the medical and health problems of the aged as a prime issue. They will be given the same sense of urgency as say mental health and environmental health and a distinctive agency to deal with medical services for the aged will be created. This agency will be concerned with the following; the points that Dr. Solomon has mentioned to you. To get these in mind:

1. The management of the chronic disease hospitals within the jurisdiction of the State.
2. Development and enforcement of standards of care in nursing homes.
3. Vigorous promotion of home health service programs and their use by practicing physicians.
4. Creation of options to permanent institutionalization, such as day care and short-term care in nursing homes, as have been mentioned.
5. Establishment of regional geriatric screening centers—we have established one already—where elderly patients proposed for admission to State mental hospitals or to nursing homes may be evaluated and the best disposition developed.
6. Evaluation of services rendered and expenditures made under the Medicare program.

The personnel for the agency proposed are presently found in different units within our department. They will be organized around a clear objective of service to the aged. We will need additional staff to more vigorously enforce standards of care in nursing homes and to be creative in seeking options to permanent institutionalization. We think we can generate the staff, and this form of programing can take place at a State level.

However, there are several developments at the Federal level which are a source of uncertainty. Now before the Senate Finance Committee is H.R. 17550. Senator Moss has spoken out in connection with these provisions with which we have the utmost concern.

Among the provisions, section 225 would, under Medicaid—title 19—reduce the Federal matching share following 90 days of skilled nursing home care and would drastically reduce the Federal participation in the long-term care rendered in the State's mental hospitals. There is an unfortunate attitude prevailing in some circles that by a mixture of incentives and disincentives, unilaterally determined, a system of care can be contrived which is in the best interest of our people.

What is proposed in section 225 would be disastrous for forward thinking on problems of the care of the aged. The State would be called upon to pick up huge dollar obligations for long-term care abandoned by the Federal Government, and in so doing every possibility to undertake innovation and improvement would be sunk by the necessity to divert funds to replace Federal failure to maintain a stable contractual relationship in terms of the funding of long-term care.

In this connection we would also take issue with the social policy implications of recent legislation designed to categorize care in such a way that patients requiring nursing services with 24-hour nursing supervision come within the purview of medical care—title 19—while patients requiring nursing services with less than 24-hour nursing supervision come within the purview of public assistance—welfare. As Dr. Solomon mentioned, this is causing a nightmare to us trying to adhere to certain legal niceties which are a contradiction of what is necessary to give adequate care to the aged; namely, a stable environment, not one which is subject to change from month to month and from day to day.

Further, we would submit that this Nation cannot do justice to the medical care needs of its people by pursuing radical new departures every 2 years, particularly in the case of Medicaid. Having launched Medicaid in 1966, we are subjected to retrenchment in medically indigent coverage; we are asked to undertake an involved modification of long-term care by the insertion of the notion of intermediate care; we are now threatened with retrenchment in Federal support of long-term care, while at the same time we learn that an absolutely new program may be offered in fiscal 1972. Meanwhile, several years later, the initiation of national health insurance would appear a distinct likelihood.

We would suggest that the Federal-State partnership set forth in title 19; namely Medicaid, be permitted to represent the working apparatus to improve health services to the low-income population until a national uniform coverage is provided. Financial wizardry should be minimized. Professional competence in management at State levels should be maximized. The philosophy of divide and conquer by developing independent health programs aimed at the economically disadvantaged such as title V programs, OEO programs, model cities programs, family planning programs, is really a disservice. The Medicaid program should be the umbrella under which a system of care for the poor is created. In time, this system, hopefully, may be part of a nationwide national coverage for all of our citizens.

However, the deficiencies of the current programs come to light. It should be understood that it would be best to use the current system, to improve it substantially, and in this way incidents like the recent one in Baltimore will be minimized—an incident of explosive dimensions—and the incidents that take place daily will further be attended to.

These incidents to which Senator Williams alluded, we must pay attention to the development of a system of care. These observations that we have made are designed to move in this consistent direction which in the long run will substantially take care of an explosive incident as well as the day-to-day concerns which are brought to our attention by the thousands, hundreds of thousands of families that are concerned with the care of the aged.

Thank you very much.

Senator Moss. Thank you, Dr. Tayback, for that good statement. The presentation made by you and Dr. Solomon is quite helpful to us. We may have a few questions that we would like to propound.

When did the State health department first learn of that outbreak?

Dr. SOLOMON. Well, let me relate to you the facts as seen through my eyes, I think, because there we can probably gain the best advantage of what happened.

On Friday, July 31, I received a phone call from a member of the department of health and mental hygiene who told me that a culture for salmonella had come back positive and this had come back positive through the State health department laboratories from the Gould Convalesarium.

I called the Gould Convalesarium and I asked them if they had any unusual illness at that time. I was told by the nurse in charge who I spoke to that yes, as a matter of fact there were about 60 patients then who were quite ill. I asked what the signs and symptoms were. I was told that they were diarrhea, fever, some headache, some abdominal cramping, prostration.

I then asked if there had been an unusual amount of deaths. I was told yes, that since Monday when the symptoms broke out, which would have been July 27, she recalled that there were at least nine deaths. Now the average number of deaths in this population in the nursing home is about six to eight per month. This was nine deaths, at least nine, in a period of 5 days. I told her that immediately there would be a team on the premise.

I then called the acting city health commissioner who was at dinner at the time. I got him away from dinner and asked him if he knew what had happened at the Gould Convalesarium because the responsibility of reporting is to the local health officer, and in this case it would be to the Baltimore City Health Department. He told me that he had not been notified and did not have any knowledge of it. I suggested that he immediately go over to the premise and find out what happened, which he did.

I then called and talked with Dr. Garber who is here today, who is head of infectious diseases in the State of Maryland, and told him that I was convening a city-State-Federal team to go over and find out just what happened and to give them all the assistance they could to prevent this from spreading.

The Communicable Disease Center was notified. That was on Friday. By 11:30 p.m. Friday evening they had, via airplane, their medical team to assist, and Saturday this full blown investigation started with the combined city, State, and Federal efforts and continued and is continuing at the present time.

Senator Moss. Well, on this failure to notify the city—the city should have been notified first by the home of the illness, is that correct?

Mr. SOLOMON. That is true. Now I asked the nursing home about this and in checking back I found that the following also happened. On Tuesday, July 28, a State hospital aide was at the nursing home on another matter entirely. She was there looking at the possible classification of beds. While she was there she noticed a sign and the sign said "No Visitors." She asked the nursing home personnel why why was the sign of "No Visitors" up and she was told at that time there was an unusual amount of diarrhea.

She than asked the nursing home two things. One, did you send stool cultures to the State health department? They said no. She told them that they should do this.

She also asked them if this case had been reported to the public health officials. They said no. She instructed them to do it. She did not pass this information on to her superiors.

On Friday she realized that no notification of the incident had been reported to the public health officials. She called the nursing home and asked why this was not reported. They then told her that they would deliver the report, and they hand delivered a report on Friday, July 31, about the incident. I might add the report was dated the 28th and in the report there was no mention made of any deaths.

Senator Moss. So the employee, although she gave the warning to them, didn't do any follow up on it until about 3 days later after she knew about the outbreak of diarrhea?

Dr. SOLOMON. That is true. Certainly we in the State are looking into this but let's not lose the fact that the onus of reporting is not on the State employees who happen to be there on other matters; the primary responsibility of reporting is that of the physicians and the nursing home involved.

Senator Moss. I understood that there were about 40 physicians who had patients in this nursing home. Didn't any of them report the outbreak? Aren't they required to report it?

Dr. SOLOMON. No physician reported the outbreak. The regulation states the following: that if a physician has a case of communicable disease, he must report this to the local health officer, which is the city health department. Any situation where a physician has knowledge of three or more similar cases of infectious diseases, even of unknown etiology, he must immediately telephone the local health officer which is the city health department. This was not done and we have asked the medical section of the State of Maryland to look into this, which they are doing.

Senator Moss. Is there any kind of a penalty on doctors for failure to report?

Dr. SOLOMON. Yes, there is a penalty.

Senator Moss. How severe is that?

Dr. SOLOMON. It is a very minimal penalty.

Senator Moss. Is that the reason you think some of them ignore it?

Dr. SOLOMON. I would doubt that. I believe what I said before is that only 1 percent of all of these cases are ever reported in this country. That means that 99 percent are not reported. Now I don't believe it is because the penalty is minimal. I believe it is a matter of good education. I think they have to be made aware of the reporting system and they have to start reporting. This has already been true in the city of Baltimore. As soon as it became public what had happened, I guarantee you that over the next few days every possible conceivable suspected case was reported and is continuing to be reported.

Senator MOSS. The requirement is for the reporting of any infectious disease or what appears to be an infectious disease, is that correct?

Dr. SOLOMON. Yes.

Senator MOSS. I take it from your testimony you think that doctors just were not aware of this requirement is probably the reason they let it go.

Dr. SOLOMON. I think it is fair to say that there was an apathy, and I think it is fair to say that something must be done about this apathy. I think it is fair to say that something will be done about this apathy.

Senator MOSS. Would a higher penalty help?

Dr. SOLOMON. I must admit that I think the real thing that is going to help is good education, good health education, both to the physicians and to the nursing homes because the nursing home didn't report this and they had the responsibility to report it, too, in a proper timely fashion.

Dr. TAYBACK. Mr. Chairman, single incidents of diarrhea are not required to be reported. The requirement is that if you have, say, three incidents unexplained of such a circumstance that is required to be reported. In the particular nursing home there are many physicians. The physicians perhaps had one or two patients. They are probably attending to their particular patients. As they attend to their——

Senator YOUNG. Mr. Chairman, aren't we wasting a lot of time listening to speculation instead of getting down to the facts here? So far I don't know if either of these men talked with Mr. Gould or any director. We don't know. It is obvious that in this Gould Convalesarium we don't know yet whether there have been any arrests made for violation of the State health regulation.

What we do know because of the statement as made here is that this facility, the Gould home, has never met the State standards and regulations with respect to food distribution and that the food is not distributed in closed cartons as prescribed by law. Now we don't know whether anyone has been arrested there.

Sir, have you talked with Mr. Gould?

Dr. SOLOMON. Yes.

Senator YOUNG. When did you first talk with him?

Dr. SOLOMON. I talked with Mr. Gould on the telephone Friday about 5 minutes after I found out that it happened. I then went to the premises and inspected the premises myself, and when I was there I found——

Senator YOUNG. That was 5 days after this tragedy occurred.

Dr. SOLOMON. That is true.

Senator YOUNG. Have there been any arrests?

Dr. SOLOMON. No, there have not been any arrests.

Let me say this. The investigation has not been completed.

Senator YOUNG. It is obvious it is in violation of the law here.

Mr. Chairman, I am going to inquire why Mr. Gould, the owner, was not compelled to be here or at least some member? I hope that in the next meeting some people from that Gould home will be made to be here.

Did you talk personally with any doctor in the Gould home when you first went there?

Dr. SOLOMON. Our staff talked personally.

Senator YOUNG. Did you personally?

Dr. SOLOMON. Yes, as a matter of fact I personally talked.

Senator YOUNG. When was that?

Dr. SOLOMON. On Sunday when I was there.

Senator YOUNG. That was over a full week after.

Dr. SOLOMON. Yes. You see, I could not have talked before I knew about it.

Senator YOUNG. I ask you what you did, not what you learned from hearsay.

No one has been arrested as yet?

Dr. SOLOMON. The information has all been submitted to the attorney general of the State of Maryland and we are awaiting his guidance and counsel.

Senator YOUNG. I have no further questions to ask at this time but I do hope that at the next meeting, Mr. Chairman, we will compel some member of the Gould home to be here. We should have some people connected with that home if he is not here.

Senator Moss. I agree with you, Senator. I don't believe you were here when I read the letter from Mr. Gould.

Senator YOUNG. Yes, I was here.

Senator Moss. We will have a further hearing and Mr. Gould will appear before the committee.

There are many questions that need to be answered about this.

Dr. Solomon, on the 5th of August you are quoted as saying that based on the report and an inspection of the home you believe the Gould home had a poor understanding of the necessary dietary control measures and procedures for isolating persons with contagious diseases. Does the current evidence substantiate the view you stated then?

Dr. SOLOMON. That was based on the fact that, as I said, on Sunday I personally went to the nursing home and made an inspection and when I was there I noticed that there were two employees who were ill with signs and symptoms who were handling food. They were in the kitchen and I sent them home.

Now it also is clear that the investigation when completed will look very critically at this area.

Senator Moss. Was not one of the first things that you did on visiting the home to order that the patients be removed to a general hospital?

Dr. SOLOMON. On Friday, the 31st, when we rang the fire bell there were several things that we did. One, we said that the home would be closed to any future admissions. Two, we strongly suggested that the private physicians remove their critically ill patients to hospitals. But let me make it very clear that we in the State have no control in ordering a private physician to do what he thinks he should do with his patient and physician relationship, this is between the private

physician and the patient. We act in a cooperative manner with him. We made the suggestions and we found that the physicians by and large carried them out.

Senator Moss. Didn't it strike you as unusual that the private physicians involved and the nursing home itself didn't undertake to remove these elderly patients who were very ill?

Dr. SOLOMON. Let me again say that you would have to look at this on an individual basis of each physician and each patient involved because each one becomes a patient-physician relationship. I think in cases where they were critically ill and needed the types of services that could not be availed at the nursing home, the answer is, Yes, they should have been removed.

Senator Moss. Did you believe from your visit there that the Gould people didn't consider this a serious matter and that they were trying to remedy it without announcing it, hoping it would pass over?

Dr. SOLOMON. As Senator Young said, that would just be speculation. I think what we really have to do——

Senator YOUNG. You have done a lot of other speculation. Why not answer that question?

Senator Moss. I just asked you for your impression. Of course we cannot know positively.

Dr. SOLOMON. I believe that at the outset the severity of it was not realized.

Senator Moss. Even though at the time you visited there there were already some people who had died?

Dr. SOLOMON. Oh, by the time I visited there, and that was on Sunday, I believe that the severity of it was realized. It was realized Friday 5 minutes after that phone call was made.

Senator Moss. Were the patients removed on Sunday to general hospitals?

Dr. SOLOMON. The removal of the patients to general hospitals again was up to their own physician and what he thought was best for them. Patients were removed at various times depending on what their physician's feelings were.

Senator Moss. But the nursing home administration itself did not initiate any movement of that sort?

Dr. SOLOMON. No, this was entirely up to the physician.

Senator Moss. In recent press you have been quoted as tying the outbreak here with some type of food. Are you still of that opinion, that it was some food?

Dr. SOLOMON. Well, my deduction, if you go through the three possible routes, one would be person-to-person spread, contact and spread; second would be through a contaminated water supply; and third would be through contaminated food supply. It is difficult to envisage that 60 people would suddenly come down in an explosive nature on a person-to-person spread if one person would have to be around and spread it simultaneously to a minimum of 60 other patients.

It also appeared that if it had been the water supply, since that water supply was a general water supply it would not have been confined to that particular area but would have hit the general area. This was not the case. So by deduction then you are left with the possible food, and the data certainly suggests that, although at the moment I do not have confirmatory data, the organism was found in the food.

Senator Moss. Is it not a fact that eggs are among the most frequent carriers of salmonella, particularly if the shell has been cracked prior to serving?

Dr. SOLOMON. This is a true statement, that eggs, especially if the shells are cracked in cases of salmonella, are a frequent carrier.

Senator Moss. Now assuming that the infection came in a food, was it most likely that it came at one of the Sunday meals? Is that your opinion?

Dr. SOLOMON. This would be what the data would suggest.

Senator Moss. Is it true, as the Baltimore Sun reported on August 6, that the evening meal at the Gould home that Sunday consisted of eggs? Did personnel from the Health Department obtain samples of this meal; and if so, on what date and in what form?

Dr. SOLOMON. That was done by the city health department who did that aspect of the investigation.

Senator Moss. Is Dr. Garber here?

Dr. GARBER. Yes.

Senator Moss. Would you come to the table just for a moment. I want to ask you about this. I am trying to pursue a line of questioning here to see if we can get some idea of where the infection might have come from.

Would you identify yourself for the record so that we have your full name and title.

STATEMENT OF DR. HOWARD GARBER, CHIEF OF COMMUNICABLE DISEASES OF THE MARYLAND STATE DEPARTMENT OF HEALTH

Dr. GARBER. Dr. Howard Garber, chief of communicable diseases of the Maryland State Department of Health.

Senator Moss. Thank you, Dr. Garber.

Did personnel from the health department obtain samples of the Sunday night meal?

Dr. GARBER. Well, Senator Moss, as Dr. Solomon and Dr. Tayback mentioned we were on the scene approximately 5 or 6 days after the genesis of this outbreak and, therefore, the foods left over from the Sunday meal which were deviled eggs and shrimp salad were not available at the time. However, samples were taken of frozen shrimp similar to that which had been served, at the Sunday night meal. Also samples were taken of eggs from an open crate, supposedly the crate from which the eggs used for the Sunday meal were taken.

