

TRENDS IN LONG-TERM CARE

HEARINGS
BEFORE THE
SUBCOMMITTEE ON LONG-TERM CARE
OF THE
SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE
NINETY-SECOND CONGRESS
FIRST SESSION

PART 12—CHICAGO, ILL.

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TRENDS IN LONG-TERM CARE (Chicago, Ill.)

FRIDAY, APRIL 2, 1971

U.S. SENATE,
SUBCOMMITTEE ON LONG-TERM CARE,
SPECIAL COMMITTEE ON AGING,
Chicago, Ill.

The subcommittee met at 9:15 a.m., pursuant to call, in room 250, Behavioral Sciences Building, University of Illinois, Senator Frank E. Moss (chairman) presiding.

Present: Senators Moss, Percy, and Stevenson.

Staff members present: William E. Oriol, staff director; Val Halamandaris, professional staff member; John Guy Miller, minority staff director; Gerald D. Strickler, printing assistant; and Patricia G. Slinkard, chief clerk.

OPENING STATEMENT BY SENATOR FRANK E. MOSS, CHAIRMAN

Senator Moss. This hearing will now come to order. This is a public hearing conducted by the Subcommittee on Long-Term Care of the U.S. Senate Special Committee on Aging.

We are pleased to be here in Chicago this morning. We expect to have very informative hearings today and tomorrow.

There has been an investigation being conducted in the field of nursing homes in this State, particularly in Chicago, for some time now and it has revealed many things of concern to the Senate committee and it is our purpose to make a record on which the committee may base recommendations and, if needed, perhaps legislation.

Our study of problems here in Illinois is not unique since this committee has conducted hearings for the past several years in many States.

We are very pleased this morning to have Senator Percy of Illinois sitting with us as a new member of this committee.

We expect that Senator Stevenson will join us during the day and be here for the remainder of the hearings.

Unfortunately, Senator Hartke of Indiana who was slated to be with us had to cancel at the last minute and will not be able to join us.

All that we say and do will be entered in the record and will be available to all of the members of the committee and indeed the record will be open to the public.

I would like to commend particularly the young people who participated in the preliminary investigative work that was the foundation for the calling of this hearing.

These young people here in Chicago and those on the staff have done an excellent job preparing these hearings and I appreciate that very much.

HEARING TO CAREFULLY EXAMINE ISSUES

In building this record at the hearing we will give careful scrutiny to the following issues:

The adequacy and enforcement of State inspection procedures for nursing homes;

The apparent lack of trained personnel in nursing homes;

The lack of physician participation in treatment of nursing home patients; and

The access of minority groups to nursing homes, and the implication of the transfer of elderly mental patients from State hospitals to nursing homes.

Inevitably, we must deal with these problems in our efforts to improve the quality of life for the infirm elderly and we sometimes give the impression that there is nothing positive in the nursing field. There has been much improvement in these facilities in the last 20 years and I hope that our hearings will offer some examples of good homes as well as those that are deficient.

The Federal Government's involvement in this field is very deep since about \$2 out of every \$3 that is spent in care of the elderly come from the public coffers; our responsibility is very deep.

On our way here from the airport this morning Senator Percy and I took the occasion to visit one of the nursing homes in this city and spent a brief time going through all parts of the nursing home and talking with some of the people who were residents there as well as the lady in charge and later on the owner of the nursing home came and we were able to speak with him briefly.

To visit one of these homes reminds one of the long way we still have to go before we are giving adequate care to our elderly citizens.

I won't make any longer speech at this point because we have many witnesses to hear and value their contribution. However, I do want my colleague, Senator Percy, who has shown a deep interest and a great deal of initiative in working in this field of care for the elderly, to give us any comments he would like at the opening of this hearing.

Senator Percy.

STATEMENT OF SENATOR CHARLES H. PERCY

Senator PERCY. Mr. Chairman, I thank you very much and I welcome you here and I know Senator Stevenson joins me in welcoming you to Chicago.

We bring you here because we feel that some of the conditions that exist in nursing homes in Chicago and other parts of the State are typical of some of the circumstances we find across the country. It is

the purpose of the U.S. Senate and this particular committee to try to determine what we can do about these conditions because we have a very real responsibility.

We come to Chicago because one of our newspapers and the news media have developed a body of evidence together with the Better Government Association, which gives us an insight that goes far beyond the insight that we can get in any other city in the United States today.

We know, for instance, that patients in nursing homes are not receiving high-quality care despite massive infusions of State and Federal funds.

Here we are on a campus at the University of Illinois, typical of many campuses across the country where we put billions of dollars into finding ways to build beautiful facilities, feeling that there is a sense of beauty of the spirit that goes along with beauty of architecture. Yet we just came from a home that was old, in rundown condition, that provided a dismal surrounding for people who have been consigned to what might be called a warehouse. It is so typical of many of the older structures where we leave our senior citizens.

Substandard homes are being licensed or are being closed and then quickly reopened for some reason, despite repeated and flagrant violations of the health, safety, and housing standards and this condition exists across the country.

We find unqualified personnel mistreating patients and dispensing drugs about which they know nothing. These are conditions that we know exist now.

Patients are being immobilized, instead of rehabilitated, through the use of heavy sedation and the point system frequently provides incentive for the owners of nursing homes to have people bedridden rather than up out of bed because they get paid more if the people are in poor health and have bedsores than if they are well.

We wonder why this system is permitted to exist.

We do know that there are shared responsibilities by all levels of government. Every level of government must review the degree to which it is fulfilling its responsibility to the elderly and that means the Federal Government as well as the State and local governments.

The diffusion of responsibility itself is very confusing and suggests that the relationship between various levels of government should receive more of our attention.

QUESTIONS TO BE RAISED DURING HEARINGS

In addition to examining the roles of these governmental agencies we should also ask a number of other important questions during these hearings.

Are the standards for nursing home administrators, nurses, and other employees adequate, or should they be upgraded?

Are the court procedures reasonable that one must follow to close a home which is clearly substandard?

Is the State's policy of transferring mental patients into nursing homes good or bad?

How adequate is the medical supervision given to nursing home patients?

How important is the profit motive in taking care of the elderly?

In my experience, and I am certain Senator Moss' goes much deeper in the field of health, I believe that our hospitals that take care of the young and the middle aged across the country are not essentially set up for profit and yet of 25,000 nursing homes for the elderly, 90 percent are set up for profit, are privately owned as investments.

What is the rate of return on these investments?

How much are these people making on the poor?

When we consider the revenue of these homes is \$2.5 billion a year, this is a multibillion dollar business—\$1.8 billion comes from the Federal Government. It is our responsibility to find out whether this system itself is right and proper.

We would like to take Illinois as a laboratory and find out who owns these homes, how many other homes do they own, are there interlocking directorates?

Is there a conglomeration here of ownership and almost, you might say, a conspiracy to exploit the poor. We have the power in the Senate of the United States to get the facts. We have the responsibility to bring these facts to light so that if everything is all right, fine, but if it is not, let's find out what we can do about it.

As we attempt to find answers to these questions we should be wary of falling into the easy trap of fixing the blame on any one individual or group.

What these hearings are not intended to do is to issue a blanket indictment of the nursing home industry or of officials from any given level of government.

There may be profiteering nursing home operators, and there may be inept city, State, and Federal officials, but I think we must not lose sight of the fact that there are also many fine homes and many honest, sincere individuals dedicated to the improvement of health care for the elderly.

A final note, but crucial issue that we must consider during these hearings is society's attitude toward the elderly.

Hearings on nursing homes have been held before, and the investigations and studies have been conducted. Legislation to remedy some of the problems has been passed, and efforts to enforce the new laws have been increased and Senator Moss has been responsible for a great deal of the improvement that has already been brought about in this field.

I am convinced, however, that no number of hearings or investigations or studies or new laws will put an end to the suffering and human misery so prevalent in our homes for the aged unless and until we reexamine our basic attitude toward older people.

CAN DO ANYTHING . . . DO WE REALLY WANT TO HELP?

When this Nation wants to do something; if we want to put a man on the moon or if we want to pave over America and build, as we have, 42,500 miles of interstate highway system and if as a miracle of production and dedication of the Nation we are able to do it, the question is:

What are we dedicated to do in connection with the elderly?

During the course of these hearings we should ask such questions as:

Why do we shunt our aged and infirm citizens off to "warehouses" where they wait to die or where they are just apparently left to die?

Why do we place so little value on that one quality which only an older individual can offer—namely, wisdom gained from decades of experience with life and contact with several generations?

And I must say, Mr. Chairman, I am impressed as I visit nursing homes, with the fact that the Government at best can only provide physical facilities and take care of the body.

There is no great deal that the Government can do about the heart and the human spirit and I am shocked by the fact that here in my own city, time after time when I visited nursing homes, I seldom, if ever, find a visitor calling on these patients.

Do they have children?

Do they have grandchildren?

Don't they have nieces or nephews that care about them?

A visit from one individual, just when we walked in, the eagerness with which they grabbed our hands and talked to us, to see one visitor; they wanted not just to sit there staring at the tube 16 hours a day.

Now that is something Government can do and I hope by the nature of these hearings we can bring this problem to the attention of all American citizens; that they do have a sense of responsibility.

Past civilizations sent older people to sea. They just got rid of them.

We do something even worse. We just leave them abandoned and neglected and forgotten when we could give something of ourselves to them.

I think that these hearings can help all of us have definitely a sense of national conscience about our responsibility and what that responsibility is.

Once again, Mr. Chairman, I wish to commend you for all that you have done in this field; the dedication and devotion that you have had to it and for taking your time to come to Chicago today.

Senator Moss. Thank you very much, Senator Percy, for that moving and eloquent statement.

That does set the stage for these hearings that we are going to have today and others that we will be having in other areas but today we are going to concentrate on the problems here in Chicago and in the State of Illinois.

REPORTS ON NURSING HOME PROBLEMS IN CHICAGO

I would like to acknowledge, at the beginning of this hearing, that a very excellent series has been written on the problems of nursing homes by a task force of reporters at the Chicago Tribune.¹

I think that some or perhaps all of these reporters are in attendance. We will not call them as witnesses because we have, already,

¹ See appendix 1, p. 1137.

the series that they have written; except, that if they are here we may wish at some point to ask a question or two.

I would ask is William Jones present?

Mr. JONES. Yes, I am.

Senator Moss. That is Mr. Jones. And Phillip Caputo, you are here also?

Mr. CAPUTO. Yes, sir.

Senator Moss. William Currey.

Mr. CURREY. Here.

Senator Moss. Three of the task force are here. Is Pamela Zekman here? [No response.] She is not able to be here, is that right?

Mr. JONES. That is right.

Senator Moss. Pamela Zekman was also on the task force and I do wish to say publicly that you have rendered a public service by your investigations and the series that you have written.

Our witnesses that appear now before the committee will come and be seated at this table and we are going to have some of them in panels.

The first panel will be composed of Mrs. Dorothy Shelton, Chicago; Mrs. Mary Johannon, Chicago; and Mrs. Glenda Carlson and Mrs. Lillian Schiff.

Would these ladies come forward?

These are people who have relatives or members of their families in nursing homes. We expect to hear from these ladies about their experiences, the problems that they have had and generally they will give us the picture that they see as the close relatives of those who are now residents in nursing homes.

I suppose we will just use that order and have Mrs. Shelton go first and then proceed on through.

STATEMENT OF MRS. DOROTHY SHELTON

Mrs. SHELTON. My name is Dorothy Shelton and I live at 8211 Loomis Boulevard. I work for the Internal Revenue Service as an examiner.

Much has been said about nursing homes, but I guess you have to have personal contact with one in order to realize the seriousness of the situation. Here you find aged, helpless people who are left to the mercy of understaffed, untrained nurse's aides.

You are led to believe that your loved one is going to get the best of care and you are willing to pay whatever the price to relieve your mind by knowing that someone is going to give the care that you would give if you did not have to work. Then you find out that this is far from being true.

I want to tell you about how, after 4 days of being in a Chicago nursing home, my mother developed dehydration and double pneumonia and died 5 days later.

In January 1969, my mother suffered a partial stroke and her doctor entered her in Provident Hospital. After spending 2 months in this hospital and receiving the best of food and care, her Medicare ran out and I was told that she would have to be moved from the hospital.

Mother was unable to feed herself and had lost control of her urine and bowels and since my sister and I both work and could find no one to care for her at home, we decided to enter her in a nursing home.

NURSING HOME 'APPROVED' BY THREE AGENCIES

Not knowing anything about nursing homes, my sister and I went to see the social worker at Provident Hospital for advice as to what home she recommended for good care. She gave us the name of the Montgomery Nursing Home, 5956 South Wabash Avenue, and stated that this home was approved and financed by Medicare, Public Aid, and the Veterans Administration. With this recommendation, we felt safe in selecting this home.

Inasmuch as my sister and I did not have the money to finance her stay at the home, we went to Public Aid and asked for help. We submitted an application for her nursing care in the home and the application was approved and we were told by this social worker, that the Montgomery Nursing Home, was on their approved list also.

On March 25, 1969, we got an ambulance and moved her straight from the hospital to the home.

She was put in a four-patient bedroom, and none of these patients could walk.

When we arrived, we gave the registered nurse the transfer form from the hospital to the nursing home that mother's doctor had filled out, giving specific instructions as to her medication, low salt, pureed food (since she could no longer wear her false teeth) and instructions for her to be moved around and to sit up for a while each day.

This the doctor explained to us would prevent a person in her condition from getting pneumonia since laying in one position and not being able to move yourself can result in pneumonia.

I gave the nurse's aide her heart pills and blood pressure pills, which she put in her apron pocket. I doubt if mother got any of this medication while she was there.

I then asked her what mother would need in the way of supplies. First, the nurse's aide said "everything", and when I asked her what did she mean, she said "just gowns".

On March 26, 1969, when I went to visit mother, I took three hospital gowns, 20 soakage pads—since they said they did not furnish these—and two lambs wool pads to protect her from the bed sores.

Though she entered the home at 4 p.m. on March 25, 1969, I noted that she had nothing in the way of a cup or glass, water pitcher, toilet tissue, et cetera. When I inquired of the other patients as to whether these items were furnished by the home, they said no. By mother not having her own pitcher or glass, she apparently had had no water all day and I doubt if she had been fed.

My mother had lost the ability to speak and so she could not call or ask for what she wanted.

Their visiting hours ended at 6 p.m. which meant that the average working person could not get there before that time to visit and see the treatment their loved ones were getting. I got off from work at 4:30 p.m. and so I could get to the home by 5:10 p.m. and this is how I got to see the terrible conditions on March 25, 26 and 27, 1969.

ONE DIET FOR ALL—REGARDLESS

Although the patients have certain diets prescribed for them, everyone ate the same food. It didn't matter if you were on a salt free, sugar free, no starches or whatever, everyone got the same food. They brought some beef stew in one night and the chunks were so large that even I could not have eaten it and my mother had no teeth and her food was supposed to be ground up.

The patients were served on paper plates and got a spoon or a fork, no knife to cut this meat or spread the measly butter they gave.

Everyone got white bread, when most blood pressure patients eat wheat bread. They got served lukewarm tea, already sweetened with no extra sugar. No napkins.

The food was all brought up at the same time and left either on a chair or on the bedside table beside the patient with the promise that she would be fed as soon as the aide had fed some other patients.

One woman in the room with mother was paralyzed and had a serious heart condition, which prevented her from being able to lie down. She had been sitting propped up with pillows in this one position for 4 years and she said she had not had a hot meal since she had been there.

Although I brought the gowns and soakage pads when I visited the home on March 26, 1969, no one had put the clean gown on mother nor had they put the soakage pad under her and she was wet. When I got the nurse's aide to put the soakage pad under her, she did not even know which side went next to the body.

I brought a water pitcher, soap, toilet tissue, spoon, glass, paper cups, napkins, and other items and took them to the home.

Mother was there exactly 4 days and my sister and I went to see her every evening.

On Thursday, March 27, 1969, when we went to see her, there was no heat in the building and they had opened her window about an inch right beside her bed.

That same night they brought in the food for the lady who had been sitting for 4 years in that one position and left her plate on the chair. That night she got a hot meal because I fed her myself, while my sister fed mother. I filled all the patients' water pitchers in that room and gave them each a fresh drink of water. Then I washed off the bedside tables that had food stuck on them from some time back.

I didn't go to the home Friday, March 28, 1969, but my sister did and she said she didn't like the way mother looked. She said she appeared to be frightened but since she could not talk there was no way to find out what was wrong.

On Saturday, March 29, 1969, about 4 p.m., I went to the home and I stopped at the desk to ask the registered nurse how mother was doing. She said about the same. So you can imagine how shocked I was when I walked into mother's room and found her gasping for breath with her mouth hanging open formed like an "O", and her eyes looking glassy, staring straight ahead, with no recognition. She could not respond to anything I did. I ran downstairs to the nurse and asked her how long mother had been in this condition and she said that when she came on duty, the day nurse told her that mother was in a bad way, however at that hour of the day, she had not gone

up to see about her and no one had called me so that I could have gotten in touch with the doctor. They claimed they did not own an oxygen mask or even an eye dropper with which I had wanted to try to drop water into mother's mouth. It seems strange to think that with the number of heart patients they probably have, and that could have a heart attack at any time, that they would not have an oxygen mask for emergencies.

NO LICENSED DOCTOR—EVEN FOR EMERGENCIES

I ran to the phone and called my mother's doctor because when I asked the nurse for their doctor's number, she said there was no licensed doctor assigned to the home and she did not have one that could be called in an emergency.

Our doctor told me to call an ambulance and that he would make the necessary arrangements to return her to the hospital.

During all of this time and excitement, the registered nurse still had not come in to see about her. Way after a while she came in and took a rectal temperature. You could not tell from her expression whether it was good or bad but she went back downstairs and sat down at her desk and said not a word to me.

When we got to the hospital, they rushed her into the emergency room. Before the doctor or nurse on duty could examine her, they both agreed by just looking at her that she had dehydrated from lack of water and food and developed double pneumonia.

After they examined her, they told us that the reading on the thermometer was 103° and yet the nurse at the home knowing this too had not lifted a finger to do anything for her.

They immediately gave her intravenous feeding and oxygen but it was too late, she died that Thursday, April 3, 1969, not from her heart condition or blood pressure that she had been in the hospital for but with double pneumonia, which she contracted from not getting the proper care at the home.

I knew that my mother was really too ill to be moved, however, I had to get her out of this home where there were no facilities to help her for I could not stand the thought of letting her die without making any effort to get her somewhere and try to save her life.

This home is comparatively new, it is modern and from the outside it looks nice and it is rather clean except for the smell of urine, but it is really the help that makes or breaks any kind of business and this is what is wrong with this nursing home.

They also had some mental patients in the home. They were free to wander all over the place without supervision. I was afraid of these women because no one in my mother's room could do anything to defend themselves.

My sister has written to Public Aid, board of health, and the mayor's office, and they all answered her by saying that they had sent someone out to investigate and found nothing wrong.

PLEA FOR RESULTS FROM THIS HEARING

A few other times this nursing home situation has been brought up in the newspapers and then it just died away, but I hope that this

time you people who are investigating this situation mean business and will follow through and get some results.

This home had approximately 41 patients on the first floor and 42 on the second floor. I saw only two nurse's aides for each floor, who could not possibly care for all of the patients.

I went to see my mother every day and was able to do little things for her comfort that the home was neglecting to do, but just think of the number of lonely, aged people who have no one to speak up for them or do for them. The lady that had been sitting up for 4 years would call the dirty old maintenance man to come and lift her up and she would pay him 25 cents to do so.

My mother was 89 years old so I would not be foolish enough to say that she would have had a long and healthy life had she not gone to the home but I do say that the lack of care she suffered at the home contributed to making her last days some very miserable ones.

Please do something about correcting this situation because none of us know when we too may, someday, be a patient in one of these homes and knowing what we know about them now, certainly does not give us much to look forward to.

Senator Moss. Thank you, Mrs. Shelton for this very moving statement which points to a very bad and unsavory situation.

Do you know if the nurse that you talked to there was a registered nurse, the one that took your mother's temperature?

Mrs. SHELTON. Yes.

Senator Moss. She was a registered nurse?

Mrs. SHELTON. She was a registered nurse. They had two.

Senator Moss. But you say she didn't do anything other than take the temperature and go back to her station?

Mrs. SHELTON. That is right.

Senator Moss. And the doctor that had attended your mother in the hospital in the first instance sent along some pills and some recommendations that were to be followed as to what was to be done?

Mrs. SHELTON. Yes.

Senator Moss. Did he ever visit her in the nursing home?

Mrs. SHELTON. No.

Senator Moss. Was there ever any arrangement that he would go there and visit her?

Mrs. SHELTON. Yes; if it was necessary but she was only there 4 days.

Senator Moss. I see. And you didn't have occasion to call him during that period of time?

Mrs. SHELTON. No; just the day that I had to move her.

Senator Moss. Now, you referred to your sister. Were there two of you in the family?

Mrs. SHELTON. No. We have a brother, but he does not live with us.

Senator Moss. Besides your mother?

Mrs. SHELTON. Yes.

Senator Moss. Before she passed away?

Mrs. SHELTON. Yes.

Senator Moss. And you all visited her while she was in the nursing home?

Mrs. SHELTON. That is right. My brother came to visit the Saturday we moved her.

PATIENTS TO NURSE'S AIDES—20 TO 1

Senator MOSS. There were, I take it, 83 residents in the nursing home from the numbers you gave, and you saw only two nurse's aides on each floor so that would be four nurse's aides?

Mrs. SHELTON. Yes.

Senator MOSS. And then, besides that, the head nurse?

Mrs. SHELTON. Yes.

Senator MOSS. And any other personnel that you noticed around?

Mrs. SHELTON. Well, just the cleanup people.

Senator MOSS. Cleanup people?

Mrs. SHELTON. Cleanup people; yes.

Senator MOSS. And kitchen help, did they have their own kitchen?

Mrs. SHELTON. They had kitchen help; yes.

Senator MOSS. Do you have any questions you would like to ask, Senator Percy?

Senator PERCY. I have no questions.

Thank you, Mrs. Shelton.

Senator MOSS. Well, thank you very much, Mrs. Shelton.

We will go on and hear Mrs. Johannon.

STATEMENT OF MRS. MARY JOHANNON

Mrs. JOHANNON. Catherine Baaba is my sister. She is 43 years old, but has the mind of a 3-year-old child. Though retarded, she is fully ambulatory. She led a thoroughly sheltered life at home with her mother and father until March 1966. At that time, my mother, who is a diabetic, a heart patient, and a successful cancer surgery patient, decided it would be best to place her in a suitable nursing home for the future.

She was placed at Colonial Towers. It was an old dingy converted mansion, but Mrs. Serious, the administrator, seemed genuinely concerned about her patients, and with her small staff, seemed able to meet their needs.

My sister was always fully dressed in her own clothes, her sanitary—menstrual—needs were met, and the superfluous hair on her face, was always removed.

It wasn't like home, but each time we saw her, she seemed fairly well cared for.

In May 1967, Colonial Towers closed and our tragic experience with standard nursing homes began.

Catherine was transferred to Kenrose Rest Home, Inc., at 6255 North Kenmore.

Conditions at Kenrose were shocking and deplorable. The smell of urine was overpowering.

The washroom on the main floor which I saw—I think everyone used it—was filthy, with human excrement and urine littering it.

She was constantly under sedation. Her clothing disappeared. She was never bathed, her hair was filthy, the hair on her face was never removed, unless we were there to do it.

There were no towels or soap in the washroom so that my mother could wash her, and when she demanded some, the aides told her to call before her visits.

Shortly after she had been there, Catherine's legs and ankles began swelling, and each time I saw her, they became progressively worse. One day, I found both arms covered with sores. The aides said she had scratched herself and had started an infection: That the house doctor had seen her and both arms and legs were being treated. The infection had spread; my mother visited her and found the sores festering.

Obviously they never bathed the arms, but kept putting some ointment on them. With the oil on top of the festering sores, it looked dreadful. My sister's legs had become so swollen, she couldn't walk. Couldn't wear shoes.

My mother came home hysterical and incoherent and demanded we remove her from that horrible place.

Within a few days, my husband and I went to Kenrose, and when we questioned why the arms and legs were becoming progressively worse, they insisted they were following the doctor's orders. They agreed to let us take her home for about a week.

We brought her home in July 1967, and under the care of our private physician, my mother cleared up the entire infection in 1 week with Phisohex soap and dry boric acid. For her legs, he prescribed diuretics and the swelling receded within a few days.

He said the infection was caused by filth and unsanitary conditions. We never returned her to Kenrose.

FILTHY, MISERABLE—BOARD'S RESPONSE, A MANUAL

When her caseworker called and asked why we had taken her out, I told her about the filthy, miserable place, and the unfit personnel. She said she knew this; that I should call the board of health, which I did. They responded by mailing me a 2-inch thick manual, informing me about the standards set up for nursing homes in Chicago.

Catherine was at home until March 1970, when my mother fell and broke her arm. Once more we were faced with the problem of placing her.

We decided on Rosewood Manor at 6700 North Damen.

Catherine originally was placed on the first floor, which makes a better impression. We explained her needs, were assured she'd be just fine, and were told not to visit for several weeks, to allow her to adjust.

Each time we called, we were told she was getting along beautifully, and when we did visit her after 3 weeks, found her fairly happy. The other patients and aides seemed to like her.

She was at Rosewood for 1 month, when for some reason she was taken up to the second floor. It was different from the main floor. All the rejects and human waste were dumped there. The place reeked of urine.

She was very unhappy and frightened. She would cling to me and moan, "Oh Mary, oh Mary."

Again, all her clothing disappeared—nothing hanging in the closet, no underwear in the drawers, just rags which I would always find, and throw in the wastepaper basket.

Whatever she was wearing was never hers. She would have on a sweater several sizes too small—never any underclothes on her. She was capable of dressing herself, if only the clothes had been there.

Each time we would complain, Mr. Katz, the administrator, and the aides would say everything was in the laundry. Several times we checked the laundry room but never found any of her belongings. No soap, no towels for her to wash her hands and face. These too were always in the laundry.

She always looked unkempt. Her hair was filthy, she was never bathed, her face was unshaven. Once her hair was washed and set, and we were charged \$8.50.

I was told she had a cold, so I went to Rosewood unexpectedly one Sunday about 7:45 p.m. I found her in bed, burning with fever, nightgown in shreds, her bed filthy. She had her period—no one had bothered helping her. When I complained to the night nurse, I was told they had no need for sanitary napkins there, that we should supply them. I was furious and asked if they expected me to run over with a box of Kotex each time she had her period. I would have been happy to purchase a large box and leave it, but I was sure that too would be stolen.

That same evening in checking for her clothes in the closet, I found a straitjacket and when I asked this same nurse about it, she said Catherine had been tied up in it. When I asked "Why? she's not violent," she shrugged it off and said, "Well, maybe it was used on someone else and just left in the closet."

One day my sister Claire and I visited her and found a half-naked man in her room. The nurses, a few feet away, did nothing. They finally got him out after we asked them to.

My parents visited her one day and again found her sitting in a chair, her dress soaked in blood—no sanitary napkin, no underclothes. When my mother took her to her room to attempt to clean her up, there was no soap, no washcloth, no towel. Naturally, the aide said they were in the laundry, and finally after much arguing, she brought my mother some paper towels. It seemed the more we complained, the more they deliberately neglected her. I could see Catherine deteriorating, her spirit was completely shattered. I could see a definite psychological change—she became withdrawn.

I told my husband that something was happening to her. Each time she would cling to me as though terrified. I knew that they had abused her. I know that there were many misfits—lesbians, et cetera—at Rosewood. About the third week of October 1970, Mr. Katz called demanding Catherine be removed immediately. He said she had hurt another patient. He was told she would never hurt anyone unless she had been provoked.

DETAILS OF INCIDENT VANISH

When we tried to get some details, everyone at Rosewood was very, very close-mouthed. On that particular day they had either been coming on duty or going off duty.

When I contacted Nursing Placement Service, they were very indifferent to me and accused me of lying; as a matter of fact, the supervisor didn't even know who the caseworker for Rosewood Manor was, and further proceeded to find out that Rosewood Manor had been without a caseworker for several months. At any rate, when they finally found out who belonged where, we were assured by Mr. Katz and the social workers that Catherine could remain at Rosewood until another home was found. Incidentally, I called a social worker at Grant Hospital about what had occurred, and she informed me that she had received many complaints against Mr. Katz and Rosewood, that he was a very uncouth, cruel man. I asked why she hadn't reported this to the proper authorities. About 1 week later someone from Rosewood called and said Catherine was being taken to Reed Zoning Center.

I didn't know what Reed Zoning Center was. I found out it was the Chicago Mental Hospital.

They said it was being done at the suggestion of the caseworker, but this was a lie, because when I called her caseworker, she knew nothing about it. My sister was taken to Reed without our knowledge or consent, without the knowledge or consent of our family physician, and without the knowledge or consent of the caseworker.

We repeatedly called Reed and each time the calls would be transferred and retransferred with each person claiming they had no information about my sister. After spending all morning frantically trying to locate her, we finally found someone who said she was in the outpatient ward. Her caseworker refused to help and in fact advised us we were powerless to do anything.

My husband and I went to see her at Reed and found her sitting helplessly among drug addicts, psychopaths, prostitutes, et cetera. Literally a 3-year-old child thrown in with these sordid characters. It was heartbreaking. I asked the caseworker at Reed if the men and women were segregated. She said, "No, they're not segregated on the outside, so why segregate them here."

We were subsequently told that in order to get my sister released, we would first have to agree to commit her and then appear in court to seek her release. The court appearance was handled at Reed where my sister was returned to us. At this time, we were told that tests showed she was severely retarded, but passive unless provoked—a diagnosis we had been aware of for years. The judge told us she should never have been brought to Reed and should have been released immediately. We explained that we had nothing to do with committing Catherine and that, in our opinion, she had been shanghaied.

Our concern and heartache was far from over when she was released.

SUGGESTS EXAMINATION BY FAMILY PHYSICIAN

Before my sister was released, a physician at Reed emphasized that Catherine be examined by our family physician as soon as possible.

We followed his advice and a physical examination by our family physician revealed that my mentally retarded sister—a person with the mind of a 3-year-old child—was no longer a virgin. He did not

say she was raped, but of course our family will never believe that her experience occurred under any different circumstances.

Catherine is again living at home. It took 2 months to reverse the mental and physical abuse she had suffered. I can assure you that my sister will never spend another hour in a nursing home.

May I add, the more we probed, the dirtier the entire system became. It is a hoax. Our immediate contact is the caseworker; they are all fully aware of every horrible condition existing in these homes and yet are insensitive to them.

My family is unaccustomed to exposing their private life to the public; I hope that my appearance before this committee will not have been in vain.

Senator Moss. Well, thank you, Mrs. Johannon. That is such a terrible story; it is hard to believe that it could occur.

In the conditions as they exist today, your sister is now living at home with your mother?

Mrs. JOHANNON. Yes.

Senator Moss. And is your mother able to take care of her or do you have to hire outside help?

Mrs. JOHANNON. No; my mother is taking care of her. She would never put her in a nursing home.

Senator Moss. How old is your sister in chronological age?

Mrs. JOHANNON. 3 years old. She is 3 years old, as I said in the report.

Senator Moss. Well, I mean her chronological age.

Mrs. JOHANNON. Oh, I'm sorry. Her chronological age—she is 43.

Senator Moss. Well, that is a terrible story and I have great sympathy for you.

Mrs. JOHANNON. It was the most traumatic experience we have ever suffered.

Senator Moss. It certainly cries out for some kind of remedy and rectification.

Do you have anything Senator Percy?

Senator PERCY. I would like to ask you, Mrs. Johannon, who owns Kenrose Home; do you know?

Mrs. JOHANNON. Kenrose, no. When I called there 2 weeks ago to get the name of the manager I was told that the phone had been temporarily disconnected. I can't recall the name.

Senator PERCY. But you know that the owner was not, at any time, in Kenrose when you were there?

Mrs. JOHANNON. No.

Senator PERCY. Is that right?

Mrs. JOHANNON. Yes; that is correct.

Senator PERCY. It was a hired manager?

Mrs. JOHANNON. Right; that is, the manager had informed me that the owner lives in California.

AS CONDITION WORSENE—MORE POINTS, PAYMENTS

Senator PERCY. Were you aware of the fact that, as your sister's condition worsened physically, she was then eligible for more points and more payment to the home?

Mrs. JOHANNON. No; I did not know that.

Senator PERCY. Did the city, when they sent you this manual of standards, did they follow up any further to get further information from you?

Mrs. JOHANNON. No.

Senator PERCY. Do you know whether the city did make any improvements after you made the complaint?

Mrs. JOHANNON. No; but I am certain they did not.

Senator PERCY. In other words, they just simply notified you that these are the standards that should exist?

Mrs. JOHANNON. Exactly, exactly.

Senator PERCY. And that by ordinance exists, but there was not active followup?

Mrs. JOHANNON. Right.

Senator PERCY. All right. Can you tell us what you feel the purpose of operating the home is? Did you have any sense that anyone who owned or managed the home was in that business for the purpose of helping to care for other people?

Mrs. JOHANNON. No; I did not. I felt it was all for sheer profit.

Senator PERCY. Did you have the feeling that the home was set up for profit?

Mrs. JOHANNON. Exactly.

Senator PERCY. To make money?

Mrs. JOHANNON. Exactly.

Senator PERCY. And that the people in it were exploited?

Mrs. JOHANNON. Exactly; exploited, abused, degraded to the lowest capacity.

Senator PERCY. And that there is no real competition between homes?

Mrs. JOHANNON. None.

Senator PERCY. There are no standards in this field that exist in private enterprise, where through better quality you get more sales, or through lower costs you improve what you are able to do and put back into the product.

There is no competition at all in this field?

Mrs. JOHANNON. None whatsoever.

Senator PERCY. So it is really different than the private sector because in almost any other business, other than the caring for the elderly, you have a different situation?

Mrs. JOHANNON. Yes.

Senator PERCY. Do you know who owns Rosewood Manor?

Mrs. JOHANNON. Yes; Mr. Katz.

Senator PERCY. Mr. who?

Mrs. JOHANNON. Mr. Katz.

Senator PERCY. Katz?

Mrs. JOHANNON. I have never met him. Each time we would go he was never there.

Senator PERCY. He was never there. How many visits did you make there?

Mrs. JOHANNON. Well, we would visit at least once a week. I mean, various members of my family would visit during the week.

Senator PERCY. You never met him?

Mrs. JOHANNON. Never.

Senator PERCY. Do you know if he owns other establishments?

Mrs. JOHANNON. No; I do not.

Senator PERCY. Would you be interested in knowing whether he took a salary out of it then?

Mrs. JOHANNON. I certainly would.

Senator PERCY. You don't know whether he owned it in partnership with anyone else or whether he was the sole owner?

Mrs. JOHANNON. I don't know.

Senator PERCY. Who is the manager of it, then, that you did see?

Mrs. JOHANNON. Well, there was a Mrs. Cohen who was the bookkeeper, and I did meet her.

Senator PERCY. Was she sort of resident manager, then, would you say?

Mrs. JOHANNON. Well, I would say so, yes.

Senator PERCY. In other words, who was in charge?

Mrs. JOHANNON. I would say Mrs. Cohen.

Senator PERCY. And she supervised all of the personnel, did she?

Mrs. JOHANNON. I think she did.

LICENSED PROFESSIONALS—ONE REGISTERED NURSE

Senator PERCY. What was the adequacy of personnel as far as technical people are concerned?

Mrs. JOHANNON. Horrible. I think they had one registered nurse.

Senator PERCY. Now, again, at Rosewood, you say that you saw no evidence that anyone was in the business because they cared about people?

Mrs. JOHANNON. Absolutely not.

Senator PERCY. They were there to make a fast buck?

Mrs. JOHANNON. Absolutely.

Senator PERCY. Thank you very much indeed.

Senator MOSS. Thank you, Mrs. Johannon. We appreciate your appearance and your statement.

We will now hear from Mrs. Glenda Carlson.

STATEMENT OF MRS. GLENDA CARLSON

Mrs. CARLSON. I am Glenda Carlson and I am not really too much prepared for this. I'm only going to read to you a letter that I wrote to the Better Government Association, Senator Percy, and the Illinois Department of Health.

So here is my letter which is dated March 26, 1971.

My mother, Alice M. Gray, age 84, was a patient at Suburban Convalescent Center, 120 West 26th Street, South Chicago Heights, Illinois, 60411, from 12/11/70 through 2/12/71.

I will not go into minute details at this time, regarding the substandard care Suburban Convalescent Center gives to its residents, but, for the time being, wish only to say: In my opinion, Mrs. Gray—following hospitalization at St. James Hospital, Chicago Heights, Illinois which resulted from a stroke 12/5/70—was victimized by inadequate nursing care and medical diagnoses.

There was no evidence of any sore or gangrenous condition on Mrs. Gray's right foot upon her discharge from St. James Hospital to Suburban Convalescent Center 12/11/70.

Within two weeks following, a small sore started on the outside ankle bone of Mrs. Gray's right foot. Only by chance had I been able to see this since the patient had kicked the covers off. I questioned the nurses about the sore and they always replied that she kicked the edge of the bed causing the sore.

I visited Mother three times weekly and at unexpected times. Each time, I would purposely look at the right foot. In vain I tried to get nursing (since there are no medical doctors on the staff there with whom I could talk) to tell me why the sores were now spreading, covering the toes and the inside of the right foot.

On Monday, January 25, 1971, I visited Mrs. Gray around 11:00 a.m. and found her sitting with her feet hanging down, seated in a chair in the hallway.

Her right foot was purple and black. She screamed with pain if nurses got anywhere near her foot. I was shocked and horrified at the sight and complained that the nurses had not called the physician in to treat mother's right foot.

I proceeded to call the physician, who was Dr. Mortimer Buckley. He visited Mother the next day, January 26, 1971.

I pleaded with Dr. Buckley to please visit my mother every day, if necessary, to treat her horrible looking right foot.

The physician and the nurses all just said to me that it was lack of circulation and the foot was not nearly as bad as I had indicated, and that I was overly concerned because it was my mother.

I can verify all statements made by a friend of mine who accompanied me to visit my mother. Her name is Mrs. Adeline Henning of Chicago, Illinois.

On one occasion when I visited Mrs. Gray, I met the daughter of a patient across the hall from Mother who made the statement that she, or someone of her family, stayed most of every day with their mother at Suburban Convalescent Center because if they did not, no care was given to her.

As I previously mentioned, the right foot was becoming increasingly sore but at each visit then, it would be wrapped so I couldn't see the foot. Never once did I visit Mother when she was diapered. I questioned the nurses as to why a person with my mother's condition of senility and ulcerated looking foot would not be diapered. Their answer was that Mr. Stender, Administrator of the Convalescent Center, did not approve having diapers on the incontinent patients because it caused too much laundry and cost far too much.

Because of not being diapered, Alice Gray, without being aware of it due to her senility, would get her hands in her own excrement, scratch the open sores on the right foot and smear it all over herself.

With all my constant pleading and complaints to the nursing staff and to Dr. Mortimer Buckley of the filthy practice of letting my mother lie open, undiapered in her own fecal matter not containing it inside a proper diaper, I started procedures to have Alice Gray transferred to Oak Forest Hospital.