Thus far, both the FDA district office laboratory in Baltimore and the State department of health bureau of laboratories have found no contamination of bacterial origin in either the eggs, which as I say were not actually the ones used during the Sunday meal, or the shrimp.

Senator Moss. The sample you took though were uncooked eggs, you didn't take any of the eggs served at the Sunday meal?

Dr. GARBER. They were not available, sir.

Senator Moss. They were not available at that time?

Dr. GARBER. That is right. They had all been utilized at the Sunday meal or thrown out.

Senator Moss. So at this point the health department does not have any opinion of the source of the infection?

Dr. GARBER. That is correct.

The other thing that I might add, sir, is that usually in instances where we cannot find the actual food substance to culture often we will take food histories from the individuals at risk to obtain some idea of which particular food was eaten predominantly by the people who were ill and see if the people who were not ill ate or did not eat these foods.

Unfortunately, it was extremely difficult to ascertain what types of foods the nursing home patients ate. One could not obtain a history from these patients and there were no records in their clinical histories of what they had eaten.

Senator Moss. These eggs that you found in the crate, was there anything unusual about them?

Dr. GARBER. No, sir. The eggs that we found in the crate and all the eggs that were on the premises were obtained through regular suppliers and there was no evidence of cracking.

Senator Moss. You didn't see any evidence of cracking?

Dr. GARBER. No, sir.

Senator Moss. Do the Baltimore nursing homes have a particular source where they obtain their eggs?

Dr. GARBER. They have suppliers for their eggs the same as all the other supplies that they used on the premise; meats, shrimp, et cetera.

Senator Moss. But I wondered, do they all go to the same supplier so far as you know?

Dr. GARBER. For the eggs?

Senator Moss. Yes.

Dr. GARBER. In all the nursing homes?

Senator Moss. All the nursing homes.

Dr. GARBER. No, sir. They use a different supplier to obtain many different things. There is no one supplier that supplies all the nursing homes.

Senator Moss. There was a story that appeared in the press indicating that some 43 purchased all of their eggs from one supplier. I wonder if you had any confirmation of that.

Dr. GARBER. No, sir. I don't think this is an accurate statement.

Senator Moss. Congressman Pryor, would you like to ask a question on this particular point?

Representative PRYOR. I would like to proceed a little further on the egg question, Senator Moss, if I may have that privilege.

Senator Moss. All right.

Representative PRYOR. Would your department or Dr. Solomon's department in its ordinary, normal investigations and inspections of the nursing home have reason to, say, check with the financial records of that particular home to see how much they were purchasing their eggs for and see what price they paid for those eggs?

Dr. TAYBACK. No, there would be no reason to check such records. There is an inspection made at least once a year in connection with sanitation matters, and in that regard the nature of the food that is within the institution and how it is being stored is subject to inspection. There are not less than three additional inspections made during the year. In the course of these three additional inspections some attention is given to food hygiene.

Representative PRYOR. That is all the egg questions I have right now.

Senator Moss. Unless anyone else had something further, I have one or two more questions that I wanted to ask of Dr. Solomon.

Herbert Fritz in charge of the licensing of nursing homes released to the press the fact that since the Gould home was established in 1964 there have been nine inspections and each time they found sanitation problems in the Gould home. Dr. DeHoff gave a similar statement that these deficiencies were minor and that the nursing home was a darn good facility.

One of these reported deficiencies was that the hot water used for rinsing dishes was not hot enough, another suggested the need for better food handling procedure. What can you tell us about the record of the Gould home?

Dr. TAYBACK. These are proper observations of the findings. What happens is that in connection with licensure, annual inspections are made. As I have indicated, not less than three additional inspections were made during the year. If deficiencies of this type are found, orders are given to clean up. The licensure may be held up until the condition is remedied, and when the condition is remedied then the license is issued.

Senator Moss. But even though there were nine times in which there were sanitation problems noted, none of these called for suspension of license?

Dr. TAYBACK. The instances that result in observations of the type that you have described, Mr. Chairman, lead to orders. These orders are generally for correction, correction within a 30-day period of time. A subsequent inspection is then made. If the condition has been removed, then the condition is considered to have been appropriately taken care of.

Senator Moss. I understand there are still some 90 patients or patrons of the Gould home still there now. What protection is there for them on these food handling procedures?

Dr. TAYBACK. The protection has to do with the intensive medical investigations that have been made. These intensive medical investigations have brought decisions of the type that Dr. Solomon has indicated to you; that is, if a patient obviously is showing evidence of continuing diarrhea and dehydration the patient has been removed for care in the acute hospital. In the meanwhile the sanitation people from the city health department have gone over the kitchen situation in great detail and at the present moment I can say with certainty that the highest levels of food hygiene are being pursued in connection with the purchase, preparation, and distribution of food.

At the State level—that is, in the State department of health and mental hygiene with which the three of us are associated—just 4 days ago we brought on board a consultant in food hygiene, an individual who has had more than 35 years of experience in this particular field. He is an expert in the whole matter of salmonella infection. This individual is now undertaking the most careful survey of food hygiene in the city nursing homes and throughout the State. This person will be reporting to us.

In the interim, concerning the adequacy of our current rules and regulations, we will seek to upgrade the rules and regulations as soon as this individual indicates to us that our standards, say, are too low.

It may be that it is not the rules and regulations that need change, but it is that conformance to these rules and regulations needs to be upgraded.

Senator Moss. Perhaps Dr. Solomon is the one that indicated that he banned the admission or suspended the admission of further patients to the Gould home. Has that been rescinded now?

Dr. SOLOMON. No, it has not been rescinded yet.

Senator Moss. So there are no new admissions going to the Gould home but there are still 90 that are being cared for who were in residence before.

Dr. SOLOMON. Yes. There has not been any new case reported there for how long now?

Dr. GARBER. At least 5 or 6 days.

Senator Moss. On this reporting matter I have been advised that 10 or 11 of the patients that have died, the first ones did not have salmonella as the cause of death on their death certificates. Why would this be?

Dr. TAYBACK. Well, these patients were in the nursing home for fundamental conditions like cardiovascular disease, cancer and so forth. The physician by law is entrusted with the responsibility to note on the death record his opinion of what is the cause of death. On the death record you will find three possibilities. You will find the underlying cause of death, you will find the preceding causes of death, and then you will find the contributory causes of death. In the opinion of the physician if the underlying cause of death was the basic condition of cardiovascular disease or cancer, he will cite it. If there was a serious contributing cause, that will be noted. He is not likely to note salmonella or salmonellosis unless it is proven by culture but he may indicate diarrhea or dehydration.

Now on the 25 certificates, copies of which are now available to us—some of which, not all of which, I have had the opportunity to see—there is noted on some of these certificates the instance of diarrhea and dehydration.

Senator Moss. Well, it was indicated to me in at least four of these deaths the physician did not view the body. Is this the common practice for physicians to sign death certificates without viewing the body?

Dr. TAYBACK. I am not able to state that it is a common practice.

Senator Moss. Is it a violation of statute in Maryland to sign the death certificate without viewing the body?

Dr. TAYBACK. I believe the certificate indicates when it is signed that the physician attended and gives a statement during a certain length of time. What the meaning of the term "attended" is I don't think has ever been clearly stated.

Senator Moss. But your opinion is it is not a common practice although it may have occurred in this instance? Is that right?

Dr. TAYBACK. Well, one can describe many, many different things. A physician who is attending an individual critically ill, sees the individual say from day to day or sees the individual every 2 days, knows full well what the circumstances are concerning the individual. If the individual is critically ill and there is an expectancy of death, when death takes place the physician may be notified. If he has been attending, then frequently he is familiar with the circumstance of the death.

The fact that the physician would have observed the individual at death or immediately following death, under those circumstances I would say there are numerous instances where the doctor is attending frequently and the patient dies. The doctor knows the circumstances of death and consequently he would not be present at the time of death or observe the body immediately after death.

Senator Moss. You confirm that, do you, Dr. Farber?

Dr. GARBER. Senator Moss, I think there is one situation to which Dr. Tayback alluded. If a patient dies in a hospital, and he dies at night, the attending physician may not be on hand. It is quite common practice and I think acceptable legally for the house doctor, whoever he might be, to sign the death certificate. That physician who might be on call that night may have very little familiarity with the intricacies of the case and therefore may sign the death certificate putting the cause of death down as he sees it at that time when the patient dies.

Senator Moss. Thank you.

Do you know in this case, were any autopsies performed on any of these people who died at the Gould nursing home?

Dr. Tayback. We could not say whether any autopsies were done. By and large I think it would be correct to say that very few autopsies were done.

Senator Moss. Well, thank you very much. I want to give my colleagues an opportunity to ask any questions they may have and we will try to move along rapidly.

Congressman Pryor, you had asked one question before and indicated you had another one you would like to ask. Go ahead.

Representative PRYOR. Dr. Solomon, I have some sort of a calendar here and I am trying to get all these dates in my mind.

Do you have records or does the Gould home have records available to you as to when physicians actually began treating the patients for suspected salmonella?

Dr. SOLOMON. This was available to the investigating team.

Representative PRYOR. When was this treatment first available to the patients? When were the physicians actually called into the home?

Dr. GARBER. Congressman Pryor, although we have not examined as yet all of the medical records, and I have not personally, the physicians who were on hand of course when the illnesses began, on Sunday, July 26, and throughout the week should have been aware of it. The explosion of cases began on the 26th, 27th and 28th. That is when the large number of cases occurred so that those physicians that were on hand and saw their patients at that time of course treated their patients for diarrheal illness.

Representative PRYOR. During this time was there 24-hour physician service available in the nursing home?

Dr. TAYBACK. Each nursing home in the State of Maryland requires a principal physician. The duties of the principal physician are to be available on call from the administrator. To the best of our knowledge the principal physician was on call.

Representative PRYOR. What do you mean he was on call? Do you mean he was sitting by the telephone to advise, or was he actually in the nursing home administering to those patients?

Dr. TAYBACK. We are unable to state exactly what it is that the principal physician did on those particular days to which you have reference.

Representative PRYOR. Don't you think this is a very relevant issue to this whole matter, physician care in the home at this time?

Dr. TAYBACK. It is indeed. I think Dr. Solomon indicated to you that we have underway a plan to have a public inquiry in this matter. In connection with our public inquiry it would be our hope that the physicians concerned with care in this nursing home would be willing to describe their role in the care of the patients.

Representative PRYOR. Do you have records to show how many actual deaths occurred before physicians actually came into this home?

Dr. TAYBACK. Because there is not available to us at the present time an exact chronological summary of what transpired in the first 24 to 48 hours, such a summary presumably to come about by careful examination of the medical records of each of the individuals, we are unable to answer your question.

Representative PRYOR. How many of these patients were left to die in the nursing home and how many were transferred to hospitals for intensive care?

Dr. GARBER. I can tell you that approximately 25 patients were transferred to acute general hospitals. Of those 25, I believe 10 died in the general hospitals which meant that approximately 15 died in the nursing home, nine of whom died prior to the State department of health and mental hygiene being notified that an illness was going on.

Representative PRYOR. What was Mr. Gould doing in this long period in which this situation was developing and the epidemic was breaking out? What was Mr. Gould actually doing at this time? He is the owner and administrator of this home, is this correct?

Dr. TAYBACK. Yes; he is the owner and I believe he is the administrator.

Representative PRYOR. There is a period of almost a week before he did anything, it appears from the record.

Dr. TAYBACK. Well, in no offense to Mr. Gould I think it has been stated that on Tuesday a hospital adviser from the State hospital did note that a sign had been posted and the sign indicated no visiting. Presumably this noted some initiative on the part of the owner to contend with the situation as best as he could.

Representative PRYOR. We all consider, I assume, salmonella a very serious disease, especially among the elderly. Is this the type of card here that is used to report communicable diseases?

Dr. TAYBACK. Yes. That is known as a communicable disease card.

(See page 756.)

Representative PRYOR. Don't you think it is somewhat ironic or bad or wrong, we might say, for the physician or whoever is in charge—if he does detect symptoms of salmonella—he is not even required to call on the phone but to simply mail this card in to the Baltimore City Health Department?

Dr. TAYBACK. I don't understand your question.

Representative PRYOR. In other words, if the physician sees that there was salmonella present, all he has to do is to write out this little report and mail it which may take 2 or 3 or 4 days, who knows. Isn't this something that should be corrected?

REPORTABLE DISEASES

Amebiasis
*Animal bites
*Anthrax
*Botulism
Brucellosis
**Chancroid
*Chickenpox in adults
Cholera
Diarrhea of newborn
Diphtheria
Encephalitis:
primary
post infection
*Food poisoning
**Gonococcal infection:
urethritis
vulvovaginitis
ophthalmia
neonatorum
**Granuloma inguinale
Hepatitis:
infectious
serum
industrial or occupational diseases
*Leprosy
Leptospirosis
**Lymphogranuloma venereum
Malaria
Measles
Meningococcal infection:
meningitis
meningococcemia
Meningitis, other
Mumps
*Plague
Poisoning or adverse reactions from drugs or other toxic agents
Poliomyelitis
Psittacosis
*Rabies
Rheumatic fever
Rocky Mountain spotted fever
Rubella
Rubella congenital
Salmonellosis including typhoid and paratyphoid
Shigellosis
*Smallpox
Staphlococcus infection, newborn
Streptococcal infection, including scarlet fever
**Syphilis
Tetanus
Trichinosis
**Tuberculosis
Tularemia
*Typhus fever
Whooping Cough
Yellow fever

Other communicable diseases during an outbreak.
*Report by telephone immediately—752-2000, extension 314
**Tuberculosis and venereal diseases shall be reported on special forms in sealed envelopes.

DISEASE (OR SUSPECTED DISEASE) _____

DATE OF ONSET _____ DATE OF DEATH _____ DATE OF REPORT _____

NAME OF PATIENT _____ AGE ____ ☐☐ MALE ☐☐ FEMALE ☐☐ WHITE ☐☐ NONWHITE

STREET ADDRESS _____ ZIP ____ TELEPHONE _____

NAME OF HOUSEHOLDER _____ OCCUPATION OR SCHOOL _____

ADMITTED TO _____ HOSPITAL DATE ADMITTED _____

CHIEF SYMPTOMS AND LABORATORY FINDINGS IN SUPPORT OF DIAGNOSIS: _____

_____

_____ SEND ADDITIONAL REPORT CARDS _____

PHYSICIAN'S NAME (PLEASE PRINT) _____ ADDRESS _____

PHYSICIAN'S SIGNATURE _____ TELEPHONE _____

COMMUNICABLE DISEASE REPORT CARD

BALTIMORE CITY HEALTH DEPARTMENT

CD. 50/5:68

Dr. TAYBACK. I would say so. It would be our hope that physicians could be alert to so-called outbreaks of three or four cases of undefined disease and in that instance to use the telephone to make the telephone report.

Dr. GARBER. Congressman Pryor, may I make one statement to you. You will note on the card a foodborne illness or food poisoning is reportable immediately. I think to get a specific diagnosis of salmonellosis would in fact require probably 2 to 3 days time if the physician took a culture on the patient. Therefore, to specifically say salmonella has to be reported by telephone I think would not solve the problem. What we are concerned about is if there is any inkling of any type of outbreak that the health department be notified immediately. I think this is the reason on the report card foodborne illnesses or other outbreaks are required to be reported promptly.

Representative PRYOR. On the 6th, the Baltimore Sun stated, Dr. Solomon, that a "confidential memorandum" had been circulated among top Maryland health officials stating that Gould has never met State standards and regulations with respect to food distribution.

Was there actually such a memorandum circulated, and if so I would think that the committee would be interested in your comments on this.

Dr. SOLOMON. Yes; there was a memorandum that was circulated, in that I asked that everything could be brought to our office that had any relevance at all to this problem and any other nursing homes in the State of Maryland. As part of that directive this came to our attention. As Dr. Tayback stated, there were many things that were considered correctable deficiencies and the nursing home was notified to make the necessary corrections.

Representative PRYOR. Is it your Department which is charged with the responsibility, or obligation I should say, of licensing administrators and licensing nursing homes to operate? Would this be true?

Dr. TAYBACK. Well, you have raised two questions there, Congressman. The licensing of nursing homes is clearly within the purview of the Department of Health and Mental Hygiene. The licensing of nursing home administrators is a new obligation which came about as a result of the social security amendments, I believe, of 1968. This is under a board of examiners which the Governor by way of legislation created sometime late in April. It has convened, it is meeting, it is specifying standards and has issued temporary licenses as called for by the Federal Government. The board of examiners is a board appointed by the Governor and is within the general purview of the Department of Mental Health and Hygiene.

Representative PRYOR. What are the qualifications, Dr. Solomon, of Mr. Gould to administer a nursing home? What is his background in the nursing home business?

I would like for Dr. Solomon to answer that.

Dr. SOLOMON. I can't tell you specifically Mr. Gould's background or the background of the various other people in nursing homes in the State of Maryland, nor would I really be expected to know this. This whole area, as Dr. Tayback said, the qualifications are being developed by this newly created board. They just met the other day.