On 2/12/71, Mrs. Gray was admitted to Oak Forest Hospital and immediately sent to Intensive Care Section B-12.

The Orthopedic Surgeon asked that I, as the closest relative of Alice Gray, sign for the amputation of the right leg to well above the knee due to the advanced uncontrollable gangrenous condition of the right foot unless I wished my mother to die the most excruciatingly painful death known to man very soon.

The gangrenous condition, if continued, would consume the entire body with its toxic poisoning.

I signed for the amputation of the right leg above the knee and it was performed February 22, 1971.

If I had not interfered and insisted that Mother be transferred out of the Convalescent Center to Oak Forest Hospital, she would, without question, have been allowed to rot in her own excrement a horrible, painful death.

Not once did any staff person of the Convalescent Center recommend Alice M. Gray's transfer to a hospital.

Dr. Buckley visited Mother only once on January 26 and he had the audacity to tell me over the phone following his visit that I was unduly alarmed about my mother and her foot was not as bad as I had said on the phone January 25, 1971. Just how "bad" does a gangrenous foot have to be, I wonder.

If on 2/12/71 a medical opinion at Oak Forest Hospital was given that there was no other means of survival for the patient but complete amputation of the right leg, there was a flagrant lack of proper treatment for the patient who was slowly dying.

The damage has already been done as far as my poor, helpless, 84 year old mother is concerned but I sincerely hope that the Suburban Convalescent Center will be investigated for substandard practices so other helpless incontinent patients won't be subjected to practices more fitting for pigs in a pen than for human beings who cannot speak for themselves.

Senator Moss. Thank you, Mrs. Carlson. Was there a registered nurse in charge at the Suburban Convalescent Home?

Mrs. CARLSON. There was supposed to be a registered nurse on duty at all times, but I am really not sure of that.

Senator Moss. You never verified that?

Mrs. CARLSON. I cannot really say one way or the other about it.

Senator Moss. Who was assigned to take care of the floor where your mother was, or that should have been taking care of her? Was it a LPN or just a nurse?

Mrs. CARLSON. Usually, the ones that I saw were LPN's or they were nurse's aides.

Senator Moss. Nurse's aides?

Mrs. CARLSON. Yes.

Senator Moss. And how many were in the center? Were there just a few or was there quite a number of those?

Mrs. CARLSON. You are talking about employees?

Senator Moss. Yes, employees.

Mrs. CARLSON. Well, I really don't know how many patients they had on the floor and as far as employees are concerned, I would say maybe there were two or three aides when I would be there, with the LPN.

PROBABLE CAUSE OF MOTHER'S CONDITION QUESTIONED

Senator Moss. So it was more indifference on their part than the fact that they were understaffed that caused this neglect of your mother?

Mrs. CARLSON. I think it was lack of concern for her condition which was quite evident when you would see it. I mean, even if I, as a nonmedical person who had never seen a gangrenous foot, even I could tell that something had to be done. They just were very lackadaisical about it, and never did a thing about it.

I constantly, at each visit, would say, "What are you doing for my mother's foot," you know, and then after the doctor said, "well, you are overly concerned"—I guess we all feel that when a doctor says that I was overly anxious and, you know, it was just because it was my mother, I sort of thought to myself, "well, maybe I am overly concerned and maybe I am making a lot out of this and I shouldn't."

So, I sort of went on what he had to say.

Senator Moss. Was Dr. Buckley your family doctor or was he the house doctor there?

Mrs. CARLSON. He was a doctor who had been recommended to me, whom I did not know too well, but he had examined my mother when she came from St. James Hospital and when she was admitted to Suburban Convalescent Center on December 11, so I did not know him extremely well.

Senator Moss. But you called him, it wasn't the home that called him?

Mrs. CARLSON. I did call him.

Senator Moss. Yes. And he only examined her that one time?

Mrs. CARLSON. Yes.

Senator Moss. When she was in the center?

Mrs. CARLSON. Yes.

Senator Moss. What did you observe about the other patients there? Did they seem to be similarly neglected or not?

Mrs. CARLSON. When I was there, what I observed was this: That they had many mentally-ill patients interspersed with the other physically-ill patients. In fact, in my mother's room was a patient whom I am not really sure about, but I assumed that she had probably been in a mental hospital, and she used to wear all of my mother's clothes. She would put on mother's robes, and I lost 13 of mother's gowns in 2 months. Of course, that is negligible as compared to losing a leg.

Senator Moss. Did you ever have any direct conversations with the owner or the overall manager of the home, the Suburban Convalescent Center?

Mrs. CARLSON. Just the day she was admitted.

Senator Moss. Just the day she was admitted?

Mrs. CARLSON. Yes.

Senator Moss. Was this a manager or was he an owner?

Mrs. CARLSON. I am not sure about Mr. Stender. He is, I assume, the administrator. He is in the office, there on the premises, but I do not know whether he owns it or if he just manages it.

Senator Moss. I see. You are not aware of what the ownership of the center was?

Mrs. CARLSON. No.

Senator MOSS. Senator Percy?

Senator PERCY. I have no questions. Thank you.

Senator MOSS. Thank you, Mrs. Carlson.

We will now hear from Mrs. Lillian Schiff.

Mrs. SCHIFF. Thank you.

STATEMENT OF MRS. LILLIAN SCHIFF

Mrs. SCHIFF. My correspondence dates back to October 1967, so I can't possibly read all of that, but I would like everyone to know that in that month I started writing letters to Beeline, Health, Education, and Welfare, in Washington, D.C., the South Shore Kosher Rest Home, Mayor Daley two or three times, a doctor, Dr. Stanley Gumbiner, South Shore Hospital.

I wrote to the Better Government Association in January 1968. I wrote to Dr. Murray Brown, Dr. S. Andalman, and Dr. M. O'Connell. I wrote to James Barrett, Ralph Markham, Mrs. Virginia Sain, and these are all people with the Chicago Board of Health.

I also wrote directly to the Chicago Board of Health and received a publication just like the other lady. That is all I received, the "Standards for Nursing Homes." Those standards didn't mean a thing because no one ever followed them.

I wrote of very important matters to Dr. Franklin Yoder twice, with copies to the board of health. I wrote twice to Richard Ogilvie, our Governor; no response.

Now three letters were recently sent to Senator Percy which he has probably never seen. They were sent to his Chicago office and I believe they have them there now.

Now that the investigations are on, I only have a few minutes, I know. I was told "don't take too long." I will read you part of the three letters that I wrote to you, Senator Percy, is that all right?

Senator MOSS. Yes, you may proceed.

Mrs. SCHIFF. Thank you.

In my first letter dated March 8, 1971.

Dear Senator Percy: My wish is to share with you and the State of Illinois, pertinent and shocking information relative to the nursing home situation in the City of Chicago and I am sure that this is true all over the country, but we are in Chicago now.

I have also been in touch with Representative David Pryor in Washington many, many times since April 1970.

I have tried to help him in some ways but I am here and he is there.

Then I further stated:

Please review the letter written to Governor Richard Ogilvie, yesterday, which is attached.

A letter was attached and you should have it in your Chicago office, so I won't read it now.

OBSERVATIONS ON NURSING HOME CONDITIONS SINCE 1967

My observations of nursing homes date back to 1967 when I began communicating with newspapers, the Board of Health, Welfare directors in Washington, attorneys and more people but no good came of any letters written. All I received in return were more letters but no action.

The case against a nursing home that I brought up with the Chicago Board of Health proved nothing since the administrator and his witnesses told lies and nothing was ever proven.

I resented the Chicago Board of Health's decision on the South Shore Kosher Rest Home and I told them so in a letter which they have never since acknowledged (April 1970).

The homes referred to were privately owned and deplorable in their utter neglect of patients who paid up to \$800 monthly, and where some patients had their own private nurses in addition to the nursing home help.

I want to be sure when your meeting occurs, Senator Percy, that I will be able to present facts on broken hips, hepatitis from faulty blood transfusions and much more neglect in hospitals and nursing homes.

I won't finish this letter because I wrote another letter yesterday which I hope you will listen to today.

Dear Senator Percy: For over three years I have been waiting to get the enclosed facts into records which would prove of value for the aged and dying oldsters in our approved nursing homes.

In my folder you will find correspondence written to organizations, newspapers, the Federal Government, in regard to much carelessness in approved nursing homes.

When I say approved nursing homes, I mean approved by and licensed by the State, and approved by Medicare. Medicare pays these bills.

In my father's case where he was hospitalized in July 1966, and died in November 1967, I believe it cost the Federal Government anywhere between \$35,000 and \$40,000 for his care in hospitals and nursing homes.

Now, if that money had been put to good use, and they took good care of my father, I would say "fine, three cheers," but they didn't so they wasted that money, and your tax money and mine is paying for this.

From the contents you would learn how a man burned his foot at home, was taken to South Shore Hospital as an emergency when he fell out of bed and fractured a hip, several days later in July 1966.

He was being treated for a burn and he fractured a hip through negligence.

From this hospital, many weeks later, he was transferred to Schwab Rehabilitation Hospital for physical therapy where he fell again, the first day, and bruised parts of his body.

From this rehabilitation hospital a month later he was taken home for care, but he could not manage to walk without canes; and so I asked his doctor to return him to Michael Reese Hospital for physical therapy which should have taught him how to walk, June 1967.

At this time my father was 79 years old and had never been ill in his life; but was never able to return home after the transfer to the third hospital.

SIDE EFFECTS RESULT FROM TRANQUILIZER MEDICATION

There he was being overmedicated and seemed to become senile and was called psychotic by their doctors, nurses and resident doctors.

I resented that, my father being called psychotic—because he was overmedicated—and finally was taken off of all of the tranquilizers and other medicines because I insisted they take him off the medicines and he became much better, after calling in a consultant physician.

He was not psychotic. He may have been getting senile, yes, but he was not psychotic.

Senator PERCY. Did you have the feeling that they were giving him medication just to quiet him down?

Mrs. SCHIFF. I had the feeling that the doctor prescribed wrong medication—Taractan, for elderly people—just to quiet him down when the man was actually in severe pain from the hip surgery.

Senator PERCY. So that he wouldn't be any trouble?

Mrs. SCHIFF. Right. They were trying to keep him in bed and they tied him in bed so that he would not be able to be any trouble to them, even though he went there for physical therapy.

I will tell you the names of these places if you want them.

JUNE 4, 1967.

In this hospital he again fell out of bed, fracturing his second hip even though our orders were given for bedrails up at all times. Blood transfusions were necessary. Bedsores and ulcerated legs, ulcers on his legs and feet ensued, and they were horrible, these bedsores, like I have never seen before, all due to negligence in the hospital.

After 6 or 7 weeks of this hospitalization, he was forced by the hospital to leave, to go to a nursing home which was approved by Illinois and Medicare where hepatitis set in about 6 weeks later, and I found out this was due to faulty blood given at the time of the second hip surgery in the third hospital. This was September–August 1967.

So in October 1967, he was again hospitalized at South Shore Hospital for hepatitis and shooed out of the nursing home. They said they couldn't take care of hepatitis, that it might be contagious.

I called the Board of Health and checked with them. They said that if it were not contagious he could stay in the nursing home, but Dr. Burroughs gave no offer of help.

The hepatitis was not contagious because my father went to a Medicare ward in the hospital with seven other men, so it could not have been contagious.

They ousted him out of the South Shore Pavilion nursing home, saying they did not want to bother with a hepatitis case.

In the last dungeon of his life from South Shore Hospital, 6 weeks later, his doctor prescribed a sunlamp treatment for the horrible bedsores for 2-minute periods only. Now, these bedsores were something. Really, I am sorry I didn't take pictures of them.

After the sunlamp treatment on Nov. 3 or 4, 1967, he became very ill. I was there every day for 8 to 10 hours. He became dehydrated and he hardly knew us. He changed overnight so I looked at his bedsores, I pulled off the sheet and I saw this burn at the base of his spine, which my brother can verify.

There was nothing I could do because his doctor was out of town on a vacation.

I could not get another doctor to come in to verify this burn on top of the bedsores, after calling 10 or 12 doctors and the Board of Health. My hands were tied and the administrator did nothing to help. Ambulance took him to South Shore Hospital for catheterizing only.

I even called the Police Department to help me. They advised taking him to a hospital, but when I called Billings Hospital they said he should return to his original hospital—South Shore Hospital refused to accept him saying they did not have a vacant bed. I begged the doctor on duty to improvise any bed, even in the corridor so that my father would not have to return to the nursing home. My pleas did not help and the ambulance returned him to South Shore Kosher Rest Home. This home refused to give the ambulance driver a towel to cover his head in the winter time so I went into his room and took a diaper for his head. This was November and cold.

The Board of Health decided at a meeting that we had in early 1970 that there was no negligence on the part of the nursing home where the patient was burned, dehydrated and died on November 15th, 1967, 3½ years ago.

I want this case investigated further so that others might not perish in vain, in the future, in the dungeons of our country, the approved nursing homes and hospitals.

I need your help, Senator Percy. I wish you to encourage through legislation, volunteers to be allowed to visit these privately owned nursing homes where I attempted to become a volunteer but was asked to stay out because I knew too much, I saw too much. They did not want me there.

I tried to help the other patients whenever I could and I say here, please be sure to read the correspondence of all these letters that were written, copies of which are enclosed. I have the folder here and I would be very happy to turn the folder² over to you.

And I also say that the board of health certainly never followed through.

Senator Moss. Well, thank you, Mrs. Schiff. I am sure that the Senator will be glad to have the entire folder as part of the record so that we will have full documentation.

Mrs. SCHIFF. Thank you, sir.

CASES OF NEGLECT . . . ELDERLY AND ILL PEOPLE

Senator Moss. And your case is similar to the others in that it shows the elements of neglect and failure to give care to elderly people and ill people.

Mrs. SCHIFF. Senator Moss, I would like to add that all of these administrators that I saw in nursing homes were money mongers.

All they wanted was to collect the payment of fees, for services not rendered. They didn't give one hoot about the care of the patients; and their aides were not too well trained and their nurses were not reliable.

Senator Moss. Did they have licensed nurses, registered nurses at the hospital or rather at the homes?

Mrs. SCHIFF. As few as possible, Senator Moss. They used the LPN's as often as possible to get them at a cheaper rate.

They also used the nurse's aides who were underpaid—\$1.35 an hour in 1967. Some of these Negro aides were marvelous people and others were not.

Senator Moss. The nursing home where they didn't want to keep your father because he had—

Mrs. SCHIFF. Hepatitis.

Senator Moss. What was the name of that home?

Mrs. SCHIFF. The South Shore Pavilion.

Senator Moss. The South Shore Pavilion?

Mrs. SCHIFF. Yes.

Senator PERCY. They all seem to have exotic names. [Laughter.]

Mrs. SCHIFF. Well, they are in nice locations. South Shore Pavilion is in South Shore near Lake Michigan and it is a beautiful new place.

Senator Moss. Really a nice looking home outside?

Mrs. SCHIFF. Yes, sir, and clean on the inside but no care on the inside for the patients. I could tell many stories of sad cases here.

I have devised a list of 18 items which should be investigated in nursing homes. That is part of my folder that I will turn over to the committee.³

Senator Moss. We appreciate your doing that and certainly it is a case that ought to be examined very carefully from what you have been able to describe here this morning.

² Documents retained in committee files.

³ Retained in committee files.

Mrs. SCHIFF. I also might add I sued one of the hospitals for the second fall, for the breaking of the second hip.

I did sue that hospital and won the case but the money is being used now for nursing home betterment by mailings, telephoning, telegrams, and gifts for patients.

I am trying my best to do whatever I can so that old people will not suffer or die any more in vain or unnecessarily.

Senator Moss. Well, I commend you for that and certainly much remains to be accomplished in this field.

Do you have further questions, Senator Percy?

Senator PERCY. Mrs. Schiff, I would like to just indicate that Mrs. Schiff's letters arrived last week. We are inundated by letters and telegrams with respect to the SST and this week by the Calley trial; we haven't seen anything like this since gun control. Your letters were very thoughtfully worded and they were turned over immediately and have been made a part of the file of this committee's work and Senator Moss, and his assistant, Val Halamandaris, have the letters now and those together with the five or six conversations that our office has had with you since we received your letters have been of further help to us in probing into this matter. You have been a very great help.

Mrs. SCHIFF. Thank you.

Senator PERCY. I would like to ask all of the witnesses, Mr. Chairman, if they know at what rate or if they know what rate is paid per month to the nursing homes.

Mrs. SCHIFF. I can tell you.

Senator PERCY. Do you happen to know?

WIDE RANGE IN PAYMENTS TO NURSING HOMES

Mrs. SCHIFF. Yes, I can tell you. I have had a lot of experience in the area where I live, where there are five nursing homes. I would say one is cheaper than the other because it is an older building but the care may be better.

Now, a 90-year-old gentleman that I visited in one of these homes moved out of this exotic place where he was paying \$600 or up to \$700 a month because they took his telephone out of his room and he couldn't communicate with me or with anyone else. So, he moved into a cheaper place and installed his own phone in his own room and I call him every day or every other day.

Now, he pays \$350 in the cheaper home.

Senator PERCY. I see.

Mrs. SCHIFF. The home he moved out of, he was paying \$600 or \$650 a month; I am not sure of this amount. It may have been \$700.

Senator PERCY. I see.

Mrs. SCHIFF. They eliminated their switchboard to save money. They have cut their patients out of communication with others. The patients don't matter one bit.

Mrs. JOHANNON. With respect to our sister, Rosewood was approximately \$450 a month.

Senator PERCY. Rosewood was approximately \$450 a month?

Mrs. JOHANNON. Yes.

Mrs. SHELTON. Montgomery Nursing Home charged approximately \$350 a month.

Mrs. CARLSON. The Suburban Convalescent Center charged \$19 a day for those under Medicare but if they were not approved for Medicare, which my mother was not, for some reason, she was moved to a different room where we paid \$15.50 a day.

Mrs. SCHIFF. I have seen a listing of the rates in the different States and they vary anywhere from \$12 a day up to \$30 a day in the States.

Senator PERCY. Mrs. Johannon, I just have one last question for you or two.

At Rosewood, why was the downstairs more presentable than the second floor, do you suppose?

Mrs. JOHANNON. Well, I think, it was to create a nice illusion for those considering placing a patient there.

Senator PERCY. To create an illusion downstairs?

Mrs. JOHANNON. Yes; and also I think short-term patients were placed on the first floor, possibly private patients.

Senator PERCY. And what happened to the clothes and other personal articles of the patients? Were they stolen by other patients?

Mrs. JOHANNON. They were stolen.

Senator PERCY. Or by the attendants?

Mrs. JOHANNON. I think a great many of them were stolen by the attendants.

I saw much of my sister's clothing on other patients. I'm sure the reason she might have hurt another patient is because she was wearing something which belonged to her—my sister. She likes clothes, recognizes her own, and to try to take it back was a perfectly natural thing for her to do.

Senator PERCY. Is there no place that a patient can keep their own things?

Mrs. JOHANNON. Oh, yes.

Senator PERCY. They can't keep them secure?

Mrs. JOHANNON. Oh, yes; they have closets.

Senator PERCY. Do they lock?

Mrs. JOHANNON. No; they do not lock. There was nothing in my sister's closet, nothing, never anything.

Senator PERCY. So that at least having a place that they could lock, then they could at least keep their things, and that would help?

Mrs. JOHANNON. Yes. Patients who have all their bearings can keep their possessions intact; others, like my sister, are at the mercy of the attendants.

Senator PERCY. I have no further questions, Mr. Chairman, but I think our witnesses were terrific and I thank you very, very much, indeed, for helping us and we will see that you benefit many others by what you have just told us.

Mrs. SCHIFF. I hope it can be the entire country, Senator Percy.

Senator MOSS. We certainly hope so; and, we thank all of you ladies for coming and telling us your very moving experiences, which are shocking; but, perhaps they may lead to improvements in this field.

I would like to state for the record that a number of names of nursing homes have been mentioned. We will try to provide that section

of the transcript to each one of the named nursing homes to give them an opportunity to submit any defense, or reply that they may wish to put in the record—that we may then consider that as well.

We are now going to have two or three of the members of the panel from the Better Government Association.

The Better Government Association is a well-known Chicago voluntary organization that has done many good things in this part of our country and they did an exceptional job when they turned their attention to the nursing home situation. During their inquiry they have talked to residents in nursing homes and with administrators. We look forward to hearing from the gentlemen this morning.

Mr. John J. McEnerney is president of Pioneer Electric & Research Corp.

STATEMENT OF JOHN J. McENERNEY, PRESIDENT, PIONEER ELECTRIC & RESEARCH CORP., AND BETTER GOVERNMENT ASSOCIATION

Mr. McENERNEY. I am John J. McEnerney, president of Pioneer Electric & Research Corp.

It is my privilege currently to serve as president of the Better Government Association, a civic group functioning as a citizens watchdog over governmental activities at all levels throughout the State of Illinois. We are a nonprofit, nonpartisan group financed exclusively by contributions from business and individuals concerned to have better government. Our aim is to ferret out and publicize inefficiency, waste, and corruption in the structure of government and by elected or appointed public servants. Our 1970 results were recorded in this annual statement, copies of which are available to your committee.⁴

Dependent upon widespread publicity for maximum impact, we work in close cooperation with all news media.

The BGA record is known and we receive many tips from the public.

Based upon the complaints about nursing service reaching us after a successful exposé and revision of ambulance service in Chicago last summer; we joined with the Chicago Tribune task force to investigate conditions in Chicago area nursing homes. We believe this has been one of the most extensive and effective probes ever done on the plight of the elderly.

The BGA employs a limited but professional staff of knowledgeable investigators. Some of these men, whom I will introduce shortly, obtained jobs in nursing homes to obtain firsthand information on conditions. Later they were admitted as patients.

What they found in terms of wretched conditions was published by the Tribune and others and we are grateful for the many official actions being taken to correct the conditions.

CONSCIENTIOUS OPERATORS WELCOMED BGA EFFORTS

I do want to add that we found many good nursing homes and these conscientious operators have also welcomed the efforts to eliminate substandard operators who have discredited nursing home care.

⁴ See appendix 2, p. 1160.

Our staff members who are here to testify include George Bliss, chief investigator; William A. Recktenwald, and William Hood. In Springfield our resident man also provided background research for this project. James McCaffrey in Springfield has been on the BGA staff since 1962 and before that served with FBI for 6 years.

George Bliss, with BGA since January 1968, was earlier a Pulitzer Prize winning labor editor and investigative reporter for the Chicago Tribune.

His investigations have led to prison sentences for scores of hoodlums and George has been named for almost every major award or prize in news reporting. His accomplishments for the BGA have continued to be outstanding.

William Recktenwald has served the BGA since January 1967 after a period of 4 years as investigator for the State's attorney's office.

William Hood is a recent University of Northwestern Law School graduate and has served BGA since mid-1969.

The 60-some local business leaders and civic minded citizens who comprise the board of trustees and directors of the BGA are proud of our accomplishments and pledge themselves to a continued effort to assure our citizens of better government. We are encouraged when official help is so responsive and tangible as these hearings today.

Thank you, Senators.

Senator Moss. Thank you, Mr. McEnerney for that statement; we do really appreciate it and the fine work that the Better Government Association does here. It will be most helpful to us to have the statements made by the various gentlemen that you have introduced to make our record here on conditions that exist in Chicago and Illinois, and to better understand what we need to do to improve our nursing home care. I will ask Mr. Bliss now to proceed, or in whatever order these gentlemen would like to be heard.

STATEMENT OF GEORGE BLISS, CHIEF INVESTIGATOR, BGA

Mr. BLISS. I am George Bliss, acting executive director of the Better Government Association.

Our investigators and the Chicago Tribune reporters worked and lived in Chicago area homes for 6 weeks.

What we found has been detailed in a series of articles in that paper. Those articles have been entered into the record ⁵ here so we do not need to recount all that happened.

We went into homes as patients and one of our men, Bill Hood and Tribune reporter Phil Caputo entered homes feigning mental illness. They all reported that it was one of the worst ordeals of their lives.

I also lived in a nursing home for a 24-hour period and believe me, that was long enough.

I don't think that the average citizen on the streets have even a remote conception of what it is like to live in a nursing home.

It is not enough to say that it was a terrible depressing experience.

⁵ See appendix 1, p. 1137.

24 HOURS IN CENTER—MOST DEPRESSING IN CAREER

I have been on many potentially dangerous assignments during my career as an investigative reporter with the Tribune, and earlier during World War II as a survivor at Okinawa; but, I have never been as depressed as I was during those 24 hours that I spent in the Fullerton Convalescent Center.

It was a horrifying experience and I pity those thousands of elderly that we consign to such places yearly. If anyone believes that I overstate this case, I invite you to try this experience.

Following our disclosures, I was requested by the staff of this committee to assist with further investigations and to present testimony for these hearings.

I immediately assigned three investigators to check nursing home records in Springfield at the Department of Public Health, to see if the State inspection records reflected the abuses and negligence that we found in Chicago.

Our investigation was fruitful and the examples of abuse, poor care, blatant violations of the Health Code were even more widespread than we had originally imagined.

Since these abuses were documented in State records and recurred continually from year to year, the only conclusion that can be reached is that there is a startling lack of enforcement of nursing home regulations by government officials.

My staff will present examples chosen from Chicago, suburban Cook County and downstate Illinois to support this conclusion.

Our research into health department records in Springfield covered about 20 percent of the homes in the State. These were selected at random.

We found that half of the homes we checked in this manner repeatedly had serious violations uncovered during the annual inspections. This figure seems incredibly high to us. Yet, we are confident our methods gave us a valid cross section.

The conclusion we must draw is that Illinois Department of Public Health is not doing a proper job of enforcing existing laws and regulations.

Time after time we found inspectors practically pleading via reports and memos to have homes closed. Their superiors, for reasons best known only to themselves, consistently ignored the advice of those in a better position to know the true facts.

Only three nursing homes in Illinois have had their licenses revoked since 1961. We feel that fact is sufficient indictment of Illinois enforcement activities.

Senator Moss. Thank you, Mr. Bliss, and the fact that you actually stayed in a nursing home, and some of your associates have worked there and been admitted, gives you a firsthand look at the problems that we are talking about.

I think we will go on and hear the other gentlemen on the panel and then perhaps if we have questions we can ask them of any who are sitting at this table.

So we will hear from Mr. Recktenwald next.

STATEMENT OF WILLIAM RECKTENWALD, INVESTIGATOR, BGA

Mr. RECKTENWALD. My name is William Recktenwald and I am an investigator for the Better Government Association.

We are grateful that this committee has come to Chicago for a firsthand look at nursing home abuses. This problem has received our complete attention for more than 3 months.

You have already heard from the families of some of the victims of nursing home neglect. They are a few of the hundreds of persons who have come forward in recent weeks—each one with a new and more sickening story of what is happening to our most helpless minority—the elderly poor.

For 3 months, working in cooperation with the Chicago Tribune, we watched this helpless minority spend their final years in wretched despair.

Working as mop boys, nurse's aides, and janitors we saw garbage scraped from one tray to another to make meager food supplies go around. We were told to administer drugs and medication within hours after we obtained employment using phony job references that were never checked.

We saw elderly patients struck and kicked because they dared to complain or cried out for mercy.

In one case, an investigator seeking work as a janitor was hired as a nursing home administrator by an absentee owner who was trying to get the health department off his back.

We saw filth and vermin so overwhelming that in one of the city's largest homes, the night staff has surrendered large areas of the building to rats.

I worked in four of these homes and posed as a mentally retarded patient in a fifth. Time after time, I saw the so-called Golden Years become a grim death sentence in places where nobody cares.

I watched a 91-year-old man, his legs weakened by age, beg for gentle care as two aides attempted to give him a bath. Their response was all too typical of the poorly paid employees of these warehouses for the dying—they slapped him across the face and he fell into the tub.

As a patient, I was one of four investigators and reporters admitted to nursing homes with only a small cash down payment. In some cases, the admission procedure took only a few minutes and the so-called family was on its way.

ACCUSATIONS OVERRIDDEN BY DEMANDS FOR REFORM

Two things have happened since these grisly disclosures began appearing in the Tribune on February 28.

First, we have been accused of sensationalizing our findings by various nursing home lobby groups. These are the same groups whose most influential members run some of the worst nursing homes in the county.

Second, there has been a public outcry and a demand for reforms. But with the outcry came this question—why was it necessary for a private organization and a newspaper to uncover this scandal? What were our welfare and public health officials doing? We think we have part of that answer.

POSSIBLE ANSWER—NEGLECT BY HEALTH OFFICIALS

An inspection of State public health records by Bill Hood, Jim McCaffrey, and myself, shows years of callous neglect by health officials in seeking any kind of nursing home reform. Let me cite a few examples taken from the files of the State Department of Public Health.

Largent's Nursing Home is located in south suburban Midlothian. This home, operated by a woman who is herself confined to a wheelchair, first came under criticism from health inspectors in 1950. State files show that Largent's was repeatedly found in violation of nursing home codes for the next 10 years.

Nevertheless, its license was never revoked, although inspectors had recommended such action numerous times.

In March 1967, this home was found in violation of 14 codes and was not recommended for relicensure.

It was then given 10 followup inspections, over a period of 3 years, in an effort to get a passing grade from health inspectors. Its license was finally revoked, and it lost its status as a nursing home. One month later, the license was reinstated, with no record that the owner had corrected a single violation.

The 69-bed Kosary Nursing Home in Tinley Park has had consistently bad reports for the past 4 years. Most inspectors have recommended the place be closed but it has remained open.

It appears political pressure was applied in 1968. A memo found in Illinois files from inspector F. H. Williams to the coordinator of the Licensure and Certification section mentions the "political implications involved."

These implications apparently stem from queries by State Representative Walter "Babe" McAvoy to Dr. Yoder, head of the Department of Public Health, in regard to Kosary Nursing Home. A license was issued in that year.

In the following 2 years, 1969 and 1970, inspectors again found conditions bad and recommended no relicensure. The home remains open today.

Palos Hills Convalescent Center in Palos Hills and Whitehaven Acres in Glenview are both owned in substantial part by one Frank Williams, former president of the Illinois Nursing Home Association. Both these homes have been severely criticized by inspectors. Recommendations have been made that both lose their licenses. These repeated pleas have been ignored.

NURSING HOME OPERATOR—ABOVE THE LAW

The attitude of the owner, Mr. Frank Williams, has been part of the problem. A State inspector wrote the following paragraph to his superiors in Springfield in April 1969, and I quote:

I have been reliably informed, and his actions further bear out the fact, that Mr. Williams feels that he, in his position, is above the law, and feels that his homes should be overlooked * * * The Whitehaven Acres Nursing Home is one of the most substandard homes that I have seen.

Inspection reports indicate the Palos Hills Convalescent Center is no better.

In fact, the HEW audit of Medicaid nursing homes issued January 4, 1971, cites this institution as an example of the Illinois Department of Public Health enforcement procedures falling flat on their face. The inspection nurse had recommended the home be closed in 1969. The nurse was overruled by her superior for unknown and undocumented reasons.

The HEW report deplors this issuance of licenses to institutions which do not meet minimum qualifying standards.

The McAllister Nursing Home II is located in Palos Hills and serves 45 patients.

Inspectors in 1967 found patients being bathed only once every 2 weeks and often receiving the wrong medication. Nutritionists found menus were not followed and evening meals consisting of scraps and sandwiches.

In the intervening 4 years, six separate reports recommended the home not be relicensed. But, it has been each year.

Two of these negative reports were made in April of 1968. The following month a memo from F. H. Williams, a State inspector, in State records discloses that "Representative Leland H. Rayson, Rabbi Yampol, Metropolitan Chicago Nursing Home Association, and I, are continuing to work together to solve this problem * * *" But, a handwritten note on the above memo says, "the license letter does not seem to agree with the nurse's report * * *"

This was a common finding in State files. Inspection reports were repeatedly ignored in Springfield.

5 YEARS' CLOSURE RECOMMENDATIONS—STILL IN BUSINESS

In each of the last 5 years, inspectors have recommended the Burr Oak Nursing and Convalescent Center be closed.

In 1966, the food service was so bad the chief nutritionist of Cook County Department of Public Health asked no license be given. A 1967 survey team found "a complete and utter disregard for good patient care in this facility." The report listed 29 violations and the entire team vetoes relicensing. In 1968, the fire marshal found serious violations and ordered immediate corrections.

The 1969 visit to this 38-bed facility, although announced beforehand, found diet orders for patients completely lacking, dirty food storage areas and the patients' medical record book was missing.

The three-man team investigating in 1970 found:

1. No one in charge of the patients when they arrived.
2. The condition of the patients was described as "very unclean, feet badly in need of washing and the skin on feet was dirty and hard."
3. Patients' rooms were dirty, disorderly, and floors throughout the home were unclean.
4. There was a "strong urine odor throughout the home."
5. Medicine distribution very bad and records of who got what could not be found.

In sum, the place was not recommended for relicensure. The Cook County Department of Public Health termed it as one of its worst homes. It is still in business today.

CONDITIONS NOT CONFINED TO RACE, CREED, COLOR

Bad nursing home conditions are not confined to any one race or creed or color.

The Esma A. Wright Convalescent Center in suburban Robbins is an example. Its owners and staff are predominantly Negro.

The last report found in Illinois Department of Public Health files states:

This facility has shown deficiencies in most of the same areas for the past five years. Complaints from taxpayers and some relatives of residents have been received and investigated and found to be warranted . . .

Dr. Wright (the administrator) has shown little or no inclination to correct the situation. Members of the staff are deceptive in the information supplied. . . . It is recommended that direct action be taken on behalf of the unfortunate residents in this facility.

Nothing in the file since this inspection dated December 1970, indicates any direct action was taken.

In recent years inspectors have found a multitude of violations in the home. Bad food, dirty food areas, poor diet orders, poor menus, and diet orders not followed. Evidence of roaches in the kitchen. Dirty floors, filthy walls, leaking ceilings. Home grossly understaffed. Medical charts not being kept.

And nothing has been done.

The Ridge Manor Convalescent Home, 5888 North Ridge Avenue, Chicago, had its license revoked in December 1970, following an extensive hearing into alleged violations.

The most serious violations centered on the failure of Ridge Manor personnel to notify family members of a marked change in a patient's condition.

The family of Magdelene Bloss came to visit their mother in February of 1970 as they regularly did. This day they found her seriously ill with a highly infectious disease and isolated from all other patients and staff. The family had received no word of this severe illness. The patient was moved to a hospital 2 days later and died in a week.

Another female patient, Beulah Campbell, sustained a badly broken leg. No physician or family was notified. Prior to her removal to a hospital, she was made to take a shower in this condition.

For these reasons and more, the hearing board voted to revoke the home's license.

During the past several years the doctor for many of the patients at Ridge Manor was Dr. William Becker. Dr. Becker was indicted in 1969 on 17 counts of fraud in Federal court. Public Aid suspended all payments to him in 1970.

We are happy to report that two recent visits by us to Ridge Manor, which is now operating under the name of Senn Park Nursing Center, found conditions much improved. A new administrator is apparently doing a good job of running the place.

Westwood Manor, 2444 West Touhy, Chicago, has had a long string of problems. In 1964, county Public Aid officials removed 23 patients from the home because their inspectors reported finding human excrement on floors, dirty bathrooms, soiled dishes and bedpans, and male and female patients using the same bathrooms at the same time.

Inspectors reported seeing one patient trying to go to the bathroom with a chair still tied to him with restraints. Other patients were found tied to chairs.

The year before, an inspector reportedly became ill because the stench in the home was so bad.

PANEL VOTES REVOKE—COURT REVERSES DECISION

Hearings were held to revoke the home's license in 1969 after a patient died under very odd circumstances. The expert witness at the hearing offered uncontroverted testimony that the female patient could not have received her fatal injuries in a fall as claimed. He asserted she could only have received her fractured skull by being beaten. The hearing panel voted to revoke the license but the administrative review Judge Healy, of the Cook County Circuit Court, reversed the decision and allowed the home to stay open. The City of Chicago chose not to appeal the reversal.

A reinspection report dated January of this year notes numerous violations in equipment, facilities, sanitation, and patient records.

The owner of this home, Meyer Leiberman, also owns part of Sunnyside Nursing Home in Chicago which was found guilty of various violations in 1969 and fined \$125.

The Melbourne Manor Nursing Home at 4621 North Racine was one of those where an investigator worked.

What she saw has been detailed in the Tribune but we would like to summarize it here, as we feel this is one of the worst nursing homes in this city.

Filth was everywhere. Rats and roaches virtually controlled parts of the place at night. The food was terrible. Patients were kept in rags and it was always cold, sometimes very cold.

Some patients were made to sleep in their own excrement because no one would help them.

This home is owned by Daniel Slader who, himself, lives in a very comfortable home at 3100 West Birchwood in Chicago.

Has the Melbourne changed?

Well, today they have an armed, uniformed guard at the door. His posted instructions are to let no one in, not even the police. He let us in this week, however, on the orders of Mr. Slader. Inside the home we found the smell and evidence of fresh paint everywhere. The place looks cleaner and the backyard is filled with the garbage and debris that has been cleared out. I wonder how long this will last?

I was hired by Rabbi Cohen to work at the Kenmore House at 5517 North Kenmore here in Chicago. I thought I had been hired to work as a janitor. I gave as my background 6 years as a janitor, but within 2 hours after starting my employment my duties included passing out medication to the 37 elderly patients who resided on the floor where I was assigned. The filth in the home was awful. There was little one person could do to clean it up. While there I saw patients neglected and ignored. I saw scraps from one plate scraped onto another plate and again a third time because there was not enough food to go around. I saw old people losing the last shreds of their dignity.

I returned to the Kenmore House Sunday before last with Senator Percy. Five painters were working overtime that day. The place looked somewhat cleaner.

If we don't change some of our laws and our enforcement system, how long can it be before the old, bad ways return?

The homes that we checked into in the areas outside of Chicago, Mr. Hood has that and he will just continue on.

STATEMENT OF WILLIAM HOOD, INVESTIGATOR, BGA

Mr. Hood. Unfortunately, the Chicago area does not have a monopoly on bad and substandard nursing homes. Our review of Illinois Department of Public Health records disclosed that filth, bad food, patient abuse, poor nursing care, and faulty records can be found in almost every county where there are nursing homes.

Indifference is definitely not indigenous to one place.

We discovered that officials have been very willing to give the operators a break and then another and another. But we saw precious little evidence that these same officials were willing to give the elderly patients the same break.

What the inspectors saw and noted and reported seemed to make little impact on their superiors.

Very few homes have been closed in this State. And evidence of tough enforcement and cleanup pressure is scant. Most nursing homes in Illinois truly operate on warehousing principles.

Here are a few examples of homes that can be found in the smaller cities and towns of this State. All descriptions and incidents are from Illinois department records.

Haley's Nursing Home in Mount Sterling is a small institution with only 10 beds, but the complaints far exceed its size.

A report in January of 1970 noted 37 separate areas in the home which were bad. The visiting nurse said, "Intent * * * might be good, but the ability to render service of adequate nursing is not evidenced."

A followup report in September of last year found conditions unchanged. Patients were not being cared for—bed linens wet. Patients' medical charts were extremely skimpy. They contained much meaningless comments as "usual day" and "slept at night." The State nurse "feels strongly (home) should not be relicensed." It was.

REPORT DETAILS DEATH OF PATIENT

But that is not all. In November 1967, the regional health nurse, Jane Axel, submitted a report detailing the death of a patient who had been in Haley's.