Representative PRYOR. Is it not true that Mr. Gould had been associated with nursing homes for some 18 years, I believe the story is reported? Is this true?

Dr. TAYBACK. I am unable to say he was associated for 18 years. He has been associated 5 or more years.

Representative PRYOR. Was there anything in these 18 years which resembled this situation which became an epidemic in the Gould home?

Dr. TAYBACK. To the best of my knowledge, no, there is no prior incident of this type.

Representative PRYOR. Was he ever given any warnings in any of the other homes that he operated as to sanitary conditions?

Dr. TAYBACK. The nature of warnings I believe the Chairman has brought to the attention of our meeting this morning. There were observations made of deficiencies and orders were issued for correction.

Representative PRYOR. I am not necessarily talking about the Gould home which was established, I understand, in 1964. I am talking about any home that Mr. Gould operated prior to 1964.

Dr. TAYBACK. Well, at the moment we would be unable to tell you of any history in this regard. This is being looked into.

Representative PRYOR. If you cannot tell us, who can tell us?

Dr. SOLOMON. We will be able to tell you when our investigation is completed and we have our public hearing. That is the nature of it. In fact, when I was asked to testify here I suggested that perhaps you wait until after we have our public hearing so we could have these answers, but we were told you were anxious to have it now.

Representative PRYOR. Senator Moss, I am monopolizing this and I want to yield to someone else.

Senator Moss. Thank you. We will give you a further opportunity if your questions are not answered by those others who may have questions.

Senator Hansen.

Senator HANSEN. Thank you very much, Mr. Chairman.

Dr. Solomon, did I understand that there have been some autopsies made? Is this right?

Dr. TAYBACK. To the best of our knowledge there have not been autopsies.

Senator HANSEN. There have not?

Dr. TAYBACK. There have not been autopsies.

Senator HANSEN. Would any purpose be served by an autopsy at this time?

Dr. TAYBACK. No, I believe not.

Senator HANSEN. Mr. Chairman, if I may, I would like to ask unanimous consent that there may be included in the record at this point a letter from Mrs. James B. Murphy, Jr., 11674 Pumpkin Hill Drive, Laurel, Md. The letter I have was addressed to Senator Eagleton, our colleague, and I call specific attention to part of it wherein Mrs. Murphy makes this observation. She says:

Sir, we thought we were choosing carefully a place in which Grandmom would be well taken care of, it seemed clean and more than adequate. My grandmother is a very gentle person and is not given to complaining but she did say often the meals left a lot to be desired. She was always anxious to come home and it was not possible as my mother, Mrs. Colwell, was not able to care for her since my father's death in November. My grandmother needed someone continuously and my mother had to work.

Senator Moss. Without objection that will be placed in the record in full.

(The letter referred to follows:)

DEAR SENATOR: As you will be able to see from the enclosed clippings, the situation at the nursing home in which my grandmother (Elizabeth Ankenbauer) is a patient, is very serious.

Sir, we thought that we were choosing carefully, a place in which Grandmom would be well taken care of. It seemed clean and more than adequate. My grandmother is a very gentle person and not given to complaining, but she did say often the meals left a lot to be desired.

She was always anxious to come home but it was not possible as my mother (Mildred Colwell) was not able to care for her since my father's death in November. My grandmother needed someone continuously and my mother had to work.

My grandmother is now in Mercy Hospital in Baltimore in "serious" condition.

Senator, we realize that my grandmother is old and has lived a full and useful life. But we love her and when she is hurt, we are hurt. What can be done to protect people from situations like this that arise? Surely there can be some protection for people who have lived out their years helping others, and then are completely dependent.

I sincerely appreciate your interest and the time you gave to listen.

Sincerely,

Mrs. JAMES B. MURPHY, Jr.

Senator HANSEN. I don't think I have any further questions, Mr. Chairman. I want to compliment you on the job you are doing and following the appropriate inquiries in order to develop all the facts.

Senator Moss. Thank you.

Senator Saxbe.

Senator SAXBE. Dr. Solomon, have there been other outbreaks of salmonella in Maryland this year? I don't mean nursing homes, I mean all facilities—picnics, barbeques, whatever there might be.

Dr. SOLOMON. There have certainly been cases of salmonellosis reported in the State of Maryland. Dr. Garber is head of the infectious diseases and he can give you the specifics on it.

Dr. GARBER. Senator Saxbe, there have not been any major outbreaks reported to us of salmonellosis during this past year. However, there are cases that occur sporadically. We have approximately in the State of Maryland 500 cases of salmonella reported each year. However, we are cognizant of the fact that this is far lower than our actual incidence of salmonellosis and we are cognizant of the fact that there are many outbreaks of food poisoning which go unreported. As Dr. Solomon mentioned, this is something that is not just peculiar to the State of Maryland.

Senator SAXBE. Now were there any other nursing homes reported where they had more than three which is the reportable number, I believe?

Dr. GARBER. Of salmonella?

Senator SAXBE. Yes.

Dr. GARBER. No, there were none. There were as a result of this outbreak two other nursing homes which called us to let us know they had what they thought to be an increased number of patients with diarrhea. When our personnel investigated this turned out to be the normal prevalence of diarrheal condition which occurs daily in nursing homes or any institution.

Senator SAXBE. Now did the Gould nursing home prepare their own food, have their own staff of cooks? There was no caterer involved?

Dr. TAYBACK. No, there was no caterer. They have their own food preparation service.

Senator SAXBE. Dr. Solomon, under your payment system and others are nursing homes a profitable operation in Maryland to your knowledge?

Dr. SOLOMON. I really could not answer that. I look at this from the health aspect, not the economic aspect.

Senator SAXBE. Well, for instance, on the State payments in Ohio, where I have more knowledge, the present payments for indigent patients in nursing homes does not permit adequate care really. Do you run into this situation in Maryland at all? In other words, the nursing home who gives the kind of care necessary can't make it unless they have independently financially secure people who can pay enough to subsidize the State payment.

Dr. TAYBACK. We would agree with you, Senator, that this is a problem. In the State of Maryland during fiscal 1970 the maximum payment permitted for skilled nursing home care for medically indigent individuals under Medicaid was $13.50 and in the intermediate care facilities toward the end of the year we were permitting a payment of $12.50. For fiscal 1971 the maximum payment permitted for skilled nursing home care is $16 and for intermediate care it is $13.50.

Money can be a problem, there is no question about it. I would say that the rates of payment in the State of Maryland are reasonable, thay are not excessive, but neither are they deficient.

Senator SAXBE. They are in fact about $2 a day more than Ohio. Investigations in Ohio indicated that a nursing home depending upon indigent patients cannot support the type of equipment or the type of help that will guarantee good care as we would like to see it. Now what the nursing home operators tell me, and we had a great influx of them 2 or 3 weeks ago, is that they have to get enough people who pay their way to subsidize. If they don't, they cannot make it on this $11 as in Ohio or $13 in Maryland.

Now would you feel that was a reasonable assumption on their part or are they trying to make more money than they should?

Dr. TAYBACK. Our present rates of pay for fiscal 1971 are $16 for skilled nursing care, $13.50 for an intermediate care facility. Until there was the development of a new problem, namely unionization and the need to meet rising standards in that regard, it would have been my expectation that the $16 and the $13.50 would have permitted reasonable levels of care.

With the new requirements it would mean higher labor costs. It is true that even at $16 and $13.50 there may be some considerable difficulty on the part of the nursing homes to meet necessary standards of care. In the present instance I would say that our expectation would be that we are not facing an economic matter, we were facing other issues.

Senator SAXBE. Do you have any difficulty at the present time finding places for indigent patients for nursing homes?

Dr. TAYBACK. Yes, there is difficulty in this regard. Certainly the nursing homes do try to go for patients in the private sector where their receipts are higher than they would get under Medicaid. We

have had fairly good experience in the past year or so because of the reasonable levels of payment that we do make under the Medicaid program. Things are better now than they were, say, 2, 3, 4 years ago.

Senator SAXBE. If you had strict enforcement of your laws concerning not only the sanitation of food but medical care and fire and all the other elements that came into this, what percentage of your nursing homes could survive if you had enforcement to the letter of the law?

Dr. TAYBACK. Well, to the best of our knowledge the physical facilities in the State of Maryland are very high and these physical standards are now being set through licensure. If one were to improve the standards of care, the impact would be more in terms of personnel rather than in terms of physical facility, although you could argue in connection with better food and hygiene standards you might need some new equipment.

It would seem to me that if one were to specify higher standards, one immediately would have to pay attention to what is the cost of the higher standard. We are attentive to this and this is the enigma for how to care for our elderly people properly. You cannot specify higher standards without paying attention to the economics of it, but I am sure everybody realizes that neither can you compromise the necessary standards to preserve the life of our elderly people, and that will be our philosophy.

We must have the sufficient standards so that an incident of this type will not occur. We know it is an isolated incident but we are going to have to have the standards which prevent the actual happening.

Senator SAXBE. There has been an attempt this morning to try to determine what you think was the food that caused this. Prior to your further investigation I gather that you don't want to suggest any food. You said that the eggs were not the bearer of this, but you have had experience with salmonella, I think everyone in the public health sector has. Is this uncommon, this kind of an outbreak? I recognize that in nursing homes it is more dangerous perhaps than anyplace else.

Dr. GARBER. Senator Saxbe, I think it is not uncommon. As Dr. Solomon mentioned at the beginning, there are probably 2 million cases of salmonella each year in this country.

Senator SAXBE. Reported cases?

Dr. GARBER. No, total. Only 20,000 probably ever get reported.

No, I think outbreaks of this nature, either salmonella or other related bacterial food outbreaks, are not uncommon particularly around this time of year—picnic time, church suppers. We don't hear about very many outbreaks.

Dr. SOLOMON. Just to set the record straight, I don't believe that you can exonerate eggs. I think all you can say is that you have not found the organism in those eggs tested.

Senator SAXBE. Of course it would not be extremely difficult after the eggs had been prepared, and perhaps salmonella developed, and then the vessels had been washed, and so on. There is no way you could trace it to the eggs.

Dr. SOLOMON. It would be very difficult. That is what we alluded to earlier. This investigative team was not called in until 5 days after something had happened and by then the chances were very slight

that you would be able to go back and reconstruct and find with precision exactly what happened. Even in the best of situations where you are called in immediately the experts tell me they have a very difficult time pinpointing by finding the organism in the food. Usually the diagnosis is made by getting a group of people who can all tell you they ate the same type of food and then you by reasoning conclude that that was the food.

Senator SAXBE. In other words, your common epidemic of this type comes from one batch of food? It is not a continuing thing that you have some today and some tomorrow, it comes from one batch of contaminated food?

Dr. SOLOMON. It would appear that this is the situation.

Senator SAXBE. And the quarantine and the other things like that have little effect once they have been exposed to this one batch of food?

Dr. SOLOMON. Therefore, what you have to try to do is prevent it from happening.

Senator SAXBE. Not try to do something. If they had called you that day, you might have by sending them to the hospitals saved a greater number but you would not have prevented the incidence of a greater number.

Dr. SOLOMON. The incidence, you are right, had happened. What might have been a positive nature if it had been reported earlier is (1) epidemiologically you could try to trace it; (2) the side effects from the disease itself is that the patients develops dehydration, they lose body fluids, they lose body chemicals.

Senator SAXBE. Now have you noticed the trend in these cases where the persons who were most severely affected are the ones who were the most severely debilitated in the home? I mean it would seem to follow that those who were least able to recover were the ones that died.

Dr. SOLOMON. This is by and large true not only from salmonella but any other insult to a person in this weakened condition; yes.

Senator SAXBE. That is all.

Senator MOSS. Do you have one more question, Senator Hansen?

Senator HANSEN. Thank you very much, Senator. I do have.

Dr. Garber, I think you indicated, and I am certainly not going to quote you precisely, but it was your testimony that heat will normally kill this salmonella; is that right?

Dr. GARBER. I don't believe I said anything to that effect but that is true. Heat at a temperature above 145 degrees will usually kill the organism.

Senator HANSEN. Now would it be accurate then to assume that if you have dirty dishes which were used in the preparation of food, that food could become contaminated in that fashion or you could have clean food and if it were served on china and silverware that had not been subjected to a temperature sufficiently high to kill salmonella that this could also be a way by which the disease could be introduced to additional victims? Is this right?

Dr. GARBER. This is certainly a possibility, Senator. The only factor is that one must have a specific dose in order to cause illness or infection. Usually the classical or typical story is that a food product becomes contaminated with a small amount of bacteria, sits out for a

length of time under optimum temperature conditions when the bacteria multiply and the infective dose then is generated. This is usually the typical story, sir.

Senator HANSEN. What about contamination resulting from handling of food and silverware and dishes by persons with unclean hands? I am thinking about——

Dr. GARBER. Yes, sir; this is again the same situation. What usually happens is that somebody classically—I am not saying in this instance—with salmonella or some other bacteria on their hands will contaminate the food. The food may be left out or not properly refrigerated, the bacteria multiplies and people eat it and become infected.

Senator HANSEN. From your knowledge of the disease, would any one of these means that I have described provide sufficient opportunity for an accumulation of germs in such magnitude as to render a person ill from salmonella?

Dr. GARBER. Yes; they are both possibilities depending, as I say, upon the conditions of the food after it was prepared. If it were left out unrefrigerated, certainly this could be a most plausible explanation. These are usually causes of most or many foodborne epidemics of salmonella.

Senator HANSEN. If I understand you correctly, the greatest likelihood of the transmission of the disease would result from the presence of salmonella in the food and its ability there to multiply, is this right?.

Dr. GARBER. This appears to be the most likely although not proved explanation for the genesis of this outbreak. As I mentioned, not proved either by virtue of not having the food available to culture or available epidemiologic data from the patients.

Senator HANSEN. To clarify the question, Mr. Chairman, I think there has been testimony to the effect that roughly 1 percent of all the cases of salmonellosis in this country are reported. What is the basis for that statement?

Dr. GARBER. I think that later on Dr. Sencer from the Center for Disease Control will be testifying and certainly that will be the best place to get your answer.

I would like to reiterate one thing that Dr. Solomon has mentioned and that is the promptness with which the Center for Disease Control responded to our needs when we called upon them.

Senator HANSEN. Thank you, Mr. Chairman.

Senator Moss. Senator Mathias.

Senator MATHIAS. Mr. Chairman, I want to thank you very much for your kindness in inviting me to join this committee today.

Obviously I am enormously concerned and troubled by the problem that is presented here and I appreciate the chance to sit with you and to ask just a few questions.

First let me say that I was interested in Dr. Solomon's opening statement in which he highlights what is the real basis for this whole problem, the basis upon which this tragedy was gradually built—and that is the increasing aging population of the country and the fact that we really have not geared ourselves up economically, as Senator Saxbe has suggested by his line of questioning, or technically or socially to deal with the problem.

I think he makes a very good point that the restrictive provisions of the Medicare and Medicaid legislation now pending in the Senate Finance Committee will have an adverse and retrogressive effect, and I assure him that as far as I am concerned, I am opposed to that.

I would like to ask Dr. Solomon this question. Do you feel that you had any lack of authority under Maryland law? Were you lacking any legal tool that could have been given to you by the State of Maryland which would have been helpful in dealing with this particular case?

Dr. SOLOMON. I can't really say that I was but I would have the reservation that at the public hearings we will really develop what happened and who has the authority—the city, State, what is the delegation of authority here. You see, the primary responsibility for inspection of food and this sort of thing falls with the city health department, not the State health department. So in answer to your question I would really want to wait until the public hearing fully developed this.

Senator MATHIAS. Let me ask Dr. Garber, do you feel the State of Maryland and the city of Baltimore gave you all the tools you needed to deal with a situation of this sort?

Dr. GARBER. I think, Senator Mathias, that my part in dealing with this problem was investigating the communicable disease aspects of it. I would say that the State of Maryland regulations dealing with communicable diseases may be slightly lacking as Dr. Tayback has mentioned. We are reviewing these regulations to tighten them up with regard to reporting. However, in this particular instance once we get on the scene and once the outbreaks are reported, we are lacking in no specific legal requirements.

Senator MATHIAS. Will you make that review, however, prior to the next legislative session in Maryland?

Dr. GARBER. Senator Mathias, we started that review as a matter of fact 9 months ago. I have been in my current position a little over a year and in the last 9 months we have begun a review of the regulations.

I would also mention to you, too, that in the previous 6 months we have been working on a notification system for the reporting of foodborne diseases. We hope this will unscramble the real maze that exists in the reporting of foodborne outbreaks between the Federal, State, and city jurisdictions. There is an overlap. There are problems in communication that we are trying to work out on a local level, sir.

Senator MATHIAS. This kind of bureaucratic overlap and inefficiency is one of the causes of this very hearing today. It must be rooted out and exposed. Every level of government must be given a chance to eradicate it.

Dr. GARBER. I would say that in this particular investigation the cooperation exhibited by all the Federal agencies, not only the Center for Disease Control but also the FDA and the USDA as well as our Department of Mental Health and Hygiene and City Health Department to my way of thinking has been outstanding and exceptional.

Senator MATHIAS. One final question, Mr. Chairman, one of interest to the whole community of Baltimore. The investigators doing the investigation of the tragedy at the Gould nursing home are reported to have said that they were unable to detect traces of chlorine in the water supply. Dr. Solomon, what was the source of water there?

Dr. SOLOMON. I beg your pardon?

Senator MATHIAS. What was the source of water at the Gould nursing home?

Dr. SOLOMON. It was the city water supply.

Senator MATHIAS. Is it true that the investigators made such a report?

Dr. SOLOMON. Yes. The city investigators did say that they could not find a trace amount, residual amounts of chlorine in that area.

Senator MATHIAS. Is that a public health concern?

Dr. SOLOMON. Well, it is a public health concern. Yes, it is. I have asked the city health department whose jurisdiction this falls under to look into this and report to us on this.

Senator MATHIAS. Could this jeopardize not only the patients at the Gould nursing home but anyone in that particular area serviced by the water system?

Dr. SOLOMON. Now you have to be very careful when you try to translate what does it mean to have a residual amount of chlorine in the water to disease potential. This is not an easy relationship.

Senator MATHIAS. But you have taken this up with the city health department. Has the department reported back to you?

Dr. SOLOMON. They are looking into this. We will have this developed fully.

Senator MATHIAS. Will you supply the committee with the report of action on it? *

Dr. SOLOMON. I certainly will.

Senator MATHIAS. Thank you.

Thank you, Mr. Chairman.

Senator Moss. Thank you, Senator Mathias.

Thank you, gentlemen. We have kept you here at the table a long time and have asked many questions. We appreciate your response. I have some more questions but I think I will forgo them because we have other witnesses that we must hear. We do appreciate your coming to testify before us.

Thank you very much.

My questions will have to be rather rhetorical. I have wondered why so many died in this salmonella outbreak in the Gould home when the usual incidence is 1 in 500. I wondered why this sign of "No Visitors" was up and yet no one at the nursing home had made any kind of report, whether the registered nurse was available that would do that. I wonder if the apathy that was mentioned in the testimony would have been as great if this outbreak had happened in a general hospital or whether apathy is endemic in nursing homes. All of these things are ponderables that we must keep in mind as we look into this matter that we have before us.

We now will be privileged to hear from Dr. Jesse L. Steinfeld, the Surgeon General of the Public Health Service, and Dr. David J. Sencer who is the director of the Public Health Services Center for Disease Control in Atlanta, Ga.

Would those two gentlemen come to the table. We would appreciate it very much.

We are pleased to have you here. We kept you waiting all morning but now we look forward to hearing your testimony.

* See appendix 1, p. 797.

STATEMENTS OF JESSE L. STEINFELD, M.D., SURGEON GENERAL, PUBLIC HEALTH SERVICE; AND DAVID J. SENCER, M.D., DIRECTOR, FEDERAL COMMUNICABLE DISEASE CENTER, ATLANTA, GA.

Dr. STEINFELD. Thank you, Mr. Chairman.

I have been asked by your staff to review the salmonellosis question but I think you have touched on most of the major aspects of it already this morning.

Salmonellosis is a disease caused by members of a specific group of bacteria—the salmonellae. The disease may assume several forms, but most frequently appears as simple gastroenteritis. A typical case is usually self-limited, has an incubation period of 12 to 48 hours, and a duration of 1 to 4 days. Symptoms most frequently include fever, nausea, vomiting, diarrhea, and abdominal cramps. Severe cases may require hospitalization, intravenous fluids, antibiotic therapy and, on rare occasions, may involve extraintestinal sites.

Salmonellosis is an important economic problem in the United States, with an estimated yearly cost of $300 million. Bacteria are isolated in approximately 20,000 cases, as reported to the Center for Disease Control (CDC) each year. In fact, the actual number of yearly clinical cases probably exceeds 2 million in the United States. This estimate is based on the fact that in the large outbreak in Riverside, Calif., in 1965 only about 100 of some 16,000 cases were reported.

Approximately 50 percent of all cases occur in children below the age of 5. There is an equal number of cases among males and females, though the incidence is higher for males under 20 and females over 20, perhaps reflecting the preparation of food by the female in our culture. The disease occurs more frequently during the summer months than during the winter.

It is extremely difficult to calculate mortality rates because of the uncertain actual number of cases and the difficulty of assigning the cause of death in individuals with multiple diseases. However, between 1962 and 1969, 238 outbreaks were reported with 20,361 cases. There were 53 deaths associated with these outbreaks with a combined case fatality rate of 0.26 percent. The great majority of deaths due to salmonellosis occur among the very young or very old.

Salmonellosis may be transmitted in several ways, though it is most likely to be the result of eating contaminated foods. Foods may be infected at any point on their way to consumption. Individuals also may be infected by direct person-to-person contact, and this means of transmission most often occurs in a hospital setting. Pets have also served as a source of salmonellosis—baby turtles, baby chicks and baby ducks given to children who may develop a very severe case of salmonellosis as a result of handling the pet. It is very unusual fof salmonellosis in this country to be spread through municipal water supplies, although spread through private water supplies has occurred. The only case since World War II is the outbreak in Riverside, Calif., in 1965 as we have indicated.

In 1969, a total of 8,877 nonhuman cases, confirmed by isolation of the bacteria, were reported to the CDC. Fifty-four percent of these were derived from food animals, with turkeys, chickens, and swine being most often reported in that order. Other human dietary items

account for 6.3 percent of the nonhuman isolates, egg and egg products comprising about half of this category. Animal feeds contributed another 21 percent of last year's nonhuman reported isolates.

I would like to supply for you and the staff a copy of CDC's Salmonella Surveillance Report. The annual summary for 1969 has just been published and I would like to read the section on outbreaks since there have been several questions. It is a very short section.

Senator Moss. That will be received as an exhibit and referred to in the text of the hearings so that we may refer to it.

(The document, Salmonella Surveillance, was marked exhibit A, and may be found in the files of the subcommittee.)

Senator Moss. You may proceed.

Dr. STEINFELD. Thank you, Mr. Chairman.

I am now reading the section "Outbreaks."

In 1969, 19 outbreaks involving 1,023 individuals were reported in the Salmonella Surveillance Reports. Of nine food-borne outbreaks, seven were traced to a specific contaminated food, including three caused by turkey, one by chicken, one by beef, one by spaghetti and meatballs, and one by muktuk (whale skin and blubber). In two foodborne outbreaks, the specific food could not be identified. Three outbreaks involving four individuals were traced to household pets infected with the same serotypes. Although it could not be firmly established in all instances that the pets caused the human illness and not vice versa, the circumstances of these outbreaks favor the former explanation.

Six outbreaks involving 137 individuals occurred in hospitals or nursing homes. Person-to-person contact was the primary mode of spread in one of these outbreaks. The source of infection in the five *S. infantis* outbreaks could not be determined.

An outbreak of typhoid fever involving four individuals was traced to a *S. typhi* carrier employed by a restaurant.

Although the etiology of all outbreaks was confirmed bacteriologically, many of the 1,023 ill individuals were never cultured and are not included as reported isolations in the national surveillance data. Thus only a very small fraction of the total of 21,413 isolations of salmonellae in 1969 were from reported outbreaks. This suggests that many outbreaks are never investigated.

The alleviation and eventual eradication of the salmonella problem is a very difficult and expensive undertaking. Vaccines are not available for these varieties of salmonellosis, and the number of varieties of salmonellae is so large as to make this technique not feasible. Eradication would require the development of salmonella-free herds and flocks; the production of salmonella-free feeds; and improved practices in abbatoirs and meat and poultry processing plants. Public education to improve personal hygiene and food handling techniques would be essential.

The Public Health Service conducts a surveillance program to identify known and new varieties of salmonellae. The CDC also conducts seminars for the training of health workers; thus, continuing education of health professionals is critical to protection of public health since there is no known means of prevention of salmonellosis.

The major natural reservoirs for salmonellae are poultry, fish, and swine. Clean environment and handling practices must characterize the production, distribution, and preparation of food if public health is to be protected.

The American people can protect themselves from salmonellosis through careful food preparation. People should not buy dirty or so-called "checked" (cracked) eggs; clean, uncracked eggs are unlikely to be a problem. Salmonellae do not change the taste or smell of food;

therefore, we cannot emphasize too strongly that the only protection available from salmonellosis is the careful selection and preparation of foods.

Dr. Sencer and I would be pleased to attempt to try to answer any questions.

Senator Moss. Thank you. I might ask one or two questions before we have Dr. Sencer.

Did you indicate that cracked eggs are a rather common carrier, or likely carrier, of salmonella?

Dr. STEINFELD. Yes, sir; before the shell is put around the egg is permeable to salmonella, so salmonella may be present in eggs in relatively small numbers. When the salmonella begin multiplying and so be likely to produce disease much more quickly, they may cause the egg to crack. So a cracked egg is one that has a much higher probability of containing a significant number of salmonellae and, therefore, probably causing disease in man if he eats it.

Senator Moss. Well, how much of a crack would it require in an egg to so indicate?

Dr. STEINFELD. I would say any crack.

Senator Moss. Any crack at all?

Dr. STEINFELD. Any crack.

Senator Moss. So there is a danger in the purchase of so-called checks?

Dr. STEINFELD. Yes.

Senator Moss. In eggs where they are cracked in the shell?

Dr. STEINFELD. Yes, sir.

Senator Moss. You indicated there are many other carriers of salmonella. I have an article here that I would like to read one statement from and ask you about. Dr. Kelly of Stockholm said that drugs contaminated during the production in pharmacies or pharmaceutical factories could infect the patient in the hospital, and he described an outbreak of dysentery caused by salmonella bacteria that affected 200 Swedish patients who had swallowed contaminated thyroid pills imported from the United States. He also said that bacterial contaminated eye medicines have caused some patients to lose their sight.

This is a hazard, but is this common at all?

Dr. STEINFELD. I hope it is not too common. We have in this report and Dr. Sencer has in the previous report those instances in which drugs are contaminated with salmonella. A certain dye made from ground up beetles, may also be contaminated so this is also a source. This presumably should have been prevented by appropriate cultures by the Federal or other regulatory agencies.

Senator Moss. Well, thank you, Dr. Steinfeld. You can remain at the table. I think we will hear from Dr. Sencer, Director of the Federal Communicable Disease Center, and then maybe we will have questions for the two of you.

Dr. Sencer.

STATEMENT OF DR. DAVID J. SENCER

Dr. SENCER. Mr. Chairman, I have no prepared statement to make this morning. Dr. Steinfeld has covered most of what I would care to say and I think the earlier statements, particularly your opening statement, preempted what we would have said about the disease. I will answer any questions.

Senator Moss. Well, we appreciate your appearance for questions, and any material that you wish to have inserted in the record certainly will be done.

Where is your investigation now, how does it stand?

Dr. SENCER. I think we ought to clarify this. This is really the State of Maryland's investigation and we are assisting them. We think the Federal role is to assist the State health department. We have assigned, on a permanent basis, an epidemiologist who has been working with Dr. Garber and the Baltimore staff in this investigation during the peak of the outbreak, and in the aftermath of it we had Considerable of our staff on temporary duty in Baltimore working with the State and local health departments. These included epidemiologists as well as some laboratory support to help the overtaxed laboratory in Baltimore.

I think the principal thing that we were able to assist the State and local health departments in was to clarify the fact that this was an outbreak limited to the one nursing home. As you know, there were newspaper reports of outbreaks in other nursing homes and in the community, and our additional staff enabled the State and local health department to quickly put this rumor to bed.

Senator Moss. Well, your work is largely completed then, having made this determination.

Dr. SENCER. Yes, sir. We have furnished all of our data. Actually it was not our data, it was their data. They have, in the State health department, all the information we collected for them. We have no additional work that was being of much benefit at the present time. I think that the point that the epidemiologic investigation began almost a week after the onset of the epidemic, as Dr. Garber said, will make it very difficult to come to a firm conclusion on the exact cause.

Senator Moss. Is it relatively simple and routine to be able to isolate and identify salmonella as the causative agent of the disease?

Dr. SENCER. I would not say that it is relatively routine. There are some 38 reporting centers in the United States that are capable of doing this type of investigation. We don't encourage all laboratories to try and do this rather sensitive typing of the organism because they don't have enough volume to make it worthwhile, but the State of Maryland has one of the very excellent centers for typing of salmonella. With the materials that are available, the training that we have been able to provide, we think they do a good job.

The problem is not so much one of laboratory isolation as getting the specimen to the laboratory. Most cases of acute diarrhea are never seen by a physician, and when they are seen by a physician only supportive treatment is usually necessary and definitive diagnosis is never reached.

Senator Moss. I think it was Dr. Steinfeld who said that only 1 percent of communicable diseases are reported. Is it that small a percentage?

Dr. STEINFELD. This is the estimate we have from the Riverside outbreak which was a large one in which the number of cases that were reported were said to have been isolated salmonella. It was about 1 percent of the total estimated to be involved.

Dr. SENCER. Excuse me, sir. It was not "communicable disease," it was 1 percent of the cases of salmonellosis.

Senator Moss. This is confined to salmonellosis, not all communicable diseases.

Dr. SENCER. Yes.

Senator Moss. I take it that the bacteria salmonella is very widespread, there is not any way of being assured that anything is free from it unless it is properly treated; is that right?

Dr. SENCER. Correct, sir.

Dr. STEINFELD. It is possible and we would hope that salmonella-free flocks of poultry could be developed and herds and swine and this would make the problem much less for us.

Senator Moss. But that has not been achieved as yet.

Dr. STEINFELD. No.

Dr. SENCER. It is going to be a terribly expensive thing to develop the technology. I don't think we should hold out any hope that this will come about in the near future.

Senator Moss. Is there any way of screening or determining the handlers of food that may be carrying salmonella?

Dr. STEINFELD. Well, handlers may be screened but one of the problems is the tremendous turnover of food handlers. The jobs are poorly paid and the individuals are not highly educated and frequently move rapidly from one job to another so that an extensive program of education is really necessary and regulation as well.

Senator Moss. This same factor, a quick turnover, also offers some threat to carriers of TB or veneral disease or things of that sort, too, does it not?

Dr. SENCER. It does indeed.

Senator Moss. Would you like to ask some questions, Congressman Pryor?

Representative PRYOR. Is it now against any State or Federal law or regulation to serve cracked eggs in a nursing home? Is there any regulation which prohibits that or precludes this?

Dr. SENCER. I know of no such regulation. I know this is not a Federal law and I know of no such State law. There are some States which have passed laws saying that dried egg products—which have been implicated in the past as a frequent mode of transportation of salmonella—must be pasteurized before sale within the State, but I know of no code that would prohibit the use of checked eggs.

Representative PRYOR. Would there be any State or Federal regulations in our social security law, for example, that would preclude or prohibit the sale of bad meat, chickens—any sort of meat in a nursing home?

Dr. SENCER. If I could answer that sort of off to the side; the Department of Agriculture does have legislation that makes it mandatory that red meat and poultry be inspected and so stated. I do not believe that the social security regulations refer to the actual characteristics of the food. We do have the regulations of Medicare for conditions of participation for extended care facilities that we would be glad to supply to you for the record if you would like.*

Representative PRYOR. Do you think there is in this field additional legislation needed to make this more stringent? Would this be helpful to the general public?

* Retained in committee files.

Dr. STEINFELD. I think it would. As matters now stand the Federal Government now relies upon the States to implement the rules and regulations regarding participation in Medicare and Medicaid. I think to the extent that we can identify problems which exist among all the States it would be most useful to have such legislation.

Dr. SENCER. If I could disagree just a little with my boss, I think while legislation may be helpful, without an intensive educational process to go along with the legislation in something as diffuse as salmonella it is going to be very difficult to make the legislation meaningful. We have to educate people into the common bacteriology of food preparation and so on, and I think that this is as equally important as legislation.

Dr. STEINFELD. I think Dr. Sencer is asking for more funds for his educational program. He is responsible for training the health professionals in this area, so I don't know if he is really disagreeing, or asking for more dough. Either way it would be useful and we all agree that education is necessary for the layman and for the professional as well.

Representative PRYOR. Thank you.

What is your jurisdiction in a situation like the Gould Nursing Home matter? What is your jurisdiction, doctor, as Surgeon General? Do you have sufficient power to go in and make investigations on your own or do you have to wait to be invited to come in?

Dr. STEINFELD. We are invited to come in. Our role at the Center for Disease Control, and I will mention the other activities of HEW, is one of surveillance and identifying known or new salmonella, of training new health professionals in the field, of offering aid when an epidemic occurs such as in this instance and of doing research to improve techniques of therapy, eradication, and so forth. We have the responsibility for insuring safe foods and drugs in interstate commerce and other responsibilities in agriculture, but we have to my knowledge no authority to move in and usurp power from the State.

Representative PRYOR. Have you had many occasions where from within the nursing home industry these operators or owners or administrators of nursing homes have come to you or your office seeking advice and counsel on how to prevent such situations?