This female patient was 93, totally blind, and a severe cardiac. She was put in a chair with restraints despite doctor's orders that she should be in bed. The day after she entered Haley's, an attendant struck her in the face with her fist to punish her for spilling a cup of water. Her attending physician called the woman's daughters and had them remove her from the home. She was transferred to her home and died a week later.

The visiting nurse noted two large marks on her face after she died. And the funeral director remarked to the nurse how vicious the women at the home were; that their reputation for this was very bad.

The inspection nurse closed her memo by telling how she had tried to convince the operators to close the home the year before, even though the State had relicensed them. She did not feel the elderly couple ran an adequate nursing home.

The Restorium in Rockford has received very bad reports in each of the past 3 years.

These reports were all capped with the recommendation that the place lose its license. In April 1969, it was suggested that a show-cause hearing be held to revoke the license. The last report on the home, dated October 1970, contains five pages of adverse findings ending with the conclusion that the home is not ready for relicensing.

State files do not show that this advice was followed, as it seldom is.

The Carver Convalescent Home in Springfield mainly has Negro patients. A 1968 letter to the Director of Public Aid describes in gruesome terms the plight of one patient there. I quote the following:

A disability assistance recipient, Mrs. Annie T. Bond, received nursing care in the Carver Convalescent Home from October 1965 to February 1968, on which date she transferred to Mary Ann's Nursing Home in Decatur.

Mrs. Bond's condition upon admission to Mary Ann's Nursing Home was such that her attending physician and the nursing home staff were quite concerned. The following is a description of Mrs. Bond's condition at the time:

"Mrs. Bond was covered with decubiti (bedsores) from the waist down, that decubiti on hips were the size of grapefruits and bones could be seen; that the meatus and labia were stuck together with mucous and filth that tincture of green soap had to be used before a Foley catheter could be inserted; that her toes were a solid mass of dirt stuck together and not until they had been soaped in T.I.D. for three (3) days did the toes come apart; that body odor was most offensive; edema of feet, legs, and left hand."

Although this incredible report was in State files and an investigation was ordered, absolutely nothing happened.

The Daybreak Nursing Home in Elgin has never met minimum State standards in some areas since it first opened in 1959.

HOME OPERATES WITHOUT LICENSE . . . GETS LICENSE

The home operated for several years without any license at all. A hearing to permanently close the home was put off for over a year. In April 1969, 4 years after the home had given up its license, the inspecting nurse found it still could not meet State standards and recommended its status be changed to sheltered care.

A week after the report was filed, the home was sent a new license and congratulated by Dr. Yoder for complying with State regulations. No evidence in the file indicates that any of the faults had been corrected.

The intervening 4 years could almost be described as a comedy of errors were the very serious matter of elderly patients' lives not involved.

STATE POLICY—'GIVE A CHANCE TO SHAPE UP'

Memos in State files indicate enforcement officials bent backward time after time to allow the place to remain open when inspectors

repeatedly urged it be closed. A quote by health department Counsel Robert Gleason typifies State policy in this case. He contended it is always "better to give a chance to shape up" than to close a home. We think 4 years is too long to wait for a place to shape up.

An attempt by inspectors to probe an alleged suicide at Daybreak Home was stifled by health department officials with the words, "what use is it to us to learn more on this situation?" That very same memo noted that bruising on patients had been found on previous visits, indicating patients were roughed up there.

Later in 1967, the former head nurse of this home made a written complaint to the health department stating she had quit and that there was "no hope for improvement" in this place.

Inspectors in the past 2 years noted incredible hostility and lack of cooperation by the owners.

Daybreak remains open today.

The Styrest Nursing Home in Carbondale has had many complaints and bad reports through the years.

In 1967 and 1968 complaints addressed to then Governor Kerner were filed with the State health department. These complaints told of two residents' deaths under odd circumstances.

One patient was found by a family member tied in a chair while running a 106° temperature. She died the next day.

The other patient was reportedly found starving and dehydrated by a member of the family. She also died the day after she was found.

GRIEVANCES FILED WITH STATE . . . LICENSE RENEWED

The entire nursing staff submitted a list of grievances to the administrator in 1970. A copy was filed with the State. The nurses complained of:

1. Skeletal nursing staff;
2. Obligations to patients not met;
3. Skilled homes standards not met;
4. Diabetic patients had insulin reactions due to poorly calculated diets prepared by home;
5. Patients' clothing and personal funds not being used properly; and
6. Some very ill patients being neglected.

Despite the above complaints and an additional complaint from the editor of a weekly paper in Carbondale, a renewed license was granted in March of this year without any evidence that the complaints had been investigated or that conditions had changed.

Now, those are five examples of the smaller towns in our State where the conditions pretty much match up with the ones we found in Cook County and in Chicago.

That is the end of the specific examples that we are giving from the reports and I think that we are now ready for questions if you have any.

Senator Moss. Well, thank you, Mr. Hood, and thank all of you gentlemen.

I think the compounding of these incidents is almost overwhelming. It is disturbing to learn of the poor care and the failure of

inspectors to be upheld, let us say, as they reported on many of these deficiencies—and that the homes were constantly relicensed.

This is rather disheartening; and one of the questions that comes to us periodically is whether or not the inspection of nursing homes should be passed into Federal hands—since the money in large portion is Federal money.

I wonder if any of you have an opinion on that proposition.

Mr. Bliss, maybe you have an opinion.

Mr. BLISS. I would agree to that, that there should be periodic inspections by Federal people.

Senator Moss. Well, we do have some Federal audits that are made, but as far as issuing the license and whether or not it should be revoked, that remains in the State's jurisdiction.

Now, nearly all of us, I think, would like to see the licensing done locally and controlled locally but I just wonder if it has been abused and bypassed to the point that maybe it will have to pass on to Federal hands.

Mr. BLISS. I don't think auditing is enough. It must also entail a little legwork.

The homes can submit records which would be audited but there is no actual proof that these are true audits.

We found this on a number of investigations, where Federal money had been spent locally and that is, that the audit looked all right, but after you went out on the street and examined the places where the money was spent, it just wasn't done.

Senator Moss. From what information you have been able to gather, what efforts were made by inspectors or by State officials to bring these deficiencies to the attention of Federal personnel?

10-YEAR HISTORY—STATE HAS REVOKED THREE LICENSES

Mr. RECKTENWALD. The inspectors many times would file reports that would solicit action from the State officials, but the State officials didn't take any action.

In the State of Illinois, outside of the city of Chicago, since 1962, they have only revoked three licenses and the last one was in 1967. The record in Chicago isn't much better.

Senator Moss. So, you are saying that sometimes the inspection was actually made by a Federal employee and passed to the State and it was there ignored?

Mr. RECKTENWALD. I don't know about the Federal employees.

Mr. BLISS. Not Federal employees.

Mr. RECKTENWALD. No; but the inspection was made by doctors, and so forth, but the reports were ignored.

Senator Moss. I see. They were State employees?

Mr. RECKTENWALD. State or county.

Senator Moss. Or inspectors, or county inspectors?

Mr. RECKTENWALD. Yes; both State and county.

Senator Moss. But they were ignored at the State level?

Mr. RECKTENWALD. Yes.

Senator Moss. You said, Mr. Recktenwald, that after you had been hired as a janitor, right away you were passing out medication. What kind of medication did you dispense?

Mr. RECKTENWALD. Well, it was probably one of the most worry-some things because I really don't know the exact types.

I went in and applied for a job as a janitor and he didn't need a janitor.

He said, "He is a nice personable young fellow, let's make him a nurse." [Laughter.]

So, I was instructed to go out and get a pair of white trousers and a white shirt and come in and I could be a nurse.

I saw the LPN that was on duty, twice that evening she walked through but I prepared a medication tray with the aid of another nurse's aide who had admitted that she wasn't sure who got what medicine but she would do her best and we would take the medicine out of bottles and I just don't know.

Senator Moss. You just didn't know what the medication was?

Mr. RECKTENWALD. No, sir.

Senator Moss. Is there a statute in Illinois, as there is in any number of other States, that certain types of medication cannot be administered save by a doctor or a registered nurse?

Mr. RECKTENWALD. Yes.

Senator Moss. But no attention was paid to that?

Mr. RECKTENWALD. It was ignored.

Senator Moss. You were just told to give the medication out?

Mr. RECKTENWALD. Yes, sir.

Mr. BLISS. It was also indicated that there was poor security in keeping the narcotics and tranquilizers under lock and key.

PHONY REFERENCES—YET GIVEN KEY TO NARCOTICS

Mr. RECKTENWALD. They had never checked me out and I gave a phony name, a phony address, and not one telephone call was made but within just a couple of hours I had the key to the narcotics closet.

Senator Moss. Do you have reason to believe any of this medication that you gave might have been narcotics, like morphine or something of that sort?

Mr. RECKTENWALD. Well, I know that some of it was kept in another security box, which I also had the key for that was locked up and on the outside it said, "Narcotics".

I know some of it was Darvon. I am not exactly sure of the types but I know they were narcotics.

Senator Moss. Well, of course, that probably underlines the great offense of all this. You have no knowledge about these things, you just don't know the types of pills or medicines that you were dispensing; you were just told to go and dispense them?

Mr. RECKTENWALD. Yes, sir.

Senator Moss. What has been the effect, Mr. Bliss, of the influx of mental patients into the nursing homes here in Illinois?

Mr. BLISS. Well, in the home I stayed in, I noticed, I believe they were mental patients and there was a constant, I would say, constant danger to the other patients, the bedridden patients.

They get quite nasty at times and some of the patients in wheel-chairs would go out of their way to avoid certain areas where these

mental patients were and I think what we found evidence of was the fact that throughout this investigation, where the mental patient was who was in these homes with these elderly people, they were potential dangers.

Senator Moss. Do you think that this terrorized some of the older or other patients being in with the mental patients there?

Mr. BLISS. Yes, it did, but the point is that there is no therapy for these people there; the elderly people or the mental patients. There is no recreational therapy, nothing to bring them out of their depressed moods; nothing for them to do, just probably wander around as they could.

Senator Moss. This rather indiscriminate intermingling of mental patients along with others you mean?

Mr. BLISS. That is correct.

Senator Moss. And there was no specialized care for those with mental problems?

Mr. BLISS. None, at least none that we saw, no.

Senator Moss. In this home that we visited briefly this morning, there were two fairly young people who obviously were mental patients. It would seem that, quite often, the ones with the good physical ability to move about and to do things are the mental patients, is that right?

Mr. BLISS. That is correct.

Some of them were quite young, I thought, to be in a home.

Senator PERCY. The two that we saw this morning were in their thirties.

Mr. BLISS. When I saw them in the home I couldn't quite figure out what they were doing there and I finally discovered that they were mental patients.

Senator Moss. That is the first thing that crossed our minds: Why are these young men in here and then it was discovered that they were in there because they were mental patients.

I think one of the interesting things that you have touched on was the ownership of these homes.

What did you find about that? Is there a relationship in the ownership of these nursing homes?

GRAPH DISPLAYS OWNERSHIP

Mr. BLISS. We can go into detail, Senator, and we have a graph here that we worked out in cooperation with Val Halamandaris and other staff members.

I think Bill Recktenwald can best describe it.

COMPILED BY THE BETTER GOVERNMENT ASSOCIATION

- PARK NURSING HOME**
PRES. JOSEPH EISENSTEIN
V.P. T. MEYER KAGAN
SEC. HANNAH COHEN
- PEDRAZA NURSING HOME #1**
PRES. JOSEPH EISENSTEIN
- PEDRAZA NURSING HOME #2**
PRES. JOSEPH EISENSTEIN
- LAKEVIEW MANOR REST HOME**
PRES. MEYER KAGAN
- WRIGHTWOOD CONVALESCENT HOME**
PRES. MEYER KAGAN
SEC. OF STATE RECORDS, 1970 - CECIL MAGID, PRES.
- GOLF MILL NURSING HOME**
PRES. JACOB NANNAN
HANNAH COHEN LISTED AS ONE OF OWNERS
- KENMORE HOUSE**
PRES. BENJAMIN COHEN
V.P. MITCHELL MACKS
ASST. SEC. HANNAH COHEN - WIFE OF BENJAMIN
- ENGLEWOOD REST HAVEN**
PRES. MITCHELL MACKS
- ST. MICHAEL'S REST HAVEN**
PRES. MITCHELL MACKS
- MIDWEST REST HAVEN**
PRES. MITCHELL MACKS
- NORTH SHORE REST HAVEN**
PRES. MITCHELL MACKS
- GOLF PAVILION**
PRES. JACOB NANNAN
- EDGEWATER NURSING + GERIATRIC CENTER**
PRES. JACOB NANNAN
- SHERIDAN GARDENS CONVALESCENT HOME**
SEC. OF STATE RECORDS, 1970 - CECIL MAGID, PRES.
BOARD OF HEALTH - RABBI MEISELS, PRES.
- RABBI MEISELS CONVALESCENT HOME**
PRES. LAZAR MEISELS
- BEACHVIEW CONVALESCENT HOME**
SEC. OF STATE RECORDS, CECIL MAGID, PRES.
BOARD OF HEALTH - RABBI MEISELS, PRES.

- DAVIS NURSING HOME**
TREAS. FRANK WILLIAMS
- HEARTSIDE NURSING HOME**
SEC. - TREAS. FRANK WILLIAMS
- ALSHORE HOUSE, INC.**
PRES. FRANK WILLIAMS
- MM HOMES**
PRES. FRANK WILLIAMS
- HAMLIN HOUSE**
PRES. AL BURKOWICZ
EXEC. V.P. FRANK WILLIAMS
V.P. IRWIN KIPNIS
TREAS. DAVID SPARKS
- BEVERLY HILLS CONVALESCENT CENTER**
V.P. AL BURKOWICZ
- WINSTON MANOR NURSING + CONVALESCENT CENTER**
SEC. IRWIN KIPNIS
- HUMBOLDT HOUSE**
PRES. IRWIN KIPNIS
- COMMODORE INN RESIDENTIAL CARE HOME**
SEC. DAVID SPARKS
- WHITE HAVEN ACRES**
PRES. FRANK WILLIAMS

Mr. RECKTENWALD. We went through the records of the State Department of Public Health, the City Health Department records, and the Secretary of State's corporation records and we found rather an interesting pattern with respect to a number of homes in the Chicago area.

There is no particular common officer but like Mr. Joseph Eisenstein is the president of Park Nursing Home. He is also president of Pedraza Nursing Home and Mr. Kacan is vice president of Park Home and then Mr. Kacan is connected up with Wrightwood Home and Lakeview Home and the secretary of Park Home is a Hanna Cohen who is connected up with the Kenmore House and Hanna is the wife of Benjamin Cohen and the vice president is Mitchell Macks who is connected up with these four homes.

Senator PERCY. What is Mitchell Macks' connection with Benjamin Cohen? Are they related* by marriage?

Mr. RECKTENWALD. No, not that I know of, sir. There is another person we didn't find it in any other common home but we didn't list him and that was a Sam Cohen.

We understand he has some connection although we didn't find him in the records with the other homes and the thing just kind of spreads out here.

All of these homes are connected up with each other in some way.

Senator Moss. They are interlocked by reason of the presidency or vice presidency or something of that sort?

Mr. RECKTENWALD. Yes.

Mr. BLISS. As officers.

Mr. RECKTENWALD. Almost all are different corporations. Each is listed as a different corporation and then over here there is another chain which indicates Frank Williams, he is the former president of the Illinois Nursing Home Association.

He is treasurer of this home, the Davis Nursing Home, and he is secretary-treasurer here and he is president here and here and here he has the Hamlin House which is a residential care facility.

Senator Moss. Executive vice president, you mean?

Mr. RECKTENWALD. Yes, and one of the—the president here, Al Burrows is the vice president of the Beverly Hills Convalescent Center.

Now, in addition to this, there are two other groups, one is the N. H. Management Co. which makes it quite clear that they run 10 homes in Chicago.

We were able to find that out by looking at the phone book. We didn't have to delve into State records for it, which is run by Mr. Joseph Bonnon and then there is also a group of homes, five homes, the president of which is a Harvey Angle.

Now, I found out just earlier this morning that there may be a connection between those five homes and the Kenmore House; apparently Mr. Angle is the beneficiary on the mortgage of the Cohen trust. We just found this out a very short time ago. We have only been working on this for a couple of days.

*See Mr. Cohen's statement, pp. 1098-99.

So, we just got some of the information. I am sure there are other chains but this in itself represents 25 percent of the homes in the Chicago area, just these two chains.

Mr. BLISS. This graph was made by a Tribune artist named Ray Shlemon who worked all night on it.

Mr. RECKTENWALD. Until 4 in the morning.

Senator MOSS. We appreciate that because it is certainly very graphic and I would hope that with continued investigation you will send on those facts for us to include in the record. We would like to reproduce this as a graph, as a page in the record, to show the interlocking nature of the ownership of nursing homes, the ownership of management of nursing homes.

We would like also, if we could, to find what is the average or mean amount of return on investment in the nursing homes.

Is it profitable and if it is profitable, is it very profitable? That is what we want to know.

Now, in your experience in these nursing homes, do you find that there was a great lack of visiting or having people call to see any of the patients?

Was that one of the notable things?

Mr. BLISS. That was one of the notable things.

I was only in the home 24 hours but the fact that a new patient came into the home excited everybody.

The nurses on the midnight shift woke me up to take a look at me and it was "a new patient—a new patient" every place you looked, it was something for these people to see and in inquiring I found very few of the patients had visitors.

Some of the patients had been in this home for years and years without being visited by a relative or a friend and the fact that somebody would talk to them, it was a great thrill to them.

Also, it was a great thrill for them if I were to give them a cigarette.

Now, what they would do, I don't know if they had any spending money or not, but they would watch the ash trays and whenever a cigarette butt was left there, they would grab it up and they would have wrappers and they would make their own cigarettes.

Well, the fact that I had cigarettes and would give them out, it was a great event for these people.

ROUTINE FOR PATIENTS IS ISOLATION AND BOREDOM

Senator MOSS. Well, this would indicate two things I guess; that there wasn't outside visitation and they didn't have any people to come and see them; but secondly, that there was boredom perhaps because anything new does stir up excitement.

Mr. RECKTENWALD. There is a Catholic order, lay organization "The Little Brothers of the Poor" who would come in and make visitations and this would be their bright spot of the day or of the—actually it was of the month because they used to come about once a month and this would really be a bright spot and the people would come in and talk to me and if you just look at somebody and say, "Hello" they would think you are just wonderful.

Senator Moss. Senator Percy in his opening remarks pointed out that the Government can't very well supply this social contact—but that certainly is an area that cries out for some voluntary organization, or some way that the whole community can get some contacts with the nursing homes; don't you think so?

Mr. RECKTENWALD. Certainly.

Mr. HOOD. We could say pretty definitely that every home which we worked in or lived in lacked any sort of a recreational program with the exception of one that had a bingo game or two, a few did.

Mr. RECKTENWALD. No, there are very good homes in Chicago and we worked at some very good homes and they did have good recreational programs.

I remember one day I went home hoarse from yelling out "Bingo"—you know, the numbers for the bingo game and the people there, some of them are deaf or nearly deaf.

It was kind of a strange thing but there are some with good activity programs and perhaps this is the question:

If one home can run a good program on the money that they get from the State Public Aid, if they can run a good legitimate program and feed good food and have a clean establishment, there is no reason that another one has to be run with a system of scraping garbage off of one plate onto another and where they don't have a recreation program and they treat people like they are in a warehouse.

Senator Moss. So you are telling us that there is a great variation between the kind of care that is given in some of the homes as against others and yet the income, because they are welfare patients, would be the same per patient?

Mr. RECKTENWALD. Yes, sir, Senator; and we would like to mention finally on this chart, done very quickly, oh, in the last two days, that we were assisted by auditors from the General Accounting Office and we pulled quite a few different angles to get this information and they did help us.

Senator Moss. Thank you. We are glad that they were able to assist in it.

It does seem to very revealing as to the interlocking ownership and management that exists there.

Senator PERCY. It has been very interesting.

Senator Moss. Do you have something else to say?

Senator PERCY. Yes. I would like to ask some questions on this chart.

This Whitehaven Acres, would you consider that a haven?

Mr. RECKTENWALD. God no.

Senator PERCY. Or Beverly Hills, is nestled in the hills some place?

Mr. RECKTENWALD. Beverly Hills?

Senator PERCY. Or is it out in the Beverly Hills area?

Mr. RECKTENWALD. It is out in the Beverly Hills area; yes, sir.

Senator PERCY. It is out there. All right.

Hearthside, does it have the warmth and companionship as a hearth, as you might think of it or this Beachview Convalescent Home, is that located on a beach where you get a good view?

Mr. RECKTENWALD. You could see the beach but this is actually a terrible place.

Senator PERCY. And this Golf Pavilion, what is it, nine holes or 18 holes? [Laughter.]

Mr. RECKTENWALD. Well—

Senator PERCY. Golf Mill, Lakeview, Park, is there a good sized park there at that place?

Mr. RECKTENWALD. Well, that place was just closed after the scandal. [Laughter.] By the health department.

Senator PERCY. The people who own them and operate them have a good imagination, anyway.

Mr. RECKTENWALD. Yes. And they also have some very interesting brochures on them.

OPERATION WATCHDOG FORERUNNER OF THE BGA

Senator PERCY. In addressing questions to the panel from the BGA, Mr. Chairman, I have to confess somewhat of a conflict of interest in view of the fact that they have so far exceeded the expectation that some of us had when we founded Operation Watchdog a little over a decade ago.

I would like to mention particularly Roy Ingersoll who at that time had the volunteer position and he was one of our great industrialists in this city, the head of Borg-Warner; and John J. McEnerney, he is head of a fine company, Pioneer Electric & Research Corp.

The board is entirely voluntary. The Operation Watchdog idea was started a decade ago and it was founded on a very bipartisan basis. It performed a tremendous service and was the forerunner of this investigative team that has been working here now. It was a one-man team and now it is a four-man team. The pattern that we have developed—in working with the particular news medium which gave the lead, and then helped work to develop the information, and then make that information available to the public—has been, I think, a model which many, many cities across the country could emulate.

All this is accomplished with the relatively modest cost and the budget is now what, about \$160,000 a year?

Mr. McENERNEY. No; we are all the way up to \$180,000.

Senator PERCY. \$180,000 a year; \$180,000, that is made up of private contributions from citizens who want to back up and support this investigative work.

I think the return on investment has been about as high as can be with the figure in the millions and millions of dollars which has been saved in taxpayers funds that would have been squandered and wasted by politicians of both parties.

The spotlight of public attention that the BGA has put on, with the cooperation of our news media has been of great, great value.

Mr. BLISS. Senator?

Senator PERCY. Yes.

Mr. BLISS. Pardon me, but we have been very fortunate in being able to work with members of the news media and in fact, the members of the news media and the different papers and television and radio have assigned probably the top reporters in the country to

work with us and we have been very fortunate in that respect, in that we had those people to cooperate with.

Senator PERCY. Mr. Bliss, we have heard about the large book that the city of Chicago has on standards and codes.

I presume the State of Illinois has long had standards and codes.

Would you be able to estimate at all if these standards were enforced, what proportion of nursing homes for the elderly would have to close?

Mr. BLISS. I would say 50 percent would.

Mr. McENERNEY. Fifty percent would close or change their operation.

Senator PERCY. Close or change their operation?

Mr. BLISS. They would have to close for a period of time so that they could bring them up to the quality expected.

Senator PERCY. This is the State of Illinois book and it looks like the State of Illinois books are just about as thick as Chicago's must be.

Here is the city of Chicago's and they are just better than an inch thick. It is a question of just implementation.

Mr. BLISS. That is correct.

Senator PERCY. I would like to say that I feel, Mr. Chairman, that the city of Chicago is moving in this area and has done some things that should have been done before but are certainly being done now.

GOVERNOR EMPHASIZES SPECIAL PROGRAM FOR IMPROVEMENT

They have responded to this need that has been pointed out. I was very pleased indeed in a message to the State legislature yesterday, as revealed and announced in the papers this morning, Governor Ogilvie has emphasized a special program for improving nursing homes.

I would like to enter into the record an article in the Chicago Tribune this morning indicating that the Governor has issued a warning to the nursing homes.

(The article follows:)

[From the Chicago Tribune, April 2, 1971]

WARNS NURSING HOMES

BY WILLIAM JONES

Gov. Ogilvie yesterday announced an increase in the number of nursing home inspectors and declared that owners of the homes have 30 days to correct health code violations or be closed.

"It does no good to indict the entire nursing home industry for the performance of those who have so badly failed their patients," Ogilvie said in a special message to the General Assembly.

"Many dedicated people are providing dedicated care in sound facilities," Ogilvie said. "Our problem is to identify and eliminate the exceptions who have taken advantage of the unfortunate."

Ogilvie made his statement as a United States Senate subcommittee investigating Illinois nursing homes prepared to open hearings at 9:30 a.m. today at the University of Illinois Circle Campus. The two-day hearing was called following a series on Chicago nursing home abuses compiled by TRIBUNE Task Force reporters working in cooperation with the Better Government Association.

The Senate Subcommittee on Long Term Care is headed by Sen. Frank E. Moss [D., Utah].

Other legislators scheduled to participate in the hearings are Senators Percy [R., Ill.], Stevenson [D., Ill.] and Vance Hartke [D., Ind.].

In his health care message, Ogilvie also announced formation of a preadmission examination center for elderly persons seeking admission to a state mental hospital. He said the program will be developed by the State Mental Health, Public Health and Public Aid departments. The governor suggested that in Chicago the program could be run from the West Side Medical Center.

Dr. Franklin Yoder, state public health director, said the increase in nursing home inspectors means that his inspection staff will be increased to 29 from 18, with most of the new ones assigned to the Chicago area.

THE TRIBUNE investigation disclosed that substandard nursing homes have operated with virtually no pressure from state health officials to clean up their operation. Gov. Ogilvie said that more than 58,000 elderly persons are now living in long-term care facilities in Illinois. He said the state is paying for the care of more than 50 per cent of these patients.

Senator PERCY.

Dr. Franklin Yoder, State health director, will be increasing his inspection staff from 18 to 29 so that there will be inspectors, I trust, highly qualified and vigilant, following up now so that we are going to see some followthrough action and already it is being taken by our public officials, by Mayor Daley and by Governor Ogilvie.

I would like to ask a question about the Melbourne Manor, Mr. Recktenwald.

Mr. RECKTENWALD. Yes.

Senator PERCY. Apparently, there has been no registered ownership disclosure as is required.

Can you tell us anything about the ownership of Melbourne Manor?

Mr. RECKTENWALD.. Yes, sir. According to the corporate records in the secretary of state's office, it lists the name of Daniel A. Slader and his home address is 3100 West Birchwood in Chicago and it also has his wife listed as one of the officers.

Senator PERCY. I understand that this home does receive extra funds from the Government for active rehabilitation and nursing rehabilitation and special payment is made. Did you see evidence of such activities?

Mr. RECKTENWALD. No, sir.

Senator PERCY. And do you think, if such activities were carried on, you would have been there long enough to have seen such evidence?

Mr. RECKTENWALD. Well, with the—it was a Tribune reporter that worked in the home, and she was on the 3 to 11 shift. There would be an outside chance that maybe there was activity going on in the morning.

Mr. Halamandaris, your counsel, and myself were up there last week and we found all the patients sitting in the dining room—not being rehabilitated. At least we couldn't see them doing anything other than just sitting there.

Senator PERCY. Is there any evidence that you have that political contributions have been made by owners of nursing homes or by any associations? Has that been looked into at all?

Mr. BLISS. No.

Mr. McENERNEY. We haven't?

Mr. BLISS. We haven't looked into that phase.

Senator PERCY. You haven't?

Mr. BLISS. No.

Senator PERCY. The pattern of ownership, you have indicated here some of the interlocking directorates, you might say, with respect to the ownership and from what you have known, is it somewhat also interlocking?

In other words, will an owner, manager of one home, in your experience, likely own shares in another home even though he may not be actively managing it?

Mr. RECKTENWALD. We found that repeatedly.

Senator PERCY. Has that been resorted to as a means of holding down equity?

In other words, are they able to acquire the physical facilities for a certain amount of equity but then put one, two, or three mortgages on it?

Mr. RECKTENWALD. We have found one of these homes, the Kenmore House, Inc., and I understand it has a third mortgage on it.

Senator PERCY. So that it would have a first, second, and third mortgage, and all of the interest on them, which, of course, is deductible which minimizes the equity investment that would be required.

Mr. BLISS. Right.

INFORMATION ON KENMORE HOME

Senator PERCY. We were together at the Kenmore Home. Because I will not be testifying, I think we should now put on the record as much as we were able to learn.

Mr. Cohen was referred to or actually referred to himself as the manager. Can you tell us whether in your judgment he was just the manager or also the owner?

Mr. RECKTENWALD. It appears that he is the owner. This is the information that we have received.

It is very strange that in the State records in the secretary of state's office it lists a different address, actually, not an address, it lists a different president than the Chicago Board of Health lists and we found this repeatedly.

We found one president listed here and another president listed there and there was a time lag.

The secretary of state's records we examined were 1970 records but there were, sometimes, different officers listed in different positions; and, going back into the old records of several years, we found many other people involved as officers in the different groups.

Senator PERCY. What was Benjamin Cohen called while you worked there, by the nurses or by the attendants or other employees, as well as by the residents of Kenmore?

Mr. RECKTENWALD. Well, he was called by the nameplate on his desk which is Rabbi Cohen.

Senator PERCY. And on his desk he had a sign, "Rabbi Cohen"?

Mr. RECKTENWALD. Yes, sir.

Senator PERCY. And yet did he insist to you and to me that he be called something different now?

Mr. RECKTENWALD. Yes, sir.

Mr. BLISS. Of course—

Senator PERCY. What was he insisting to be called?

Mr. RECKTENWALD. He said he wanted to be called Mr. Cohen, because he indicated to us he never used the word "Rabbi."

It has nothing to do with his rabbinical status although his State records do indicate he is listed several places as Rabbi Cohen and his nameplate on his desk is Rabbi Cohen.

Senator PERCY. And everyone called him Rabbi Cohen.

Mr. RECKTENWALD. Yes.

Senator PERCY. But apparently he had not been practicing for some time.

Mr. RECKTENWALD. We found that he was—that the last time he practiced as a Rabbi he was teacher in a Hebrew school in Citrus Valley, Calif., and this was in 1966.

Senator PERCY. 1966?

Mr. RECKTENWALD. Yes, sir.

Senator PERCY. We are going to have Benjamin Cohen appear before this committee.

He made some statements to the two of us—or three of us, Mr. Bliss was with us—when we first entered on an unannounced visit which was to the effect that there had been lies said about him; to the effect that you had not given a true story.

You are not appearing here under oath, but would you be willing to take an oath that what you have said and reported as a personal experience, and what you have told us, this committee, this subcommittee is true, the truth, the whole truth, and nothing but the truth?

WILLING TO GIVE SWORN TESTIMONY ON EXPERIENCES

Mr. RECKTENWALD. Of course, Senator. Everything we reported—we reported both the good and the bad—was just the way we saw it.

If we saw a good home, we reported it as a good home and if we saw a bad home we reported it as a bad home.

Mr. BLISS. I think the Chicago Tribune did publish a number of stories pointing out the number of good homes and the fact that Mr. Cohen, as we left, congratulated the Tribune and the BGA for the fine job they did. [Laughter.]

Senator PERCY. Could you tell us about the salaries and wage levels paid to employees of these homes?

In other words, what rates were you hired at?

Mr. RECKTENWALD. They paid their nurse's aides who were called upon to distribute medication and so forth, who was working at the union scale of \$1.80 an hour. The maintenance man earned as much as \$1.95 an hour.

I know when Bill Jones, from the Tribune was hired it was at \$2.50 an hour. Now, I don't know why he got more than I did but maybe he was handy with tools.

It varies but it was not an awful lot.

Senator PERCY. Mr. Bliss, would you mind revealing what your rate was when you were hired?

Mr. BLISS. I was a patient. I wasn't hired.

Senator PERCY. You went in as a patient?

Mr. BLISS. I went in as a senile old man. [Laughter.] Mr. Jones was my son.

Senator PERCY. Did you get by all right? [Laughter.]

Mr. HOOD. Senator, I was hired at \$2 an hour as a maintenance man but the second day on the job the owner of the nursing home at Largent's in Midlothian, some of the employees thought that I was getting the \$2 and they belonged to a union and they were only paid \$1.90 so they would make out my check for \$1.90 and give another check on the side to make up for the difference.

Senator PERCY. Do you think the wage levels paid are adequate so that they could then get skilled, competent, dedicated people?

HIRING PEOPLE FROM SKID ROW

Mr. BLISS. I would like to put out a statement that Bill Recktenwald can testify directly on this, that they were hiring people from Chicago's skid row and the lady in the hotel on skid row received a finder's fee for sending these people out to this nursing home and one part of the deal was that they had to stay sober for 30 days before they got the first check.

Senator PERCY. In other words there was a requirement that there be a certain number of employees per number of beds et cetera but it is just a matter of filling the slot and getting a body in there so that you can qualify. As long as there is someone there and it is at the lowest level, it doesn't matter whether it is a competent or incompetent person; the level of pay per patient is about the same.

Do you have any statements about what the profit per patient per bed, per year is in nursing homes? Have you established any kind of a pattern at all on that?

Mr. BLISS. It would be quite impossible to do that because of the types of homes. Some are exceptionally good and some are exceptionally poor so there would be a great variation on the profit.

Mr. RECKTENWALD. They seem to be quite profitable, when you take in the different homes, as to the amount of money that they are making. The GAO has a couple of accountants working on this.

Senator PERCY. Could I intervene for a question right there along the same line?

Could you tell me what would be the difference in costs of maintaining a mental patient as between being in a hospital, a mental hospital, and sending a mental patient on to a nursing home?

Mr. RECKTENWALD. Well, there is a certain standard that is paid by the State Department of Mental Health to the nursing home and then it is our understanding they only stay in this capacity, which is something like, oh, about \$150 to \$200 a month but they only stay in this capacity for, I believe, it is 60 days and they go off the mental health payments and they go on to Public Aid.

FINANCIALLY ADVANTAGEOUS TO HAVE BEDSORE PATIENTS

When they get on to Public Aid then they can get up as high as \$550 or so; and the way the things are geared here in Illinois, it is through a point system and, of course, it is more advantageous for

an owner financially to have a patient with bedsores—and have a patient that can't move—because they get extra money for that. While the person that gives good nursing care—and the Senator also visited a very fine home on the north side—in this home, where they take good care of the patients and they turned them over so that they didn't get bedsores, he does not get that extra \$48—I think it is \$48 per month per patient.

Senator MOSS. How much does it cost the State to keep mental patients in nursing homes, do you know?

Mr. RECKTENWALD. No, sir.

Senator MOSS. Thank you.

Senator PERCY. I would like to ask about the same question that Senator Moss asked this morning at the home we visited. How frequently do doctors visit patients; do they have provisions for doctors visiting patients?

Is there a larger reimbursement then, to the nursing homes or are the doctors just paid directly or what is the financing arrangement for that?

Mr. RECKTENWALD. The doctor receives a fee for his visit.

I know that in one home where I worked I examined the sheet, the charts of a number of patients and found that the doctor had examined 30 or 40 patients in 1 day and that was just on one floor.

Senator PERCY. In other words, he gets paid per patient and he can file then for a fee?

Mr. RECKTENWALD. Yes.

Mr. BLISS. Public Aid, right.

Senator PERCY. And it is your point that he wouldn't have been there long enough to examine 30 patients, in your judgement?

Mr. RECKTENWALD. I am not a doctor, but it seems to me that if he could do 40 patients in 1 day—my doctor takes longer to do it. He doesn't do 40 patients in 1 day.

Senator PERCY. Is there any other comment you could make from the task force or your own experience as to whether or not adequate mental or adequate medical care is being given, that is, from a standpoint of trained personnel, the availability of doctors, registered nurses, et cetera?

Mr. RECKTENWALD. They don't have trained personnel, Senator. They hire people off of—well, I was interviewed for a job at a skid row flophouse, the Lindy Hotel.

DIFFERENCES BETWEEN GOOD AND BAD HOMES

Senator PERCY. I think we once again should come back to the distinction between the poor homes and the good homes.

I asked Mr. Bliss if I could see some of the best homes and we did see Balmoral; and, I think it was rather interesting that the owner had been in a Nazi concentration camp. He said he has seen how people can be mistreated; and, he said that he was determined that if he got out—when he got out—that he would try to devote himself to try to find a way to better human life. I think anyone would be proud to have any relation of theirs in that home—which is a pleas-

ant, cheerful, beautiful facility, where people are really cared for by people who care about them.

So that we have both sides of the coin.

I have no further questions at this time, Mr. Chairman.

Senator Moss. Well, thank you very much, gentlemen, for the great work that you have done in making the investigation and for coming here today to put it on the record for us and we are most appreciative of your appearance.

Thank you.

Senator PERCY. Mr. Chairman, may I simply ask; would the panel be able to stay through this afternoon's session?

Mr. BLISS. Certainly.

Senator PERCY. As you know the BGA does not have any power of subpoena. They have no ability to get financial statements or whatever it may be and this is why I did call the GAO and ask the General Accounting Office to assign personnel and the committee made such arrangements. We hope to have more financial information which our government accountants have no problem in subpoenaing and getting.

Mr. McENERNEY. Thank you.

Mr. BLISS. Thank you.

Senator Moss. We now will hear from the Cook County Department of Health, Dr. Rasmussen, chief of preventive medicine and Miss Myrtle Meritt, chief dietician; and Mr. Jack B. Schmetterer, first assistant State's attorney here in Cook County.

Dr. Rasmussen, Miss Meritt and Mr. Schmetterer, do I pronounce it right?

Mr. SCHMETTERER. Yes, sir.

Senator Moss. We are pleased to have all of you come with us and we will ask Dr. Rasmussen if she would proceed.

STATEMENT OF MR. JACK B. SCHMETTERER, FIRST ASSISTANT STATE'S ATTORNEY, COOK COUNTY, ILL.

Mr. SCHMETTERER. If I may say, Senator, before we introduce Dr. Rasmussen, we were really quite interested to hear the testimony you had received so far and very appreciative of your invitation to appear here.

It was so fascinating to Dr. Rasmussen to hear Bill Recktenwald tell about reports, which are reports of her inspectors, that have been so long ignored and I think you will find from this, what these witnesses will tell you, it will highlight a number of the problems that exist in the enforcement of the law and the regulations that are promulgated as part of this whole picture.

COOK COUNTY HAS NO POWERS OF ENFORCEMENT

Part of those problems, I think you will find, from their testimony, will include the lack of enforcement powers on the part of Cook County; that is, they do not have power to issue a license.

They do not have the power to revoke a license or suspend a license.

They don't even have the power to authorize the State's attorney of Cook County to bring suit to enjoin a violation of law or regulations.

Senator Moss. That is at the State level, then?

Mr. SCHMETTERER. That is right.

Senator Moss. That is where the licenses are issued, right, and they have the power of revocation, that is where it is vested?

Mr. SCHMETTERER. Yes, and the injunctive tool, that I as a lawyer am very much interested in using and want very much to use, we cannot use until we are asked and authorized by the State to use it.

Now, because of that problem, the county enforcement has resulted in those reports which Mr. Recktenwald and the other witnesses talk about.

Without the resulting action that could be possible if the authorities that have that power would act upon it; and in addition to that problem I think their testimony will highlight the fact that much difficulty has been occasioned by the transfer of many patients from Illinois State mental hospitals, people who I am informed, were not ready to leave, they were transferred and some people feel that that was occasioned by a reduction in the State budget.

I would like to now introduce to you Dr. Rasmussen. I would first ask Dr. Rasmussen to tell you, just very briefly, about her training and experience so that you will see the quality of her background.

Senator Moss. Thank you. We will be very happy to have you proceed, Dr. Rasmussen.

STATEMENT OF DR. COLETTE RASMUSSEN, CHIEF, DIVISION OF PREVENTIVE MEDICINE, COOK COUNTY DEPARTMENT OF HEALTH, ILL.

Dr. RASMUSSEN. I am Dr. Colette Rasmussen, and I received my M.D. from the University of Chicago in 1958.

I am trained as a specialist and had a residency in public health, at the Cook County Health Department, received my Master's in Public Health from the University of Michigan in 1962 and I am board-certified in preventive medicine by the American Board of Preventive Medicine.

I am chief of the Division of Preventive Medicine for the Cook County Health Department.

To give you a tiny background about the Cook County Health Department:

The department has jurisdiction in most of the suburban Cook County areas which covers over 2 million in population and about 130 incorporated communities and some unincorporated areas.

There are about 100 long-term care institutions in the area that are housing about 7,000 residents.

The homes are licensed by the Illinois Department of Public Health under rules and regulations which they have promulgated under the Illinois revised statutes chapter 111 1/2.

Since 1946 these homes have been inspected by the staff from our department, the Cook County Department of Public Health, to see if they met the State standards.

In 1962, because of the poor condition in the homes which concerned us greatly, we applied for and received a special grant to enable the Cook County Health Department to concentrate on upgrading the homes by employing full-time specially qualified personnel to work with the homes and, at the present time, we have sanitarians, nutritionists, functioning in the program.

COUNTY INSPECTIONS REPORT LICENSE RECOMMENDATIONS

This local staff makes the visits and writes reports on the visits. These reports include all the findings and a list of requirements which must be met in order for the facility to comply with standards. A statement as to whether the home should or should not be licensed ends each report.

Periodic visits to the homes, to help them correct the deficiencies, meet the standards, and upgrade the care, are made.

Now, they are joined by other members of the Cook County staff such as myself and Miss Meritt, to form a nursing home committee and the committee's purpose is to coordinate the activities.

The committee works as a team to advise the existing homes, to review the plans of new proposed homes, and of prospective homes prior to opening. Unfortunately, some homes are opened and housing residents even though the committee has reported to the Illinois Department of Public Health that the home is not suitable for a nursing home, or not ready to admit residents.

Massive transfers of residents, of patients from the Illinois mental hospitals into our homes also has created a problem. Unfortunately, the Cook County Department of Public Health's powers stop short of enforcement. We can only recommend. Any further action such as delay of license, denial or revocation of license, hearing, et cetera, must be undertaken by the Illinois Department of Public Health.

We have been advised by attorneys for the county that under Illinois law injunctions against nursing homes in the health jurisdiction of our department may be brought only if the State's attorney or attorney general is authorized to do so by the Illinois Department of Public Health.

We do not have the authority to authorize such a suit.

Senator PERCY. Have you ever requested the authority?

Dr. RASMUSSEN. No; we have not.

We did—we have asked numerous times what would be the next step and we have always been told, since the licensure power is in the State's hands, we can go no further.

Senator MOSS. Have you completed your statement, Dr. Rasmussen?

Dr. RASMUSSEN. Yes.

Senator MOSS. Thank you very much for your statement, and your inspectors—how many of these inspectors do you have that make the inspections here in Cook County?

Dr. RASMUSSEN. At the present time, we have two full-time registered sanitarians and one full-time nutritionist.

Senator MOSS. I see.

Dr. RASMUSSEN. In addition to that, Miss Meritt, who is chief of our nutrition division, and myself will go into homes occasionally.

Senator Moss. Well, we will get to Miss Meritt.

I was going to ask you a question on the control of diet, but I will wait until we hear from her.

Of the homes that you have here in Cook County that you make inspections in—I believe the last panel before you, the Better Government Association, said they thought about half of the nursing homes in Cook County and Illinois would be substandard.

Do you think that that statement is too high?

Dr. RASMUSSEN. I think in suburban Cook County there may be as high as 50 percent of the homes that do not meet the standards now.

I wasn't clear whether that question and its answer referred to homes that could never be brought up to date.

I think 50 percent would be too high for that.

Senator Moss. Well, do you think that it would have been as high as 50 percent that do not now meet the standards but some of them have the potential of being brought up; is that it?

Dr. RASMUSSEN. Yes.

Senator Moss. We will go on and hear from Miss Meritt on the dietetic problems and then perhaps we will have more questions.

STATEMENT OF MISS MYRTLE MERITT, CHIEF DIETITIAN, COOK COUNTY DEPARTMENT OF HEALTH, ILL.

Miss MERITT. Thank you, Mr. Chairman.

Perhaps you would like to know just a little bit, for the record, of my own background.

I have a bachelor degree in nutrition from Michigan State University and a year's internship at the University of Michigan and a master's degree in nutrition from IIT.

I have a very long time in the profession, I think. I have been with the agency about 8 years and in this particular program since 1962.

It might be interesting for you to know what method of operation the survey team uses.

We are required by law, of course, to make one licensure visit every year.

In 1962 with the additional staff, the whole program concept changed and it was aimed more at consultation and away from simply the licensure so that now there are three kinds of visits; the licensure, the consultative visit, and then the interim visit in which we hope to add at least some rapport so that the homes feel freer to ask for consultation.

Let me see what else I can tell you.

As Dr. Rasmussen mentioned, we have handled homes that are planning to be built or to add on to.

I am not sure what you want to know. I thought that the summary from the BGA was very well done.

I am certainly in full agreement, although perhaps much more frustrated than they are, since my frustration is somewhat longer.

I would like to add one thing that I think is significant about the Wright Home since this seems to be one of the facilities that is particularly difficult.

Public Aid wrote and asked our department for information about this home and if I could read to you just maybe two paragraphs from the answer to that letter I would be glad.

This refers to the Esma Wright Home.

The complaint visit, the announced licensure visit, and the unannounced interim visits have shown the same conditions since the initial opening of this facility and, during the last 6 or 7 years, at no time has this facility been in compliance with Illinois' minimum standards for such facilities, according to the survey staff of this department.

As you undoubtedly realize the staff of this department reports its findings to the State health department and the State health department reserves the right to refuse licensure.

Our files show that in spite of our reports this home was granted extended care facility classification, which is the Medicare classification to which we objected. It was granted approval of their activities program and has now been given a certificate of need for an additional 300 beds under the same management as the present 200 beds and this is of great concern, of course, to us.

Apparently, it is another example of just frankly ignoring the many, many reports that have gone to these people.

Now, it is in a rather recent time that Illinois requires professional dietary consultation. It is new. It is in the beginning.

We have some homes where we believe patients are denied food deliberately but these are few.

We have so many homes where food is badly managed, where the food is overcooked, where it is poorly served, where people are left to eat lying flat on their backs with their tray on their chest which is almost impossible and so that it is badly managed many, many places, but as I say, I don't believe too many places are denying food.

Now, as to dietary management: I would have to say in this area that dietary management has received maybe less emphasis than it would in the acute care institutions such as a hospital, of course.

For many reasons this has come about, but mostly because they are older and we think that we need to be a little more flexible with this group.

The worst part about it is that the physician is misled into believing that a very complicated diet can be followed when in fact, it, of course, cannot. It is kind of the same deal as the physician that believes a complicated treatment or a series of medications can be done when it can't in most homes.

Do you have any questions?

Senator Moss. Thank you, Miss Meritt. I do have one or two questions.

Do you, as the supervising dietician, work out menus that are sent to these nursing homes?

Miss MERITT. No, sir. That is not our method of operation.

As you know, food is a very personal thing and so we believe that ideally the food should be planned by the people who know the patients.

Our role here is to see to it that the planning is good. I am sure that you all know, like you say, that menus are not followed.

If the plan is not followed, there is no plan, and if there is no plan then it is a messy kind of thing and then nutrition is up for grabs.

Senator Moss. Well, if the nursing—at the nursing home where we visited this morning, they had a mimeographed sheet showing the menus set out for the next 2 weeks or so—during that period of time—and it appeared that it had come from some outside source.

I don't think that the lady who was working there clearly understood where it came from but she was trying to follow it.

Miss MERITT. Well, I am not sure what home you were in this morning. I don't know whether it was in suburban Cook County.

Senator Moss. It was Pedraza.

Miss MERITT. This is in Chicago and I know a little bit about their program and I will be glad to tell you what I know.

The homes in the city of Chicago send a 3-week menu to the Chicago Board of Health for review by the nutrition division or the nutrition section and this comes back to them having been okayed.

Now, sometimes you even see on it "Okayed by the Chicago Board of Health."

You will not see this mechanism in the county for a very good reason. We just don't believe that paper plans mean very much and we learned that the hard way.

When we go in and see a sparkling clean menu hanging on a sparkling clean bulletin board and there is not one change in their variety in a week, we don't believe that they are using the menu and then when we go in—we can only go into our homes maybe three or four times a year—never is the menu followed.

We surely don't believe that they follow the menu in those instances.

So, the menu should be used and it should look used and the fact that you see one meal where the menu has been followed is so very significant.

Senator Moss. Well, I couldn't vouch as to whether it was followed or not, except that there were some notations on it, and I think Senator Percy particularly had an inquiry that they were designating—they were designating that they would get one-half cup of soup opposite where the soup is listed.

Miss MERITT. That is a good way and a more sophisticated system than most of the homes have.

Soup is important and you must watch that it's not too large a volume to protect the poor eater. Hopefully then the home would have a policy that they may have seconds, thirds, and fourths.

Senator Moss. Well, at least that is a step in the right direction to have a requirement that the menu be sent up and approved by the board of health but you are a little bit skeptical about whether it is actually followed when it gets back?

Miss MERITT. This is true.

Senator Moss. Now, we heard a little bit from you, Mr. Schmetterer, at the opening.

Do you have anything to add or are you just ready now to answer questions if we have any?

Mr. SCHMETTERER. I would be glad to answer any questions that you think I might help you with, Senator.

Senator Moss. Fine.

I would like to return to Dr. Rasmussen with one or two more questions.

The BGA has really indicted about six nursing homes in the suburban Cook County area.

Do you think that characterization is accurate?

BGA INDICTMENTS ACCURATE—AMONG WORST HOMES

Dr. RASMUSSEN. The characterization that they made of the individual homes is certainly accurate. They are among our worst homes.

Senator Moss. They are not typical, but they are among the worst, is that what you are saying?

Dr. RASMUSSEN. Yes.

Senator Moss. Now, have these homes all received licenses and are they on notice that you have recommended that their licenses ought to be suspended or revoked?

Dr. RASMUSSEN. The homes haven't received our reports. We sent the reports to the Illinois Department of Public Health.

Senator Moss. Well, I mean your reports have gone forward?

Dr. RASMUSSEN. Yes; numerous times on each of these homes.

Senator Moss. But nothing has happened on them.

Maybe I could ask Mr. Schmetterer what power remains to you as a legal officer in Cook County if the administrative action fails to take place.

Mr. SCHMETTERER. There is only one potential statute and it is a misdemeanor violation punishable by a few hundred dollars fine. We will use it as a last resort if we can't get authority to file injunctive action. We may use it in individual cases, however, I would prefer to see the adoption of a State law which would permit criminal prosecution and severe penalties to individuals who are sharply in violation of important regulations.

I have a view with respect to individual personal responsibility and the potential for criminal prosecution would be a severe deterrent in many areas. This is my personal view but in areas of grave anti-social conduct, persons should be criminally responsible.

I have held this view in other areas and here we only have, for violations, a misdemeanor which is punishable by a small fine, one that is difficult to enforce but I hope to use it as a last resort only if we don't receive injunctive action authority where a court can permanently supervise a home into rehabilitating itself.

We have regular statutes where if somebody assaults someone we can prosecute the case, if the evidence is susceptible to prosecution.

Senator Moss. There were some reports of patients being struck and things of that sort.

Do you say, if you can develop the evidence that you will prosecute them?

Mr. SCHMETTERER. Those matters were under investigation from the moment they were reported to us.

Senator Moss. Miss Meritt, returning to the dietary thing, is the State medical society concerned or has it concerned itself about this question of the diet of patients in these homes?

Miss MERITT. To my knowledge, no, but I would like to clarify the diet, that is the word "diet" a little bit.

I perhaps misled you. Diet, as we are using it here relates to food, not special diets.

Senator Moss. Yes; just nutritional?

Miss MERITT. Yes; and we have had great problems on getting them to see this and to simply write orders to see that the patient is fed.

The excuse we hear most often is that "we have nobody to write the orders" and this sort of thing but in the hospital when a person is admitted to the hospital, this is part of a routine order that the doctor must place so that the patient will have a tray, so it is not as though we are asking him to do something that he isn't fairly familiar with.

However, in the nursing homes, there isn't the emphasis on them to do this and we found it hard to be successful with, that is, to get the physician to consider food as part of the total care of the patient.

SPECIFIC HOME INQUIRY . . . WHAT ACTIONS TAKEN?

Senator Moss. Dr. Rasmussen, in your inspections, I have three or four names of homes that have been issued to me and I would like to have you tell me what you have found in each one of those and what action, if any, you have taken.

How about the Kosary Nursing Home?

Dr. RASMUSSEN. In the Kosary Home, the principal problem has been one in the field of sanitary engineering.

This is a home that has a very serious sewage problem which would potentially affect the health of the residents there very seriously and the correction of such a problem does take a certain amount of time.

This deficiency has been going on many, many years in this home and the home is continuously relicensed against the strong recommendation of our sanitarians who visit the home and our engineers who consult and, of course, the home has patients, each one of whom is potentially threatened by this situation.

With respect to patient care, the home has been short of staff and the records have been very poor with respect to the medical records. If a patient has an accident there is no record written on it and there is little or no record of rehabilitation of the patients.

In the area of food service, that has been substandard. Sanitation-wise, roaches have been observed in the home. Cold food has been served. The personnel in the service area are poorly trained and cannot serve food properly and the dishwashing has been undesirable, also.

Senator Moss. You have pointed these out in your reports and recommended that the license be suspended or revoked, is that correct?

Dr. RASMUSSEN. That is correct.

I would like to add here that at one point in reviewing this file I was made aware again of the fact that for a while the home had its

license not renewed. It was not revoked through a formal hearing, but it was just permitted to lapse.

Unfortunately, the patients were still living in the home. Nobody knew that the home wasn't licensed except maybe the owners and they didn't tell anyone but as far as the individual patients and their families were concerned, the fact that this license had lapsed had no effect and it was again relicensed with no corrections of the violations.

Senator MOSS. What about the Esma Wright Home?

Dr. RASMUSSEN. I think Miss Meritt has covered some of them and maybe she can detail it.

Senator MOSS. I would be glad to have her respond to it also.

Miss MERITT. I would like to add a little more. This home has almost a double file, considering its length of service. We have many, many complaints on them.

It is phenomenal in its infestation with roaches. The smell on the patient floors, which are the second and third floors, is nauseating.

The home itself, very shortly after it opened, was filled with bus-loads of conditionally discharged mental health patients all of whom now are permanent discharges; none of whom appear to be getting rehabilitation in any way.

Now, what is distressing to me is that we have mentally retarded people here, although they don't seem to be threatening in any way. I know that many of them at least by face and a few of them by name because I have been there that often and the patients they have and the bedrooms that they stay in are just unbelievable.

ONLY 6 YEARS OLD—HOME KITCHEN A SHAMBLES

If it was an old conversion, this you could understand, but it is a new home. It is only about 6 years old and I have yet to go in their kitchen that I don't see at least one and usually two major pieces of equipment that are broken and I noticed in one of the reports that every light over the cafeteria line was out. I don't know how they could even see to serve.

The kitchen has 25 percent of its lights out all the time. You tap on the stove and the roaches walk right out. It is really a very, very bad situation.

Senator MOSS. Why is it permitted to continue to function?

STATE HEALTH DEPARTMENT'S 'HANDS-OFF' POLICY

Miss MERITT. Can I put hearsay in here?

Senator MOSS. Well, yes.

Miss MERITT. That is what it is because I don't have it in writing but we have been told by the powers that be that it is a black-owned home and therefore they can do nothing about it.

I don't agree with that. I don't care if it is black owned and black worked, it doesn't make any difference. The patients are receiving poor care and this to me is a very illogical excuse for anything.

Senator MOSS. Are the patients mostly black patients?

Miss MERITT. No; they are not, but that is beside the point.

Senator Moss. I agree it is beside the point. I was just curious about that.

Miss MERITT. No; they are not.

Senator Moss. I see.

Senator PERCY. May I ask who "the powers that be" are that you are talking about?

Miss MERITT. Well, the State health department.

Senator Moss. Are there nursing homes that cater primarily to minority groups like black groups or others?

Miss MERITT. We have some religious homes that cater to—"cater" that is kind of a hard word.

Senator Moss. "Cater" maybe is not the right word but I meant "accept primarily."

Miss MERITT. I think some of our religious connected homes, a few of them, although it is not true of the majority, tend to give preference to their own church first.

I don't think we have any because of the Federal regulations. I don't think that we have any who are willing to say that they would not take a person and I can't tell you whether or not they would refuse people of another race.

Senator Moss. I was wondering if there was any special problem that you have noticed for minority groups being able to get admission to the homes.

Are they excluded to any degree; do you think?

Miss MERITT. It has never been brought to my attention.

Senator Moss. I see.

Miss MERITT. I think perhaps when you are talking about \$600 a month, which is not an uncommon cost in this day and age, then you are saying that the patient almost has to be on Public Aid in order to go into the home because private families just can't afford this kind of expense. It is out of the financial picture.

Senator Moss. What about the McAllister Nursing Home? Could you tell me what is wrong with the McAllister Home?

Miss MERITT. The McAllister Home, if I could just make kind of a big old generalization here about all of the rough homes; they have little or no administration.

McAllister is a prime example of this, handled by the owner in absentia and this type of administration is a very common way of it being done. The people who administer these homes, they see fit to handle it in absentia if it is possible and if it doesn't work out, why it is okay also.

We have many administrators who want to win popularity contests. Every time you talk to them they say, "Yes".

Well, with McAllister we have the person who started this, she was nurse's aide and was trained at Cook County Hospital in one of their early programs. She never finished the program but then began this nursing home.

She went from her original building—which was a chicken coop, and I say this because I think it is very interesting—and she was able to build a most acceptable home. But she never had any real help to learn how to do it. So it was a catch-as-catch-can operation from the very beginning and it has never improved.

Now, they have family wars, because it has the family concept as to the operation, and they have become angry with each other. They fired all of their staff and—so there would be nobody there for a few days—then finally they would get them back. No one wants to keep records or give medication—this is the kind of operation it is.

It could be a very good home based upon physical plant alone.

Senator Moss. But very poor administration?

Miss MERITT. Very poor administration and, as a result of that, very poor service to the patients.

Senator Moss. The final one was the Burr Oaks, what about Burr Oaks?

Miss MERITT. Burr Oaks is an old converted building that is really very ugly. It is poorly run.

In all of these homes I think you have to say that also, in all of these homes, they kind of go in cycles.

ADMINISTRATOR'S DEDICATION—KEY TO POLICY

If you get a real good, dedicated person then the nursing will get better and you get a real dedicated person interested in food, the food gets better, but it doesn't hold when you go back to the philosophy of the administration.

If you lose a good person, it goes right back down.

Burr Oaks has gone through a series of these things and the last time I was in, which was when I was able to talk to them, there was a white nurse who was desperately afraid of her all-black staff. She couldn't do anything with them and she sat in her office all day.

On that visit I found that the home was filthy and there was fecal material on the stairs. They were carrying the laundry right through the kitchen at serving time and the food and the laundry were in full sight of each other.

It was just a very rough operation the last time I was in there.

Now, since then, the usual surveyers have said that they have upgraded themselves and so perhaps they are on the upgrade cycle now. Let's hope so.

Senator Moss. Of all of the homes that you have here in Cook County, in how many would you be satisfied to see your parents?

Miss MERITT. None.

Senator Moss. Not any at all?

Miss MERITT. I can say that without exception.

There is maybe one but they have such a long waiting list that I would say that my parents would never get in it, but the only time I would place any person, my parent, in a home, will be if they were so senile that they didn't know where they were, because it would be just too much.

There is no reason to live there because you just couldn't live there.

EVEN IN BETTER HOMES TRAUMA TOO GREAT

Senator Moss. Well, are you saying by that, that there may be some homes where the physical surroundings are acceptable but the trauma of being in a nursing home is too great—so that you wouldn't want them to have it?

Miss MERITT. Right. And they would be isolated from their friends: and over and over again we see where the staff is here and the residents are here and I am not sure if this is what Senator Percy mentioned and I am not sure what makes this.

I call this "the great divorce."

The staff is over here laughing and joking and doing their work. I don't mean that they are necessarily not doing their work but yet, the patients are sitting over here on the fringe, on the fringe of just being alive and no one thinks to smile at them. No one thinks to say, "good morning" or to pass the time of day with them.

Senator MOSS. There is a big gulf between the staff and the patients?

Miss MERITT. Yes.

Senator MOSS. They don't communicate across that gap?

Miss MERITT. No, not at all.

Senator MOSS. That is an interesting observation.

Senator PERCY?

Senator PERCY. Mr. Chairman, I would like to put in the record, and then ask Dr. Rasmussen if this is correct.

We are trying, of course, to determine whether there is overlapping authority and duplication of effort. Should we try to define more sharply the responsibilities of the various levels of government? May we get your recommendations.

In other words, you are here, you are in this work, you are officials that have some ability and responsibility but you are seeing with your eyes conditions that you consider deplorable but you can't do something about it. We want to find out where you can stop passing this buck and who can do something about it.

As I understand, the Chicago Board of Health sets standards for homes and also issues licenses.

Dr. RASMUSSEN. Yes.

Senator PERCY. Then the county health officials inspect homes but only the State Department of Public Health may take action to revoke licenses, is that correct?

Miss MERITT. Yes.

It is not just that they take action to revoke. The entire licensing procedure is done by the Illinois Department of Public Health.

Senator PERCY. And also the State Department of Public Aid decides the level of reimbursement for Public Aid recipients while the Department of Public Health oversees the city's effectiveness in licensing and inspecting, is that right?

Miss MERITT. I cannot answer for the relationship between the Chicago Board of Health and the Illinois Department of Public Health. This I don't know; only in suburban Cook County and between us.

Senator PERCY. And then at the Federal level the Social Security Administration, the Social Rehabilitation Service, the Department of HEW administer and enforce congressionally authorized standards for the Medicare and Medicaid programs?

NEED PERSONAL INSPECTION—NOT PAPER INSPECTION

Miss MERITT. That is right.

If I may say this at this time, a lot of work that is done by the Federal people, by the State people and to some extent, even by the local people, is what I call paper inspection.

This is sort of—while you would call it an audit of the books, if we are talking about the fiscal matters, but when you are talking about care, it means that you look at the records, you look at the menu, you look at the charts to give medication, the charted medication, but you are not really turning patients over and seeing if they have bedsores. You are not talking to them nor looking at their feet, et cetera, et cetera.

I think principally of the medical aspects, of course, but this would be in the food service, it would be what they do which is not just looking at the menu, but to see to it that the menu is being followed.

If the menu says lamb tonight and you go in there at 4 p.m. you want to know: "where is that lamb?"

"Do they have it?" And if not, do they have a substitute so that you really see and know not just what is on paper, but what is actually being done.

Senator PERCY. I get the impression that the owners and managers of some of the nursing homes are more fearful of the news media, of the television camera or a reporter than they are of the people who have the power of inspection.

What is it? Do they just simply feel that maybe there is so much overlapping and duplication or insufficient numbers of inspectors or the fact that some place along the line they can stop it?

Mr. SCHMETTERER. Senator, if I may answer.

Senator PERCY. Yes.

Mr. SCHMETTERER. You have said "power of inspection." Inspection is not a real power. It must be followed by sanction.

Right now, let me give you an analogy.

When I was in the U.S. Attorney's office, the Food and Drug Administration, if they found some butter with insect wings in it, they would report it to the enforcer within the same government agency and that is the Justice Department, that is, the U.S. Attorney and we would grab the butter and maybe we would sue somebody to get them to stop doing something.

Right now, within the government of the county of Cook, the inspector can't do that, he can't turn to any enforcement procedure whatsoever so that the power to inspect, without the power to enforce, isn't such a powerful tool and unless the power to enforce is exercised, which it has not been by the State level, nothing comes of it.

Senator PERCY. Now, the county's power to inspect only embraces outside of Chicago, so that you are only talking about, and Miss Meritt's comment also comes in here; you are only talking about suburban Cook County.

Miss MERITT. About 100 homes.

Senator PERCY. About 100 homes, but not the Chicago homes.

Miss MERITT. Right.

Senator PERCY. Fine.

Do you feel that it would be helpful and desirable instead of just having paper audits, to have real medical inspections and medical teams who would be authorized and able to see the patients, to physically not only look at the charts, but to look at the patients and see what kind of conditions exist.

Then the people running these nursing homes, having knowledge of such inspections, that they would be made, that that would then require the nursing homes to have more qualified people and they also would have better care for the patients themselves at any given hour of the day or night.

Dr. RASMUSSEN. Actually, Senator Percy, the visits that are made, the type of inspections and surveys that are made by the people in our department, the Cook County Health Department, are not paper inspections.

What I was trying to warn the subcommittee of, if I may do that, is this preponderance of paper work and inspections that come about usually from the Federal level where there is more and more checking and the further you get away from the local inspection team and the local enforcement procedure, the more of this you find.

Miss MERITT. I would like to add a point also.

Senator PERCY. You are familiar with all of the standards and documents, are you?

Dr. RASMUSSEN. Yes.

Senator PERCY. Are these adequate or do we need to write new standards or do we have adequate State, county, and city standards, that if adhered to, would provide much better conditions than we have?

SUFFICIENT STANDARDS—INEFFICIENT ENFORCEMENT

Dr. RASMUSSEN. At this time the county has no standards. We are using the State standards and I can speak for those.

Like everyone who is intimately involved with the day-to-day details of the program, naturally I could make several pages of corrections and minor suggestions.

Basically, however, using those three books, if they were enforced, we would have good nursing homes in suburban Cook County.

It is the enforcement that is the problem, not the standards and not the surveying inspections.

Senator PERCY. You say you have two inspectors. Are you limited by that?

Do you see that you could do more if you had a better budget, a bigger budget that would adequately man your requirements and perhaps. Miss Meritt, would you comment on that?

Miss MERITT. I think we could do more in consultation if we had a bigger budget, but I don't think that we can continue to let this committee ignore the fact which is so obvious to us and I'm sure is well hidden from you; that we have no people in nursing or in medicine which, I think, refers to a question asked back a little ways and so this means that we need to add people who are trained in nursing and perhaps in medicine.

Now, this would depend upon, of course, the philosophy of the whole program but there needs to be more staff and people, more people making visits and a broader representation.

Mr. SCHMETTERER. Perhaps you can tell the Senator what you told me earlier; the fact that you used to have nurses and tell them why they left.

Miss MERITT. Well, the nurses left the program in the county. We had two excellent nurses with long experience but they left because they got so frustrated in having their recommendations overridden.

Senator PERCY. They were overruled?

Miss MERITT. They were overruled consistently.

Senator PERCY. By whom?

Miss MERITT. By the State health department.

Now, the nutritionists have always been overruled, but maybe we are better able to tolerate frustration and the sanitarians also have been overruled.

Senator PERCY. You have two inspectors?

Dr. RASMUSSEN. We have two registered sanitarians working full time visiting the homes and we have one full-time public health nutritionist visiting the homes.

Senator PERCY. I see.

And they are mainly looking at the sanitary conditions?

Dr. RASMUSSEN. Well, no.

Senator PERCY. Or do they have authority and responsibility for looking at the whole home as it serves the needs of the patients?

Dr. RASMUSSEN. The sanitarians look at the entire home with the exception of the medical records. They are looking for building violations, they look for fire violations and housekeeping situations. They check safety hazards and they look for a good many other things.

The nutritionists, in addition to looking at the food service, the quality and quantity of the food, the special diets, they also look into the personnel, whether or not they have had their chest X-rays, making sure they are not passing tuberculosis to the patients and other things of that nature.

I personally feel that it would be a waste of time for our department to have more money to hire more surveyors, to send in more reports to the Illinois Public Health Department and have them overruled.

Senator PERCY. Nothing is done?

Dr. RASMUSSEN. That is right.

Senator PERCY. Do you feel that you should have the authority and power yourself? If you have the responsibility for inspecting but you can't do anything about it, do you feel that the power should reside right in the county to do something about it?

COUNTY NEEDS ORDINANCES TO ENFORCE AUTHORITY

Dr. RASMUSSEN. We do feel that the Cook County Health Department should have health facilities ordinances so that we could license or not license these homes.

Definitely, we have asked for such an ordinance.

Senator PERCY. You have asked for such an authority?

Dr. RASMUSSEN. Yes.

Senator PERCY. And it has been denied to you?

Dr. RASMUSSEN. No; we are just now working it through and in connection with our new constitution.

Mr. SCHMETTERER. Which is not yet in force. The new home rule provision is not yet in force. Hopefully, something will be done soon and, in the meantime, the only option which is open is if we get the authority from the State to proceed, which we would like very much to have.

Senator PERCY. On standards—do you feel that the standards that are established are realistic standards?

Dr. RASMUSSEN. Generally, I do.

I think that the current new group of standards that are now in effect, with respect to the Federal rules and regulations on sheltered care facilities, I feel that they are difficult to work with. For the individual homes—it is very hard to know with respect to one patient what level he is at and I wonder if I may make one comment.

I think you are quite right in saying, Senator Percy, that there is trouble that results from the fact that homes are paid more for certain patients if that patient is debilitated, or has certain needs, but on the other hand, it is hard to know how to handle it in a different way.

Naturally, you have to take care of somebody who needs to be fed and have his feet washed and needs to be diapered and you have to put more nursing time in and more nurse's aides to take care of him and if you don't get reimbursed, you won't admit that kind of patient any more.

So it is a hard thing to know how to handle.

Senator PERCY. Well, it certainly is, particularly, considering that whatever they don't spend they can keep. It puts quite a conflict on it.

How many nursing homes in Cook County, of the hundreds that you have had, have been closed within the last, let us say, 3 months?

Have any been closed?

Dr. RASMUSSEN. None.

Senator PERCY. Shut down?

Dr. RASMUSSEN. None.

Senator PERCY. Within the last 3 years, then.

Miss MERITT. All homes that have closed in Cook County, with the exception of one in the 8 years which I have been in the program, have been voluntarily closed.

One closed under the fire marshal's order after a hearing.

Senator PERCY. I see.

Do you agree with the assessment that, let us say, 50 percent of the homes do not meet standards but that a large part of those could be brought up to the level of standards with some investment of funds and rehabilitation, and so forth?

What kind of violations are the most frequent with respect to the substandard conditions?

DELAY AFTER DELAY IN PHASING OUT CONVERTED HOMES

Dr. RASMUSSEN. I would say that a large number of the homes are old, converted residences where the corridors are too narrow, were constructed with not enough bathrooms and these homes—when I started with this program in 1962, we had a new set of standards and we were told there would be a gradual phaseout of these homes because they didn't want to put anybody out of business quickly and that, by the time the new standards were issued in 1970, this old type of home with usually few residents—17 or something like that as the average—would no longer be nursing homes.

However, when the new standards were recently reworked and reissued, we found to our amazement that these homes now had another 4 years and then by some mechanism an extra 4 years before they would be phased out.

So this is the main problem with the homes.

Senator PERCY. Senator Moss and I were told this morning by Joseph Eisenstein, the owner of one of these old homes, that in his experience people preferred—elderly people prefer—living in these old homes.

They don't like these new, modern facilities. They just don't feel comfortable in them.

In your own experience, is this true or not?

Dr. RASMUSSEN. We do find patients who are uncomfortable, for example, with walls of this type, of the cinderblock type that we have in this hearing room.

We don't like to have homes built like this. We like to have the hominess and the safety and the comfortableness available.

Now, when you see patients struggling up and down old staircases that are not built for them and you see homes denying wheelchairs, rejecting patients needing wheelchairs, because they have no ramp, and when you see them falling over carpeting and they have no bedlights by their bed, they have nothing to do in the old homes, then I begin to question his statement.

Senator Moss. I was going to give my response. I thought his statement was singularly unconvincing. [Laughter.]

Miss MERITT. I would like to add just one thing to Senator Percy's last question on whether many of our homes that are now substandard could come up to standard with an expenditure of money.

No; it doesn't take an expenditure of money. It takes a desire to do it.

Home after home has been improved with almost no additional expenditure of money.

If they will make better use of their staff, if they would train their staff, if they would simply want to, that is all that is necessary.

Senator PERCY. Well, it takes that plus the desire to also want to do some painting and fixing the plumbing and things like that. That is also necessary and those are the areas that we are talking of in 50 percent of the homes.

Now, if there is 50-percent violations across the board, and if only one home has been closed in the last several years, this investigation has been carried on and has brought the situation to light and

has caused action. I saw with my own eyes last Sunday, I saw paint-up work being done. They are paying extra for someone to come in and lay tile to bring a home up to standards because conditions have been exposed by the news media and in this case by the Chicago Tribune.

What is the problem here?

CRACKDOWN COULD RESULT IN BETTER CONDITIONS

What would happen if we should suddenly crack down—and we will have the State officials before us soon.

What if we simply cracked down and closed 10 homes out of 100 or closed five out of 100?

First, where would the people go?

Second, what effect would it have on the other 90 or 95 if suddenly they decided that we meant business and that we really intended to do something about it—and I can assure you that we intend to do something about it if they don't.

Dr. RASMUSSEN. Many of the homes that are not so good and know that they are going to be phased out—and certainly there are a large number of these in the suburban areas—these homes do not now have 100-percent occupancy and, if this was done starting with the worst homes, I think that the patients in them could be absorbed by other homes.

Of course, some of the older homes have been charging less so that there might be a financial adjustment necessary, but as far as a place to put the patients, I don't really think that that would be a problem.

So, even though we often hear where they would be put out into the street, I know, speaking for our area, that this is not true.

Senator PERCY. In other words, you have enough empty beds if you shut down five homes—

Dr. RASMUSSEN. Yes.

Senator PERCY. You think you could fill to capacity among the other 95 and absorb the patients from the five. Actually it wouldn't cost more; it would cost less, because the increment is only out-of-pocket cost that they experience.

They have no more overhead so it would be out-of-pocket expense for additional personnel, food, and so forth, to fill the 95 that meet the standards—to fill them up to 100-percent capacity, let us say.

Dr. RASMUSSEN. Now, to answer the second part of your question, even without knowing this kind of thing, referring to the chart about the interrelationships: Even if each home was owned completely individually, the knowledge that the surveyors' findings were being backed up and that a home would not be licensed unless it met the standards, I think those homes—once they have that knowledge, it would be significant for the other homes and the other homes would then come up to standard.

Mr. SCHMETTERER. I have had a little experience that I might contribute, Senator.

Recently, within the past month when the city of Chicago pulled the license on a home in the city, we represented the Cook County

Public Aid, which wanted to move approximately 30 persons from a bad situation, and they were able to find the places for them quite quickly and I might suggest that, of course, is not the only alternative or the only tool.

The weight of an injunction that would lie against the individuals who manage the property is a heavy weight indeed, and I would have no doubt that an injunction, once ordered, would be enforced and so a person would feel that sense of personal responsibility and the possibility of permanent sanction that I spoke of earlier.

Senator PERCY. And the State has plenty of authority to close them; and there would be no problem about having a court sustain the State if it did close one. Then have the court assess the violations which are clearly written down, clearly demonstrated, and can be enforced.

Mr. SCHMETTERER. That is right.

There are two different types of procedure as I read the statute. One is the revocation of the license procedure which requires a hearing.

Senator PERCY. Yes.

STATE DEPARTMENT OF HEALTH MUST INITIATE PROCESS

Mr. SCHMETTERER. The other is the injunctive procedure whereby, if the statutes or regulations under it are violated, the court is given jurisdiction to enjoin those violations. The persons who may bring those actions are either the State's attorney or the attorney general; but only upon the authorization of the State department of health.

Senator PERCY. Well, then last, are the standards specific enough, precise enough in wording, or are they too general in wording to really enforce and to interpret properly and to have held up in court?

Mr. SCHMETTERER. Senator, some of the standards that we have analyzed might give problems. Some of the other standards I would say we could find violations and enforce them through injunctive action if we had that authority.

It is a big thick book and each one has to be analyzed individually.

Senator PERCY. Thank you.

Senator MOSS. Well, thank you very much for your appearance here today.

You have given us a lot of information and help in this inquiry we are making.

I assure you that we sympathize with the frustrations that you describe and we are trying to find ways that we, on the Federal level, may overcome some of the problems that you have mentioned and, hopefully, you are on your way to doing that on the local level but we are all swimming together in this and all involved in it and we want to use whatever degree of authority we have to rectify the bad conditions we have heard about.

I thank you all very much.

We have run on for a long time but we will now break for luncheon and we will be back at 2 p.m. and Dr. Yoder will be our first witness. (Whereupon, at 1:30 p.m. the subcommittee was recessed to reconvene at 2 p.m.)

AFTERNOON SESSION

Senator PERCY. These proceedings will come to order. We are delighted to welcome my colleague, Adlai Stevenson, to these proceedings.

Our witnesses this afternoon will begin with Dr. Franklin Yoder, director, Illinois Department of Health.

We are very happy to have you and we would be delighted to have you proceed.

Dr. YODER. Thank you, Senator Percy, Senator Stevenson, members of this panel, and citizens of Illinois.

Senator PERCY. Excuse me, Dr. Yoder.

Senator Stevenson, would you like to make any opening statement of any kind?

Senator STEVENSON. I would only like to say that I am not a member of the subcommittee and I am here, therefore, at the sufferance and the courtesy of Senators Moss and Percy, and I am very grateful to them both.

Senator PERCY. I am delighted to have you with us. I was afraid we wouldn't have this bipartisanship because Senator Moss had to leave.

Senator STEVENSON. I want to make sure that it stays bipartisan.

Senator PERCY. I am glad to have you.

Go right ahead, Doctor.

STATEMENT OF DR. FRANKLIN YODER, DIRECTOR, ILLINOIS DEPARTMENT OF HEALTH; ACCOMPANIED BY RUSSEL BRYANT, CHIEF, SECTION ON LONG-TERM CARE

Dr. YODER. I would like to introduce Russel Bryant, chief of our section on long-term care. We understand this is the Subcommittee on Long-Term Care of the U.S. Senate Special Committee on Aging.

For the record I would like to state that, presuming this is an investigation, I am very pleased to see it come about. I would say that at times this morning I felt rather badly though I am afraid that some of the things that were said this morning aren't true. I am particularly fearful for Senator Moss, who is not here this afternoon, that he heard only one side. But I hope he will read the record.

Senator PERCY. I can assure you that he will.