Dr. SENCER. Yes, we have been for the past several years working with other parts of the Public Health Service in developing training materials for nursing home operators that get into the whole environmental sanitation situation in care facilities. We have manuals that have been developed and have quite an extensive training course.

Representative PRYOR. We have in the country approximately 24,000 nursing homes and homes for the aging. Of these 24,000 homes how many have availed themselves of this particular service?

Dr. SENCER. I cannot answer that, Congressman, but we will supply it for the record.

Representative PRYOR. Can you count them on one hand?

Dr. SENCER. No, sir, more than that. This course has been well received, we have many people coming into it. I can give you for the record the exact number of people who have participated.[1]

(The information follows:)

SELECTED COURSES CONDUCTED BY CDC, 1965-70

Course	Number of times presented	Number of trainees
Control of infections in health care facilities	14	698
Survey and evaluation of nursing homes	2	73

Senator Moss. Thank you.

Are there a lot of cases of salmonella that are actually seen by a physician but never reported, never get into the reports, do you think?

Dr. STEINFELD. I am sure there are. I am sure most of them are because the physician has not obtained a stool culture or if he has the salmonella are not identified. I think this is the main reason. If the salmonella are once identified, the laboratories are proud of the fact they have found it and I think they make certain it is reported to the appropriate authorities.

Senator Moss. The general treatment is what, primarily to overcome dehydration?

Dr. STEINFELD. Yes, sir. The primary loss is the loss of fluid, sodium, potassium chloride. Because it takes 24 hours to grow the salmonella out of the stool culture, another 24 to 48 hours to identify it, one does not know what it is he is treating, so one treats symptomatically and this of course is the most dangerous time.

The use of antibiotics would ordinarily be reserved for those instances where you would need to treat serious cases. In addition to that, the carrier's disease state when it is identified may have to be eradicated through the use of antibiotics. Primarily, the therapy is supportive, however.

Senator Moss. Would it be fair to say then that if patients had been transferred to an acute care hospital or a general hospital at an earlier time that there might have been more of them susceptible to treatment and therefore might have saved lives in this case?

Dr. STEINFELD. I would say that, in a general instance, if vigorous therapy were instituted early (without knowing the specifics regarding these patients) that this would be the ideal form of therapy. In an institution, when cases of diarrhea begin developing for the very young or the very old, the physicians and the nursing staff and others should be alert to the fact that aggressive therapy is necessary to save lives.

Senator Moss. Well, thank you very much, Doctor.

Representative PRYOR. What treatment was given at the home to these patients at this time? What treatment was administered to these people?

Dr. SENCER. I would have to ask that that question be referred to the Maryland health authorities. I don't know, sir.

Dr. STEINFELD. We could ask and find out and provide this information for the record.

(The information follows):

STATE OF MARYLAND,
DEPARTMENT OF HEALTH AND MENTAL HYGIENE,
DEPARTMENT OF HEALTH,
Baltimore, Md., August 31, 1970.

DR. JESSE STEINFELD,
Surgeon General, U.S. Public Health Service,
Washington, D.C.

DEAR DOCTOR STEINFELD: Although we have not reviewed all of the records of patients at Gould Nursing Home, it would appear that most received symptomatic treatment with anti-diarrheal agents. A very few received antibiotics. On August 1, we recommended that, in general, symptomatic treatment be given patients. However, for those severely dehydrated we recommended transfer to an acute general hospital for fluid replacement therapy. In addition, we suggested that patients with septic courses be given antibiotics—chloramphenicol.

I hope this answered the question asked of you at the Senate Hearings and found on page 95 of the transcript.

Sincerely,

HOWARD J. GARBER, M. D.,
Chief, Division of Communicable Diseases.

Senator Moss. Thank you, gentlemen. The treatment seems to have been to put up the sign, No Visitors.

We appreciate having your testimony, Dr. Steinfeld and Dr. Sencer.

We are now going to hear from Mrs. Daphne H. Krause, executive, director of the Minneapolis Age and Opportunity Center, Inc., Minneapolis, Minn.

We are very pleased to have you with us and have your appearance here today before the committee.

We understand you are going to testify generally on conditions in nursing homes but with some special direction on the matter that is before us.

Mrs. KRAUSE. Yes, Senator.

Senator Moss. Thank you. You may proceed.

STATEMENT OF DAPHNE H. KRAUSE, EXECUTIVE DIRECTOR, MINNEAPOLIS AGE AND OPPORTUNITY CENTER, INC., MINNEAPOLIS, MINN.

Mrs. KRAUSE. Mr. Chairman and gentlemen, I would like to express to you some of the concerns given me by senior citizens, patients, adult relatives, and staff from many parts of the State of Minnesota and from other States with emphasis placed on testimony we have received in the Twin Cities, particularly from Minneapolis.

I understand that when substandard conditions in nursing homes or other forms of congregate care are found the proprietors are usually talked to and that open hearings of these conditions by States are an extreme rarity. I have given Senator Frank Moss and Mr. Halamandaris some excerpts from the Pillsbury Avenue Nursing Home hearing before the Minnesota State Board of Health held on November 20, 1969.*

Interestingly enough the first news of the intent to do so appeared 4 days after an open forum I had asked for on behalf of the 88,000 senior citizens in Minneapolis. This open forum was held in Mayor Charles Stenvig's offices in the city council's presence on July 29,

* Retained in subcommittee files.

1969. As you will note, the State Department of Minnesota then decided to move on these conditions in the Pillsbury Avenue Nursing Home, the Second Avenue Nursing Home and I understand another one in St. Paul. Although they obviously, by the dates mentioned above, knew the conditions were of long standing in most instances, they had not acted sooner to prevent the misery our people were enduring.

I understand that many of the State Health Departments have far from adequate funds to effectively inspect nursing homes for their performance as they would wish and we desire, for it is our tax money that largely supports these substandard nursing homes. I believe $3 out of $4 spent in nursing homes are tax money.

In many cases we are not in a position to know what our money is buying and the services our senior citizens are obtaining. I believe the State of Minnesota has one auditor for the $59 million or so spent in these homes—since our investigation it now has two auditors.

We understand that nursing homes giving the care they should barely make ends meet while those cutting on services with underpaid, untrained staff, poor food, food prepared under the filthiest conditions and in most instances with no regard to special diets ordered by the doctors, or even adequate food to meet the hunger of the patients, and other conditions, are making profits beyond the reasonable return they are entitled to.

One small example of this was a man who gave testimony to me that his wife was required to take Bufferin in the nursing home as she had while she was with him at home. He had obtained exactly the same quantity of Bufferin that the nursing home provided for his wife at $2.19 at Dayton's; the nursing home charged him $4.49 for exactly the same quantity of Bufferin. When this man complained, the nursing home administrator said, "What's the matter, you're not paying for it." The man replied that as a taxpayer and for his neighbors who are taxpayers he felt they were entitled to know their money was buying any drugs necessary at normal rates. Many nursing homes "own" or have interests in the drug stores supplying their patients.

No one is going to be able to determine what services are being given, including what quality or quantity of food is justly paid for, without examining the books of these nursing homes. Many nursing homes fight this and, I understand, have refused to open their books. We believe this to be wrong. If you make a contract for certain machines with public moneys, you are entitled to examine costs and performance, and here we are dealing in human lives.

We would like to emphasize that we found many good and even excellent homes in the State, but that didn't justify the other situations we found. We found that some of the following charges exist in many homes—many of the charges exist in a few homes. That in some homes there were patients abused physically and mentally by the staff, especially patients who complained of poor conditions, food, and care. We found that the staffs in some of the nursing homes were inadequate both in quantity and quality and many of the aides don't have the competence or training to do what they are supposed to do. Food is often cheap, unsanitary, poorly prepared, unappetizing, and

served cold. Patients unable to control their bowels often are left unchanged for hours. Baths are given infrequently and patients are left at times for quite a while without getting one.

Some nursing homes fail to rehabilitate patients, the care is more custodial. They keep them in bed where they are easier to handle, where reimbursement is higher in some States and counties. Patients calling for help are many times ignored. Many of the homes do not have adequate activities and entertainment. We have found evidence that apparently some patients may have died because of the lack of adequate care at the time they needed it.

We found that many disturbed patients and extremely senile patients have been placed in the same room with patients not suffering from this disability. This is directly against State regulations and certainly against common humanity.

We are particularly concerned with the kind of training that some of the staff receive. We are not talking about the registered nurses or the LPN's, but in many instances the aides dealing with patients have little or no training. And in-service training is unknown in substandard nursing homes.

We are concerned with the lack of laws defining age for delivering certain services so that in some nursing homes we find 16-year-olds giving out medication, including narcotics, and giving shots. A recent affidavit taken before us told of an aide giving a diabetic patient her shot of insulin and not charting it. A little later another aide came along and repeated the dosage of insulin given. On this being discovered, instead of reporting the mistake to the woman's doctor so that she could receive treatment immediately, which may well have required hospitalization, the staff fed her candy all day and hoped for the best. In this instance they were lucky, other patients have not been.

We found patients and relatives reluctant to make charges for fear of retaliation, and in some instances staff who are unable to stomach these conditions fired when they dared complain and then blackballed by the industry. A common method of controlling patients and relatives' complaints is to tell them, "If you don't like it here, find another nursing home." They know this effectively silences these people, as they're afraid of jumping from the frying pan into the fire. Another method, sometimes used primarily by social workers, whether intentionally or not, is to tell the patient they can't locate them somewhere else.

Senator Moss. May I interrupt you just a minute.

Now this testimony you are giving is on behalf of the Minneapolis Age and Opportunity Center and by saying "we" you mean information that has come to them?

Mrs. KRAUSE. Well, sir, I started this investigation before we were funded so it would be very hard to say that it was from the Minneapolis Age and Opportunity Center. However, since we have become funded the senior citizens themselves directed me to continue with this investigation. The board of M.A.O. consists of blocks of senior citizens from across the city so it represents many thousands of senior citizens and they directed me, Senator, to make this investigation.

Senator Moss. That is the senior citizens organization that directed you to make the investigation?

Mrs. KRAUSE. They are my employers.

Senator MOSS. I see. And in the investigation you have other staff who assisted you?

Mrs. KRAUSE. Much of this evidence is now being taken by an attorney under affidavit. Some of it I have referred to. I could not bring it all with me, there is so much of it. You have quite a lot of it, some of the affidavits and letters and things.

Senator MOSS. Fine. I just wanted to be clear on that.

Go ahead.

Mrs. KRAUSE. For instance, there was the statement I just made regarding the insulin shot made under affidavit sworn to before an attorney.

In one instance a 17-year-old was left in charge of an entire floor on her own at night. Some of her patients were terminal, and even assuming she was an exceptionally mature young girl surely this was too great a burden.

I remember one owner complaining to me of an aide who had thrown cereal in a garbage disposal unit and gummed it up. The owner said, "There was nothing wrong with the cereal, you could skim the worms off the surface when it cooked."

We have received testimony that there are nursing homes and other congregate facilities who make a practice of buying spoiled food from some of the local supermarkets. Examples would be bananas that are black, vegetables which are partially decomposed, and so forth.

It was revealed in the Pillsbury Avenue testimony regarding food; all the charges I make concerning unsanitary conditions in the preparation of food are substantiated. For example, in the sworn testimony there was discussion of the filthy condition of the stove. It was asked if any attempt had been made to clean it since the last inspection. The reply was, "We cleaned off two layers." It was said that the stove had graduated from a gray sash cord to a plastic clothesline to tie the oven door up. Utensils used in the preparation of food were in open storage on a shelf under the table and they were so covered with dust and grease that the inspector testified you could scrape it off with your foot.

Senator MOSS. In any of this food purchasing did you run into any instance of buying cracked eggs?

Mrs. KRAUSE. I didn't ask that specifically, Senator. Believe me, I will. I will go back and find out. I just know it was spoiled food, it was food which they knew they could no longer put out for the public to buy.

Cracked eggs would very possibly be one of them.

Senator MOSS. They are about 50 percent of the cost of eggs that are not cracked. I would suspect that this might be an area that should be looked into.

Mrs. KRAUSE. I will make sure of that, Senator.

A nurse testified that when the Sunday menu said "baked chicken" this meant one large chicken, probably 8 pounds, was baked with dressing to feed the 22 patients plus staff on duty over the noon hour.

One administrator who claimed to have a dietitian on questioning revealed the dietitian was a relative living in Chicago who supposedly sent her menus by some unknown means of communication as she was hardly in the position to know the doctors' orders or the patients' needs from day to day.

There are so many quotations we could give you from testimony we have received. The following are typical ones:

Very poor and too little food! One-half slice of bread, a small helping of squash or rutabaga and coffee, patients licking food right out of the dish because they were so hungry.

The food was hardly fit to eat. We had lamb stew one day with meat and then four days with no meat in it. I lost six pounds while I was there.

This woman was there 2 weeks. You have this letter, Senator Moss.

I never saw the helper wash her hands once, and when I asked her what the black was around her ankles she said, "Dirt, just dirt."

I saw this woman being fed food which was a normal diet containing sugar when she was listed as a diabetic patient with strict orders from her doctor.

A woman who was a supervisor of nurses in a nursing home with 300 beds, most of the patients in acute condition, "which enabled the proprietor to receive more money for their care," told us in sworn testimony that she was the only nurse employed by this nursing home and that the majority of her staff of aides had no experience or training at all. She told us of rodents in the area where food was prepared and running down the halls. She told of the patient trays being "scraped" on the floors into two large can containers on a cart, one container for liquids and one for solids. She told of patients so hungry that they ate and drank out of these slop pails.

Many, many patients, relatives, and staff have told us of patients unable to feed themselves having little or no attempt made to see they eat their food. I have personally witnessed this.

At this point I am introducing into my testimony a copy of a typical letter sent to me regarding these conditions. I am going to read it exactly as it was written. Again you have the Xerox copies of it.

Dear Mrs. Krause:

I am certainly happy and thankful that somebody is at last doing something about what is going on in the nursing homes.

I worked in several nursing homes and what I read in that article is absolutely true. I was fired from a couple places because I complained about the conditions and the food that was served. Lot of the food was not fit to eat. Most of the homes have women cooks and lot of them don't know beans about cooking. They hire a lot of women who never cooked before.

I read the part where they were praising the Blank Nursing Home.

Blank Home is one of the places I worked in the dining room where I lost my job. I served food to the patients I know what kind of food was served. Lot of the patients asked me what it was when I brought the food to them. The servings were skimpy. I never saw patients leave so much food on their plates as they did in that home, just was not fit to eat. I told couple of the women running the place that the Spanish Rice that was served was just plain slop and I will make that statement any place. That cook didn't know any more how to cook Spanish Rice than a fly.

The Blank Convalescent Home is another home where I was fired because I complained about the dessert that was green from the pan that was served to the patients. The patients left it. The girl who served it told me about it, but she and other employees were afraid to say something about. I did and was fired. I sent a complaint to Senator Blank, but I never got an answer. I went to the Health Department and put in a complaint and the investigation they made wasn't worth two cents. Dr. Blank was very nasty to me and accused me of not being able to get along and told me that the nursing homes were operating O.K.

May I make the statement, Senator, that the nursing home that she has referred to was one that had an open hearing.

One woman died sitting in a chair. I discovered her when I brought the tray into their room, but nobody paid any attention to her before. The owner of this home threatened to stop me from getting another job if I reported it to the Health Department.

I worked in another large, highly recommended home connected with a church with elaborate furnishings. I quit three times while I worked there. Every time I came back the patients told me they were sure glad to see me back. The same conditions existed there. They expected to use two gallons of fruit juice to serve 160 patients for breakfast. They refused to give the patients more food when I went into the kitchen and asked for it. I gave a patient a glass of water when she was calling for it because she was helpless in bed and I was called for it. I told the head nurse when there was nobody around to give her water, it was my duty to give it to her. Most of the patients in these homes are half starved. Lot of the patients in this home issued statements that they couldn't eat the drapes (in other words, elaborate furnishings) they put in.

Lot of the patients are abused by the aides and refuse to give them service and laugh at them.

In a lot of places the cooks fill a kettle half with water and then dump the instant mashed potatoes in there and the potatoes are not fit to eat.

It is true that the food is cheap, poorly prepared, and unappetizing and served cold. It is just slopped together and sometimes half raw.

They hire these teenagers for $1.00 per hour and they don't complain about anything.

I am going to send a copy of the paper to Senator Blank and ask him what he is in Washington for.

I just worked there on Saturdays and Sundays. I started in another place on Sunday. I was shocked when I found out what I was supposed to do for the evening work. I was to finish the supper, serve it and handle the whole operation, even mop the kitchen floor. I called the administrator the next day and asked her if they expected one person to do all that work and she told me they have been doing it. Lot of the employees are to blame because they do it and don't complain about it because they need a job.

The prices that lot of them charge is terrific and they talk they have to have more money.

I certainly hope that something more will be done about these conditions. They all operate the same way.

Yours very truly.

May I add that we check out the information we receive and our attorney takes sworn affidavits of the necessary evidence and is continuing to do so.