Dr. YODER. I trust he may be able to see what we say as well as all the members of the committee and all those who read the printed record.

First, let me also state, not only am I grateful that you have come to look at this situation, but I am truly grateful that the Tribune task force, and this was done through the cooperation of the BGA, took a look at the nursing homes.

I think as a result of their work there is a wave of good effects that is beginning to occur. Some of those were described this morning in terms of more linen and towels than patients had been used to receiving in nursing homes, which is a good effect, and we want to keep this going.

One of the things I want to caution the Senators who are looking at this about is that there is a tremendous responsibility in the carry-

ing out a statewide long-term health care program which includes the care in nursing homes, the care in shelter care homes, the care in homes for the aged and it is only part of my responsibility.

I am director of the public health and I am responsible for supervising the health and lives of all of the people—including Illinois citizens in this room—in Illinois, just as the Senators are directly responsible to all these people. So it is something that is very serious.

I would like to also say, for the record, that we have requested the Tribune task force and the Better Government Association to provide us with the information that they acquired through their investigations, and I can assure you that we will use it in our future programs.

I would have been very happy, I might say, for some of the BGA team is here now, and I am glad to ask them to stay, to talk to them. I did go to see them when they were looking at our department records in Springfield and I asked them: "What are you looking for?"

They had a right to view the records and we gave them the records, but they didn't choose to ask me anything about them.

I could have answered some of the questions they raised this morning. I think there is some innuendo in their comments that I would like to defend myself against in connection with what happened with respect to higher authority.

Some things that they inferred didn't happen and as far as I know aren't true.

ALL THINGS AREN'T ALWAYS IN DEPARTMENT RECORD

All of the things that happened aren't always in the department record, either good or bad.

I would like to state one thing: There have been a number of comments about the number of nursing homes that have been closed by official action.

There are about 600 nursing homes in the State of Illinois, and combined with shelter care and homes for the aged there are 1,098, almost 1,100 institutions.

Since 1964, 215 of those institutions have closed.

Now that is quite a different figure than was used this morning. They have either closed or changed to a lower level of care, and I think that gives a different perspective to the effect of our staff inspections.

I have full confidence in the members of the health team. We work closely with the Chicago Board of Health and the Cook County Department of Public Health people, and I think we can continue to work together.

I can also state for the record that we are a nonpolitical agency and whether it is Governor Kerner or Governor Shapiro or Governor Ogilvie, I think that they would all testify that we are not subject to political pressure because they have all supported us in that role.

Now it might be helpful if I would explain the licensing requirements which perhaps should have been done this morning. I can do this, and then there may be questions.

First, let me explain the licensing requirements and inspection procedures for nursing homes, intermediate care homes, and sheltered care homes in the State of Illinois.

The nursing homes, sheltered care homes, and homes for the aged act requires that any long-term care facility housing three or more persons requiring the services as defined in this act be licensed by our department.

This law provides that the State of Illinois receives applications and issues licenses for all long-term care facilities, profit and non-profit, public and private, sectarian and nonsectarian.

However, this law further provides that those facilities which are within municipalities having their own licensing ordinances which have been approved by this department as being at least equal to the State licensing requirements, shall be licensed by such municipalities.

There are currently five such municipalities in Illinois. They are Chicago, Evanston, Joliet, Oak Park, and East St. Louis.

When these municipalities grant a license under their local ordinances, a State license is mandated by statute.

The issuance of an original or renewal license, whether done by the State or municipality is initiated by the filing of an application by the owners of the facility.

ONSITE INSPECTION USUALLY DONE BY APPOINTMENT

The application form requires pertinent information to be supplied and thereafter an investigation of the facilities is undertaken by the appropriate licensing authority. This onsite inspection is usually done by appointment 2 to 3 weeks in advance.

As of March 15, 1971, there were 1,098 licensed long-term care facilities in Illinois.

Last year we issued 78 original licenses and renewed 737.

We have 18 employees presently engaged in the investigation of these original applications and renewal applications, and as Senator Percy mentioned, this morning's paper announces, we are now going to be given 11 additional personnel. We are very pleased about this.

Following the annual onsite inspection of the facility, as much followup contact as needed is made with the facility to insure the deficiencies discovered at the time of the survey are properly corrected.

Our inspection reports which are completed prior to granting either an original or renewal license are fairly comprehensive, and have been revised to require more pertinent information as of June 1, 1970.

I have a copy of the licensing standards and inspection survey report form for each of the three types of long-term care facilities which I would like to present for the record.⁶

In addition to licensure inspections as described above, we also engage in other inspection procedures in long-term care facilities.

Title XVIII of the Social Security Act (Medicare) requires that each certified extended care facility be surveyed at least annually.

Those extended care facilities which are found to have no significant deficiencies are surveyed annually. Those that have one or more significant deficiencies are surveyed approximately every 6 months.

Our department personnel conduct all of these Medicare surveys throughout the State, including those in municipalities with their own licensing ordinance.

⁶ Retained in committee files.

There are approximately 149 certified extended care facilities in Illinois, of which all 149 are surveyed annually and 42 are surveyed semiannually.

The same staff which conducts the State licensure surveys also conducts Medicare surveys.

I have with me a copy of an extended care facility Medicare survey report form which I would like to submit for the record.⁷

Title XVI and title XIX of the Social Security Act requires that a medical review of the care being provided recipients under these programs be conducted at least annually.

There are currently approximately 28,000 such recipients in licensed long-term care facilities in Illinois.

Medical review consists of personal contact with and observation of each such patient and a review of each patient's medical record. In order to determine whether or not the patient is receiving appropriate care, it also consists of observations of the facility with respect to the adequacy of services available in the facility to meet the needs of all patients, and the quality of such services. These medical reviews are conducted by medical review teams.

Medical review teams consist of a physician and a registered nurse. We have seven consultant physicians serving as members of the medical review teams, four full-time nurses and five nurses performing this function on a part-time basis.

Medical review functions are also performed only by members of our staff even in those municipalities which have local licensing ordinances. Current plans call for adding approximately six teams to this program.

LIMITED INSERVICE EDUCATION PROGRAM

State and local health department personnel who make these enumerated inspections are classified as registered nurses, sanitarians, and geriatric home inspectors. We have a limited inservice education program in operation to train these persons, whether they be State or local employees.

We have recently had a meeting with the Chicago Board of Health on March 22, 1971, regarding these inspection procedures and how to coordinate our activities more effectively.

You might be interested in a summary of the findings which were made at that meeting, a copy of which I have brought along and submit for the record.⁸

To comment finally on this question, I would say that the inspection procedures developed by our department are adequate, considering the size of our inspection staff and the expertise available from members of our staff.

Our current survey procedures are tied in with the recent upgrading of our standards. However, since our new standards were adopted on June 1, 1970, we have the problem of educating the operators of long-term care facilities to the more rigid standards and the importance of upgrading their facilities and their services.

⁷ Retained in committee files.

⁸ Retained in committee files.

Frankly, our staff capability needs improvement both in numbers and training in order to satisfactorily carry out our responsibilities in the enforcement of licensing standards. We are going to add more staff and improve the quality and frequency of our staff training in order that we will have the capability for the inspection and followup necessary to enforce our licensing standards.

And in the light of modern conditions and in light of what we have heard about here today, I certainly have that in mind.

We are going to add more staff which I have enumerated and we will improve the quality and frequency of our visits.

Since our meeting last week with the Chicago Board of Health, we have not had the opportunity to make any evaluation as to the adequacy of the inspection procedures followed by the Chicago Board of Health.

In the future we, the State Department of Public Health, will be accomplishing the medical review functions as required by title XVI and XIX of the Social Security Act in those long-term care facilities located within the city of Chicago. This will provide the procedures for our staff to make an independent evaluation of the facilities and the findings will be made available to the Chicago Board of Health.

As you will notice by the summary of our meeting with the Chicago Board of Health last week, we have adopted State standards that are presently stricter than the ordinance requirements in the city of Chicago. We have every confidence that within a short period of time the two sets of standards will be consistent and compatible.

UPGRADED STANDARDS ESTABLISH PHASING-OUT SCHEDULE

Our upgraded standards which were promulgated June 1, 1970, established a schedule for the phasing out of those facilities which are unable to meet the new higher standards. A copy of this schedule is listed as an appendix in the standards for each of the three levels of care currently licensed in Illinois.⁹

Basically all facilities are required to meet the new requirements regarding services immediately or within a reasonable time to be established by the department on an individual basis. Those facilities which cannot meet the new physical plant standards would be permitted to phase out over a 4-year period.

Our capability of implementing the inspection procedures created by our rules and our standards, of course, are limited by the number of skilled employees which we have on our staff. They will be applied to this problem and we feel optimistic about the results that we will obtain.

We are presently authorized to increase that number and we'll be doing more frequent inspections and there will be more on an unannounced basis. We have discussed this with other States and we have found out that it does help to have more unannounced inspections, so that operators are not just afraid of the newspapers, but are convinced that we are going to demand compliance with State standards.

⁹ The State standards submitted for the record will be found in the files of the committee.

As I say, we will have more frequent inspections in 1971 as compared to 1970.

Our immediate plans for staff increase in the inspection area is 20 employees.

As we increase our staff we will be able to make more spot checks and random inspections, which will not be anticipated by the operators of the facilities.

That would be my preliminary statement unless Mr. Bryant thinks he has something else that we ought to put on the record at the moment.

Senator PERCY. That is a rather complete statement and I have a few questions and I will yield to Senator Stevenson then.

How many homes for the aged are there currently in Illinois?

Dr. YODER. About 600 or 601, I think.

Senator PERCY. About 600?

The statement has been made this morning, Dr. Yoder, by the BGA and supported by Dr. Rasmussen of Cook County that about 50 percent of these homes do not meet all of the standards that are now established for nursing homes.

Would you support that statement?

SUPPORTS STATEMENT—50 PERCENT DO NOT MEET STANDARDS

Dr. YODER. I have been thinking about it since it was made. We have puzzled over this in our own staff and I don't really know who can contradict it, really.

If the conditions in the given homes change so much each day you can't really argue over the figure, but it is reasonable to assume that somewhere in that vicinity would be correct.

Senator PERCY. I assume that by increasing the number of inspectors that you are now requesting in the budget, and hopefully will be getting as a result of the State legislature's awareness of this problem, you will meet the Governor's request that you pursue this more vigorously in the future than you have been able to in the past, this meeting of the standards. Can you tell the subcommittee how many closings there were in the year 1967, 1968, 1969, and 1970, each of those 4 years, and how many suits for injunction were filed, and if you have exact figures, fine, and if you haven't, just give us an indication now as to whether there were none, a few or many in each of those separate years. We can have supplied for the record later the detailed figures.

Dr. YODER. I think we will have to supply for the record the individual year figures.

I believe you heard me say that since 1964, 215 of the 1,098 have either closed or phased down a step in the degree of care that they provide.

Senator PERCY. You mean in a program of gradually upgrading the quality?

Dr. YODER. Maybe Mr. Bryant has something he can add to that on the basis of what he knows right here.

Mr. BRYANT. No, I would have to count them up.

Dr. YODER. May we submit that for the record? ¹⁰

¹⁰ See appendix 6, p. 1199.

Senator PERCY. Yes, surely. That would be helpful if we had that.

Dr. YODER. Most of these were voluntary closures.

Senator PERCY. Most of these were voluntary closures?

Dr. YODER. Yes, sir.

Senator PERCY. Not compelled by you?

Dr. YODER. They are just as important to the program as the hearing procedure; I can assure you, more important, because the contact between our staff and the operators is, I think, an important part of the quality with respect to the care that is given.

Senator PERCY. If you start to crack down with a more adequate inspection staff and public knowledge as well as knowledge in this industry that you intend to adhere to these standards and you mean business and you intend to crack down, would you agree that if you close, let us say 5 percent of the 600, say you close 30 of them, that we would be able to find adequate bed space for the patients who would be moved from those homes.

Would we have enough adequate bed space to be able to put those people in?

STATE COULD CLOSE 5 PERCENT OF SUBSTANDARD HOMES

Dr. YODER. Yes, we would, Senator.

Senator PERCY. So that they wouldn't be out on the street?

Dr. YODER. We know where the vacant beds are.

Senator PERCY. You have vacancies and it could be taken care of and at probably no additional cost?

Dr. YODER. Five percent could be easily handled.

Senator PERCY. Do you feel that by pursuing a vigorous policy and intending to close them but knowing that you are not going to close all of them, you can more than adequately take care of the patients now in the ones you do close?

Do you think that a sampling of your intention will then impress the other owners that you intend to do something, that the action may fall on them that they may start on their own to voluntarily do some of this remedial work to bring themselves up to these standards that we have been talking about this morning?

Dr. YODER. Yes, sir. I think this will be part of that wave of beneficial effect about which I spoke, from the task force and we intend to use that.

Senator PERCY. And this morning Dr. Rasmussen indicated that in her judgment it would be desirable for Cook County to have authority to license, to inspect, and then to enforce the results of those inspections in the spirit of home rule.

You have a position on that, Dr. Yoder?

Dr. YODER. Well, we work with all of the local health departments and as I say, I think the health team has perhaps the closest relationship of any team in government in working together. We want them to do it at the local level if they can do it.

I might add here, if I may, that they—the local health departments—are frustrated because we didn't close some that they thought we should.

We have the problem of equating what they reported to us and with other reports, and if this can be informally mentioned, I don't recall receiving the recommendations that we should close certain facilities.

It must have been solely at that point that we felt, in view of the rest of the State and the conditions, we didn't feel like moving at that time. I am sure we took some action, outside of court.

Senator PERCY. With respect to the homes that were closed, you mentioned that some were closed through the rehabilitation closure procedure?

Dr. YODER. No, most of them were voluntary.

Senator PERCY. They were mostly voluntary?

Dr. YODER. Yes.

Senator PERCY. And yet we have this rather flagrant abuse facing us.

Can you tell us why more action has not been taken on the initiative of the Department of Health of the State of Illinois in the past, say in the past 4 or 5 years?

WORKS CLOSELY WITH NURSING HOME OPERATORS

Dr. YODER. Well, may I again refer to the fact that I think it is important for us to work closely with these people in trying to do the job that needs to be done and it is a very complicated job.

Senator PERCY. When you say "work closely with these people" you mean the owners of the nursing homes?

Dr. YODER. The operators.

Senator PERCY. And the operators?

Dr. YODER. And the local health departments who do work with us. We will go to court when necessary.

We have authority. We need to have it, but if we can do it by a voluntary compliance, I think it is much more simply done and more effectively done. I think you would agree with that.

Senator PERCY. No, I won't at all, frankly, because my own experience is quite to the contrary.

I would love to plead with industry to not violate the standards of pollution; but, you know and I know that for one company to adhere to standards and increase their costs, as a result of it, and another one not to do it—society is not going to be served by the voluntary action of someone through the goodness of their heart by not polluting.

They are not going to pollute when you pass laws and fine them \$10,000 a day. If you do, then they will voluntarily not pollute anything. [Applause.]

I am dealing here with human nature as you know it and as I know it.

Now, I would like to get to the idea of profit.

You have a vast experience in the field of medicine. You know and we all know that most of the medical service provided by hospitals and so forth throughout the country is provided to people not to make a profit but in nonprofit associations. Here we have 90 percent of all of the homes in the country, 25,000, organized for profit.

What percentage of the 600 in Illinois are organized for profit?

Dr. YODER. Seventy percent.

Senator PERCY. Seventy percent?

Dr. YODER. Yes.

Senator PERCY. Thirty percent are nonprofit and that might be religious organizations or whatever?

Dr. YODER. Yes.

Senator PERCY. So we are really somewhat different than the national average?

Dr. YODER. Yes. We are different from the national average.

Senator PERCY. Would you care to comment to this committee as to whether you feel there is an inconsistency here—I would be the last one to kick at the profit system which works better than any other system devised by man to produce goods and services where we have open markets—where we have supply and demand subject to market pressures; but is this the kind of a situation that lends itself to that?

Now, I say this in a questioning way knowing that there are certain operators, many operators for profit who operate wonderfully well; who, with that profit incentive, have provided excellent services and the profit is not an unreasonable portion of the gross income or its components, but there are others who might be abusing it.

SHOULD NURSING HOMES BE BASED ON PROFIT-MAKING?

What is your general recommendation to this committee as to whether or not the United States as a country should base nursing homes for the elderly essentially on homes organized on a profit incentive?

Dr. YODER. Maybe I can broaden that to say as a physician who has been in private practice and in public health, I have always felt that there is a joint responsibility between the private and the public sector to improve the care and the level of health for all of the people.

I think this can be done and I think it can be done just as well in the private sector. If the government is doing part of it, I agree with you there.

My only disagreement is how often we use the courts. I think it can be done very well in the private sector. I am glad it was spoken of this morning where high quality care is given on the same amount of money.

It is a matter of management and we encourage the best management possible.

I think we need to use some new techniques perhaps and as you know, from your experience in the field of health legislation, we are moving more toward ambulatory self-care. In general, we are talking about human services and human services are a gradually disappearing commodity.

They are the service of one human being to another and that is why we have some problems in long-term care, because it is a very personal service.

Senator PERCY. Why do you suppose, Dr. Yoder, there are so many violations of the code of conduct—that have been issued as the law

of the State of Illinois—for conducting a nursing home for the elderly?

ASSURES NEW RESOLVE TO HELP CORRECT VIOLATIONS

Dr. YODER. It is difficult to explain that.

Now, as I say, I felt badly this morning as I heard some of those examples of it, and I can assure you that it gives us a new resolve to help correct them. We want the right people in that business.

Senator PERCY. But I ask the question again: Why do you think there are so many violations?

What is wrong with the system, as we have now established it, that we can have that many violations in 50 percent of the 600 nursing homes in the field today?

Dr. YODER. I suppose for one reason we haven't been there often enough, very simply, and we will get there more frequently on an unannounced basis now.

Senator PERCY. Why, in the past, have "we been there not so frequently"?

Dr. YODER. We have used the staff we had. We have reorganized our staff in the last 6 months.

We will focus our entire professional staff and get a temporary loan of people to help make this work.

Senator PERCY. Has the State legislature in the past ever rejected budget requests made by your department for more inspectors?

Dr. YODER. Well, I think—

Senator PERCY. Or has the Governor ever rejected it and said, "We don't have the money. It is a matter of priorities."

Dr. YODER. I can't give you the specific figure. I know we were thinking about greater requests one year, but I doubt if we have a single program in which we haven't requested additional money. It is often more than we have received, and I am sure that is true probably of every agency.

Senator PERCY. And who cut it back, the Budget Department?

Dr. YODER. The Bureau of the Budget.

Senator PERCY. The Bureau of the Budget?

Dr. YODER. That is the new bureau in the State.

Senator PERCY. But did they cut back because they felt that the State legislature would not approve an increase, or what?

Dr. YODER. I think they truly tried to understand our priorities and we have set them forth as well as we can.

Senator PERCY. Do you have any doubt that the State legislature will approve of the Governor's request for an increase now?

Dr. YODER. I think that the way this is rolling now we will receive additional support.

Senator PERCY. And is there a relationship between public understanding and priorities and what the legislature is willing to vote for?

Dr. YODER. Yes, sir.

Senator PERCY. So that I think once again we owe a debt of gratitude to those forces that have brought about this and we didn't start it, and I must say, the Committee on Aging, and I am a new mem-

ber on the committee, but the depth of this problem was brought to our attention, before we got into it, and we were shocked, just as shocked as you were.

Dr. YODER. I understand.

I think you will do a better job, and again, we can work closely with the Federal level and the local level and I think this will be accomplished.

Senator PERCY. But you did have how many inspectors, now, up until this new request; 18?

Dr. YODER. Eighteen.

Senator PERCY. Eighteen inspectors and when those inspectors found violations, as I understand it, they tried to work with the nursing homes and their management, ownership to get changes made?

Dr. YODER. Yes.

Senator PERCY. But what happened when they didn't, when they didn't get action?

If I put those men on the stand and asked every one of those 18:

"What are you pair for?

"What did you do in your job?

"What causes you to find violations and not press forward with them?"

What would they tell us?

CAN'T EXPLAIN WHY CORRECTIONS WERE NOT MADE

Dr. YODER. They receive a list of violations. We went back as soon as these cases were found. Why the institutions didn't make full correction, I really can't explain.

Senator PERCY. Dr. Yoder, you have been director of the department for how long?

Dr. YODER. I was appointed in 1961.

Senator PERCY. 1961?

Dr. YODER. Yes.

Senator PERCY. So you have been in 10 years now?

Dr. YODER. Yes.

Senator PERCY. Well, I do hope that as other thoughts occur to you as to things that we can do at the national level to help in this situation, that your 10 years' experience can be invaluable to us and we would take from you, as a part of our hearings or in private correspondence, any suggestions or ideas that you would have that would help us correct a really national scandal now that has focused itself on our own city and on our own State.

Senator Stevenson, I am happy to yield to you and we will come back again.

Senator STEVENSON. Thank you, Senator Percy.

I was very encouraged because of the new efforts being undertaken in the department and also the announcement by the Governor with respect to the additional inspectors which will make the department even more effective.

I want to state for the record that I have known Dr. Yoder for many years and have always had a very high regard for him. He is a professional and he has been doing his best, but it is very obviously a very difficult job and has been for quite a long time now.

Have you, in the past, Dr. Yoder, sought increased numbers of inspectors in your budgets?

Dr. YODER. We have discussed this, Senator Stevenson, and thank you for your comments. I appreciate them.

We have requested more. I can't say we have requested a dramatic increase such as we are going to receive now.

We have realized that we had a need for more, but perhaps this was often shunted aside in a way that many routine programs are handled.

Senator STEVENSON. But you say you have sought an increase in numbers in the past?

Dr. YODER. Yes.

Senator STEVENSON. What happened to your previous attempts to get more inspectors, and why have you had to wait this long to get this increase?

Dr. YODER. We have gotten some increases, incidentally. We have been coming up gradually, but we haven't gotten everything we requested. However, we have gotten some results and now we have gotten a dramatic increase, over 50 percent.

I don't know whether that answers your question.

Senator STEVENSON. Not quite.

Dr. YODER. You recall the House Ways and Means Committee when you were in the State legislature?

Senator STEVENSON. Is it the Bureau of the Budget or the Governor's office?

Dr. YODER. We haven't had the Bureau of the Budget before.

Senator STEVENSON. Well, we have had one for 2 years.

Dr. YODER. This is the second year that we have had the Bureau of the Budget, yes.

Senator STEVENSON. I still would like to understand a little bit better in my own mind what the licensing procedures are in the municipalities that you mentioned.

As I understood it you said that your department is the State licensing agency, but that five municipalities have statutes licensing authorities assumed by the municipalities themselves. Is that an accurate statement?

Dr. YODER. That is correct.

FEDERAL REGULATIONS CALL FOR OWNERSHIP IDENTITY

Senator STEVENSON. Aren't there then some conflicts in the statutes?

I just happened to notice some references in the Federal regulations on Medicaid to the State licensing agency. For example, one record here indicates a requirement for nursing homes to supply the State licensing agency the identity of each person with an ownership interest of 10 percent or more in the home.

You are suggesting that there is no State licensing agency in the city of Chicago, aren't you?

Dr. YODER. No. The Chicago Board of Health is the licensing agency in the city of Chicago.

Senator STEVENSON. Isn't the State the licensing agent?

Dr. YODER. Yes, except that—

Senator STEVENSON. Would it be the Board of Health?

Mr. BRYANT. We do by application.

Senator STEVENSON. You are not the State licensing agency in the city of Chicago then?

Mr. BRYANT. Yes.

Dr. YODER. Yes.

Mr. BRYANT. They license and then we license following them.

Dr. YODER. Let me repeat that. When the city which has an ordinance which we think meets the level of the State requirement or exceeds it—

Senator STEVENSON. Yes.

Dr. YODER. The municipality issues a license, and a State license is thereby mandated. We have no choice. We must give them a license.

Senator PERCY. As soon as they license, you automatically issue it?

Dr. YODER. That is right, but that doesn't mean that we can't take a corrective action following the licensing. They are on a different cycling of licensing than we are, and that is one of the things we have to work out.

Senator STEVENSON. That was my next question. It doesn't foreclose you from revoking licenses in the city of Chicago?

Dr. YODER. No.

THREE INVOLUNTARY LICENSE REVOCATIONS IN 10 YEARS

Senator STEVENSON. Now you have said that there were some discrepancies between the truth and some of the testimony this morning.

I unfortunately couldn't be here to hear the testimony this morning, but it is my understanding that according to that testimony it has only been claimed, or rather, it has been claimed that there were three nursing homes licenses which were revoked or three nursing home license revocations in the last 10 years, and that is total for the State, is that?

Mr. BRYANT. That is by formal hearing.

Senator STEVENSON. Well, I am not including voluntary closings. Nursing homes, I assume, go out of business for most any reason.

In the last 10 years there have been three involuntary license revocations in Illinois. Is that accurate or inaccurate?

Mr. BRYANT. Right.

Dr. YODER. Through the hearing procedure.

Senator STEVENSON. Through the hearing procedure as opposed to just voluntary forfeiture of the license, which could be as a result of most any reason, I suppose.

Dr. YODER. Yes.

Senator STEVENSON. Is there something terribly cumbersome or difficult about a license revocating or revocation procedure?

You talked a little while ago about going into court and getting injunctions.

Is it really necessary to go into court to obtain an injunction?

Is it so difficult to simply revoke the license of a nursing home or do you have to have a court hearing to do so?

Dr. YODER. As it was mentioned this morning, there are two routes you can go.

You can have a revocation hearing which requires notice and then you hold a hearing, and then it goes to the court for action.

There is also the injunction process which you, as an attorney, would understand better than I, which could be used in case of an emergency, and I don't know whether we have used an injunction or not. I am not aware of that.

Mr. BRYANT. Not in the past years.

Senator STEVENSON. The revocation process involves an administrative hearing?

Dr. YODER. Yes.

Senator STEVENSON. And there have been three such.

There have been three of these licenses that have been revoked as a result of these administrative hearings and this does not include injunctions issued against them.

Dr. YODER. I believe that is correct.

Mr. BRYANT. I believe that is correct, Senator.

REQUESTS OWNERSHIP IDENTITY LIST FROM DEPARTMENT

Senator STEVENSON. Getting back just for a moment to these Medicaid regulations.

Do you maintain in the Department of Public Health, a list of all persons with ownership interest of more than 10 percent in each nursing home in the State?

Mr. BRYANT. Yes.

Dr. YODER. I assume this is included on our ownership application form.

Senator STEVENSON. So that it is a matter of public record?

Dr. YODER. Yes.

Senator STEVENSON. Is that something that we could get?

Dr. YODER. Yes.

Senator STEVENSON. I think it might be helpful if a copy of the list of all of the owners of 10 percent or more could be furnished to the subcommittee, or if the subcommittee isn't interested in it, I am interested in it.¹¹

Dr. YODER. We can do that if you request it.

Will you handle that, Mr. Bryant?

Mr. BRYANT. It will be quite a chore.

Dr. YODER. Of those that own 10-percent interest?

Mr. BRYANT. Yes.

Dr. YODER. We will do it as soon as we can.

Senator STEVENSON. Thank you.

You mentioned a 4-year phaseout for substandard homes.

There has been testimony to suggest that there are many alternative quarters available, but now why is such a long period really necessary?

Dr. YODER. Well, according to the operators of the nursing homes, we are not giving them enough time, but we think that this is reasonable. We worked this out in a series of meetings with them.

¹¹ Retained in committee files.

We have a nursing home advisory council and they are a very hard working and good body, and this is the schedule we worked out with them; and incidentally, we began in 1965 to tell them that these converted houses were going to have to be either sprinklered for fire protection, doors widened, bathrooms built, and transoms eliminated and different things, and this was to have happened by 1970.

Senator STEVENSON. I don't quite understand this. Is this period aimed at giving the nursing homes themselves time to meet the standards?

Dr. YODER. Yes.

Senator STEVENSON. But if there are alternative facilities—I understood in Cook County—available now that do meet the standards, and that being the case, why the long 4-year period for the benefit of these substandard facilities?

Dr. YODER. Well, let me illustrate it this way.

The given home is given 4 years to change their level of services. If they are not going to remodel they are given the 4 years to change their level of services.

They must do this 25 percent a year. They change the beds to shelter care which will be primarily ambulatory care, or they remodel to meet standards and pass the fire protection tests.

Senator STEVENSON. What happens to the people during the 4-year period in these substandard homes?

Dr. YODER. They have to move if they require more than minimal nursing care.

Senator STEVENSON. What action is being taken to make sure that they do move?

Dr. YODER. We do this on routine inspection with our teams.

RESPONSIBILITY FOR LICENSING ADMINISTRATORS?

Senator STEVENSON. In addition to responsibility for licensing the homes themselves, does your department also have responsibility for licensing nursing home administrators?

Dr. YODER. Yes, sir.

Mr. BRYANT. No.

Dr. YODER. No; we encouraged passing that in the legislature and it has now been passed. The Department of Registration and Education now has the responsibility and they held their first examinations last month. We believe Illinois is in compliance with the Federal requirement on this.

Senator STEVENSON. You are now under compliance but the State then has not been under compliance before this?

Dr. YODER. I don't think any State was because there was, as far as I know, I don't know of any State that had such—

Senator PERCY. The Federal standards are more strict than all State standards?

Senator STEVENSON. This isn't a Federal standard, it is a Federal requirement?

Dr. YODER. This was, on the administrators being licensed by the State.

Senator Percy, may we submit some data for the record on nursing home administrators and the licensing procedures for them?¹²

Senator PERCY. Without objection it will be accepted.

Senator STEVENSON. The deadline for the compliance with the Federal requirement that all nursing home administrators be licensed by the State is July 1, 1970, and most States have met that standard. Is that correct?

Mr. HALAMANDARIS. That is right.

Senator STEVENSON. You say that there is a responsibility for the licensing of administrators and it is now in the Department of Registration and Education?

Dr. YODER. Yes.

Senator STEVENSON. Will they have a licensing board as they have in other cases?

Dr. YODER. Yes; they have a board.

Senator STEVENSON. Can you tell us anything about how that board is composed, who appoints the members, and what interests they represent on the licensing board?

Dr. YODER. Yes; I have a statement on that; yes, sir.

Illinois has recognized the Kennedy amendment in two ways. Our department has recognized it by including in its licensing standards for skilled nursing facilities and for intermediate care facilities, copies of which I have already submitted for the record,¹³ a requirement that such facilities be administered by an administrator licensed under the Illinois Nursing Home Administrators Act.

Whenever members of my staff visit one of these facilities, they check to see if the administrator is authorized under the act by the Department of Registration and Education to function in such capacity.

My department also works closely with the Department of Registration and Education, both directly and through my representative in the nursing home administrators licensing board, in the enforcement of the act and to upgrade the competency of nursing home administrators.

That was signed into law September 24, 1969, and became effective June 30, 1970.

The Department of Registration and Education is responsible for administering the act and they also, as you know, license other health personnel.

The seven-member nursing home administrators licensing board specified in section 12 of the act, was appointed by the director of the Department of Registration and Education in May 1970.

The board held its first meeting July 14, 1970, and has met at least monthly since then. It selected the examination for nursing home administrators developed and administered by the Professional Examination Service, as have many other States, as the examination for applicants under section 4 of the act.

In addition, the board developed an Illinois supplemental examination to also be taken by the applicants. Section 4 is for applicants who do not qualify, or choose not to qualify under section 6—the

¹² Retained in committee files.

¹³ Retained in committee files.

grandfather provision, and meet the higher qualifications specified in section 4.

Applicants under section 6 must pass the Illinois supplemental examination in addition to being a high school graduate or equivalent and have been an administrator or assistant administrator for two out of the past 5 years, and meet the other qualifications in section 6.

Section 5 provides for issuing a temporary license under certain conditions for not more than 1 year, and section 7 provides for licensing by reciprocity.

I don't have the makeup of the board here.

Senator STEVENSON. The licenser is the State, but the majority of the members of the board are representatives of the nursing home business, is that not the case?

FIVE OF SEVEN REPRESENTATIVES ARE NURSING HOME OWNERS

Mr. HALAMANDARIS. That is correct, five out of seven.

Senator STEVENSON. Five out of seven?

Dr. YODER. That may well be.

Senator STEVENSON. It is my first, or my further impression that the composition of that board is in violation of the clear intent of the law.

How are those members of that board appointed or selected?

Dr. YODER. It says by the Department of Registration and Education.

Senator STEVENSON. By the Department of Registration and Education?

Dr. YODER. Yes, sir.

Senator STEVENSON. Dr. Yoder, I have strong feelings, in listening to the testimony that I have heard and reading the reports, that one of the basic problems of nursing homes goes beyond regulations to the quality of personnel who work in nursing homes, not only at the administrator level or professional level, but also at subordinate levels.

There was testimony this morning, for example, from a man who said that he dispensed medicine in a nursing home even though he had no medical standing in the State of Illinois.

Now, that is a violation of the State law, is it not?

Dr. YODER. It is very distressing and on the unannounced visit that I personally made since this matter has come to my attention recently, I have noticed that our people very carefully check that practice as to who has the keys to the medicine chest and who uses them, and where the records are and whether records are kept of the medicine, and by whom it is given.

Senator STEVENSON. Is this a common practice in this State, dispensation of medicine by nonmedical personnel?

Dr. YODER. I was distressed to hear that. I hope it is not. I don't know.

Senator STEVENSON. Is there something more that the Federal Government could be doing to help with the training of adequate personnel for nursing homes?

Is this an area that should invite the attention of Congress so that we can make funds available to help States or locality in one way or the other to provide better educational and training opportunities for personnel in nursing homes?

Dr. YODER. I don't think anybody would argue with the principle. I think it very well could be worthy of attention from the Federal level as well as the State.

Senator STEVENSON. I think beyond that, if you have any specific ideas as to how we at the Federal level could be helpful in providing better trained, better equipped personnel, I would certainly be very grateful to have those, any such suggestions.

Dr. YODER. Thank you. I have made a note to myself this morning on that. Thank you.

WHAT IS BASIS OF DECISION "NOT TO ACT"

Senator STEVENSON. Good. When the Cook County Health Department recommends the suspension of a license and then your department doesn't act, what is the basis for that decision?

Is there an investigation made to determine that revocation isn't warranted, or what does happen in the department after such a request is received from the Cook County Health Department?

Dr. YODER. Well, apparently it has been discussed in our staff at levels that I have not always been aware of, and as I said before, we have to look at the levels of care in the State to make sure that the Cook County level of nursing care is the same as it is in other counties. In many cases there was not enough more wrong than there was somewhere else and we weren't doing anything except encouraging them to improve.

I think perhaps we will take a new look at this and with our new long-term care section I am going to try to communicate this message to staff attention more rapidly.

As I say, I was distressed by some of the things that I have heard.

Senator STEVENSON. Well, let me just conclude by reiterating, Dr. Yoder—and I am sure that Senator Percy would agree with this—that if you have further suggestions or advice or ideas of any kind as to how the Federal Government can be of more help, as to the kind of conditions we have heard about, and they don't appear again in Chicago, I think we would be grateful. There may also be things wrong with the Federal program that we should be turning our attention to. It may be that new programs should be adopted to help, for example, in the training and supplying of better personnel.

I am sure Senator Percy, Senator Moss, and I would be very grateful for any further suggestions.

Dr. YODER. Thank you. We do work very closely on most of the programs, as I am sure you are aware.

Senator PERCY. Thank you, Senator Stevenson.

For the record, Dr. Yoder, could you indicate what percentage of voluntary closures are as a result of adverse inspection reports and what percentages for possibly other causes and that can just be supplied to us if you will.¹⁴

¹⁴ See appendix 6, p. 1199.

Dr. YODER. Would you repeat that, please.

Senator PERCY. What percentage of voluntary closings are as a result of adverse inspection reports and what percentages are for possibly other reasons? Then also, may I make a personal request of you? I do so with the knowledge that your responsibility is to the Governor and not to me, but having talked recently with the Governor about this problem, I know the depth of his own feeling and that he intends to back up and support everything that you or your department needs reasonably in this area.

It would be very helpful to me, because a good many times a hearing comes and goes and you wonder what happens afterwards, if I could have, every 3 months, a report by your department as to what actions are taken by this enlarged inspection team; what their findings have been, what the inspection reports and summaries reveal and what revocation of licenses have been effected? Also, is it true that if a license is revoked that the nursing home must close? How much grace period do they have now and how promptly must they close?

Mr. BRYANT. As rapidly as we can find a home for the residents.

Senator PERCY. In other words, it will be the responsibility of the State then to find additional beds, to move the patients and in effect, if it is empty, it is closed?

Mr. BRYANT. Right.

Dr. YODER. Is it our responsibility or theirs?

Mr. BRYANT. It is the State's responsibility for those patients that are being paid by State funds.

Senator PERCY. All right.

Mr. BRYANT. And if they are private pay, then it is the responsibility of the family that we assist.

ACTION WILL BE TAKEN TO PURSUE INTENT OF LAW

Senator PERCY. And I am sure that all of the owners of and managers of the 600 nursing homes in Illinois are watching with interest these proceedings.

I hope they will take account of the fact that we intend to take action, Federal and State, and at the local level also, that we intend to take this action and we hope that they will take voluntary action at the earliest possible moment. We intend to see that the intention of the law will be vigorously pursued and followed up and all of those owners who operate homes that meet reasonable standards have nothing to be concerned about whatsoever. They can sleep in peace. The others had better get busy.

Dr. YODER. Thank you, Senator, and I assure you we are pleased to have this information, this additional correspondence with you, because we are all interested in working more closely.

Senator PERCY. We want to assure you of our cooperation.

Dr. YODER. Fine.

Senator PERCY. Because of our respect for the orthodox procedures of the Jewish faith, and we are approaching sundown, I am going to call, out of order, Benjamin Cohen.

I would also like to have join us at the witness table BGA Investigator William Recktenwald, if he is in the room, and also from the U.S. General Accounting Office, Auditor Thomas Fosselman.

I think the four of you can sit right alongside there.

I understand that because of an illness in Mr. Recktenwald's family, that he had to leave after his testimony this morning.

Is George Bliss here?

Mr. BLISS. Yes.

Senator PERCY. If Mr. Bliss is here, fine. If he would come up then.

Mr. BARNETT. May I state our names?

Senator PERCY. Yes. As a matter of fact, I think it might be well if you were identified.

Mr. Cohen, you are represented here by whom?

**SWORN STATEMENT OF BENJAMIN COHEN, REPRESENTED BY
WILLIAM A. BARNETT AND GERALD C. RISNER, ATTORNEYS**

Mr. COHEN. Mr. William Barnett.

Mr. BARNETT. William A. Barnett and Gerald C. Risner.

Senator PERCY. William Barnett and Mr. Risner?

Mr. BARNETT. Risner, R-i-s-n-e-r.

Senator PERCY. And Mr. Risner's capacity is what?

Mr. BARNETT. He is an attorney as I am. He is associated with me.

Senator PERCY. I see.

And Mr. Cohen, a copy of the subpoena requesting your appearance will be inserted at this point in the record, would you be sworn in, please.

Mr. COHEN. I, Benjamin Cohen, in the testimony that I am about to give before this Committee, will tell the truth, the whole truth and nothing but the truth, so help me God.

(Benjamin Cohen), having been first duly sworn, was examined and testified as follows:

EXAMINATION BY SENATOR PERCY

Senator PERCY. Now, Mr. Cohen—

Mr. BARNETT. May I make a remark, Senator?

Senator PERCY. Yes, you certainly may.

If you are going to speak on behalf of the witness then I would like to swear you in also.

Mr. BARNETT. I am merely going to make an introductory remark, if I may.

Senator PERCY. All right.

Mr. BARNETT. To state that the aims of this committee are the aims of ourselves.

We are much in sympathy with this and the Rabbi has attempted to cooperate through me by producing all records that have been requested.

He stands ready to produce any additional records that may be necessary.

Now, Mr. Fosselman, I drove him and the two of us talked to Mrs. Cohen who handles the books, and I tried to explain it to them, as good as possible, and I will explain anything further as needs be.

The Rabbi would like to make a statement but we have prepared a résumé of his and his wife's background which I would like to

UNITED STATES OF AMERICA

Congress of the United States

To Mr. Benjamin Cohen, Administrator, Kenmore Nursing Home, 5517 North Kenmore, Chicago, Illinois

Greeting:

Pursuant to lawful authority, YOU ARE HEREBY COMMANDED to appear before the Special Committee on Aging of the Senate of the United States, on April 2, 1971, 195, at 9:30 o'clock a. m., at their committee room University of Illinois Circle Campus, 250 Behavioral Sciences Building, then and there to testify what you may know relative to the subject matters under consideration by said committee.

The Committee requests your appearance along with financial records relating to the operation of the above named nursing home for years 1966 through 1970.

Hereof fail not, as you will answer your default under the pains and penalties in such cases made and provided.

To Val Halamandaris, Professional Staff Member to serve and return.

Given under my hand, by order of the committee, this 30th day of March, in the year of our Lord one thousand nine hundred and Seventy-One

Handwritten signature of Frank B. Moran

Subcommittee on Long-Term Care Chairman, Subcommittee on

submit to the committee and I would like at this time the Rabbi to be permitted to make a statement, if he can now.

Senator PERCY. For the purpose of our proceedings would you prefer to be called Rabbi Cohen or Mr. Cohen?

Mr. COHEN. Well, I am usually referred to as Mr. Cohen in my association with Kenmore House.

Senator PERCY. Then I shall address you as Mr. Cohen and I want to make it perfectly clear to you that my purpose in asking you to be here today is because, without any question as you told me, your name has been dragged through the public press.

Mr. COHEN. Yes.

Senator PERCY. And I think then you have every right by your own statements, under oath, to clear whatever misimpressions may have been created. But as you heard this morning, Mr. Recktenwald has made certain statements, and has indicated that he would make such statements also under oath. If there is a conflict, if you dispute any of the statements that he has made, of course, we will ask him to testify before this committee under oath.

But, you have a perfect right to tell your story and I want you to tell that story and we are happy to have you open with whatever statement you would like to make.

Mr. COHEN. I appreciate this opportunity since I have always had faith in the justice of our blessed America and I am very happy for this opportunity.

Could I go ahead with the statement?

Senator PERCY. Yes, you may, certainly.

STATEMENT OF MR. COHEN TO THE COMMITTEE

Mr. COHEN. I know that Kenmore House is a good nursing home. It is situated among high buildings, therefore, has some shadows. However, it is exposed to the lake. This exposure, in a spiritual sense, we have accentuated with the best patient care. We have at least four patients, still with us, who came to us as a result of not having anywhere to go.

Father Johnson asked that we make a home for William Gibbons. He was found alone, near death, in his own apartment. He has made a fine adjustment at Kenmore House. We didn't wait for funds, nor the okay from welfare before we opened our doors to him.

Michael Kalinowski came to us near death, an amputee. The VA insisted that the nature of his amputation was such that an artificial limb could not be fitted. I called on the American Limb Co., who made the measurement and convinced VA that it could be done. Just yesterday Michael Kalinowski took a walk to the corner to shop at Walgreen's for himself, thanks to our efficient staff for his rehabilitation.

Edith Schmidt, at 98, was still keeping house for herself. A case worker appealed to us to accept her immediately as an emergency case. She was found helpless, alone. She made a fine adjustment at Kenmore House.

Andrew Freeman was picked up by the police and placed at Cook County Jail Hospital. Every nursing home refused to accept him.

We made a home for him. He, too, was near death, blind and helpless. Today he is able to go to visit with friends.

We have accepted all kinds of patients, mentally difficult, physically unclean, refused by other homes. We have never moved anyone, regardless of the difficulty, so as to disrupt their equilibrium and stability, even at the expense of making it difficult for the administration, with disturbances and constant cleaning. We are going from strength to strength.

To paraphrase Senator Percy, every old and sick person should have a place in Florida in the sun, at the sea, with the best food, clothing and care. I believe fundamentally, every human being, since he has a spark of the Divine, feels this way. The best isn't too good for the old and the sick.

I understand that this committee has instituted a program to train professional inspectors with medical, sociological, and psychological background who can approach an inspection with a positive attitude.

We are all in this together, to give each of the old and sick a Florida wherever they are. The approach is not prejudiced. The idea is to unite all forces to accentuate the positive. Where there is unity there is strength, strength to do more for the patients. Where there is disunity and division, there is weakness. We all want the best for the patient.

I believe the approach of this committee will result in unified efforts by inspectors, administrators, nurses, aides, and the families of patients to accomplish the best for the patients.

Mr. BARNETT. Senator, may I submit that prepared statement to the Committee?

Senator PERCY. Yes, surely. Without objection the full prepared statement shall be made a part of these proceedings.

Mr. BARNETT. May I say that attached to that statement is the background, personal history of Rabbi Cohen and his wife also.

(The above referred to personal histories are as follows:)

Personal Histories of Rabbi and Mrs. Benjamin D. Cohen

RABBI BENJAMIN D. COHEN

Born: February 27, 1918, in Chicago, Ill.

Parents: Jenny and Morris Cohen, naturalized American citizens who were born in Russia and who are Orthodox Jews and active Synagogue members.

Education: Graduated from Shepherd Grammar School and Manley High School in Chicago; received Bachelor of Science degree from Lewis Institute in Chicago in 1939, major in social sciences; graduated from the Hebrew Theological College, Skokie, Illinois, and was ordained a Rabbi in September 1941; did graduate work at Yeshiva University of New York and Hebrew Theological College in Chicago, receiving credits toward the degree of Doctor of Hebrew Letters.

Rabbinical Work: Accepted first pulpit in Marshalltown, Iowa, in 1943.

Accepted pulpit in East St. Louis, Illinois, in 1945 and remained as leader of the Agudas Achim Congregation until 1957.

During this period he also served as chaplain at Menard State Penitentiary, at Security Hospital for the criminally insane at Menard, Illinois, and at the Alton State Hospital for mental patients.

From 1957 to 1967 he served as a Rabbi and teacher in Hebrew schools in the Los Angeles, California area.

Kenmore House: He returned to Chicago in 1967, and is presently Administrator of the Kenmore House Nursing Home in which he and his wife

have invested the bulk of their savings. He devotes approximately 60 hours a week to the home, and Mrs. Cohen devotes approximately 40 hours to it. Rabbi Cohen has spent most of his life serving the old and the poor. He is a strict Orthodox Jew who works six days a week and scrupulously observes the Sabbath.

MRS. HANNAH COHEN

Born: August 13, 1922, in Chicago, Illinois.
 Parents: Rabbi Joseph and Elizabeth Finfer.
 Education: Graduated from Lawson Grammar School and Marshall High School in Chicago.
 Attended Herzl Junior College in Chicago.
 Graduated from Herzeliyah Hebrew School and Central Hebrew High School.
 Attended the Advanced Hebrew Department of the College of Jewish Studies for three years.
 Personal: Married Rabbi Benjamin Cohen in Chicago on September 7, 1942. They have five children.
 Activities: President of Malvina Beck B'nai B'rith Chapter in East St. Louis, Illinois, during 1952 and 1953. Taught Hebrew at Agudas Achim Synagogue in East St. Louis, Illinois.
 Started a small rest home for elderly persons in Los Angeles in 1958 and terminated it in 1964.
 Taught Hebrew at the Ahavat Sholom Synagogue in Mar Vista, California, from 1961 until returning to Chicago in 1967.
 Member of Yeshiva Women of Hebrew Theological College.
 Member of Yeshiva Parents of Hebrew Theological College.
 Member of B'nai Rueven Congregation.
 Member of Cherut Hapoel Hamizrachi.
 Started working with her husband at Kenmore House in November, 1967, where she handles the bookkeeping and office chores.

Senator PERCY. Mr. Cohen, how long have you owned Kenmore?

Mr. COHEN. Since May 1966.

Senator PERCY. May 1966?

Mr. COHEN. 1967.

Senator PERCY. And who owned it before that? Was it a nursing home before that?

Mr. COHEN. It was a nursing home before.

Senator PERCY. And who owned it before that?

Mr. COHEN. Well, there was a Mr. Angel and Wexler had owned it before.

Senator PERCY. Angel and Wexler?

Mr. COHEN. Yes.

Senator PERCY. And did you know them or how did you come into contact with them?

Mr. COHEN. Well, I knew of them and I knew that they were interested in giving up their home and wanting to sell it and it was available. My whole life is dedicated to serving people, old and the sick, and the unfortunate, and here was an opportunity to serve, to get into this situation and I made myself available to Mr. Angel and Mr. Wexler as they were interested in selling this home, so we got together and reached an understanding, and I became the owner of the home.

Senator PERCY. Have you known Mr. Angel? He is an owner of other homes?

Mr. COHEN. Yes; he is.

Senator PERCY. And he is an active owner of other homes?

Mr. COHEN. To my knowledge, I think he is.

Senator PERCY. And do you know how many homes he has an interest in?

Mr. COHEN. I don't know the exactly—I don't know it exactly, but I know he has several.

Senator PERCY. Do you have an interest in any other homes that he has?

Mr. COHEN. No.

Senator PERCY. That he has an interest in?

Mr. COHEN. No; not at all.

Senator PERCY. Do you have a financial interest in any other home other than Kenmore?

Mr. COHEN. I do not.

Senator PERCY. You do not?

Mr. COHEN. No.

Senator PERCY. Is Kenmore incorporated—does Kenmore, Inc. own the property; the land, the building, the equipment and operate this home?

Mr. COHEN. I do not know exactly. I am not in a position to answer that. I would have to consult with my attorney.

Senator PERCY. What is your position in Kenmore, Inc.?

Mr. COHEN. I am considered the sole owner.

Senator PERCY. You are the sole owner?

Mr. COHEN. That is right.

Senator PERCY. Of Kenmore, Inc.?

Mr. COHEN. Right.

Senator PERCY. And you have officers?

Mr. COHEN. Well, we have so-called board of directors.

Senator PERCY. You have a board of directors?

Mr. COHEN. Who do not have any interest in the home. They are just directors.

Senator PERCY. They are directors but have no interest?

Mr. COHEN. No interest.

Senator PERCY. No financial interest?

Mr. COHEN. No.

Senator PERCY. No operating interest?

Mr. COHEN. No operating interest.

Senator PERCY. So that you are Kenmore, Inc.?

Mr. COHEN. Yes; that is right.

Senator PERCY. Can I ask you then once again, as the sole owner of Kenmore, Inc., does Kenmore, Inc., own the land, own the building, the equipment and operate the home?

Mr. COHEN. I think it does.

Senator PERCY. Is there one or more corporations involved in its function and operation?

Mr. COHEN. Insofar as I know there isn't but one.

Senator PERCY. Just one entity then?

Mr. COHEN. Yes.

Senator PERCY. And could you tell—and I ask these questions now not to pry into personal financial affairs, but in view of the fact that most of the patients, the residents in Kenmore Home are there as a matter of welfare and the Federal Government pays most of the cost?

Mr. COHEN: That is right.

Senator PERCY. I don't want to be devious at all about why I am asking these questions. We simply want to determine whether or not adequate services are being provided and whether or not, if inadequate services are being provided, where the money is going.

Maybe the money we are paying is inadequate to properly maintain these people, and if it is, it requires then increased authorization, funding and appropriations to raise the level of funding, but if it is adequate then we want to know whether it is being properly spent.

WHAT WAS ORIGINAL INVESTMENT COST?

Can you tell me what was paid for the real estate, the land, the building, and the equipment when you purchased this in May of 1966?

Mr. COHEN. To my knowledge, I think it was \$300—the sale price was \$387,000.

Senator PERCY. \$387,000?

Mr. COHEN. Yes.

Senator PERCY. Was paid to the previous owners?

Mr. COHEN. Yes.

Senator PERCY. Now, how much of that was financed through mortgages on the property itself, and how much was money that you actually put in of your own?

Mr. COHEN. Now, I hope the Senator will understand, I am not that versed in finances and I have a CPA and the records were handed over to your committee and they have all the records, and if I am not as exact, I am not in a position to answer. I am not trying to evade anything. I want you to understand.

Senator PERCY. And you are perfectly free to refer to counsel to accept an answer from counsel which you then certify to or have counsel answer and you can reaffirm the truth of what he is saying.

Mr. COHEN. We will be glad to bring any information that I don't have, but to my knowledge we put into the actual sale price \$40,000 cash. The rest was left as mortgages. There was a first mortgage, a second mortgage, and a third mortgage.

Senator PERCY. So that you put your own equity at \$40,000?

Mr. COHEN. \$40,000 represents loans; a portion of our own savings that we accumulated through the years.

Senator PERCY. Yes.

Mr. COHEN. And a good part of it that we obtained from members of the family as a loan to be paid back; brother—my brothers and my mother actually.

Senator PERCY. Well, I would consider, regardless of the source though—

Mr. COHEN. It was my family.

Senator PERCY. It is your note, your risk, your family so that you actually put in a little over 10 percent of the equity and borrowed about 88 or 89 percent and put in 11 or 12 percent and your exposure is this \$40,000 then of equity?

Mr. COHEN. Yes.

Senator PERCY. Plus the mortgages which, if the whole thing went bankrupt, you would just simply turn it over to them and they would own it.

Mr. COHEN. The mortgagors, that is right.

Senator PERCY. So your exposure is \$40,000?

Mr. COHEN. Yes.

Senator PERCY. Now, can you tell the committee about what proportion of the, as I understand, 109 beds that you have, about what proportion are now financed through welfare and what proportion are private?

Mr. COHEN. Let's see. I would say little over 90 percent are welfare.

Senator PERCY. Are welfare?

Mr. COHEN. Yes.

Senator PERCY. And of the 90 percent, in view of the fact that we operate in Illinois on the point system, about what proportion of those people would be classified as bedridden?

Mr. COHEN. Well, offhand I would say not the largest amount. I can't tell you offhand; perhaps maybe eight or nine. I don't know exactly because we generally—

Senator PERCY. Eight or nine people?

Mr. COHEN. Yes.

Senator PERCY. Yes?

Mr. COHEN. Because generally the people, to my knowledge, are usually—they sit up and they are in their wheelchairs, so I can't consider anybody in that category as bedridden.

Senator PERCY. In other words by the point system, if a person is confined to a wheelchair though, you still get the extra allowance.

They don't necessarily have to be in bed?

Mr. COHEN. I don't think so.

In the wheelchair, a wheelchair capacity, we don't get the points. The points that we get are if someone is confined to his bed.

Senator PERCY. I see.

Mr. COHEN. It is not the same category.

WAS MR. RECKTENWALD HIRED AS A NURSE?

Senator PERCY. All right.

Now, as I understand Mr. Recktenwald, in the information that he gave to me when I talked with him, and of course, we visited you together; he applied to you for a job and he was interviewed and you said that you would like to hire him.

He was then taken into the director of nursing, a Mr. Ladd, introduced and he said, "This is a nice fellow. Let's make him a nurse"—this is what you said apparently at the time.

He applied actually for maintenance work, that is, he said he had been a janitor.

Did you say to Mr. Ladd, who is your director of nursing, "Let's make this young man a nurse"?

Mr. COHEN. Well, I think this requires a little bit of background. I mean, if you take a statement out of context, you come to conclusions that may not be correct.

He had approached me, to my knowledge he had approached me for work and he said that he was a college student, that he went to some college in southern Illinois, and that he was presently attending college here in Chicago.

Senator PERCY. He testified that he said that he had put down on his work application, that he filed with you, that he had approximately 6 years' experience as a janitor in several nursing homes.

Mr. COHEN. I may not have been aware of his application, but in terms of what he actually expressed himself to me, how he expressed himself to me, I don't remember his telling me that he had 6 years of experience as a janitor.

I do not recollect that, his telling me that of being or directly being informed as to the effect that he had 6 years of janitorial background.

To me he was a student at a college and there was a need and there was a crying need in all nursing homes and even hospitals for help, help that is intelligent and help that could develop and could learn to meet whatever needs we have.

I thought that a college student, rather than being a janitor—and I was under the assumption that he was not an experienced janitor, that he was a student and if he was a janitor it would be just a question of occasionally doing a little mopping for a little income.

I thought as a college student, to meet our needs, he could learn and I never put him on the medication.

To my knowledge we did not put him on medication.

I said he could learn and as long as there was a director of nursing who was qualified and has a very rich background in nursing, that he would be training him and he could guide and direct this individual and, to my knowledge, I never put him on medication.

Senator PERCY. According to Mr. Recktenwald's statement, when you said, "Let's make him a nurse," Mr. Ladd said, "Rabbi, we can't make him a nurse. He has no training. He couldn't dispense medication without training."

The Rabbi said, "He is a nice, personable young man. Make him a nurse and he can dispense medication. I am sure he can catch on quickly. He worked 6 years in a nursing home"—that is, as a janitor.

Did you or did you not make such a statement?

Mr. COHEN. To my knowledge I do not remember making a statement that he was a janitor for 6 years in a nursing home—a janitor. I do not recollect making such a statement and I do not recollect making the statement that he should be put on medication immediately.

To my recollection there was a reluctance on the part of the director of nursing as to immediately developing him into a nurse—a nurse's aide, I mean—and to my knowledge I had in mind that he could be trained, not that he should be immediately put on as a nurse's aide, but should be trained as a nurse's aide, and we have many trainees.

Senator PERCY. Well, on whom would he get his experience?

Mr. COHEN. We have the director of nursing.

Senator PERCY. Pardon me?

Mr. COHEN. We have the director of nursing.

Senator PERCY. In other words, he would go into a formal organized training program?

Mr. COHEN. This was my intention.

Senator PERCY. Do you have such a training program established in the home?

Mr. COHEN. Yes; we have an intraining program in the home.

Senator PERCY. Do you remember giving him instructions to go to 54 West Hubbard and have a chest X-ray taken and a physical examination, and then report at 3 p.m. Monday, January 5?

Mr. COHEN. I recollect faintly that matter because usually we send all of them—those applying as nurse's aides—to have a physical.

Fifty four West Hubbard is a branch of the Board of Health where the employees go for their examination, blood test, urinalysis, and so forth.

WAS HOME DEFICIENT IN STANDARDS' REQUIREMENT?

Senator PERCY. Mr. Ladd apparently asked for the name of a personal reference in the Chicago area.

Incidentally, did you need a nurse by any requirement or a nurse's aide at that time, or were you deficient and empty in one spot?

Mr. COHEN. Well, here was the problem. We had a nurse's aide that had quit her job because she said it would be a little difficult for her to lift patients, and I thought here was a young man who was physically able to fill that position once he was trained properly.

This was the reason that I was anxious and maybe carried away to a point, maybe more than I should have been. I acknowledge the fact that one should be a little bit more strict in accepting a person like that.

Senator PERCY. Is there any requirement, Mr. Cohen, by law or regulation, that you have to have for a certain number of beds and patients you had, a certain number of nurses or nurse's aides; and were you deficient that person by requirement if you were inspected, or would you have to certify that you had such a person in that job?

Mr. COHEN. To my knowledge, I do not remember exactly.

I know that we were carrying an extra aide. There was an additional aide on our schedule more than was required by the Chicago Board of Health.

We added an extra aide and I do not remember whether we were deficient at that particular time. I don't remember, but the fact is that we did ask this individual to serve and help on that particular shift.

Senator PERCY. I may want to call Mr. Elmer Ladd before us. Does he still work for you?

Mr. COHEN. No.

Senator PERCY. Your director of nursing?

Mr. COHEN. No; he no longer works for us.

Senator PERCY. Under what circumstances did he leave?

Mr. COHEN. Well, he resigned.

Senator PERCY. He resigned of his own volition?

Mr. COHEN. He resigned of his own volition.

Senator PERCY. No urging by you?

Mr. COHEN. No urging at all.

WHY DID DIRECTOR OF NURSING LEAVE?

Senator PERCY. What reason did he give for leaving at the time he left?

Mr. COHEN. The reason that he gave was he wasn't happy working there. He didn't seem to get the cooperation that he needed from the personnel.

Senator PERCY. From what personnel? From the patients or the rest of the staff or who?

Mr. COHEN. Well, the rest of the staff there.

Senator PERCY. Or from you?

Mr. COHEN. There might be a personality clash between us.

Senator PERCY. Well, was it a personality clash or was it a question of policy?

Mr. COHEN. Well, not necessarily.

Senator PERCY. What reasons did he give you, Mr. Cohen, for leaving?

Mr. COHEN. The reason that he gave was that he thought he did not have the complete control in nursing; that when I tried to consult with him on some of these problems that he could not see eye to eye with me on some of these questions.

Senator PERCY. He reported directly to you?

Mr. COHEN. That is right.

Senator PERCY. So you are really not consulting with him, are you?

Mr. COHEN. No.

Senator PERCY. You are directing him?

Mr. COHEN. Not directing him. We consulted and the understanding was that we would work together and if there was a problem I would like to know what it is and then we come to a decision together and work things out.

Senator PERCY. What kind of things did you not agree on?

Mr. COHEN. Well, there was a disagreement as to the help that he had encouraged to acquire for the home.

There was one situation where he recommended a certain nurse's aide to work there from, I think it was, his connection with the Henrotin Hospital, and I found that she was inadequate, that she was irregular. She didn't come on time and I felt that she should be dismissed. There was a difference there because he had selected or recommended this person with reluctance.

Senator PERCY. Did you consider him a technically qualified person to be director of nursing?

Mr. COHEN. I did at the time.

Senator PERCY. You did?

Mr. COHEN. Yes.

Senator PERCY. In other words, if you placed this presumed ex-janitor in his charge for training, you would consider that he could get adequate training?

Mr. COHEN. Yes; I think so. He had a very rich background.

Senator PERCY. And where in Kenmore Nursing Home do you have any facilities for training, other than on the patients?

Mr. COHEN. On the floor.

Senator PERCY. I didn't see any training rooms or facilities there.

Mr. COHEN. Actually, on the floor there is a room, if you noticed, where they check out and that is indicated the "Examining Room"—"Staff Room," if you noticed, and there were chairs there for students.

Senator PERCY. How long does it take to become a nurse's aide or a nurse?

Mr. COHEN. Well, it is hard to say. It is not to my knowledge; it is not to decide when one was qualified. That is up to the director of nursing.

Senator PERCY. Were you prepared to give Mr. Ladd sufficient time during the day to give this program or course of instruction to this applicant, Bill Recktenwald, or whatever name he gave you?

Mr. COHEN. Yes; I was prepared to allow him to give him whatever time would be required.

Senator PERCY. You presumed that Mr. Recktenwald had sufficient experience to be a nurse or a nurse's aide because he had worked—he told you he had worked—in a nursing home for 6 years?

Mr. COHEN. I did not assume that.

Senator PERCY. You didn't assume it; well, I am glad to hear that, because under ordinary procedures it would be wise for any business to check up on the references.

Mr. COHEN. Yes.

What happened, I did send letters out to check, but he had passed—well, he had quit. He had called up on the second day or so and said, "I quit. I am no longer coming back."

Senator PERCY. Well, he came in on Friday, January 22, and he was ordered to report to work.

Mr. COHEN. Yes; he did.

Senator PERCY. And to work with patients at 3 p.m. Monday, January 25, and that is hardly time to get letters out.

Do you have copies of those letters, by the way?

Mr. COHEN. Well, I have a copy.

REQUEST FOR CERTIFIED TRUE COPY OF LETTER

Senator PERCY. Could you supply the committee with a certified true copy of the record or of the letter which was—was it one, two, or three letters of references?

Mr. COHEN. One letter that I sent, they sent back that there was no such college in southern California or southern Illinois, rather. No such college, and I think I have a letter, but there is—

Senator PERCY. Now, let me read you further from Mr. Recktenwald's statement:

Mr. Ladd, [your director of nursing] asked for the name of a personal reference in the Chicago area. He said, "I am obligated under the law to call at least one personal reference so that we know who you are."

I called Mr. Ladd later to give him the name of a Chicago reference, but he refused it and said, "Oh, I won't bother to call. You look like a clean-cut fellow."

Mr. COHEN. I don't remember him saying that.

Senator PERCY. Apparently when he reported to work on the 25th in white trousers and a white shirt he was introduced to several

people and assigned to work with Mrs. Bensley on the second floor and no check had been made on his references; no attempt had been made to determine whether he had ever worked before in a nursing home. What was the nature of the duties that he was assigned to, Mr. Cohen?

Mr. COHEN. To my knowledge, he helped pass out trays, which anyone without any experience could do—food that was being dispensed—and I understand from the nurse that worked with the nurse's aide, the nurse's aide that worked with him, that he was helping pour some of the water when the medication was being dispensed. Now, that is required—the water. I wasn't there to see it, but this is what I understand, but he did not pass medication.

He was learning to. He was watching; he was observing, trying to see what he could learn and, in the process, of what was going on at the time he was there.

ACCESS TO KEYS TO NARCOTICS?

Senator PERCY. This man who walked in off the street, whose references were not checked; in other words he could not possibly have had not only the keys to the medication but the keys to the narcotics, for instance, or drugs?

Mr. COHEN. Not to my knowledge.

In questioning the nurse, he did not have access to the keys and he did not get into the narcotics room.

Senator PERCY. Well, now, Mr. Recktenwald is a very skilled investigator and he was there for the purpose of determining exactly what went on in the nursing homes.

He knew that he was working with a trained team of reporters from a prominent Chicago newspaper, shall we say, and he wrote this up immediately, not relying on memory, exactly what happened.

Let me read to you what his remembrance or recollection is immediately after this.

The second floor, [where he was assigned] has 37 patients. We started out—

That is, Mrs. Bensley and himself—

Mr. COHEN. The name is Buckley.

Senator PERCY. It is written here B-e-n-s-l-e-y.

It is Buckley?

Mr. COHEN. There is an inaccuracy if it is Bensley. If he is that sharp he should have known her name because he had been with her 2 days and he should have known her name by now.

Senator PERCY. Well, maybe he wrote this up that night when he came home.

Mr. COHEN. Well, he should have known her name.

Senator PERCY (continuing).

We started out by unlocking the medication room where all the drugs are stored. Mrs. Buckley—

It is written "Bensley"—

Mr. COHEN. It is Buckley.

Senator PERCY (continuing).

Told me, "Oh, boy, I really didn't think I would have to dispense this medication tonight, but the Rabbi fired the regular aide on this floor. I am, really not too sure who gets what medication, but I will do my best."

She then proceeded to put pills in different small cups to be distributed to patients.

On several occasions, I saw her take bottles of medicine with other persons' names on them and use this medicine for a different individual.

She said, "Oh, this lady is out of her medication, but I will just borrow some from this other lady."

Inside the drug closet was a locked, a smaller locked metal box entitled "Narcotics, keep locked."

She gave me the keys to this box and I opened it. Inside the box were numerous types of drugs including five or six large bottles of Darvon Compound 65, plus numerous other drugs which I assumed were narcotics.

I was left alone with the narcotics and drugs for awhile and I pocketed about 100 capsules of Darvon 65.

Later in the evening, I returned all of the capsules to the bottle after I considered the possible consequences of being stopped on my way home in the evening.

Is it possible that this could have happened and can you tell me if Mrs. Buckley is still in your employ and would she be available to testify?

Mr. COHEN. She is still working for us and if you feel that she should be available for your purposes, she will be available.

Senator PERCY. You obviously must have talked with her about this situation.

Mr. COHEN. Yes.

Senator PERCY. It has been well known that Mr. Recktenwald was there for purposes of investigating.

Is his statement true or untrue?

Mr. COHEN. This is the first time that it is called to my attention that he had such access to the drugs.

When I questioned Mrs. Buckley it didn't seem that this was the case, that these statements are inaccurate as far as what I heard from her.

Senator PERCY. May I read from a story by William Jones in the Chicago Tribune dated March 2?

Mr. COHEN. All right.

Senator PERCY (reading):

The next day Recktenwald was given a set of keys to the narcotics and medicine cabinets and worked the next two days as a nurse.

Mr. COHEN. The next 2 days? He only worked 2 days.

Senator PERCY. That is what the Chicago Tribune says and I feel confident from what you said to me about all the publicity that you have had, adverse, that has hurt you, that you must have read these stories.

Mr. COHEN. He only worked 2 days. I don't see where you get the idea that he worked 3 days. He only worked 2 days.

Senator PERCY. Well, I am not so sure that that is the main point of the argument.

The main point of the argument is that he was given the keys to the drug cabinets and no check was made on his references and I just asked you this question:

Is this the usual way that you hire people and put bodies to work?

Mr. COHEN. This is not.

Senator PERCY. To take care of elderly patients?

Mr. COHEN. This is not the usual way.

Senator PERCY. I asked you a question if you care to comment on it:

Is this the usual way or was this a most unusual situation?

Mr. COHEN. That is not the usual, that is the unusual situation.

Senator PERCY. It is an unusual situation?

Mr. COHEN. Yes.

AVERAGE DAILY COST OF FOOD FOR PATIENTS?

Senator PERCY. In getting into the operation of Kenmore Nursing Home, can you give this committee the average cost per day, and I am only asking you questions that your accountant has provided the answers for us—the average per day for the food per patient in 1967, 1968, 1969, and 1970?

Mr. COHEN. Do you have it?

Mr. BARNETT. I guess we have it.

Mr. COHEN. Could I defer this to our records—could I refer to our records?

Senator PERCY. Pardon me?

Mr. COHEN. Could I refer to our records?

Senator PERCY. Yes, of course you can.

In fact, I would be happy to read the records that were furnished to me by the General Accounting Office of the U.S. Government, that they determined from their very quick conversations and check of your own accounting people.

1967—67 cents per patient per day for all meals.

1968—81 cents.

1969—67 cents.

1970—78 cents, is that correct?

Mr. COHEN. I have to refer to the records.

Mr. BARNETT. I haven't located that figure yet, Senator.

Sixty-seven cents is correct for 1967, Senator, for food.

Senator PERCY. Well, if the first figure is correct, shall I assume that the other figures are correct, unless at any time you wish to revise these records?

Mr. BARNETT. I think you may accept it.

Senator PERCY. If this is true then may I ask this question:

When Mr. Recktenwald on his first day at work served dinner to 37 patients, he stated:

The dinner consisted of a very small portion of lettuce with some type of dressing, a small portion of applesauce, a cup of coffee, one toasted cheese sandwich and a small bowl of soup. Each patient received some milk.

There was a gallon and a half of milk to split between 37 patients.

We brought the trays to the patients and two patients were fed because they were incapable of feeding themselves.

Now, he also, in his statement within the paper that was published in the press, indicated that:

On occasion—[and he mentioned this here in testimony this morning] on occasion the food . . . that food was taken from one patient's plate by the help [that worked for you] and moved over to another person's plate to use up, to fill that plate or put the portion on it and sometimes it was moved even a third time.

And the reference, the member of the staff has pointed out to me, was before all of the patients were completely fed.

Before all of the patients were completely fed, we would run out of food.

Mrs. Patton indicated that because the Rabbi sends up so little, this often happens.

She told me to start gathering trays from people who had finished eating.

I then observed her remove the uneaten portion of food over from some person's tray and place them on other individuals' trays who had not yet been fed.

There were several individuals on this floor who had very little to eat.

Does Mrs. Patton still work for you?

Mr. COHEN. I don't recall having an aide with that name.

Senator PERCY. Is there any aide who handles food that has any name that is comparable to that?

I assume that Mr. Recktenwald can find Mrs. Patton, but I will just go on exactly what he has stated here.

Now, the food, the average daily food costs here for a home that buys for 100 people—and where do you buy, from a wholesale house, from wholesale houses generally?

Mr. COHEN. I buy from Holleb's Food Supplier.

There is a Garber Meat Co., who supplies a number of nursing homes here in Chicago. Holleb's supplies a number of nursing homes and we had sufficient food.

Senator PERCY. Well, then are you denying the statements that have been made here as being untrue and false and as having not occurred?

Mr. COHEN. To my knowledge I questioned the nurse at that particular time and she denied that anything of that nature took place, and I am going on the basis of what I have heard from the nurse in charge.

This is not a procedure nor is this the policy as the impression was given to the press and the repetition of scraps again and again, I think, is an inaccuracy and it is uncalled for.

Senator PERCY. Mr. Recktenwald told me that the nursing home, Kenmore, was dismal, that the paint was peeling off of the walls, that the floors weren't finished and in a condition he considered to be a matter of disrepair.

When I visited there a week ago Sunday, I was pleased to note that there was a floor being repaired, that the walls were being painted and I think there were two painters on duty.

Mr. COHEN. I think there were more, more than two.

Senator PERCY. I was more than pleased to see that this progress was being evidenced and I commend you for taking such action, but can you tell me, having owned Kenmore since May of 1966—

Mr. COHEN. 1967.

WHY WAS KENMORE NOT KEPT IN REPAIR?

Senator PERCY. What the circumstances were that caused such conditions to exist until such time as the conditions were exposed in the public press and, as you said, you have received any number of abusive telephone calls and some considerable degree of criticism, if these stories were true.

Why is it that Kenmore was not kept in repair?

Were you short of funds?

Did you have inadequate money, or you just didn't care, or think it was perfectly up to standard?

Mr. COHEN. Would the Senator allow me to say when I got into the Kenmore House, when I took control of Kenmore House in 1967, May 1967, it is an old house, very old, and I found it in a very bad condition. It needed much repair. In fact, I put in \$4,000.

Senator PERCY. Did you buy it in May 1966 or 1967?

Mr. COHEN. 1967.

Senator PERCY. Oh, I thought you told me 1966?

Mr. COHEN. No, 1967.

Senator PERCY. 1967?

Mr. COHEN. It was 1967.

Senator PERCY. All right.

Mr. COHEN. We had many problems with repairs.

It was an old building and I think we upgraded the situation quite a bit since the time we got into it.

We put in at least \$4,000 to repair a boiler.

We had a problem of backage of sewage that we were able to overcome, and we were not hesitant to get the best service from two of the boiler companies that are on call 24 hours a day, and I had services that we never had before and we are in the process of upgrading Kenmore House from a physical standpoint.

We have an ongoing understanding that we continually paint. We continue to repair. We continually upgrade the physical appearance of Kenmore House.

It is an old house and there may be occasional leaks and because of leaks there may be paint that might peel, and a person comes in the first time and takes a look and maybe he doesn't get the best impression.

He may see a piece of paint that has peeled off, but you can't always keep up with it because it is a constant, constant job of keeping up with an old, old structure.

A person who comes in and then by contrast sees a deluxe new home and comes into Kenmore; there is going to be a letdown psychologically, in terms of what you would expect from a deluxe place, to an old place, but I think personally that we have made definite strides in upgrading the physical appearance and the physical setup of Kenmore House.

STATEMENT OF THE CONDITION OF KENMORE HOUSE

Senator PERCY. I would like to read a statement:

The most wretched feature of Kenmore House is the filth. It is everywhere. The waste baskets that I emptied were so filthy they reminded me of a miniature garbage can. The linens and blankets were filthy and the stench in some of the rooms is nauseating. As I mopped several of them I was forced to retreat into the hall every few minutes to get a breath of fresh air.

In other rooms the paint is peeling and in the room directly across from the fourth floor dining room, the stench extends into the dining area. The floor tiles are so loose you could kick them across the room.

When I was there you pointed out to me that you were having this floor retiled.

In another room where one of the occupants is bedridden, a bathroom window, apparently broke some time ago, has been replaced with standard glass. The occupants have taped an old bath towel across the window to insure a degree of bathroom privacy.

Now, this, of course, was not May 1967, Mr. Cohen. This is quite recent and in fact, it was this month.

The filth and nauseous odors of this nursing home are hard to describe with words alone.

The paint is peeling, chipping. The floors in the rooms look like they have not been washed in weeks, even months.

The odor is so sickening in some rooms that it is surely enough to make you nauseous.

The administrator, Rabbi Cohen, seldom spends any time in the rooms or with the patients. He simply "rides the little help that he has to get more work out of them."

A nurse's aide from the fourth floor told me, "I really got in trouble with Rabbi yesterday. He said that I was playing games and cards with the patients and he doesn't want me to do that. I don't know, I always thought we were supposed to be here to make the patients happy. I guess he thinks differently.

Now, this is a third employee and I wondered if you could comment on the statement that, statements that are damaging, that you told me have been injurious to your reputation as an individual, have caused the Rabbinical order to ask you not to use the term "Rabbi" since you are not practicing, and I now give you the opportunity to state publicly whether this is true or not true.

Mr. COHEN. I feel that this is a gross inaccuracy in terms of reporting.

I know for a fact that we have a few aides that we have to discipline from time to time, that they sit and watch television, but never to my knowledge have I ever reprimanded an aide for giving time to a patient.

In fact, just the other day we had a number of aides that we asked to take the patients out in wheelchairs, to walk them outside, and I encouraged them, even though the aides themselves were enjoying the air; I mean, I wanted it for the sake of the patients.

It wasn't so much that I am worried about the aides enjoying themselves. It is a question of the aide giving of her time and efforts for the good of the patient.

If I saw that the aides were playing cards for the benefit of the patients, I would never hesitate to let them carry on.

As far as the cleanliness of the facility is concerned, Senator, you have been at our place and you saw that, and you were not aware of any stench or odor that hit you as soon as you walked in.

In fact, we had a committee that came in from, I think Dr. Yoder sent them from Springfield.

Senator PERCY. Of course, I can't account for what happened, Mr. Cohen.

STATE COMMITTEE RECENTLY EVALUATED HOME "ADEQUATE"

Mr. COHEN. That was recently, and they gave us an objective evaluation of our home and they said our home was clean, our home was adequate and it was a committee that went through the whole State, and they said that they went into homes in Chicago and

throughout this State and they made the statement that our home was adequate; that the cleanliness was good, that the patient care, the patients were taken care of well, and Mr. Coneen, who was the medical director in charge of this investigation, throughout his discussion with patients, he went throughout the whole house patient after patient and he indicated, and I was there when he said it, that the patients were happy.

Now, I know the difference between a patient who is happy or unhappy, and he questioned the patients whether there was enough food, whether they were satisfied and there were general statements of happiness, that they are satisfied and the inspection was favorable.

Senator PERCY. Now, when was that inspection made?

Mr. COHEN. To my knowledge, it was March 7.

Senator PERCY. March 7?

Mr. COHEN. On a Sunday, unannounced.

We had a full staff and they went through the charts and they went through all of these, all of the home and all of the facilities, and if what these statements indicate are correct, are accurate, wouldn't they say the same?

Why wouldn't they corroborate with these statements? They came after the so-called inspection from the Tribune.

Senator PERCY. I don't know, I haven't been aware of that, but from what I have seen so far there has been an adequacy of inspection by all of the investigators that have made investigations, and by my own physical purview of the situation myself.