Senator Moss. So these matters that you have been telling us about have been verified, you have affidavits on them?

Mrs. KRAUSE. Absolutely. We have data.

Senator Moss. All right.

Mrs. KRAUSE. Perhaps most distressing, studies show nursing home patients may die quicker than ailing patients on the outside. For example, when Dr. Morton A. Leiberman of the University of Chicago examined the cases of 800 elderly persons he found that the mortality rate of those on the waiting list to enter a nursing home was 10.4 percent while that of those already in a nursing home was 24.7 percent. The researcher also cited five other studies which "reported marked increases in mortality rates for aged persons entering mental institutions or homes for the aged."

Unfortunately, many senior citizens do not need 24-hour care or nursing home care if they were able to obtain the supportive services the Minneapolis Age and Opportunity Center, Inc., is able to give them in their own homes. This is where the senior citizens want to be, and incidentally this form of care is far less expensive. Senior citizens should only have congregate care if they need 24-hour nursing or are for some reason unable to care for themselves.

I did not realize that your earlier witnesses were going to refer to the fact that such a service was needed, Senator. I was not aware that they did not know it existed. I have spoken before the Minnesota

Medical Association and they are extremely interested in the form of care that we are giving as opposed to putting people in nursing homes when it is not necessary.

In the main, I am trying to address myself to the problems of food, but understand this is one of many severe problems in the nursing home. For example, a woman in a Minneapolis suburb remembers with vivid pain what happened when she took her mother, who had suffered a stroke, to a nursing home and returned the next morning to find her tied, without clothes, in bed in the midst of her own wastes. "I will never forget that sight," the woman wrote. "It's seared into my memory, seeing her struggling to free herself, crying out for someone to help her. She clung to me and cried like a child over and over again, 'Thank God you've come, thank God you've come.' "

We have a signed affidavit to the above and to other conditions I am describing and our attorney is also taking evidence on these.

We had testimony given before us of an aged blind man, somewhat feeble but able to get around, strapped in a chair in front of a television set, supposedly for recreational purposes. He was sitting in his own excrement and crying with embarrassment. There was no reason for this. The man was not incontinent but was strapped in to avoid him "wandering around and getting in the way." With adequate orientation, and a little time spent, he could have made his own way to the toilet facility.

In the Pillsbury testimony the inspectors talk of going into room after room where beds were made up, opening them up to find dried excrement on the linen, pillows and the walls, of finding patients lying in dried urine and excrement, so these were not cases of incontinent patients not immediately dealt with.

It is also extremely hard for me to convey to you the dehumanization of our people and the deliberate taking away of their dignity as human beings. One elderly lady in the Pillsbury Home was being bathed naked in front of a door of a common sitting room for men and women. On being asked why no screen was being used, the inspector was told that it was in front of a door. He also noticed rolled blankets on the floor in front of the door and was told these were being used to mop up the water as it came in.

I have colored photographs with me of the physical damage done to an elderly woman patient by an incompetent aide who became angry trying to move her and threw her so hard she went over the guard rail onto the floor. I will be glad to show you these photographs.

Most of all, I wish it were possible for my words to convey to you the fear of these patients that prevents them telling us the full story. I have grave concern the conditions are even worse than we suspect. I have given Senator Moss Xerox copies of letters which show this fear over and over again.

Certain proprietors and staff try and pass these complaints off as from "chronic grumblers" or if the complaints are from relatives they attribute them to the relatives' guilt feelings from placing a relative in a nursing home. Of course in some instances we know this is the truth. But when we receive many statements concerning the same type of complaints from the same nursing home from individuals who are staff, patients or relatives and friends, none having knowledge of

the others' contact or testimony before us, and when we see much of this personally, then we know we are hearing the truth.

In fact, I received a letter from a certain nursing home—this is from a nursing home—which made the following statement: "Many of the points raised in the article were based on facts uncovered by your organization. In many nursing homes these facts, I'm sorry to say, are indisputable." With all my heart I wish I could say I doubted the testimony I am giving you, but I cannot and this is the horror of it to me.

We can say, of course, there have been improvements, good nursing homes get better all the time. Certainly, we have learned, along with the bad, of the many courageous and dedicated people in the nursing home industry, the medical profession and related fields who have contributed their skills to upgrading our homes in the State of Minnesota. We know of fine staffs and kindness shown our seniors. But knowing what has been achieved, you will surely understand our demand that all our seniors have the same caliber of care. While our first concern is naturally for our senior citizens, it is also wrong that good nursing homes should suffer the fears and stigma that such substandard nursing homes generate in the country.

We are also aware there are no easy solutions, there are many problems to overcome to deliver the care we want, shortage of trained staff and lack of money to obtain them, financial problems to enable homes to deliver the services we desire for our seniors, and even the former indifference of part of our communities and their lack of information—no one wanted to talk, to tell the unspeakable truths.

Once again I would like to read a letter to you so this comes directly to you from someone who went through this.

Last year my mother became ill and was taken to the hospital, and after a few weeks was transferred to the nursing home. I cannot refrain from adding my voice to the many complaints you have received regarding the indignities and inhumane treatment given to older people in these homes. After what I have seen, I am sure these are all legitimate complaints and no doubt there are many, many more people with similar complaints who have not and will not voice them.

My mother's stay in this home was the most heartbreaking experience of my life, and I cannot seem to forget it or justify it in any way.

All of the cruelties and indignities the article spoke of were experienced by my mother—her hands were tied, food was shoved down her partially paralized throat so fast she almost choked to death many times. The food was very poor and cold. Her calls for the bedpan were mostly always ignored until she could not contain herself and she was left for hours in a wet bed. She had two very large bedsores which caused her extreme pain, and which they did nothing about. They left a window open by her bed in the winter, she was always cold—she finally developed pneumonia. The doctor refused to come stating that there was nothing he could do and she was, as the article stated, left to die without the help that might have been given her and saved her life. It's shocking that this could happen to one of our Senior Citizens in these United States.

My mother was an intelligent person—she enjoyed music, was interested in civic affairs and often did charitable work. She loved the fine and cultural things, she was a refined and gentle person. I took care of her for almost 19 years, after she suffered her first stroke, and gave her the kind of care she was entitled to. She was made to feel loved and secure, and not made to feel that she was a burden, and it is pretty heartbreaking and heartsickening to think that her last three months on earth she was treated with such indignity, cruelty and neglect.

I spoke to a minister about this and told him how the patients were often sworn at by some of the aides when they called for help. He made a trip to the nursing home but since my mother passed away shortly thereafter, I do not know if he accomplished anything by his visit. I also talked to one of the men at the Welfare Department about this. He was a fine gentleman and was shocked and

very sympathetic. He stated that he was going to report this as these places were paid sufficiently to give these people better treatment. Whether this was done or not, I do not know.

I have been haunted by this experience ever since, I cannot seem to forget or overcome it; I hope I shall some day as it is terribly hard to live with such memories.

I would like to close this report to you by repeating part of the petition of recommendations the senior citizens sent to Governor LeVander of Minnesota:

On behalf of senior citizens living in Minnesota, we have received so many letters, phone calls and personal appeals that we must recognize that Minneapolis is not alone in its problems. The similarity exists that while we have many good and excellent nursing homes in this State, substandard care is grimly present and as long as one such home exists, it is too much and there are more than one. We can no longer tolerate these conditions and therefore, we present the following petition:

That means and a method be provided to re-evaluate our State laws and regulations governing all phases of care for our Senior Citizens; that necessary legislation to effect the changes needed be prepared for the next session;

That the composition of the advisory board that sets the criteria and regulations for care of the aged be evaluated and where changes are necessary implement them so that effective regulations will be enacted and enforced at all levels of care;

We particularly ask that close attention be paid to convalescence and rehabilitation of patients, and that where custodial care is the only solution every effort be directed to making it bearable in providing for the dignity and comfort of our Senior Citizens;

We wish it were possible for you to legislate decency. Unfortunately this cannot be, but we hope that the work we have done this year has aroused the conscience of our State so that we may all bring to bear the pressure needed to provide decency also.

Senator Moss. Well, thank you, Mrs. Krause, for your dramatic and fearful report of conditions that certainly shock us all.

You referred to the Pillsbury Avenue Home several times. Has that been closed or is it operating?

Mrs. KRAUSE. It has been closed as a nursing home. Unfortunately, Senator, and this is something that we are looking into, what happens to a number of the substandard nursing homes is that they drop down to the next category, boarding care homes. But if they can't care for them as patients in nursing homes, you certainly have the same kind and quality of care in the boarding care homes. They are a disgrace and we are looking into that, too.

If I may, as I was listening to some of the testimony that was given there were a couple of points that I think you might want to check on.

One, we have verified and I do definitely have information to the effect that the nursing homes are warned when the inspectors are coming so they prepare.

Another thing which we found out was when we found substandard conditions existed in a nursing home, the welfare people could have removed those patients but they were immediately able to go to the court and get an injunction to prevent the removal of those patients even though these patients were being paid for by public tax money. The nursing homes got that injunction on the grounds that it harmed their business. The senior citizens had to endure those kinds of conditions until the State could do whatever it could.

To give you an idea of how archaic our State regulations are, in one section governing the giving of medication it says anyone may give medication providing they are "trained by a nurse or a doctor."

It does not say how they are to be trained, it does not say what age. We have had testimony from many, many cases of—well, for instance, one nurse said to me she quit on the spot because she asked the supervisor about a tranquilizer, which patient it should go to, and the supervisor replied, "Give it to the lot of them, they could all use it."

Another nurse testified to me that her youngster wants to go into nursing, so during the vacation period she was working in this nursing home. She called her mother up and she said, "What is digitalis?" He mother said, "What do you want to know for?" She said, "Well, I got to give it to some patient and I don't know which one to give it to." So her mother said, "You stay right there and I'll come and get you."

I think in fairness, again I would like to emphasize the point about the good nursing homes that we have that are having a very, very rough time as far as making it financially and giving the proper kind of care. I mean I think in our State the minimum wage is $1.34 and some of the better nursing homes are starting their girls at $1.64 an hour. Well, these youngsters can go out and sell donuts for $2 an hour. Senator, it is very hard work in a nursing home.

It has been referred to that the turnover is so terrific that you are not getting the training. The truth of the matter is that medicine in nursing homes is not practiced by doctors or nurses, it is practiced by aides.

Mr. HALAMANDARIS. Excuse me a moment.

(Counsel conferring with Senator Moss.)

Senator Moss. Excuse me. We have a problem of timing here since we are going to have to close at 1 o'clock.

I surely appreciate what you have brought to our attention. Obviously we are involved because of the Federal funding that is going into some of these homes that you have told us about. There ought to be some way to find them rather than have some shocking exposé made so that they could be brought up to standard.

You have touched on a problem that we have been aware of and for which we have been trying to find an answer, and that is the very narrow economic margin that nursing homes must operate on and especially those that take up public care of patients and even those that try to do these best they can by their patients are handicapped to some degree.

Of course there is no excuse for unsanitary conditions or inhuman conditions under any circumstances at all. Some of the things you have told us here are very shocking to hear. To know that you have been on this examination for a long period of time and that you are making this great effort in Minnesota, I commend you for that. These conditions exist in many other places besides Minnesota and we face the same problems there.

Mrs. KRAUSE. I might add, Senator, it was the senior citizens of Minnesota who directed me to this investigation, it was their concern and their fear that made me go into it. I was warned not to. I was warned several times that it would be very unfortunate if I continued in my investigations.

There are three major committees set up in Minnesota because obviously an exposé has no meaning unless you have some kind of solution. There is the Mayor's City Council Committee on Congregate Care in Minneapolis, and both the House and the Senate in the State

of Minnesota have had hearings in which I have appeared before them. So we are moving toward what we hope will be some solutions but we certainly need it from the Federal Government, too. Perhaps you can provide some of the direction toward it.

Senator Moss. Well, we hope to. That is one of the charges to this subcommittee and we are trying to delve into that.

Congressman Pryor, do you have any questions of the witness?

Representative PRYOR. I would like only to commend you, Mrs. Krause, for this wonderful effort.

Mrs. KRAUSE. Thank you.

Representative PRYOR. I think that all States and all people should follow in your example.

I would also like to commend Senator Moss, the chairman of this subcommittee, for holding this hearing today which was on a specific situation but which was not limited to that. Senator Moss, I think, has performed a tremendous public service in doing this.

Senator Moss, I appreciate your letting me come here as a Member of the House of Representatives.

I think there are some questions that do go unanswered today. I think there are specific questions about who was negligent or who was not negligent. It would be my own feeling that the possibility of negligence of Mr. Gould and his nursing home is very apparent. I think also there are physicians who are negligent. I think there are inspectors who are negligent. I think there are people such as myself, not only as a citizen but as a member in the field of public service—we have been negligent too long.

We as a people, we as Americans, we as a civilization, as a society, we have been negligent. I think it is days like today which will focus on the American people this tremendous problem of caring for the aged. I hope that you will continue your efforts.

I thank you again very much.

Senator Moss. Thank you, Congressman.

Thank you, Mrs. Krause, for coming to testify before us today and giving us this picture that is shocking but one that we must know about in order to be able to take some corrective action to do what we can to alleviate some terrible conditions that exist in our country.

Mrs. KRAUSE. Thank you, sir.

Senator Moss. Thank you very much.

Because of the schedule we are going to recess now for 1 hour. We will be back at 2 o'clock. I think Senator Yarborough will be here at that time.

We will hear Mr. Malcolm Rodman, executive director of the Health Facilities Association of Maryland, at 2 o'clock.

(Whereupon, at 1 p.m., the subcommittee recessed, to reconvene at 2 p.m., the same day.)

AFTERNOON SESSION

The subcommittee reconvened at 2 p.m.

Senator Moss. The subcommittee will come to order.

Mr. Malcolm Rodman, executive director of the Health Facilities Association of Maryland, Baltimore, Md., will be our witness this afternoon.

We appreciate your presence, Mr. Rodman, and we look forward to your testimony. We know you were in attendance all morning at

this hearing and heard the evidence that was given earlier. We will ask you not only to give us the benefit of your statement but if you have comments on any of the testimony that was given this morning we would appreciate them as well.

Would you identify the gentleman with you.

Mr. RODMAN. Yes, Senator, I will.

STATEMENT OF MALCOLM RODMAN, EXECUTIVE DIRECTOR, HEALTH FACILITIES ASSOCIATION OF MARYLAND, BALTIMORE, MD., ACCOMPANIED BY MARK ROSENBERG, MEMBER, BOARD OF DIRECTORS, HEALTH FACILITIES ASSOCIATION OF MARYLAND, AND ADMINISTRATOR OF A BALTIMORE NURSING HOME

Mr. RODMAN. My name is Malcolm Rodman and I serve as executive director of the Health Facilities Association of Maryland which for many years was known as the Maryland Nursing Home Association.

With me today is Mr. Mark Rosenberg who is a member of our board of directors and is also the administrator of a Baltimore City nursing home to help me with any technical questioning.

We have a very brief prepared statement written obviously before this hearing, and I have made some notes. With your permission, Senator Moss, I feel that perhaps there were some questions that were posed this morning that were not completely answered about which I would like to share some observations. I think I share your frustrations: All the facts have yet to come to light in this very tragic Baltimore situation.

Senator Moss. Thank you very much.

Mr. RODMAN. During the past few weeks, as the events of the tragic salmonella situation unfolded in a Baltimore nursing home, many theories have been offered, many public statements made, many newspaper banner lines unfolded. All of this has thrown the harsh light of publicity upon nursing homes in Baltimore and in Maryland.

Speaking for these nursing homes, we welcome the hearing today, and the opportunity to participate, as a rational attempt to separate fact from fiction and to erase some of the reckless charges which have appeared in the public print—I am, incidentally, not authorized to speak for the Gould Convalesarium, which has never been a member of our State association and I have no personal knowledge of this institution, as I do many of the others in the State of Maryland.

Our basic contention is this, and one we had hoped would be solved at this hearing but has not yet: As of today's hearings, no State or Federal health official, or laboratory, has produced solid evidence which would indict the nursing home regulations in the State of Maryland, nor the way they are being enforced, nor the manner in which Maryland nursing homes are complying with these regulations.

As nursing home personnel concerned with patient care, we are certainly disturbed and deeply saddened by the deaths at the Baltimore nursing home. Each home, not only in Baltimore but throughout the State, has doubled its individual efforts to prevent a similar situation, and each has cooperated with the teams of health inspectors which investigated all Baltimore homes thoroughly during the days following the crisis at the Gould home, the so-called epidemic.

The Baltimore situation was a rare occurrence, indeed. Despite the risks incurred daily of such an outbreak, most nursing home administrators are unable to recall a similar fatal situation during professional careers which span years and, in some cases, decades.

Thus, we respectfully request only simple justice from this committee. If someone can produce solid evidence of how the situation under study can be avoided in the future, we are here to learn and to take back this news to the nursing homes of Maryland. Also, if someone can prove a deficiency in State regulations and inspection procedures, we have already told Dr. Solomon and his staff we will cooperate with any future changes decided upon by health authorities.