Now, I presume that you saw this statement, the first one that I read, it was not made by Mr. Recktenwald.

This was made by Mr. William Jones of the Chicago Tribune.

Mr. COHEN. Well, could I give the background?

Senator PERCY. He states—I feel quite confident that if we called him to come right up now and testify—

Mr. COHEN. Could I give the background?

Senator PERCY. I feel confident that he would probably verify it.

Mr. COHEN. Could I give you the background of his coming?

Senator PERCY. I would be happy to hear it.

Mr. COHEN. All right. I think I should be permitted to. [Laughter.] Thank you.

He came for 2 weeks and was begging for help, for work.

He said, "I am desperately in need."

I said, "I can't allow you to work for us because I don't have any references."

"You refer to being from out of town."

I said, "I would like to help you, but I can't. You have to have references that I can check out."

And after 2 weeks I, by nature, tried to be helpful; and I have aides that are rehabilitated and these are from AA, mental institutions.

I have an RN that is an excellent RN, and I give people a chance regardless of who they are, anybody.

This is my life. This is the way I live and this is the way I will always be. I will never change regardless of the so-called profit

motive, I was giving to my patients and I will give to my patients the best I have. I have done it in the past and I will never change.

Anyway he came and asked, "I need help. I will do anything for any price."

I said, "I will tell you what I will do." I said, "We have enough cleaning help, but I will have one house man work with you and see how well you can work out as a cleaning man."

I did not employ him officially. I wanted to test him out and I found out that he was just there a couple of hours and it was on the Sabbath and that is the day of my rest, and when I came back, he said, "A peculiar guy came in," and he said, "Can I show him around a little bit and teach him how to mop, but he didn't know anything about mopping."

He was there a couple of hours and he was queer the way he acted, and on the basis of being there a couple of hours, this is the way he wrote this which is inaccurate, has no basis.

I have cleaning people. I have dedicated help who will always be with me despite the pressures, and we are going through a terrible ordeal.

I would challenge anyone to survive running a nursing home 1 day and be able to survive it and be able to give of himself to his patients.

Senator PERCY. Mr. Cohen, I have met any number of administrators and employees of nursing homes who have no problems surviving, but those are not people who live in the conditions described by Mr. William Jones.

Mr. COHEN. And yet this man came in—

Senator PERCY. Just a second—Mr. William Jones, and obviously the circumstances of his coming to work for you are not as relevant because he was obviously there to find out what was going on inside and he had to get inside, but when he got inside he found these conditions, this stench in some of the rooms and he wrote: "The stench in some of the rooms is nauseating." And he stated that he was forced to retreat into the hall several times because it almost overcame him.

Now, is that possible that those conditions could exist?

Do you affirm or deny that those conditions can exist?

Mr. COHEN. There is no condition in a hospital, the most deluxe hospital that is ideal in terms of odor so long as you have incontinent people.

As long as you have incontinent people there are going to be odors.

Senator PERCY. I thought you just testified that there was no odor?

DISAGREES WITH STATEMENT—BASIS IS REPORT

Mr. COHEN. I didn't say that there was no odor. I said, "No stench." That is what I said.

I said, I put it in terms of cleanliness. You questioned me about the cleanliness of the home.

You questioned me about all the things that this reporter reported badly.

I didn't refer just to odors. I referred to the general statement wherein he said the conditions were filthy and I say that is impossible.

I disagree with that statement on the basis of the report that came through from the committee from Springfield.

Our place was considered clean in terms of homes that they had visited throughout the State, and this man was there for 2 hours and he builds up a picture of inaccuracies and I disagree with the things he reported.

Senator PERCY. Mr. Cohen, do you now state, however, that conditions today in Kenmore are considerably better or better at least than they were, shall we say 3 months ago?

It is cleaner, it has been painted and repaired?

Mr. COHEN. Yes.

Senator PERCY. And you are attempting, in every way possible, to keep down odors, stench, whatever it may be?

Mr. COHEN. Yes.

Senator PERCY. And that improvement has been made?

Mr. COHEN. This has always been our goal.

WHY WERE THE IMPROVEMENTS NOT MADE PREVIOUSLY?

Senator PERCY. My point is why weren't they, the improvements made before?

In other words, we don't have enough inspectors, we don't have enough newspapers, we don't have enough Senators to go around to supervise every single nursing home.

For a man who is serving humanity, by your own testimony, why couldn't these things have been done before to make life more bearable and more pleasant for people in their declining years; to have a place that is clean, that is painted up?

Was it inadequate finances or lack of desire on your part?

Were you strapped because you were trying to pay off the mortgages, or just what was it that caused you not to invest back adequate sums to maintain adequate sanitary conditions?

Mr. COHEN. Could I backtrack a little?

Senator PERCY. Surely.

Mr. COHEN. The Senator makes the assumption that what an individual found to be existing in my home on the basis of a 2-hour visit is something that is existing continuously throughout the years since 1967.

Dr. Yoder in his testimony just awhile ago said that conditions change day by day in a home.

One day it could be standard and the next day it may be substandard, because of lack of help.

If none of the cleaning help shows up, in 2 hours the place can have an odor, and a stench, and even in a deluxe hospital, if an inspector walks in in such a situation, it would be the same thing, so I don't think it is fair to say that the condition exists all the time, that it is permanent and this is the case where a person came in on Saturday for 2 hours.

He has no right to generalize that that is a perpetual thing.

We are upgrading our home continuously and making sacrifices.

I am there 6 days a week and I spend 60 hours a week there, and I give of my heart, my soul and I will never change. I haven't changed and I will always be the same.

INCOME AUTHENTICITY CERTIFIED UNDER OATH

Senator PERCY. Mr. Cohen, these last few questions, and then I would like to yield to my colleague.

According to the figures that we have been given, and I just want you to certify under oath as to their authenticity, to the best of your knowledge:

Patient income received for the years ended 1968, 1969, and 1970 totaled, at Kenmore, Inc., \$1,011,400, is that correct?

Mr. COHEN. Do you have the statement?

Mr. BARNETT. Senator, I don't think we have that totaled. We have it by years. In 1970 the patient income was \$368,000.

Senator PERCY. \$368,000?

Mr. BARNETT. Yes; \$368,000.

Senator PERCY. Do you have 1969?

Mr. BARNETT. Yes; we have it. In 1969, the patient income was \$345,000. Fiscal 1968, the patient income was \$319,000.

Senator PERCY. For the record, then, I think the income is verified.

Could you tell the committee, Mr. Cohen, in what way you take money from this income for your self?

As I understand it your wife is a stockholder also, or is all of the stock in your name?

Mr. COHEN. I think—I guess it is in my name.

Senator PERCY. You are the 100-percent stockholder?

Mr. COHEN. Yes.

Senator PERCY. But you are also a stockholder as well as an employee?

Mr. COHEN. Yes.

Senator PERCY. You are the manager?

Mr. COHEN. Yes.

Senator PERCY. And your wife is an employee also?

Mr. COHEN. Yes.

Senator PERCY. As a bookkeeper?

Mr. COHEN. An assistant administrator.

Senator PERCY. She is an assistant administrator?

Mr. COHEN. She has taken the test as I have.

Senator PERCY. How much time does she spend in Kenmore?

Mr. COHEN. Up to about 40 hours a week.

Senator PERCY. About 40 hours a week?

Mr. COHEN. Yes.

Senator PERCY. Can you tell us what your salary, what your salaries, respectively, have been annually then, or whatever way it is easiest to give us the salaries for the most recent year?

Mr. COHEN. Do you have that salary?

PAYROLL SALARY FIGURES

Mr. BARNETT. Salary for fiscal year 1970: The report shows a salary to Benjamin Cohen of \$9,100 and for the fiscal year ended August, 1969, it shows his salary—I am sorry, I have the administrative salary, \$14,100.

I am not sure whether that is all his or part of his and part his wife's.

Mr. COHEN. That is part my wife's.

Mr. BARNETT. For—

Senator PERCY. For 1970, what was it, \$9,100?

Mr. BARNETT. That was Benjamin Cohen's salary, \$9,100.

Senator PERCY. \$9,100 salary that you drew, Mr. Cohen?

Mr. COHEN. Yes.

Senator PERCY. Now, what was the \$14,000 figure?

Mr. BARNETT. I believe that was his salary in 1969, Senator, but it is termed "administrative salary" on the report and I am not sure that it is all his. That is my only question about that.

Senator PERCY. I see.

Mr. BARNETT. We have submitted the payroll records.

Senator PERCY. And what is Mrs. Cohen's salary?

Mr. BARNETT. I can't tell that from these records, but we have submitted the payroll records to Mr. Fosselman and he may have the figures present.

Senator PERCY. I think when I asked you a week ago Sunday, Mr. Cohen, you gave me a round figure.

What was that round figure, \$1,000 a month?

Mr. COHEN. I wasn't sure at the time. I told you that I wasn't sure at that time.

Senator PERCY. Yes, but I told you at the time—

Mr. COHEN. I wasn't sure.

Senator PERCY. That I would want to inquire of you and I wanted to give you adequate notice so that there would be no surprises or anything like that.

Mr. COHEN. No, I appreciate that.

Senator PERCY. Can you tell us now what your present or for the past year, what your salary has been?

Mr. COHEN. According to this, it was \$9,100 and I assume that is right.

Mr. BARNETT. Senator, I don't think he handles the checks but he does draw \$9,100 or he did in this fiscal year of 1970. He draws approximately \$1,000 a month.

Senator PERCY. Is it issued in a regular check?

Mr. BARNETT. Yes, and with a W-2, which is supplied also. A W-2 is issued and the payroll taxes are paid on it.

Senator PERCY. And Mrs. Cohen?

Mr. COHEN. She is in charge of the bookkeeping.

Senator PERCY. And she draws how much of a salary?

Mr. COHEN. I don't remember.

Mr. BARNETT. I think Mr. Fosselman can tell us, Senator, because I gave them to him from the records and books and he may have them.

Senator PERCY. Well, it is perfectly all right for the member of the GAO to give you figures that would remind you and then Mr. Fosselman, what figures were given to you and we will ask Mr. Cohen to certify these as being correct.

Would you speak into the microphone, please.

Mr. FOSSELMAN. For the year ending August 31, 1970, the figure, the payroll payments to Hannah Cohen was \$4,900.

Senator PERCY. And how much to Ben Cohen?

Mr. FOSSELMAN. The amount was \$9,100.

Mr. BARNETT. That is correct.

PROFITS AS 100-PERCENT STOCKHOLDER

Senator PERCY. All right.

Now then, in addition, as the 100-percent stockholder, you keep the difference between your gross income and your gross expenses each year which would be termed your net profit.

Can you give the committee an indication as to what this net profit is and what this net profit ratio is to your involvement equity of \$40,000?

Mr. BARNETT. Senator, may I try to help with that?

The financial statement for fiscal year ended August 31, 1970, shows a net profit from the operation of \$50,292 and it shows a percent to patient income of 13.65 percent.

We don't have it computed according to investment.

Senator PERCY. Is that net profit again, how much?

Mr. BARNETT. \$50,292.

Senator PERCY. \$50,900?

Mr. BARNETT. \$50,292.

Senator PERCY. \$50,292?

Mr. BARNETT. Yes, and that represents 13.65 percent of the gross income.

Senator PERCY. And this \$50,000 is in addition to salaries which are earned, of course?

Mr. COHEN. That is right.

Mr. BARNETT. That is right.

Senator PERCY. Because of the time put in?

Mr. BARNETT. That is right.

May I point something out?

OVER 100-PERCENT RETURN ON INVESTMENT IN 1 YEAR

Senator PERCY. So the equity, and I ask you now as a knowledgeable lawyer, because I don't want to make an unfair analysis here; considering that the exposure is \$40,000, that if everything went wrong and the mortgagees, all of them could take the building over, but there is no loss beyond that; so that the investment as to equity is \$40,000 and if in this 1 year \$50,000 was earned after all expense had been paid, so that the return on investment, that is equity risk is something over 100 percent.

Mr. BARNETT. I can't say that I can agree with that, Senator.

You have to recognize that in this business, the receivables, the accounts receivable are in excess of profit.

There are over \$50,000 worth of accounts receivable and the payables in are only \$8,000.

Senator PERCY. I presume that the receivables, almost all of that is from the Government. You don't have any bad debts.

Mr. BARNETT. You probably wait for some time for it, however.

Senator PERCY. And you have fully collected for all of your expenses, not estimating because you are going to pay taxes on whatever you are underestimating, so that this \$50,000 I assume has adequate reserves against it and is a true statement to the best of your knowledge?

Mr. BARNETT. Oh, I think it is.

PROFITS WERE AVAILABLE — WHY NOT UTILIZE SOME?

Senator PERCY. As to the net profit that has been left.

Now, my only remaining question is:

With that kind of a profit available, Mr. Cohen, why were the painters there frantically painting on Sunday after this investigation and why, if your intent and purpose, as you have told me with deep emotion and feeling and as you have testified before this committee that you want to serve mankind, why couldn't you have taken some of that \$50,000 and put it back into the building and made that building habitable for human beings in these so-called "golden years" of their life?

Mr. COHEN. I have not found myself clear as to where I stand in terms of when we are talking about standards, as to where we stand in terms of what category our home will be in.

It is an old structure and I have definitely planned, definitely made up plans that we have an architect that we have paid for to put into this building, to make it standard in terms of renovating it and I had an estimate of \$150,000 or so.

Now, if there was a hesitancy of putting everything into the building immediately it is because I wanted to know exactly where I stood in terms of the status, in terms of classification, where I would be classified in terms of the findings with respect to the definition that would come from Washington. Even it has not been clear as to where would be my status, but I have and I could present to this committee architectural plans that would run into over \$100,000, and I did not have the intention of profiteering.

It was actually to put everything back into the home and upgrade it to the various extents.

There are debts that we are continuously paying, mortgages that we are paying on and I don't know if that so-called amount that is on the books is a clear indication as to what I have available.

DEPRECIATION/AMORTIZATION WRITEOFF

Senator PERCY. Let me ask you this question:

In the expense account before you calculate this \$50,000 profit, how much was permitted for depreciation and amortization and, in other words, the writeoff of the building which contributes then towards your equity?

Mr. BARNETT. The depreciation is \$31,513.

So that the net profit before depreciation is \$81,805.

Senator PERCY. The building is how old?

Mr. BARNETT. Forty years.

Senator PERCY. So that we have got tucked into the expenses \$31,000 of depreciation?

Mr. BARNETT. Yes, that is right.

Senator PERCY. Which again is cash flow?

Mr. BARNETT. Well, that is less—

Senator PERCY. In other words, the \$50,000 is cash outside of the difference in equity?

Mr. BARNETT. I don't think it is. The \$31,000 doesn't represent cash.

Senator PERCY. You didn't pay that depreciation to anybody.

Mr. BARNETT. No, of course not, but the payment on the principal, the monthly payments add up to more than that on the mortgage.

Senator PERCY. Oh, yes, that is true. But that is like a savings bank, an account. That building has some value. It can be sold and all of this has been contributed towards savings in property which may or may not appreciate in value. We just don't know.

Mr. BARNETT. The building which is being depreciated undoubtedly will not appreciate in value.

INCOME PAYING FOR BUILDING, PROFITS, SALARIES

Senator PERCY. So you get the \$31,000 cash flow and you put that against the mortgage and so the income from the Government for these patients is paying for the building simultaneously along with paying a \$50,000 profit plus \$13,000 or \$14,000 in salaries.

Mr. BARNETT. Well, I think that this is worthy of note also, Senator.

He is paying himself a salary of \$9,100.

Senator PERCY. Which I don't begrudge at all to anybody who is the manager.

Mr. BARNETT. Which I think is an exceptionally low salary for the amount of time and effort and knowledge that is required to hold that job.

Secondly, in this particular instance, we have a subchapter "S" corporation.

Now, that means that this net profit is reported, whether he gets it in his pocket or not. This is reported as taxable income on the personal return of Rabbi Cohen.

Now, were this a statement of a corporation which was not a subchapter "S" corporation, in arriving at the net profit there would be first deducted the Federal income tax payable by the corporation which would reduce this, I imagine, by another \$16,000 or so, and there would be the opportunity of leaving funds in the corporation, of course, and he would pay only on the salary that he actually received and the moneys that he actually pocketed.

I would also like to mention, Senator, that with reference to the receivables being good, if this place went bad, if it were closed down, or if it were taken off, he would lose the receivables too.

I don't think he would collect on these receivables.

Senator PERCY. Well, he would certainly collect all of the receivables up until the day that they closed it down. Even with the SST we are going to do that, too.

Mr. BARNETT. But the mortgage statements—

Senator PERCY. Mr. Cohen, finally I understand your brother was a director up until recently.

What circumstances brought about his resignation?

Did he have any ownership in the home at all?

Mr. COHEN. No ownership.

Senator PERCY. He was just listed as a director?

Mr. COHEN. Yes.

WHAT CAUSED BROTHER TO RESIGN AS DIRECTOR?

Senator PERCY. What caused him to resign as a director and when was his resignation effective?

Mr. COHEN. I don't know.

Mr. BARNETT. February.

Mr. COHEN. It was February.

Senator PERCY. In February of this year?

Mr. BARNETT. Yes.

Senator PERCY. You don't remember the date?

Mr. BARNETT. No; I don't, not exactly.

Mr. COHEN. No.

Senator PERCY. February of this year he resigned and under what circumstances did he resign?

Mr. COHEN. I really don't know.

At first the general idea was that he is not active. He does not have anything to do with the policymaking of the nursing home, and he is not particularly interested.

Senator PERCY. He doesn't have any what with the nursing home?

Mr. COHEN. He does not make any decisions. He has nothing to do with that and he has no interest and he is not particularly in favor of private owned situations. He is in favor of State owned.

Senator PERCY. He prefers State owned?

Mr. COHEN. Yes.

Senator PERCY. Does he own any nursing homes himself?

Mr. COHEN. No nursing homes.

Senator PERCY. He has no interest of any kind in any nursing homes?

Mr. COHEN. I don't know which particular brother you are referring to.

Senator PERCY. Oh, how many brothers do you have?

Mr. COHEN. I have two brothers.

Senator PERCY. You have two brothers?

Mr. COHEN. Yes, sir. You are referring to—

Senator PERCY. Which brother by name was a member of your board?

Mr. COHEN. Well, that was Sam Cohen.

Senator PERCY. Sam?

Mr. COHEN. Yes.

Senator PERCY. And does Sam own any interest in any other nursing home?

Mr. COHEN. Not at all.

Senator PERCY. And your other brother's name?

Mr. COHEN. Mitchell Cohen Macks.

Senator PERCY. And does he own or have any interest in nursing homes?

Mr. COHEN. Yes; he does.

Senator PERCY. He does?

Mr. COHEN. Yes.

Senator PERCY. And how many nursing homes does he have an interest in?

Mr. COHEN. Well, right now, one was closed so—

Senator PERCY. Under what circumstances was it closed?

Mr. COHEN. I really don't know. I guess the Board of Health, it was one of those homes that was recently closed.

I think you have a list of them over there.

Mr. HALAMANDARIS. Five, Mitchell Macks has an interest in five of the homes we chartered.

Senator PERCY. He is an owner of all or part of the stock in five?

Mr. COHEN. No; he has no connection with Kenmore House.

Senator PERCY. No longer, but he was a director?

Mr. HALAMANDARIS. He was the vice president.

Mr. COHEN. He was on the board of directors but he did not have any interest, any ownership at all in Kenmore.

Senator PERCY. And he is listed as a director.

Do you write up director's minutes each year for the annual meeting and so forth as required by law?

Mr. COHEN. Yes; we do.

Senator PERCY. Was he then in attendance?

Was he certified as being in attendance at any of those meetings?

Mr. COHEN. Not to my knowledge.

Senator PERCY. How can you hold—did you have a quorum of directors?

Mr. COHEN. Yes.

Senator PERCY. Or are these meetings that aren't really held, they are just written up each year?

Mr. COHEN. I don't remember.

Mr. BARNETT. I don't think he is familiar with that. [Laughter.] I don't think he is familiar, but the corporate minutes have not been kept by him.

Senator PERCY. Have you ever chaired those—was he in the business first or were you?

Mr. COHEN. In this particular business, he was there. He preceded me.

Senator PERCY. He preceded you?

Mr. COHEN. Yes.

Senator PERCY. And did you ever discuss the nursing home business with him before you went into it?

Mr. COHEN. Sure.

Senator PERCY. You did?

Mr. COHEN. Yes.

Senator PERCY. And could you give us the benefit—you said one brother was against private owned nursing homes and I assume that this particular brother is not, that he is in favor of them.

Mr. COHEN. I guess so.

BROTHER'S ADVICE SOUGHT

Senator PERCY. And did he advise you on the basis of his experience with them that this was a good business or a good place to serve humanity, or what was the nature of your discussion?

Mr. COHEN. I got advice from several people. I mean I discussed—

Senator PERCY. What particular advice though did this knowledgeable brother who has been in this business preceding you and now apparently in consequence and size much larger; what advice did he give you?

What could he, or what did he tell you from his experience that would help this committee determine what kind of a business this is, and how the owners of the business look upon it.

Mr. COHEN. Well, to my knowledge, this is a very difficult business and it is not—

Senator PERCY. But profitable. I mean, did he indicate that it was profitable, that he lost money, or broke even, or was able to make money on it?

Mr. COHEN. Naturally.

Senator PERCY. And again I am not saying that the profit motive does not serve a useful function in society in most businesses.

We are probing now whether it really serves a useful function or whether there is sort of a conflict of interest in the profit motive and in serving in humanity.

Mr. COHEN. In any business there has to be profit. You don't go into it giving of your time and I am just speaking generally, and that is the impression that people have. That is, general, but they put their investment in, they put in their time and efforts and they take the risks and I have the risk.

Every or any one of the mortgagors can come in and take over if I miss a payment, so there is that risk and because of the risk he is entitled to some profit.

Senator PERCY. Senator Stevenson, I am pleased again to have you here and are there any questions that you would like to put to Mr. Cohen?

Senator STEVENSON. Thank you, Senator.

If I understood you correctly, Mr. Cohen, you indicated a little while ago that you were a licensed administrator, is that correct?

Mr. COHEN. Well, I took the examination last month and it is my understanding that by waiver, by experience I am allowed to operate until we know the rulings.

Senator STEVENSON. I see.

Could you describe the examination procedures of the State of Illinois? Is there an oral examination?

Mr. COHEN. There was a written examination that we took and it lasted about 2 hours, and this was the examination that those who wanted to take, that had previous experience, 3 years, which was a number fixed with reference to that type of examination, and one is entitled to take it as a result of his previous experience because of the written examination.

Senator STEVENSON. That is all there was to it, a written examination?

Mr. COHEN. Yes, sir. And on the basis of experience, too.

Senator STEVENSON. Now, Mr. Cohen, your name is Cohen and your brother's name is Macks?

Mr. COHEN. Yes.

Senator STEVENSON. Could you give us a little—I am a little curious, but could you explain the circumstances by which you have different names?

Mr. COHEN. Yes. He has a middle "C" and that refers to Cohen.

Senator STEVENSON. Well, his last name is Macks?

Mr. COHEN. Macks, I guess there are reasons that I am not aware of that he took that name.

Senator STEVENSON. When did he first acquire this name?

Mr. COHEN. Some time back, some time back.

Senator STEVENSON. You don't know anything more about the circumstances?

Mr. COHEN. I really don't.

Senator STEVENSON. You don't know anything more about the circumstances of that addition to your brother's name?

Mr. COHEN. I really don't know.

Senator STEVENSON. Mr. Cohen, how many times was Kenmore House inspected by the Board of Health, the Chicago Board of Health in 1970?

Mr. COHEN. You are talking about late?

Senator STEVENSON. 1970.

Mr. COHEN. They generally come to our home on a monthly basis. Now, in these past weeks they have been coming almost every day.

Senator STEVENSON. Well, I was asking about 1970. You answered about once a month?

IN 1970, KENMORE HOUSE INSPECTED ONCE A MONTH

Mr. COHEN. At least once a month.

Senator STEVENSON. Were any of the visits by representatives of the Board of Health followed by complaints during 1970?

Mr. COHEN. There were complaints and we tried to correct them.

Senator STEVENSON. You did try to correct them?

Mr. COHEN. Oh, yes; we did.

Senator STEVENSON. And those remedial efforts on your part were followed by continuing inspections by the Board of Health?

Mr. COHEN. Yes.

Senator STEVENSON. Did you—

Senator PERCY. Senator Stevenson, may I interrupt just a second?

With the power vested in me I would like to make you the temporary chairman of the committee. You are a nonmember, but you are a Member of the U.S. Senate, and I have to address a group downtown.

I will be back later, and if it is necessary for you to leave, we authorize the staff director to carry on until I do return.

(At which point in the proceedings, Senator Percy left the hearings.)

COUNTY/STATE/FEDERAL INSPECTION IN 1970?

Senator STEVENSON. In 1970, was Kenmore House inspected by any representative of the County Health Department?

Mr. COHEN. Not to my knowledge.

Senator STEVENSON. The State of Illinois?

Mr. COHEN. The State of Illinois came recently.

Senator STEVENSON. During 1970?

Mr. COHEN. Oh, you are talking about 1970. No; I don't think that we had anybody in in 1970.

Senator STEVENSON. And how about Federal officials during 1970?

Mr. COHEN. Not to my knowledge.

Senator STEVENSON. Mr. Cohen, you referred earlier to your nurse's training program. Would you tell us a little bit more about the nature of this program? Is this your own training program, or are there other organizations involved in it?

Mr. COHEN. We are guided by the County Board of Health and they give instructions, suggestions.

We are always open to suggestions and at the present time we have a new director of nursing who has a very strong background as far as hospitals are concerned, and she is doing it, she is doing, I think, a very good job in organizing an inservice program.

She is new, relatively new, and she meets with the nurse's aides regularly and then on the basis of meeting with one or two on the floor in action, and this is a very good approach and she is doing quite well.

Senator STEVENSON. But this hasn't been set up under the aegis of the Metropolitan Nursing Association?

Mr. COHEN. We are connected with the Metropolitan Nursing Association and we are in direct contact with and have many meetings with them, or they have many institutes and we take advantage of that, and they have quite a staff that is available to work with us, and we have been trying to take advantage of them while we can.

Senator STEVENSON. But this isn't their nursing program.

They will supervise your own nurses, but it is a training program—

Mr. COHEN. Well, we are guided by them.

Senator STEVENSON. Can you tell me roughly what the cost to the nursing home is per employee trained?

Mr. COHEN. This I can't tell you offhand. I don't know of the figures.

Senator STEVENSON. How much do you pay your aides?

Mr. COHEN. Well, we have a union arrangement, the minimum is \$1.80.

Senator STEVENSON. \$1.80 an hour?

Mr. COHEN. That is the minimum.

Senator STEVENSON. I am just going to ask one or two more questions.

How many patients did you have when you first went into business at Kenmore House about 4 years ago?

Mr. COHEN. We are over 103 and 104. We have accommodations for 109.

Senator STEVENSON. How many do you have now?

Mr. COHEN. We are now down to 100.

Senator STEVENSON. Roughly the same?

Mr. COHEN. Approximately the same number of patients, roughly.

Senator STEVENSON. How many nurses do you have now at Kenmore as compared to 4 years ago?

STAFF—FROM 30 TO 50 OVER 4-YEAR PERIOD

Mr. COHEN. Now our staffing went up from 30 to 50.

Now, I want you to know that we have 50 on the payroll to date, because we have upped our staff and we have a professional dietitian who has been with us several years, even though it is not required. We have three registered nurses.

We have aides that go beyond the limits and we are trying to upgrade our staff and we are trying to spend as much as we can to upgrade the staff.

Senator STEVENSON. When did it go from 30 to 50?

Mr. COHEN. It was a continuous process.

Senator STEVENSON. Over that 4-year period?

Mr. COHEN. Over the 4-year period, yes.

Senator STEVENSON. Thank you very much, Mr. Cohen.

Mr. COHEN. Thank you.

Senator STEVENSON. The next witness will be Dr. Murray C. Brown, Commissioner of Health, Chicago.

Is Dr. Brown here?

Dr. Brown, I am grateful to you for appearing before this committee.

Perhaps in the interest of saving time you would be willing to summarize your remarks in your statement for the record.

I haven't had a chance to read it, but that might be preferable if you would.

Dr. BROWN. I wish we could do it that way, but it is already a condensed report and we had debated that ourselves.

Senator STEVENSON. All right.

Dr. BROWN. I think I can shorten it up a bit as we go through, sir.

STATEMENT OF DR. MURRAY C. BROWN, COMMISSIONER OF HEALTH, CITY OF CHICAGO; ACCOMPANIED BY DR. JACK ZACKLER AND EDWARD F. KING

I am Dr. Murray C. Brown, Commissioner of Health of the city of Chicago. I am accompanied today by the assistant commissioner for programs, Dr. Jack Zackler, and the assistant commissioner for administration, Mr. Edward F. King.

The Commissioner of Health is the chief executive officer for the Chicago Board of Health; a legally constituted nine-man board with statutory responsibility for health policy and the regulation of wide range health-related activities in the city of Chicago. The chief executive officer executes the policies established by the Board of Health within the fiscal and legal requirements of the city of Chicago.

Among the responsibilities of the board is the development of rules and regulations, exhibit No. I, which has been furnished for the

record, in conformance with the ordinances of the city of Chicago and the enforcement of the codes and these regulations. The city of Chicago has ordinances governing the licensing and operation of nursing homes, homes for the aged, shelter care, and residential care facilities.

The Board of Health enforces the directly health-related portions of these ordinances. Matters concerning fire, safety, and building code requirements are inspected and certified by other appropriate departments of the city.

The ordinances and the rules and regulations have been recently furnished to Senator Percy and copies of these materials are herewith supplied to the committee.¹⁵

The Board of Health furnishes records of its actions pertaining to licensure of nursing homes to the Illinois Department of Public Health, which, under State law, regulates the same institutions. So far as we know the city of Chicago is the only local governmental agency which inspects and licenses nursing homes in the State.

Within the Board of Health there is a bureau of institutional and medical care. This bureau operates under a director and has a staff of 48 persons, including five physicians, two supervising nurses, one of whom is here, Mrs. Sain, and 18 institutional nursing consultants or public health nurses. Among the responsibilities of this bureau are the regulatory inspection programs for nursing homes, shelter care homes, and residential care homes. It also inspect hospitals, day care centers, dispensaries, and clinics operating in the city of Chicago.

It should be noted that in the past, the ordinances of the city of Chicago and the rules and regulations established by the Board of Health were identical with those prescribed by State statute and State regulation. When the State law was updated a year or more ago, the Chicago City ordinances were not changed because it was our understanding that there were other changes in State law in prospect. During the latter period, the Board of Health has adhered to the State requirements wherever those were more stringent than the requirements under the city ordinances.

DEFINING THE SEVERAL TYPES OF INSTITUTIONS

I believe it is important that we make clear to this committee our working definitions of the several types of institutions which are the subject of your inquiry.

A nursing home facility is a facility for three or more persons who are infirm, chronically ill and who require nursing care or personal care.

A sheltered care facility is a facility for three or more persons in which maintenance—food, shelter, and laundry—is provided to those who by reason of physical infirmity require personal care—assistance with meals, dressing, transportation, and movement.

A residential care facility is a facility for three or more persons who because of previous physical or mental disability require general watchfulness and supervision.

¹⁵ Retained in Committee files.

NATURE OF INSPECTIONS CONDUCTED BY CHICAGO BOARD OF HEALTH

A bureau of institutional care licensed nurse or nurse specialist, generally accompanied by a physician, conducts an annual license inspection. This inspection is made pursuant to a referral of license application which the Board of Health receives from the office of the city collector. It should be pointed out that identical referrals are also made by the office of the city collector to the department of buildings and the department of fire so that these agencies may carry out a concurrent licensure evaluation of the applicant's home.

The procedure for new homes varies in that a task force made up of representatives of the three agencies carries out license inspection of a "new facility." Few homes obtain license approval on the first inspection. Generally, two or possibly three visits are necessary to insure compliance with licensing requirements. All of these inspection visits by our licensed personnel are unannounced.

The Chicago Board of Health does not issue the license itself. The report of the license investigation is forwarded to the office of the city collector, where it is reviewed together with the reports of the department of buildings and the department of fire. When reports of investigating agencies are favorable, the city collector notifies the office of the city clerk and a license is issued by that department.

Each member of the professional staff of the bureau of institutional care is assigned a case load of nursing homes, hospitals, and day care centers. This case load has been adjusted to permit each nursing inspector to make a monthly visit to each nursing home, hospital, day care center or dispensary assigned to her. When the Board of Health receives complaints against institutions, such complaints are assigned for immediate followup by the nurse responsible for that specific institution's inspection. The Board of Health has a definite policy of rotating nurses at least once in each 6-month period. I believe it important that this committee understand that it is this same professional staff that has carried out a very successful regulatory program of Chicago hospitals, a program which has gained national recognition over the years.

The Board of Health has routinely advised the Illinois Department of Public Health, in writing, of actions taken with respect to licensure of nursing homes, and has collaborated with this State department in the development of ordinances and rules and regulations relating to medical institutions in Chicago.

From 1962, a year during which numerous enforcement actions against nursing homes had been instituted by the Board of Health, and through 1968, our staff reported that nursing homes in this city were in reasonable conformance with the applicable ordinances and rules and regulations, and that a slow but steady increase in the quality of care rendered patients in nursing homes was achieved.

CONCERN EXPRESSED, REGARDING NEW STATE POLICY

Beginning in 1968, the board's executive staff involved with the regulation of these medical institutions began to express concern regarding a new State of Illinois policy under which residents of

State psychiatric hospitals were to be given "conditional discharges" and released to selected nursing homes and shelter care homes in the city of Chicago. Not only were we, as public health officials, disturbed by this policy, but grave concerns were also expressed by senior staff members of the department of fire and the department of buildings of the city of Chicago. Regardless of this justified consternation on the part of city regulatory officials, the State legislature, with evident requests by the Governor and the State Department of Mental Health enacted legislation in 1969, signed by the Governor, to abolish the concept of "conditional discharge" of former mental patients and substitute a procedure for the "unconditional discharge" of these patients into the various types of community facilities. This same legislation removed the senile aged from the definition of the mentally ill and the jurisdiction of the State Department of Mental Health and you have an exhibit on this, too, that gives you the law which is exhibit No. II.¹⁶

The Governor of Illinois then announced a goal calling for the discharge of 7,000 such individuals from State mental health hospitals. We believe that far in excess of 50 percent of this number was sent to nursing and residential care homes in this city. We have further learned that such former patients were discharged not only into licensed facilities, but into rooming houses and converted low-class hotels, some of which the Chicago Board of Health has never been able to identify or locate. We have also not been advised of the identity of patients, even though we have repeatedly requested this information during the past year of the State director of mental health.

These actions resulted in the overcrowding of licensed facilities, the disruption of their activities by large numbers of mentally disturbed patients and strained the capacities of the staffs of these facilities by giving them patients requiring care that they had not been trained to give and swamping them with the care of the incontinent aged. In certain homes the problem has been compounded by the acceptance of patients far in excess of licensed capacity. In addition to these differences it was clear that large numbers of patients discharged from mental hospitals were also being placed in institutions of which we had no knowledge.

The table which follows summarizes some aspects of the existing situation in the city of Chicago. It should be read in light of the fact that the best estimates we have been able to obtain from the State Department of Mental Health is that there are 1,000 patients in nursing homes for whom that department is financially responsible. The Cook County Department of Public Aid cannot tell us how many of the patients they support are persons discharged from State hospitals because their current record system does not reflect this. The best estimates we have been able to obtain are that there are 3,000 to

¹⁶ See appendix 3, p. 1186.

RECAP—NURSING HOMES, RESIDENTIAL CARE AND SHELTERED CARE FACILITIES—CITY OF CHICAGO

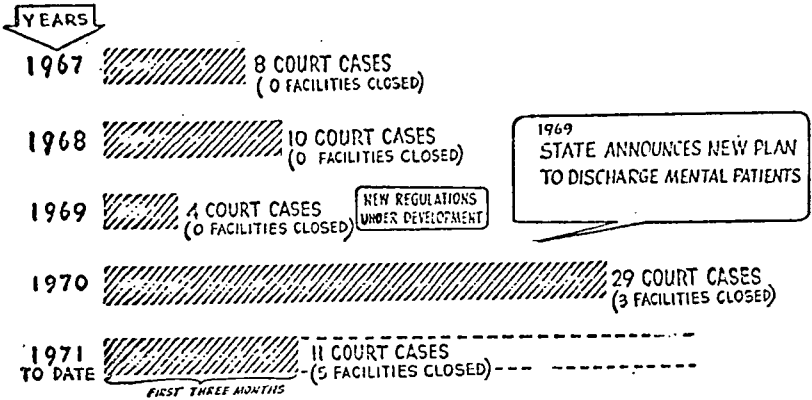
Facility	Total number	Licensed	Not licensed or disapproved	Closed, 1971	Number GOR inspections 1970-71	Total capacity	Number patients financed State funds	Medicare patients	Approved extensive care beds	Suit action 1970-71
Nursing home....	107	98	14	5	1,960	8,018	5,452	94	966	35
Sheltered care....	10	9	1	1	146	1,310	1,184	-----	-----	3
Residential care....	19	7	11	1	198	1,601	1,274	-----	-----	20
Total.....	136	114	15	7	2,404	10,929	7,910	94	966	58

¹ 2 nursing homes licenses approved and being processed; 2 under administrative review.
² 5 disapproved until building or nutrition violations corrected. 6 not licensed—zoning or ordinances.

3,500 Department of Public Aid patients in this category. It should be noted that the complete discharge of a patient from a mental hospital usually results in payment for care by the Department of Public Aid after 60 days have elapsed. The State Department of Mental Health assumes financial responsibility only when the patient enters one of their community programs. Parenthetically, we estimate on a conservative basis that these patients in the city of Chicago will cost the taxpayer more than \$30 million a year.

As a result of the State Mental Health Department's policy, the Chicago Board of Health began to receive an increasing number of complaints from patients and relatives. The number of violations observed by the Board of Health staff during their monthly visits steadily increased and there was a growing concern as we began to identify places caring for patients.

NURSING HOMES — NUMBER OF COURT CASES AND CLOSE UPS INDICATING CHRONOLOGICAL DEVELOPMENT OF PROBLEMS



You will note from the chart that in 1967 there were eight court cases against nursing homes.

In 1968, there were 10 court cases, and in each of those 2 years no facilities were closed by us or by the courts.

In 1969, when the new regulations were being developed, there were only four court cases, but in 1970, there were 29 court cases, and three facilities were closed.

Already in 1971, there have been 11 court cases and five facilities have been closed.

In 1970, we closed three nursing homes, and filed law suits against 29 operators of the 104 homes operating in 1970 in this city. In the first 3 months of 1971, the board closed five nursing homes, and filed suit action against 11. One of the 1971 closings occurred prior to the intensive investigation carried out by the Chicago Tribune. The remaining four closures involved homes which had been denied licensure for 1971.

I cite this data of enforcement actions during 1970-71 as an index to the present problems in the nursing home industry as compared with the years 1967, 1968, and 1969. During those 3 years the Board of Health filed charges against 22 operators and not a single home was ordered closed by the courts or the Board of Health.