Likewise, if the Gould situation turns out to be a single, isolated problem—no matter how tragic—we hope your report will show it as such and help remove the cloud of suspicion which hangs over Maryland nursing homes today and so many other homes.

Now with regard to some questions that were raised and some observations I would like to make in the interest of helping your committee, Senator, in its future pursuit of the facts. You have certainly not exhausted your avenues of approach in getting to the bottom of this situation. Somebody was asked in a line of inquiry this morning about where the eggs in question came from, and if invoices showed where they were purchased. Certainly the undercurrent implication is perhaps this home in question was using cracked or substandard or otherwise unmarketable eggs.

The facts have yet to be proven and it is certainly not our job to prove the case or defend it. We simply would like to suggest the answer given to whomever posed this question, I think perhaps Congressman Pryor. The answer I think was not complete because the Gould home, like so many in Maryland, participates in both title 18 and title 19 programs. In both programs this home, like the others, is subject to audited costs and every financial record is an open record and available to officials of the State government.

So if you are indeed interested in a line of inquiry over exactly where this merchandise was purchased, I am here to suggest that the specific invoice, including unit price and everything else, is public knowledge, and available to the State. There is no reason why this matter can't be resolved and not remain an open question mark. My only function is to point that out to you.

The next point that was raised this morning concerned a wire service, United Press International dispatch. We have a clip of it here from the New York Times in one of the Washington papers. At one point about a week ago three homes were suspect in Baltimore and a Baltimore newspaper—and we have the clipping for the committee—reported erroneously that all three homes used the same caterer, singular.

This was an absolute mistake in fact which was picked up by the wire service and reported nationwide. I think you ought to just put that to rest. These homes had no caterer and, as has been explained by Dr. Solomon, all of them use the regular institutional and wholesale producers, venders, egg producers which, in a metropolitan area such as Baltimore, are numerous. Obviously, it would be a hot clue if there was one source of supply but there is not. I think you should not be mislead by an error which appeared in print.

The next point is one with which we can only help you with partially. The question of Mr. Gould's experience came up, and as I have explained, he is not a member of our organization, although I have met the gentleman. He is quoted in one of the early news releases, and I have this file for you, as saying, "I have been in business for 18 years and have never had anything like this happen." So it should be noted, this man is an experienced administrator of a nursing home. I have nothing further to contribute on that point.

Next, Senator Saxbe asked: Are nursing homes profitable? The Senator certainly realizes that this is a complicated question. In the State of Maryland nursing homes are participating in the so-called welfare or medical assistance title 19 program, of which Maryland was a pioneer and has one of the better programs in the country.

There are some which are extended-care facilities or ECF's participating in title 18, under another reimbursement formula. And, of course, all of them are free to accept private patients at whatever rates they feel they have to charge and the public can afford. So the answer is that a pure welfare operation, of which there are some in Maryland, is forced to operate on what, this past fiscal year, was audited as cost plus a fair return of 10 percent, to a maximum of $13.50 a day.

That ceiling as of the first of July—this new fiscal year—has been raised to $16 a day. But this is still audited cost, so that it was not an automatic increase. All we can say about this reimbursement rate for title 19 in Maryland is that it is substantially lower than title 18 reimbursement and it is far lower than what a home has to get for private paying patients, many of whom we feel are subsidizing the Medicaid title 19 patient. However, the answer obviously is not to cut corners, although obviously there is the suspicion that such practices could be documented. As an association, our approach has been to try to work with our Governor, our legislature, to help them understand that adequate standards can only come with adequate reimbursement. When I started working with nursing homes in 1961, the rate was $3.14 a day. It was raised to $7, and then to $12, and then to $13.50 over the years, but all other costs have skyrocketed.

If there have been substandard nursing homes giving substandard care, it is because the State government, with Federal participation, has perpetuated this type of substandard care by not creating incentives of reimbursement to drive the substandard homes from the scene.

So the welfare homes, the homes taking title 19 in Baltimore today, are doing a remarkable job with the resources they have. They face desperately escalating labor costs as hospitals in the Baltimore area become unionized. At least 20-some nursing homes are in the various stages of negotiation with labor unions and the rest of them are trying to adjust their wage scales to meet the competition. We have documentary proof of skyrocketing labor costs because this is the subject of a factfinding commission appointed by our Governor.

The next thing, Senator Mathias alluded to press reference about the lack of traces of chlorine in the drinking water. This unfortunately was another untrue statement that appeared in the press. We can't indict the press or the health officials, but in the crisis atmosphere that was created in the week when this finally hit the papers, obviously the eyes of the city of Baltimore and the country were on

this nursing home. Health officials were desperately trying to come up with facts in a very elusive situation, as Dr. Solomon has explained.

Unfortunately, many speculations, many trial balloons, many avenues of investigation which you would expect an investigator to pursue were avidly picked up with each edition of the papers. We saw coming under suspicion in a matter of 4 or 5 days things like the city water supply, which was later proven to be false. Two other nursing homes were implicated because they were scared into reporting suspected cases which later turned out not to be salmonella. But, early reports hit the papers in glaring headlines, and all of a sudden, we had an "epidemic" in three Baltimore nursing homes. The impression was corrected, but not until some days later, unfortunately.

In one case there was even an inaccurate laboratory report not made public, but somehow leaked implicating one of the two other nursing homes. By the time the error was discovered and apologies made this home was implicated in the newspapers.

The situation has now receded down to where only one nursing home is involved, with a very tragic situation which you have every right to explore. To call this an epidemic would suggest that it was rampant throughout the city of Baltimore. The facts have not yet come forward to substantiate that conclusion.

So much for my comments and some of the impressions that I think you would like to have in pursuing your inquiry. We would certainly have hoped that more solid facts woud have come forward in this inquiry. I am sure you have to be frustrated because it is your mission to get the facts. However, we are more than interested bystanders. We have offered our cooperation to Dr. Neil Solomon and our State department of health. We certainly concur with his statements and especially share the alarm of our State government with the implications of H.R. 17550.

If section 225 is allowed to remain, title 19 programs in Maryland and many other States are going to be in jeopardy.

Where you espouse tighter controls and more enforcement, as you have every right to insist on, Congress and the States are going to have to come up with fiscal responsibility to fund this type of program. The spirit of section 225 is absolutely to the contrary. It would lead to a cutback which would threaten many State title 19 programs. So we certainly concur with Dr. Solomon's statement and are heartened, Senator Moss, that both you and Senator Mathias from our own State have indicated your awareness of the problems contained in the bill pending before your full committee.

I have no other comments, unless the committee has any questions.

Senator Moss. Well, we do thank you, Mr. Rodman, for your statements and comments on some of the other testimony that came before us.

How many members are there of the association of which you are executive director?

Mr. RODMAN. We have about 120 institutions in the association, representing about 7,000 licensed beds, which is the majority of the beds in the State. We represent proprietary as well as nonprofit homes. We have homes for the aged that have infirmaries. We even have as members two hospitals which have ECF wings. This is one of the reasons we changed our name to Health Facilities Association.

"Nursing home" is no longer a very descriptive term as the field is growing, as you are certainly aware.

Senator Moss. Your position is full time with that size of an operation then?

Mr. RODMAN. Not really. I am full time in association work. I have to serve a number of clients in the health care field but I am a full-time association executive and have served this group since 1961. They are not large enough to afford a full-time staff.

Senator Moss. I see. Did you work as a nursing home administrator before you took on this executive-type work?

Mr. RODMAN. No; my background has been in journalism and association management. However, I have represented the nursing homes at the Maryland Legislature since 1962. I have participated in the birth of title 18 and title 19 and in our State negotiations over the years on reimbursement. We have just gone through the whole issue of administration licensure. So I am qualified to speak on the overall climate of regulation, the economic realities, the labor situation. I am not an administrator of a specific institution, and that is why I asked Mr. Rosenberg to accompany me, in case you wanted to direct questions to an administrator of a nursing home.

Senator Moss. There is a State statute requiring an administrator of a nursing home to be licensed?

Mr. RODMAN. Yes; our State passed the law in compliance with Federal regulations at our legislature's 1970 session, and the Governor recently signed the law. However, the State board was not appointed until, oh, perhaps a month ago and has held two or three preliminary meetings. It has just come out with some of its interim rules. We still are working with our State university on basic education for administrators. So as you realize, this program, as in many States, is just getting off the ground.

Senator Moss. You indicated Mr. Gould was not a member of your association. How many nursing homes or beds are there that are not members of the association?

Mr. RODMAN. I think it is on the order of maybe 2,500 to 3,000 beds in the State not in our association. I am taking as a rough estimate we have about 10,000 licensed beds, it may be more, of which about 7,000 belong to our association. As with most State nursing home groups, we have many smaller homes that choose not to belong. We have many church institutions that feel they should not affiliate for one reason or another. We have in our State's bed total our chronic disease hospitals, State facilities, which are not eligible to join a private association.

Senator Moss. Mr. Gould has a sizable nursing home? He hasn't chosen to join your group?

Mr. RODMAN. Yes; the only way I can answer is this: the bylaws of our organization state that any licensed facility in the State of Maryland is eligible to join. But, being a voluntary organization, we cannot make anybody join. For reasons known only to himself, Mr. Gould has over the years chosen not to be part of the organization.

Senator Moss. Do you provide services for the members of your association other than representations, say, before the legislature?

Mr. RODMAN. Yes, we do. We are very deeply involved in education. Noting questions addressed previously to the gentleman from the Public Health Service, we have had education programs. Perhaps

the reason more help has not been requested directly from the U.S. Public Health Service is that we work with our State officials on sanitation, fire, and other educational seminars. If they have to turn to Federal experts, they invite them in.

We have had programs at the University of Maryland. With our State health department, we have created the first on-going program for nursing home administrators at our University of Maryland out here in College Park a full year before our law was enacted. We are active in many other areas common to all the nursing homes in the State.

Senator Moss. If persons had complaints such as Mrs. Krause encountered in her investigation out in Minnesota, would they come to you in the first instance, do you think?

Mr. RODMAN. We get some of them but in the nursing home field, as you are probably aware, there is not peer review or enforcement as there is in the medical profession or the dental profession. If we do get complaints, we try to ascertain the facts or suggest that the home get together with the family or whomever has the complaint. But most complaints, if they are as serious as the lady from Minnesota suggests, certainly should go to the State, which has the responsibility of closing a substandard home. Or, the State should adopt a reimbursement structure that would allow State-assisted patients to be treated in a better class of homes, so substandard institutions would dry up in the marketplace.

Our capabilities as a voluntary association are very limited in the area of self-policing. Our institutions are licensed by the State. They may be denied their State license to operate annually. They have to submit to State inspections. The enforcement of complaints logically should go to the State government; they have the police authority to put an institution out of business, we do not.

Senator Moss. Has Maryland been exercising this authority to your knowledge?

Mr. RODMAN. Well, we consider regulations in Maryland very enlightened, as we attend national meetings and compare notes with other States. We know that our State has tried to increase its reimbursement over the years. We have a very tight situation in levels of care; in fact, as Dr. Solomon indicated, there is very little differentiation between the intermediate level and the skilled level. This is creating financial problems.

I would have to say that until somebody proves otherwise with some hard facts, rather than speculation, that nothing has been proven faulty with the way Maryland has set up its regulations and enforces them. But we are, like you, looking for evidence to the contrary, and if they are to be tightened we will live under tightened regulations.

Senator Moss. I just wondered if, for instance, there had been one or more homes that had been required to close in the last year, say.

Mr. RODMAN. Senator Moss, one of the things you have to realize is the changes in the nursing home scene. In Dr. Solomon's testimony, he points out that there has been a net gain of 5,000 beds, I believe, over a 6-year period in Maryland. This is only part of the story. Like the rest of the country, we had a tremendous upgrading in the nursing home industry in Maryland until the tight money situation slowed it down a year or two ago. Many substandard

facilities, many conversion facilities went out of business as standards became progressively higher and tougher. These older homes were replaced by new construction, by institutions that were designed and built specifically to be nursing homes, with proper nursing stations, proper communications, proper fire resistance, sprinklers and all the rest of it.

So we do not have just a gain of 5,000 beds in Maryland. Most of the 10,000 or more licensed beds in Maryland represent new construction and an upgrading of physical standards. With this has come the other tightening standards in the area of medical care, dietary standards, recordkeeping, which would relate to the relationship between the physician and the administrator of the institution. It has not only been a physical improvement in nursing homes, but all the other things have gone along with it.

Senator Moss. Thank you.

Senator Yarborough, do you have any questions?

Senator YARBOROUGH. Mr. Rodman, were there outbreaks like this in any other public institutions where they were carried by people who were not fully competent or able to care for themselves such as hospitals for the mentally ill or the mentally retarded?

Mr. RODMAN. May I defer to my colleague Mr. Rosenberg who thinks he can answer that?

STATEMENT OF MR. ROSENBERG

Mr. ROSENBERG. Senator, to our knowledge no epidemics have broken out. As a matter of fact, one of the points that I wanted to bring out was the fact that such an isolated case over such a large population of nursing home patients I think should be to the credit of the industry, that such things are for the most part prevented by good management and care. No, no epidemics have occurred in any other State institutions.

Senator YARBOROUGH. Is there any evidence that the food bought at this nursing home was any less safe than the food bought in other nursing homes in that area?

Mr. ROSENBERG. I would like to answer that by saying that I think a great deal of emphasis has been placed on the cracked eggs or the good eggs or eggs in general or poultry and meat. I think we are overlooking something that was not brought to this committee's attention earlier. No. 1, the fact that the eggs—and I think they were deviled eggs that were served on that Sunday—had to have been hard boiled and that cooking of eggs will kill salmonella.

As it was brought out earlier, this 140° or 145° temperature for a 3-minute period of time it would take to hard boil an egg will kill this germ. Such would be the case in any other cooked food. If you were to cook the shrimp or cook beef or cook poultry, this will kill salmonella—it is a very easily killed bacteria or germ. Freezing at a certain temperature will also kill this bacteria. So I think one of the things that has not been brought out is the fact that this food perhaps, and this is my own opinion in this case, that it was contaminated by handling after it was prepared and it is not so much the food that we should be looking toward as the procedures and the handling of the food after it was cooked. Cooking had to have killed the salmonella; there is very little doubt in anybody's mind.

I think one other fact that has not been brought out is the fact that salmonella—and I am not a doctor—can be carried, and the fact remains that it could have been passed by an employee, a visitor who gave it to an employee and then contaminated the food. It could have been carried to the food after preparation.

So I think that some of the emphasis on where he got the eggs or where the meat was purchased and some of the standards that have been set up for the inspection or the inspection of meat and food products is kind of an insignificant part of this hearing because proper cooking, and we will assume that it was properly cooked and heated, would have killed the salmonella germ.

Senator YARBOROUGH. It is the purpose of my questions to explore the possible cause of infection.

Coming from certain food supplies of a certain type, if they were extensive food supplies they were likely to have been purchased by a number of people engaged in a similar business since they compete to a certain extent with each other. The purpose of it was to ascertain whether there was a likelihood that it was carried by a carrier or likely to have been carried by a food carrier or what was the source of infection.

Mr. RODMAN. Senator, it is unfortunate that with your other hearings and commitments you could not attend the morning session. Our State secretary of health, and his associate, a doctor in charge this type of disease problem, plus Federal officials, have all been working on this problem for approximately 2 weeks now. With all the scientific and investigative apparatus at their command, they have been pursuing the type of quesions you are asking. They were certainly qualified to answer the questions you pose; we are not medical men.

The absence of hard facts boils down to a variety of factors, including the fact that health authorities came on the case several days after the occurrence and the food was gone, and so forth. Nobody has any concrete answers to the questions you are posing, unfortunately, at this time.

Senator YARBOROUGH. I have been advised by the staff that that had not been answered this morning and that is the reason I was pursuing it to see if you gentlemen had any different information, advice, or opinions.

Mr. RODMAN. No, but as I suggested earlier in my comments, as far as pursuing this line of where the nursing home's food came from, and if it was standard or substandard, this home makes complete cost auditing reports to the State of Maryland. The State has the ability to go in and get these documents. A statement was made by an earlier witness that homes refuse access to their records. Under titles 18 and 19 that is impossible; they get paid on audited costs. This material is available.

Senator YARBOROUGH. Are you suggesting that this committee ought to drop it and let somebody else pursue it?

Mr. RODMAN. No, I don't suggest that. I am suggesting that, unfortunately in calling this hearing today, people who came to present expert testimony have been unable at this time to develop enough facts to lead you to some solid conclusions. We do not have the facilities to trace down the sources of this type of a problem.

Senator YARBOROUGH. Of course there is no disposition. I am sure the able and distinguished chairman, Senator Moss of Utah, whom I have known longer than any other man in the Senate—we served together in World War II, the same unit; the day I reported for service he reported also from Utah. We have been friends for a long time. I know of his fairness. I know there is no disposition to try to jump to conclusions.

As you know, he was naval district attorney, served a number of terms as national president of the National District Attorneys Association. He is just seeking the facts. I know he is seeking the facts not to make an example of one nursing home but to protect the public interest.

I have been on this committee for years. His objective is to protect the people of the country who are not able to protect themselves through age or other reasons. So this is an exploration.

Unfortunately, I have not been able to be here because I have been very active in the student loan program, we were having hearings in that committee. This is an effort to find out what gaps there are in the laws or the regulations that will permit carriers to infect other people.

We had similar hearings on a flash fire in Ohio at one of the most expensive nursing homes in Ohio and in the Union. Anyone putting a relative there would have cause to be protected, paying that much money. These things happen. The purpose of all these hearings is to findout what causes the loss of life by fire, what caused a sudden infection in Maryland, not to impose on either State or any one nursing home but to see whether or not there are adequate regulations, either State or Federal, or where we are putting a lot of Federal money into this to find out if we need to do more to protect people somewhere along the line if they must be given protection.

Mr. ROSENBERG. Senator, if I may, I might suggest that it was somewhat premature on the part of our State officials to have come in without having any final information available to the committee. It is unfortunate that many of the questions that were asked of Dr. Solomon and Dr. Tayback had to get incomplete or what may have seemed to have been evasive type answers because final information has not been available to them.

Senator YARBOROUGH. Well, you know that when anyone is invited to testify at a hearing of this kind they sometimes elect not to come for fear people think they are attempting to evade the hearings. I am sure the committee staff working on this could find that information. If it takes further investigation, certainly the subcommittee will hold the matters open to get additional information.

Mr. RODMAN. Senator, we certainly appreciate the spirit of the inquiry. We came voluntarily, we asked to be heard. We were not specifically invited or subpenaed, but we felt that perhaps we might be able to help and also learn and go back to the nursing homes of Maryland with this information. As I say, we feel just a little bit disappointed that this entire proceeding, which started many hours ago, has not been able to pin down more specific facts. That is why I say we share your frustration.

Senator YARBOROUGH. I have knowledge of the value of your type organization in my State, and I am certain the value must be very similar in different States. This voluntary organization of nursing homes before we had State or Federal regulations had some regula-

tions, weaker of course, but they started first requiring their members to do certain things. So these voluntary organizations have accumulated a lot of knowledge and expertise.

As I said before, we had other regulations. They came from the State and urged us to require safety measures—principally fire, keep them from being firetraps. Our State association was the first organization, I believe even in my State, to urge that protection. So it is not criticism of your organization; we seek ways to protect people.

I want to compliment the chairman again. It is not through lack of interest but I have to leave.

As a young assistant attorney general of Texas when the first old age pension law was passed under Attorney General James J. Aldridge and we had the original old age pension back under Franklin D. Roosevelt, I had the privilege to work on some of those first regulations.

I am not overlooking the importance of this fine committee, Senator Moss, but I am forced to leave. I congratulate you on your work.

Senator Moss. Thank you very much, Senator Yarborough. We appreciate your attendance here and the fine work that you do on this committee.

Congressman Pryor.

Representative PRYOR. You mentioned or alluded to the fact, Mr. Rodman, that the nursing home "industry," I don't know whether that is what we like to call it or not, but let's call it that momentarily is not a self-policing industry such as the medical association or such, for example, as might be the bar association. Now why is this true? Why is the nursing home association not self-policing?

Mr. RODMAN. Well, it is not self-policing because the powers to license a nursing home or to deny it its license and force it out of existence is the function of State government in every State across the country.

Now we have participated with the Joint Council of the Accreditation of Hospitals, on an accreditation program which is even higher than State standards, and encouraged institutions to meet even tougher standards than State standards. We are participating in continuing education. I am not saying we have walked away from this responsibility. But, the sheer ability of somebody to say to a nursing home, "You are not meeting standards and you are not going to get a license and you must close your doors," is a function of State government. That is why I answered the question as I did.

Representative PRYOR. I see. You mentioned one other statement I would like to ask you about. Did you say that at the present time in this country, or possibly you limited your remarks to the State of Maryland, that some of the nursing homes are in fact subsidizing the indigent patient? Was this how I understood you, or did I misunderstand you?

Mr. RODMAN. They are subsidizing the indigent patient because the reimbursement rate paid by the State for this type of patient does not cover all of the costs of operating that institution under title 19. The same is true under title 18, because the Federal formulas disallow certain cost items and other operating costs as reimbursable. These homes, in effect, have to subsidize the State-aided, Government-aided patient by their private paying patients—either that or they have to scale down to an economy-type operation to live with an inadequate reimbursement rate.

Representative PRYOR. Isn't it true at the present time the Federal Government, the American taxpayer, is subsidizing the nursing home industry to the tune of almost $2 billion a year and that if the taxpayer does this, don't you think in turn the nursing home owner has some obligation to do likewise?

Mr. RODMAN. Well, very definitely. Obviously we have a public-private relationship here between a private industry and the Government who is buying services. This is not unique in the American economy. There are some things that make this different from a defense industry or some other service being sold to the Government. We are dealing with aged, ill human beings, and there are other factors.

The only thing that we feel is unfair, and we face this at the State level—most of my activities are at the State legislature—people say so many millions of dollars are being spent in nursing homes this past year or this institution took $300,000 in State money. Such figures have no significance until you relate them to patient days and services provided.

Now when we had this type of discussion with our State legislature we said, "Yes, but divide the number of patient days provided to the State by this amount and you will see that where the State was paying $80 to $90 a day to keep a State-aided patient in a hospital, they are paying $10 to $12 a day for nursing home care. If they could transfer patients to a convalescent home or State-aided nursing home where they were paying a maximum of $13.50, the State could save millions. Maybe for want of a few cents to a dollar a day they were spending three times as much because they were not making it possible for decent nursing home beds to participate in State programs.

It means nothing to talk of millions without applying it to something. Obviously we have a responsibility, but what is the Government getting for its money? I mean there is more to it than just taking the dollar figure. I assume you appreciate this.

Representative PRYOR. You are not one that believes just because we put more and more money into the nursing home industry that we get better and better care? Are you making that statement?

Mr. RODMAN. No; not necessarily, but what I did say is that too often in the past substandard nursing homes have existed because the State was the customer, that no private family would put a parent in this type of institution. Now who is at fault, the State for perpetuating poor care because they would not pay a better rate or some entrepreneur who provides a service at the price the State was willing to pay? It is a very tough situation.

All we are saying is that if you want to indict substandard care, as did the speaker, very eloquently, from Minnesota, if in fact those conditions exist, then you should ask of Minnesota or any other State (1) why are your regulations so lax that these institutions are not closed down and (2) why do you not have a State reimbursement rate that will let you put patients in a decent type of institution and close the others down? The State shares our responsibility in this area.

Representative PRYOR. Thank you, Mr. Rodman.

That is all I have, Senator Moss.

Senator Moss. Thank you, Congressman.

We do thank you gentlemen for coming to appear before us today. We are glad to hear from the Health Facilities Association of Maryland.

We have been conducting hearings, in this committee, into nursing home problems all across the country and inevitably we focus on the problems, the difficulties that arise, and maybe we sometimes give the impression that there is nothing positive in this field of nursing home care. I would say nothing could be further from the truth.

In the matter of the 4 or 5 years which we have been functioning on this committee we have noticed a tremendous gain. We notice that the standards have been raised, and I want the record to show and the knowledge to be general that there is an improvement and many, many of our nursing homes are doing a very outstanding job. Of course that does not mean we can overlook the cases where we have lapses of inadequate care and improper treatment, and we must focus on those areas because we must find the way to raise the standard.

I think your colloquy with the Congressman was a very good one in which you said, "Is the State at fault by perpetuating inadequate care in failing to pay an adequate rate, or is it the fault by not enforcing standards and forcing those homes out of business who do not give adequate care, or is there a failure of inspection and supervision which is never an excuse," I think, for abuse of patients and anybody will agree to that. So we have a very difficult problem with which to deal and the Federal Government is deeply involved because a great amount of the funds come from the Federal Government. We are likely to make this problem much more severe with section 225 in the bill that is now before the Congress for consideration and which I have spoken against so frequently.

We hope from these hearings to be able to write a report to the Congress on the conditions of nursing homes and the requirements that will reveal the factual situation and persuade the Congress to take what action is needed on the Federal level. Your testimony will certainly be helpful to us.

Now the hearings are going to be continued until the first day of October; if it is possible, we will have the hearing even sooner. We of course have not heard yet from Mr. Gould, an important factor in this hearing from which many of these facts can be gleaned, and perhaps other witnesses.

At that time also the report of the State will be complete and we will have the benefit of that which is not completely before us now. I think we have at least exposed the problem and realized that, if anything, we must find out the facts before we can write an adequate report in this case.

We thank you gentlemen for your participation and all who have appeared as witnesses.

Mr. RODMAN. Thank you.

Senator Moss. We thank also the many interested people who have stayed through the hearings this morning.

We are now in recess then until the first of October or at the call of the Chair.

(Whereupon, at 2:52 p.m., the subcommittee recessed, to reconvene, at the call of the Chair.)

APPENDIX 1

BALTIMORE CITY HEALTH DEPARTMENT,
August 17, 1970.

Memorandum to: Dr. Robert E. Farber.
From: George W. Schucker.
Subject: Water supply investigation—the Gould Convalesarium salmonella outbreak.

On August 3, 1970 a survey of the plumbing system for cross connections was made of the Gould Convalesarium, 6116 Belair Road, and 15 water samples and one ice sample from an ice machine were collected for bacteriologic analyses. In addition 4 water samples were collected from properties in the vicinity of 6116 Belair Road. A second series of 18 water samples and one ice sample were collected on August 5, 1970. Nine samples from properties in the vicinity of 6116 Belair Road were also collected on August 5, 1970.

The laboratory results of the bacteriologic analyses is attached and disclosed the absence of coliform bacteria in all samples. No chlorine residual was found at any of the outlets except for one sample at 6101 Belair Road on August 5, 1970.

During the investigation it was reported that the water was shut off for 8 hours prior to the outbreak. The Bureau of Utilities Operation was requested to check their records for any interruption to water service in the vicinity of 6116. Mr. T. E. Rutley, Utilities Maintenance Division, Bureau of Utilities Operation, informed us that a careful check of their maintenance records and the questioning of their personnel disclosed no interruption to water service in the area of the Gould Convalesarium prior to the outbreak. In addition when water samples were collected on 8/3 and 8/5 the person interviewed at each location in the vicinity of the Gould Convalesarium was questioned as to whether there had been any interruption to water service in the area. In each instance they reported no interruption to water service.

With regard to plumbing work performed at the Gould home, Reed and Reed, Mechanical Contractors, 2641 E. Monument Street, replaced a service sink in the basement of 6116 Belair Road on July 27, 1970. The hot and cold water supplies to the existing service sink had individual control valves so that there was no interruption to water service in the building when the new service sink was installed.

The Gould Convalesarium at 6116 Belair Road receives its water from an old 6-inch cast-iron main on the west side of Belair Road. The west side of Belair Road is the eastern boundary of the Eastern 3rd Zone of service. Across the street on the east side of Belair Road is Eastern 2nd Zone of service and there is a 20-inch main serving the properties on the east side of Belair Road.

The Eastern 3rd Zone of service is supplied by Guilford Pumping Station taking suction from Guilford Reservoir which receives its supply from the Ashburton Filtration Plant by gravity. The water from Ashburton Reservoir flowing into Guilford Reservoir is treated, filtered and chlorinated and all water leaving Guilford Reservoir is rechlorinated by an automatic chlorinating station. I am attaching a memorandum from Mr. W. J. Koterwas, Water Division, Bureau of Engineering, giving the chlorine residuals for the month of July. The chlorine residuals for July averaged better than 0.7 ppm.

The most likely route, size of mains and distances for water to reach 6116 Belair Road would be as follows:

Via of a 36″ main east on Cold Spring Lane 1200′ to York Road
Via of a 36″ main north on York Road 7000′ to Northern Parkway
Via of a 24″ main east on Northern Parkway 16,900′ to Harford Road
Via of a 20″ main east on Northern Parkway 6,500′ to Belair Road
Via of a 6″ main south on Belair Road 3,300′ to 6116 Belair Road

The total distance from Guilford Pumping Station would be approximately 6.6 miles. Because of the grid system there could be some minor variations in the route of water at times but even these variations would be off of the Northern Parkway main south and east before it reaches Belair Road.

The small size main on Belair Road and the long distance from the point of chlorination accounts for the lack of chlorine residual in this area. A check of our records since 1966 indicates low or no chlorine residuals in our sampling area D4B with the bacteriologic results being negative for coliform bacteria except for one positive sample which was negative on resampling.

WATER SAMPLE RESULTS—THE GOULD CONVALESARIUM SALMONELLA INVESTIGATION

I. THE GOULD CONVALESARIUM, 6116 BELAIR RD., AUG 3, 1970

Bottle No.	Location	Coliform bacteria	Standard plate count, 25° C.
B-2396	Ice machine—3d floor	Absent	23,000
B-2365	Diet kitchen—3d floor	do	130
B-2322	Medicine room—3d floor	do	61
B-2129	Nurses station—3d floor	do	48
B-1758	Dirty utility room—3d floor	do	86
B-2343	Tap—bathroom—313-315	do	42
B-1052	Tap—bathroom—322-323	do	60
B-2369	Sink—room 304	do	100
B-2368	Tap—room 326	do	40
B-2378	Dirty utility room—2d floor	do	82
B-2393	Tap—bathroom—2d floor	do	110
B-2381	Drinking fountain—2d floor	do	15
B-2382	Stainless steel sink kitchen—1st floor	do	46
B-1710	Wash basin—kitchen—1st floor	do	38
B-2316	Wash basin—Administrator's Office—1st floor	do	160
B-2266	Basement slop sink	do	3,900

II. WATER SAMPLES IN VICINITY OF 6116 BELAIR RD., AUG. 3, 1970

B-2997	Filling station, 6101 Belair Rd	Absent	2
B-2379	Hardware store, 6108 Belair Rd	do	38
B-2391	Liberty Auto Supply, 6122 Belair Rd	do	34
B-2317	Young, 6111 Everall Ave	do	30

III. THE GOULD CONVALESARIUM, 6116 BELAIR RD., AUG. 5, 1970

B-2119	Ice machine—3d floor	Absent	8,400
B-2295	Diet kitchen—3d floor	do	5,800
B-1929	Medical clinic room—3d floor	do	91
B-1913	Nurses station—3d floor	do	45
B-1792	Dirty utility room—3d floor	do	170
B-2126	Tap—bathroom—313-315	do	130
B-2372	Tap—bathroom—322-323	do	190
B-1914	Tap—room 304	do	540
B-1920	Tap—room 326	do	140
B-1643	Dirty utility room—2d floor	do	35
B-2288	Tap—bathroom—2d floor	do	87
B-2332	Drinking fountain—2d floor	do	14
B-1942	Stainless steel sink—kitchen—1st floor	do	59
B-2364	Wash basin kitchen—1st floor	do	85
B-1835	Tap—admitting office—1st floor	do	120
B-1669	Tap—admitting office—private—1st floor	do	28
B-2357	Basement slop sink	do	640
B-2362	Tap—laundry room—before running—basement	do	430
B-2346	Tap—laundry room—after running—basement	do	71

IV. WATER SAMPLES IN VICINITY OF 6116 BELAIR RD., AUG. 5, 1970

B-1692	Filling station, 6101 Belair Rd	Absent	5
B-857	Hardware store, 6108 Belair Rd	do	62
B-1829	Liberty Auto Supply, 6122 Belair Rd	do	23
B-2392	Huber, 6105 Everall Ave	do	35
B-1984	Murray, 6109 Everall Ave	do	76
B-1870	Young—tap kitchen sink—6111 Everall	do	8
B-2325	Young—bath tub—2d floor, 6111 Everall	do	33
B-2335	Lavoir—tap—2d floor, 6116 Everall	do	58
B-2349	Lavoir—tap—bathroom, 6116 Everall	do	110

DEPARTMENT OF PUBLIC WORKS,
BUREAU OF ENGINEERING,
Baltimore, Md., August 11, 1970.

Memorandum to: Mr. George W. Schucker, Director, Sanitary Services, Baltimore City Health Department.
From: Mr. W. J. Koterwas.
Subject: Guilford Pump Chlorine Residuals.

The Guilford Pumping Station supplies the Eastern Third Zone of service. The chlorinator station is serviced every day except Sunday by Water Purification personnel. Listed below are the chlorine residuals obtained for the month of July 1970.

July—		July—Continued	
1	0.60	17	.60
2	.85	18	.85
3	.60	19	(1)
4	1.00	20	.65
5	(1)	21	.60
6	.35	22	.85
7	.60	23	1.0 +
8	.60	24	1.0 +
9	.75	25	.75
10	.60	26	(1)
11	.75	27	.85
12	(1)	28	.60
13	.35	29	.90
14	.60	30	.60
15	.60	31	.85
16	.65	Average	0.70+

[1] No sample taken—Sunday.

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