DETERIORATION OF FACILITIES RELATED TO POLICY

We believe that the deterioration of facilities and care in Chicago nursing homes is directly related to the aforementioned policy changes made in 1969 by the Illinois State Legislature, the Governor, and the State Department of Mental Health. We are joined in this belief by representatives of leading community-based organizations, city, county, and statewide organizations which relate to mental health and medical care. I am submitting in evidence a letter to me from Mr. William J. O'Brien, chairman, of the Chicago City Advisory Board for Mental Health, together with attachments. These documents not only report the viewpoint of the chairman of the citywide advisory board, but also the viewpoints of the 18 community boards represented by that organizations, totaling 300 people deeply involved in mental health, and I call your attention to exhibit III.¹⁷

I am also submitting a communication from Lyndon E. Wheeler, president of the Mental Health Association of Greater Chicago. This is exhibit IV.¹⁸

The community of "Uptown" has also joined in this denunciation of State policy through a communication carrying the signature of Edward G. Swanstrom, president of the Uptown Chicago Commission—and that is exhibit V¹⁸—who describes this north side community as "psychiatric ghetto," claiming that between 12,000 and 15,000 mental patients now reside in Uptown nursing homes and unlicensed halfway houses. Membership of the Uptown Chicago

¹⁷ See app. 3, p. 1187.

¹⁸ Retained in committee files.

Commission is comprised of outstanding persons, such as W. Clement Stone and James S. Kemper, Jr.

The Chicago Tribune, in its intensive investigation, was able to accomplish something that this agency, despite meetings with State officials, was not able to bring about. In effect, this reportorial investigation has exposed the nursing home situation to the cleansing light of universal knowledge and has pressed the issue before the general public, and governmental agencies, and has gained the concentrated attention of our most responsible medical authorities.

STUDY BY COMMITTEE OF EXPERTS

At this time, I would like to call the attention of the committee to a study carried out at our request by a committee of outstanding psychiatric, medical administrative and geriatric medical experts who present the following summation:

The basic conclusion reached by the group is that the corrective measures necessary to materially and permanently change the nursing home care situation in Chicago is beyond the limitations of the authority and purview of the Commissioner of Health of the city of Chicago. To materially change and elevate nursing home care standards in Chicago will require a major shift in public policy and public attitudes including, but not limited to, the governments of the city of Chicago, Cook County, the State of Illinois, and the Federal Government.

That is exhibit VI.¹⁹

The Board of Health has accepted its responsibility and has taken prompt steps to prevent recurrence of many of the conditions which have prompted this committee's investigation.

We believe that the action of the city administration, calling for immediate passage of an ordinance—a copy of which is submitted with this statement—see exhibit VII¹⁹—by the city council which would require specific courses of training for orderlies, nurse's aides, and other quasi-medical personnel prior to their employment, will have a beneficial effect on the quality of care rendered by these individuals who are in direct contact with nursing home residents.

We also believe that the actions of the mayor of this city, calling upon members of churches, temples, and families to regularly visit residents in nursing homes can perhaps do more in helping the patients realize a fuller enjoyment of life than any inspection program. Numerous individuals and organizations in Chicago have responded to this call and we are, needless to say, pleased with their enthusiasm.

The Board of Health has recently issued orders under which each nursing home will be visited on a weekly basis by supervising public health nurses who are assigned to various district health clinics throughout this city. These special visits by supervising public health nurses will be in addition to the regular monthly inspections carried on by the professional personnel from the Board of Health's bureau of institutional care.

¹⁹ Retained in committee files.

We have carefully reviewed the investigative reports of the Chicago Tribune and the Better Government Association, and have instituted a number of actions with respect to homes, administrators, and paramedical personnel employed in establishments cited in these investigative reports. We have invited the State's attorney of Cook County to cooperate with us in special hearings where home employees were accused by investigators of mistreating or otherwise handling patients in a manner other than creditable.

We have met with the executive directors of all State health and welfare agencies in an effort to upgrade the maintenance and quality of patient care in Chicago nursing homes and have invited representatives of the State health department and the State Department of Mental Health to become a part of our regulatory program to cooperate in city inspection procedures on an ongoing basis, and to act as a liaison between the Chicago Board of Health and their respective agencies on a full-time basis. Some of these meetings resulted in documents and these are presented in exhibit VIII.²⁰

Regardless of all these actions, however, we believe that no proper standard of care will be achieved if we are faced with the situation of comingling in nursing homes the mentally competent, chronically ill and the mentally incompetent physically ill. We feel that trained staffs who are qualified to care for the competent, chronically sick elderly cannot adequately cope with recently discharged mental patients in the same institution, let alone in the same ward or room.

There is no need for me to go into the details of the investigative reports which have appeared in length in the press and in records of Board of Health staff nurse inspectors. Gentlemen, the full gist of the character of homes which included a high percentage of discharged mental patients was described by one newspaper as "mini-snake pits."

FINAL ANSWER TO THIS SERIOUS PROBLEM

What then is the final answer to this serious problem?

It is not a new level of inspection involving the Federal Government nor new rules and new regulations.

Present inspection procedures by the Board of Health accomplish as much as can be achieved by this method. While we shall continue to improve the required standards, I doubt that inspection practices can be so improved as to eliminate present deficiencies in the nursing home industry.

Nursing homes and related lower level care institutions are, unfortunately, not integrated into the total health care delivery system as medical professionals and public health officers see it.

In our community, many homes are proprietary institutions operated for profit, and they have only a token relationship to the rest of our medical care institutions. It is in these homes, by and large, that serious problems arise.

²⁰ Retained in committee files.

Nursing home patients generally suffer a lack of the continuing presence of a physician who would see that they receive the proper attention he prescribes. Without the physician's presence and direction it is extremely difficult to recruit top-flight nurses in these homes.

It appears abundantly evident to us that medical resources for extended and continuing care of the domiciled elderly in our community should be an integral part of our hospital system, preferably on a nonprofit basis. In such a system there would be a very close association between the nursing home and the medical community, whereby physicians will keep a steady eye on their patients and provide care on a regular and frequent basis.

The system would also be economical as well as beneficial to the patient. A hospital association would make it easy for the transfer of patients from acute care in the hospital to extended care in the homes and vice versa, from the home to the hospital as exigencies may require. These facilities under such a system can very well be used for the chronically ill, the debilitated and the aged who cannot fend for themselves.

Above all, these homes should not be dumping grounds for discharged mental patients, other mentally disturbed individuals and the senile.

The management plan for the mentally incapacitated elderly of our community can best be effected by a program similar to that enacted by the State of Ohio, where it is estimated that by 1975, 37 major homes, identified as "geriatric centers for the living" will be established. This concept should be broadened to provide care regardless of age for the transitional mental health patient. The establishment of such centers by our State and in our communities will require the wholehearted cooperation of the professional medical community, so that ultimately, the geriatric and the disturbed patient in an extended care facility will be afforded a high quality of medical care and appropriate rehabilitation services.

In summation, gentlemen, may I say that all these plans and concepts will benefit greatly from the cooperation and wholehearted participation of lay councils in our communities. Chicago is a compassionate city, and we have already received patent assurance from many organizations and individuals that they are interested in beginning to do their share to provide tender care and companionship to our elderly citizens. Visiting volunteers are our assurance against abuse and can afford the promise that these patients will no longer be neglected and forgotten.

Senator STEVENSON. Thank you, Dr. Brown. I have, in Senator Percy's absence, invited the minority council for the committee, Mr. John Guy Miller, to join me.

Would you care to ask any questions of Dr. Brown, Mr. Miller?

DETERIORATION OF QUALITY IN LAST 3 YEARS

Mr. MILLER. Yes, I would, Mr. Chairman.

If I understand the thrust of your statement, particularly as indicated on page 9 of your prepared statement, you have the feeling that there has been a sharp deterioration in the quality of nursing homes in Chicago; is that correct, sir—in the last 3 years?

Dr. BROWN. Yes, sir; I think I could elaborate on it a little bit by saying that the causes we have enumerated already are obviously creating difficulties.

Mr. MILLER. And you state here, "We believe that the deterioration of facilities and care in Chicago nursing homes is directly related to the aforementioned policy," meaning the transfer of mental patients?

Dr. BROWN. Yes, sir.

Mr. MILLER. I have before me a list of nursing homes in the city of Chicago which were cited in the Tribune.

Dr. BROWN. Yes, sir.

Mr. MILLER. In the Tribune study, and this material was prepared by, I believe, the State task force.

Dr. BROWN. I think what you have before you is the document that was jointly prepared.

Mr. MILLER. That may be.

Dr. BROWN. I think we had a hand in it.

Mr. MILLER. And I see here that the Austin Congress Nursing Home, which was cited, has no mental patients.

The Balmoral Home, Inc., has no mental patients, and I go down and I find that the majority of these homes have, according to this sheet, no mental patients.

Do you have any comment on this?

Dr. BROWN. Yes, Mr. Counsel. You are going on the basis of who is paying the bill.

You will remember that I stated further here that 60 days after discharge of a patient from a mental hospital in Illinois, the Department of Mental Health is no longer responsible for him. He is totally discharged and these people appear as Public Aid patients.

The ones you have there that are shown as Department of Mental Health patients—and if I remember right, there are around 819 of these people—are participating in local programs operated by this department.

There are a number of them in the city of Chicago in which the State mental health department assumes responsibility, not for a discharged patient, but as an active client, and they pay the bill.

In some of these homes—sheltered care facilities—other activities such as after-care and recreation are conducted by the State.

Mr. MILLER. You are, if I understood your statement correctly, then satisfied that prior to 1969, that the nursing homes in Chicago were adequate?

Dr. BROWN. The picture at that time—and I, of course, was not in office—but the picture I get from all of the records and reports from the staff, reveal that conditions were quite stable, that a steady upgrading had occurred after 1962 when there was something similar to the Tribune exposé and that through steady, hard pressure these conditions were constantly upgraded so that we reached a very satisfactory point at that time.

Mr. MILLER. While I recognize that your direct interest is with Chicago—

Dr. BROWN. Yes, sir.

SITUATION IN REST OF COUNTY AND STATE?

Mr. MILLER. Do you feel that the same situation prevails and is true with regard to the rest of Cook County and the rest of the State of Illinois?

Dr. BROWN. Well, I have here Dr. Hall's and Dr. Robinson's statements and I have seen their public statements in the Tribune.

I haven't talked to them personally. I don't think the picture is as good. Certainly it has not been subject to the constant pressures that we have kept going.

You see, it was testified that the State has something like 18 people inspecting for the whole State, while we have that many people in the city of Chicago for only about 100 nursing homes.

Mrs. SCHIFF. How many nursing homes do we have in Chicago?

Mr. KING. 104.

Dr. BROWN. My colleague says 104 and Mr. Frey, director of the bureau of institutional care, says 106.

We have been closing some.

Mr. MILLER. You have how many inspectors?

Dr. BROWN. Eighteen plus five doctors and two supervisors and 48 total staff people.

Mr. MILLER. Do you know how many inspectors there are in the rest of Cook County and how many nursing homes?

Dr. BROWN. No, sir. I understood from a public statement—I can't say from my own knowledge—that the nurses in the county stopped inspecting homes because they have no right to. This is the statement that was made publicly and I can't testify to that, so I don't know how much activity is going on with respect to that.

Mr. MILLER. I believe I have no more questions, Mr. Chairman.

Senator STEVENSON. Dr. Brown, the chart on page 1107 indicates between 1967 and the date in 1971 that eight facilities were closed as a result of court cases.

Dr. BROWN. Yes.

Senator STEVENSON. Were others—

Dr. BROWN. That was not necessarily the way it happened, sir. There were 29 court cases which were citations of some sort or other.

Senator STEVENSON. In 1970?

Dr. BROWN. But the closing was not necessarily a court-enforced closing.

We have preemptory powers and whenever we think the license or the immediate health of the patients was endangered, we closed them.

We closed them by the power of the president of the Board of Health.

Senator STEVENSON. Is that a license revocation procedure?

Dr. BROWN. It is just that we closed them, period.

Senator STEVENSON. So that the eight facilities closed are the total closed in 1970 and 1971 by whatever procedure?

Dr. BROWN. Yes, sir.

Senator STEVENSON. By the Board of Health?

Dr. BROWN. Yes, sir.

WHY UNLICENSED FACILITIES PERMITTED TO OPERATE?

Senator STEVENSON. It has been indicated that there are some unlicensed facilities housing former State mental patients, and I think you are probably familiar with the list of these facilities.

Dr. BROWN. Yes, sir.

Senator STEVENSON. Could you say a few words about this and why it is that they are permitted to operate without having been licensed by the city?

Dr. BROWN. Well, let's take the case of the one that was just in question before the committee—Kenmore.

In this situation we had a number of procedures that we can use, and we used the combined hearing board regulations as the enforcement mechanism to try to remedy the violations in this place.

There is a group of department heads in the city who review the testimony and the records with the director, records from the owner, the operators, and other people involved in the home with respect to the violations, and if this review body establishes enough evidence, it denies the license and instructs the board that it should cite the place if it continues to operate.

Kenmore is under that interdiction at the moment, but the trouble is that the actions of this compliance board are subject to judicial review.

So Kenmore has sued us under mandamus, and they can continue to operate until they have a circuit court hearing and a decision.

So that rule has not been very effective in closing places.

It is operating without a license at the moment, Senator.

In other instances we have found one gap where they are applying late for licenses, so that the necessary inspections by the agencies of the city government take time, and the gap is intentional. We agreed with the State, and they with us, that we would rework our cycle of licensure. Ours is January to January, and this year, on the 1st of November, we will start our inspections—whether they have license applications or not—of all the homes we know of for licensure proce-

dures involving the fire department and the building department, et cetera. And we will notify the homes at the time we visit them that their application for a license should be in. We will have everything ready, so that on the 2d of January the license can be issued if the homes have done what they are told to. They will be closed the next day if they don't.

Now, this administrative procedure will eliminate some of the so-called unlicensed homes.

The third category of unlicensed homes will be the places we don't know about.

Now, there isn't, or there aren't, any nursing homes that we don't know about. Do you feel sure of that?

Mr. FREY. As best as we can determine; yes. We investigated a private lot the other day, for example, and I do believe that that is part of an exhibit.

Dr. BROWN. So it is, and the others are lower level homes that we don't know about, and we have not been able to get a fix on where all of these are.

We get reports from a number of sources that there are patients who have been discharged from State hospitals in places that we have not known about.

Now, part of this difficulty arises from the difficulty of identifying a discharged patient from a State hospital.

The State record system in the Department of Public Aid doesn't give any help on this, so that they can't really do what we have asked them to do effectively, which is to tell us where the people are who are discharged or who require service in the area of mental health.

The records, otherwise, are such that if the mental health department discharges them, we don't know where they are. We do know that there are people paid for who should be in specific categories of homes who are not identified in these specific kinds of homes.

Is that a fair statement, Mr. Frey?

Mr. FREY. Yes.

Senator STEVENSON. Did I understand you to say that you have requested the State Department of Mental Health or Public Health for this information?

REQUESTED DATA FROM STATE DEPARTMENT OF MENTAL HEALTH

Dr. BROWN. No; we have asked the Department of Mental Health. Senator STEVENSON. To furnish you with this data?

Dr. BROWN. Yes; and they said they would give us the data on their basis which I don't have yet; but I believe that when their people sit in our office working with us for a few days or a week, this situation will be clarified.

Senator STEVENSON. When was this asked for?

Dr. BROWN. We asked for it first in February of 1970, and this to my knowledge, hasn't been forthcoming, and the Department of Public Aid can't tell us where patients are because their record system has too many defects.

There is one amusing aspect. They won't tell how many people they have over 100 years old because the records don't go over—but

to 100 years of age. They know that they have some who are over 100 years old, and yet all records show anybody over 100 as being 100 years old, and this sort of thing happens with other problems in their record system.

Mr. MILLER. On the matter of closures, you state in 1970 that you closed three and in 1971, five. Were these officially enforced closures?

Dr. BROWN. These, for the most part, were preemptory.

For instance, the last one was closed because we found a very severe fire hazard which we were notified of as being an imminent dangerous situation by the city's building department.

We talked with the county and the State and we talked with the operator and we notified him that he was closed, or rather, we advised his attorney, because he is a nonresident operator.

Mr. MILLER. Excuse me, have any of these subsequently reopened?

Dr. BROWN. Well, we had one that dragged his feet and never got his patients out.

This particular one I am talking about, the Cook County Department of Public Aid had all of the patients replaced by 12 noon on a Saturday.

I do not want to leave the picture with this committee that there is feuding and bickering between the operating agencies because there is not, but there is a recognition on our part which may not be effective with respect to the nature of the problem.

Mr. MILLER. Have there been any voluntary closures to your knowledge in that period?

Dr. BROWN. Yes. The Howard Convalescent Home decided to close until they made necessary corrections.

Mr. FREY. Voluntary, by pressure.

Mr. MILLER. The reason I asked this question, Doctor, is that Dr. Yoder, as you know, has commented on the voluntary closures of a number of homes over the period of years and I wanted to ascertain whether the comparable closures totalwise was much different really in the city as opposed to the State, and whether there were additional problems.

Dr. BROWN. We don't know of any closures, for instance, in Cook County, either voluntary or enforced, but we can't speak for these areas. Our jurisdiction is the city of Chicago and I am afraid maybe we are just a little chauvinistic.

DID HOMES ORDERED CLOSED UTILIZE MANDAMUS?

Mr. MILLER. Did any of the homes ordered to be closed, take out a mandamus?

Dr. BROWN. Yes, sir. The one I indicated, Kenmore.

Mr. KING. Ivory Nursing Home did and later withdrew it from the courts.

Dr. BROWN. Yes. That was in the sense that we closed them and they moved for mandamus, and then they compromised and agreed to close.

Mr. MILLER. Senator Stevenson, that is all I have on this point.

Senator STEVENSON. I am going to have to excuse myself.

I also have to make a speech. Senator Percy will be back shortly and in the meantime, the staff will continue the hearing and Dr. Brown, if you wouldn't mind staying with us for just a few more minutes, I think that the majority staff representative would like to ask a few more questions and perhaps you would like to answer them.

Dr. BROWN. You may well wish to address some questions to specific staff members.

We have here the head of the bureau that does the enforcement, the nurse who is in charge of and supervises in this area, and the administrative man who handles all of our matters, and inevitably gets involved in our local problems, and Dr. Jack Zackler, assistant health commissioner, who has the program content in this area, and they will all be pleased to respond to any questions.

Mr. MILLER. This is an unusual pleasure for me because usually it works the other way.

As the minority staff director I have the distinct pleasure, for the first time, I believe, in any of our hearings, to introduce Mr. William E. Oriol, the staff director, and Mr. Val Halamandaris, who is a staff man on this long-term care and did much work in this area.

I would like to proceed with three or four questions.

Dr. Brown, did you essentially deny the existence of the conditions as disclosed by the Tribune?

Dr. BROWN. No, sir. I would say that if I had to comment on that, that there were more emotional issues introduced, than perhaps what we would as professionals, but where they found an absolute fact, we believe that they were reporting truthfully. However, where they found an offense that perhaps was one of aesthetic value, I think that they were a little bit starry-eyed and unrealistic about the nature of these institutions at their very best.

Mr. MILLER. Do you feel that your standards and inspection and enforcement procedures are adequate to assure high quality care?

Dr. BROWN. Well, we will call your attention to the fact that we are asking the city council for an additional ordinance providing for the training of all personnel not holding a State license.

We have also stated that we want to update our ordinance to correspond with the State standards, but this is de facto, and no problem.

We operate on the standards, the State standards, wherever they are more stringent.

Mr. MILLER. In what respect do you feel that your standards differ from the State's?

Dr. BROWN. Effectively they are not different at all, because we do enforce the State standards wherever they are more stringent.

Mr. ORIOL. May we have, for the record, the copy of the citation which was used in your latest action against Kenmore?²¹

Dr. BROWN. Yes. Possibly it is here.

Mr. FREY. I don't have it here.

Dr. BROWN. I can give it to you.

²¹ Retained in committee files.

WHAT ACTIONS WERE TAKEN AGAINST KENMORE?

Mr. ORIOL. Can you tell us whether, in the past 2 years, you have issued warnings or taken any other actions as far as Kenmore is concerned?

Dr. BROWN. My understanding is that we took one in 1970. Here is the file and we took them to court in 1970.

Mr. ORIOL. What was the outcome?

Dr. BROWN. Do you know the outcome?

Mr. ORIOL. What was the issue, first?

Dr. BROWN. Mr. Frey will answer that.

Mr. FREY. Inadequate housekeeping.

Mr. ORIOL. Of the kinds described earlier today?

Mr. FREY. Yes.

Dr. BROWN. Yes, sir, and the file will reveal the details.

Mr. ORIOL. Well, how inadequate was the housekeeping, do you remember?

Dr. BROWN. I don't recall. I have given you copies of the various inspection reports by our staff.

Mr. ORIOL. Fine.

Mr. FREY. They would show the various violations as noted.

Mr. ORIOL. We will look at that.

Can you tell us why so many of the discharged mental patients are sent to Chicago or the Chicago area and about how many did you say are now in Chicago?

APPROXIMATELY 4,500 DISCHARGED MENTAL PATIENTS

Dr. BROWN. Well, the best information we have would indicate that there are approximately 4,500 in the city, but you get various estimates.

This is the figure that the Tribune has given.

This is pretty much the figure, when we had our discussions with the State, that seemed to be right.

They are sent here because they came from here. The theory is that when a patient does go to a place where he doesn't or won't benefit further from therapy or is completely or at least sufficiently restored, he should be in a community setting, and that he should go home to where he came from.

Now, you will find a lot of opinions on this in the supporting material I have given you, and particularly in Mr. O'Brien's documents. You will find that there is a strong feeling among local community mental health people that this is nonsense; that for a woman who left Uptown 25 years ago and who has been in a psychiatric hospital for 25 years, it doesn't make much sense to send her back to a nursing home or to a halfway house in Uptown.

Her friends and her relatives have died, and so really it doesn't make much difference.

So these are honest differences of opinion, and I tend to subscribe to the latter, that the people in the Department of Mental Health are very competent people and we have to listen to what they say.

Mr. ORIOL. These shelter care homes to which some of the mental, former mental patients are being sent—

Dr. BROWN. Yes, sir.

Mr. ORIOL. They fall under your jurisdiction?

Dr. BROWN. Yes, sir.

Mr. ORIOL. And very generally, what standards do you require for sheltered care homes?

Dr. BROWN. Well, there is a difference in the fact that it does not contain the nursing problem. You remember we defined for you the nature of the places we are talking about.

Mr. ORIOL. Are some of these former hotels?

Dr. BROWN. Yes; they can be.

Mr. ORIOL. You are speaking of the shelter care homes?

Dr. BROWN. Yes.

Mr. ORIOL. And a definition here of shelter care facilities is a facility for three or more persons in which maintenance, that is, food, shelter and laundry is provided to those who by reason of a physical infirmity require personal care which is defined as assistance with meals, dressing, transportation and movement.

There is no nursing home or medication in this description.

Mr. Frey says they are in the old hotels but very few are.

Mr. FREY. The majority are in residential care facilities and that is the hotel.

Mr. ORIOL. Is any member of this panel specifically charged with responsibility for the shelter care facilities?

Dr. BROWN. Yes. Mr. Frey, as the head of the bureau and Mrs. Sain as the supervisor.

Mr. ORIOL. I am just trying to get an impression of whether you think the shelter care program does meet the needs of the discharged mental patient, or is this too sudden a return to the community?

Is the person free to go and come as he or she pleases from the shelter care facility?

Mr. FREY. Yes.

Mr. ORIOL. What about those in need of maintenance simply as to their health?

Do they have access to a doctor or is there any rechecking on the person's health?

Mrs. SAIN. There is a doctor available and they have medical supervision provided to each patient twice a month.

Mr. ORIOL. What does that mean, that the doctor visits the shelter care home?

Mrs. SAIN. Yes; he does. He visits the home and does a physical on the individual and reorders medication as needed for the patient, and this is recorded in the doctor's records.

Mr. ORIOL. In general, how are the people in these homes doing? You said that they are being taken care of?

Mrs. SAIN. This would be a question that should be presented to the medical judgment and I am not able to answer that.

Mr. ORIOL. Well, you are what?

Mrs. SAIN. Superintendent of nursing.

Mr. ORIOL. And who can answer that question?

Dr. ZACKLER. I think what she is saying is that basically the private physician is involved, and the patients are under this physician's care, so that our people do not judge the level of medical care nor

make an evaluation of it unless there is abuse of some kind. Our nursing inspectors ascertain whether medical care has been provided by checking the patient's record.

(Senator Percy returned to the hearing.)

Mr. ORIOL. Then I will address the question to Dr. Brown.

Do you feel that this is a very good and a wholesome addition to the range of shelter care opportunities offered to the elderly?

Dr. BROWN. We have not recommended this but we have recommended it under different auspices where there will be more reality in the medical participation.

Mr. ORIOL. What do you mean by "more reality"?

DOUBTS ABOUT REALITY OF MEDICAL ATTENTION

Dr. BROWN. We have pretty good evidence and I can't put it in as testimony at this time, but it can be developed from other witnesses that the so-called medical attention frequently is not real, but is merely a case where somebody signs a piece of paper.

Mr. ORIOL. Does it ever happen that a physician signs a piece of paper without seeing a person?

Dr. BROWN. I can't testify to this, but I think you could develop testimony of that sort.

Mr. ORIOL. I see a nodding of heads. There seems to be a general agreement.

Mr. KING. I would like to amplify on one aspect of the shelter care residential care home situation.

Beginning in 1967, when the policy of conditional discharge of mental patients was instituted, the city of Chicago's Board of Health and its field personnel began to receive an increasing number of complaints. Oftentimes these complaints did not come from the home, but from persons residing in the community who felt that it was improper to have the conditionally or the unconditionally discharged mental patient in a residential care home, comingling with the children in the neighborhood.

More recently we have had discussions with the elected representatives of the people who reside in two of the north side wards in this city, and they have stated that identical reports have been received from numerous citizens in the community.

So, it is not always wholesome, a wholesome thing for the community itself to have large numbers of these types of former patients released into a single community, and I think what Dr. Brown was referring to was the need for more adequate facilities for the transitional period.

We think that the Ohio plan may well afford this type of a program where we have geriatric centers for living with adequate facilities, staff, and social, recreational and perhaps employment training opportunities in some cases.

Dr. BROWN. One of the newly elected alderman said that during his campaign, he was practically mauled by these people who always wanted to lay hands on him one way or another.

Mr. ORIOL. This was in a friendly way?

Dr. BROWN. It was not meant to be unfriendly, but he was actually physically traumatized by so many of them. This situation has

created quite a bit of pressure as you will find in the supporting documents from Uptown where we are running about one discharged mental patient for every nine other citizens.

Uptown residents are terribly upset by the impact on family life and what this may mean in terms of their ability to build a stable community which contemplates a mix of ethnic origins. The Uptown community is fearful that its hope for recognition is destroyed in part by the fact that many of these mental patients have no relationship to a family, no relationship to the total community they live in, and that there is no way to build it in that fashion, so that there is a social issue here of some size.

We think the Ohio plan, properly modified to take care of younger people as well, offers an excellent prospect, and if the Department of Mental Health feels that these centers ought to be located in the community at large, certainly this would make sense, but when an alderman from Uptown tells me that every block in Uptown has some of these operations in it, and then points out three on one street, that means there are three more places where you can have one, sort of saturated in one community. You begin to then wonder if that is the best approach.

In any case, we have had patients tell us, and I understand this to be correct, Mrs. Sain, that they are unhappy at being where they are? That they would like to go back to the State hospitals?

Mrs. SAIN. That is correct.

CHICAGO'S PROBLEM IS DISCHARGED MENTAL PATIENT

Dr. BROWN. They can get out of doors at the State hospital, out into the fresh air and onto the grounds and get passes, and this is a lot better than being cooped up in a place in the heart of the city of Chicago.

We have studied this situation extensively, and we have debated it and argued it, and we have gone through every record of the investigation of the Tribune reporters, every BGA record that has been made available to us as to the inequities regarding these mental patients in the community. The whole situation was summed up by one of the investigators in three paragraphs in exhibit materials, and so if you will look through them you will find what I am referring to.

We also looked into all of these other materials, and we became convinced that the central core of the problem in Chicago is the discharged mental patient.

Mr. ORIOL. Is this something that has just arisen within the last year?

Dr. BROWN. Not in the last year, but since 1968.

Mr. ORIOL. Or was it really intensified in the last year?

Dr. BROWN. Well, there has been a problem with discharges earlier.

Mr. ORIOL. I am just trying to find out.

Dr. BROWN. But 1968 was the turning point, and by law in 1969, conditional discharges were stopped. Absolute discharges were dumped into the community and after 60 days, if they weren't able to work, the problem was compounded. Also, the law said that a senile person was not a mental health patient, and not the responsibility of the State. So, there was a great denial of responsibility at

this point, and there was a deliberate effort made to reduce the number of patients in mental hospitals, all done on desirable grounds, if you looked at it from their viewpoint, which is that in the hospital there were many people who were not benefitting from therapy. So I think when the Governor announced that he got a 22 percent reduction in the State hospitals, that was perhaps desirable from his viewpoint, but not from the patients.

Senator PERCY. Would you mind an interruption, please?

Is Rabbi Yampol in the room?

A VOICE. He had to leave.

Senator PERCY. He is unavailable tomorrow?

A VOICE. Yes, because of the Sabbath.

Senator PERCY. Dr. Brown, I may repeat a few things, and if I do, the staff will let me know and I can go right through the hearings, but in the nature of my concern an inquiry may be somewhat different in these areas. Anyway I would like to kind of follow through on what we are trying to determine this afternoon and this morning—where the responsibility lies.

Can you tell me how many nursing homes for the aged there are in Chicago?

Dr. BROWN. Nursing homes?

Senator PERCY. Yes.

105 NURSING HOMES FOR AGED IN CHICAGO

Dr. BROWN. We have it in evidence. It is 105 or 106.

Senator PERCY. 105, something like that?

Dr. BROWN. Yes.

Senator PERCY. And all of them have been licensed by the city?

Dr. BROWN. I think—how many do you have, Mr. Frey, that haven't finished the licensing procedure?

Mr. FREY. As of March 28, 1971, sir, we had 98.

Senator PERCY. 228?

Dr. BROWN. No, that was the date, March 28, 1971.

Mr. FREY. We had 98 that were licensed as of that date.

Senator PERCY. Yes.

Dr. BROWN. Two of these homes were approved and the license procedures was being processed, so that is 102 were under administrative review.

Now, administrative review means that we have refused licensure by the compliance board action and a mandamus has been issued at the owner's request against us which refuses us the right to close them until there is a court hearing.

Senator PERCY. In the past several years, how many licenses have been revoked by the city?

Dr. BROWN. It is in my testimony, sir. It runs to eight in the past and last year.

Senator PERCY. Eight?

Dr. BROWN. Eight, yes, sir.

Senator PERCY. That is in the past fiscal year?

Dr. BROWN. 1970, and to date in 1971; five this year and three in the preceding year.

Senator PERCY. You heard the statement, did you not, Dr. Brown, that it was estimated that 50, about 50 percent of those homes in the Cook County jurisdiction, if forced to meet these standards, would not be able to meet them.

Of the approximately 100 homes in Chicago, if a vote was taken and it would affect every one of them tomorrow, how many of them would fail to meet that?

LICENSED HOMES WOULD MEET STANDARDS

Dr. BROWN. We know that the licensed homes would meet the standards. We are in there once a week to once a month currently.

Senator PERCY. Currently?

Dr. BROWN. Yes, and by two different kinds of inspection teams; in fact, three different kinds of inspections.

Senator PERCY. When you are in once a week or once a day, now, is that set up in the program recently?

Dr. BROWN. Yes, sir. Obviously we have been watching closely.

Mrs. Sain is here and she is the supervising nurse who runs the inspections routinely and they were done at least once a month, but they have been intensified to once a week and assisting nurses, the public health nurses, have been instructed to drop by and take a good quick look at these places once a week.

Our dietary people have been on it also and I think we have three of them, three dietary people, who have been dropping in on these homes and I should explain to you that our inspection is not done at any specific time.

They may go in there at 2 in the morning or 6 in the morning or 7:30 at night, or they may be in there at noon. This is true of hospitals as well, because you know that these places run three shifts of personnel a day and a place that is beautiful in the morning because of a good shift, at 2 p.m. or 3 p.m. or 4 p.m. when the change occurs in the afternoon, the home might not be in too good a shape because of the services to people, and this is the kind of thing that varies with the personnel.

Now, housekeeping will vary some; nursing service more obviously; dietary needs do change, but we check dietary matters such as the food, the posting of menus, meal times, whether the menu is followed and whether the portions are adequate and so on.

So it pays to visit frequently, but of course, the thrust of my testimony is that we are doing as well as we can on inspections, but still all is not right because the presence of some mental patients in these homes has created the problems that are not correctible by inspection.

Senator PERCY. No?

Dr. BROWN. No, I think we are going to have to go to our recommendations for a different system, that is, integrated health care.

Senator PERCY. What proportion of the homes do you think would not meet these standards? I have been in some that certainly wouldn't.

Dr. BROWN. In the city of Chicago?

Senator PERCY. In the city of Chicago.

Dr. BROWN. As of this moment?

Senator PERCY. Yes.

Dr. BROWN. I don't think I have a licensed home that was substandard, at least it wasn't in the last 2 or 3 days, of the 98.

Mr. FREY. I think, Senator, that construction-wise we might say that perhaps 45 percent of them would need vast improvements to meet the standards.

Dr. BROWN. Of the total?

Mr. FREY. To meet the 1970 phaseout-type standard which was being testified to earlier.

Is that what you mean?

Dr. BROWN. I think that is what you are referring to.

Senator PERCY. From the standpoint of sanitary conditions, not major physical overhaul but food, sanitation and things of that type, you think most of them would meet those standards?

Dr. BROWN. Yes.

Mr. KING. I would like to comment on that.

We are referring to conformity with the existing ordinances of the city of Chicago and the rules and regulations of the Board of Health.

With respect to the medical care, with respect to sanitation, these standards are equal at this time with the State, the present State standards.

I think when we talk about 30 percent, or 40 percent, or 45 percent, we are referring to the construction requirements of the standards adopted 6 months ago, approximately, or 9 months ago by the State of Illinois, and we recognize that this percentage of homes will not, in 1973, meet those requirements, and will either be disapproved as nursing homes, phased out, or will be utilized for some other purpose.

Senator PERCY. Yes; but the city of Chicago has adequate authority for licensing and inspection and the power to revoke those licenses in itself, and the State has an overriding responsibility.

Mr. KING. Right.

Senator PERCY. But if we are to say who is responsible for the conditions in the nursing homes in Chicago, it is clearly unequivocally the Public Health Department of the city of Chicago.

RESPONSIBILITY OF CITY PUBLIC HEALTH DEPARTMENT

Mr. KING. We accept that responsibility and for the record will state that we have sued homes. We have revoked licenses. We have denied licenses and we have closed homes, and not just in the last 3 months, but over the years.

Dr. BROWN. This has been a constant ongoing thing, Senator, and we have no apologies to make about our program because it has been intensive.

There is no other area in the State of Illinois which has monthly inspections on an unannounced basis, of this type of facility over the years.

We have had it since 1962 to my knowledge, and I think it started even before then.

Senator PERCY. Well, I would like to call attention to that statement, which I applaud and I am delighted to hear it, and when we

add that to the number of new inspectors the State of Illinois will be adding—and I note the editorial comment in the newspaper this morning that most of them are being sent to Chicago—I would like to put on public notice the owner and manager of every nursing home in Chicago, that they are going to be the most inspected nursing homes in America.

And I hope when the team from the Chicago Tribune or the BGA goes in 3 months or 6 months from now, that they are going to come back and I hope they will publish, and I am sure they will publish, a clean bill of health and take this stain off of our reputation in this great city, because I think we want to be known as the city that really cares about the elderly.

We have a big heart in this city and you have a tremendous responsibility and we are back of you 100 percent in your fulfilling of that responsibility.

Can you produce for the committee records the dates of inspections of Kenmore? ²²

Mr. FREY. He has it.

Senator PERCY. You have that; fine. I would like to go through those records.

Dr. BROWN. May I call your attention, in handling those forms, it is sometimes difficult to interpret them.

In the right-hand column, Senator; it will show when a correction has been made, and little notes down the side, opposite the other notes in the extreme right-hand column.

Senator PERCY. "Reinspection date and corrected"; is that it?

Dr. BROWN. Right. If you don't know that, sometimes it is hard to read them and interpret them.

We are using a new form now.

Senator PERCY. Yes.

Now, here is a comment down below, "Inspection made January 22, 1971—no lock on the fourth floor narcotics cabinet."

Dr. BROWN. Yes, sir.

Senator PERCY. I should think just in the interest—

Mr. FREY. They are in court on that.

Mr. KING. They are in court right now on that charge.

Senator PERCY. Pardon me?

Mr. KING. They're in court right now on that charge.

Senator PERCY. They are?

Mr. KING. Yes, sir.

Senator PERCY. This is November 1970 from the Department of Public Health of the State of Illinois:

I will skip the beginning part of it.

Dear Dr. Brown,
this facility is a converted hotel of nonfireproof construction. All of the interior contains wood floors, wood lath and plaster walls. All of the rooms did not contain 10 feet between the walls. There is built-in furniture and the multicapacity does not have the 75 foot, square foot per resident bed.

And I would say the facility we visited this morning didn't have that.

Clean and unsoiled facilities for linen is not available.

²² Retained in committee files.

Will you please provide us with a list of the above 16 items to meet the nursing home facilities standards.

Paul Sanbowl, Acting Chief of Public Facilities.

Now, that was in 1970. Do you happen to know whether that was answered or not?

Dr. BROWN. I am sure that it was for the provision of the licensing and you are looking at the record on Kenmore?

Senator PERCY. Yes.

MANDAMUS KEEPS KENMORE HOUSE OPEN

Dr. BROWN. While you were absent, Senator, we pointed out that Kenmore is closed by action of the compliance board and then there was a mandamus filed against the city.

Senator PERCY. Fine.

Dr. BROWN. Which makes it impossible for us to close it at the moment.

Senator PERCY. Would you say that, Dr. Brown, you have a good working relationship between the State of Illinois and the city of Chicago?

Dr. BROWN. Yes; I have known Franklin Yoder for years. We work well together.

I have not known the mental health people as long, but we made the point earlier that there isn't any feud between operating agencies. There is an issue of opinion on policy. We do not believe in the policy of this unconditional discharge of mental patients and removing them to the communities without making appropriate facilities available.

We think the State should do it.

Senator PERCY. Yes; well, then we certainly will take note of that difference of policy and will request the State to state their position and see whether or not Federal mediation might be able to solve it.

It is a debatable question, of course, and I can well see why the State would desire to place in a less institutionalized atmosphere someone that they feel is on the road up.

I think this is an area where our staff has been particularly qualified and interested; and I feel quite certain that the reports that we will be making will be looking very deeply into this area. We hope that we can be of service to the city of Chicago as well as to the State of Illinois.

Are there any other general comments or observations that you would like to make to us, Dr. Brown, or any of your assistants?

Dr. BROWN. I would urge, sir, that you read the materials in the addenda that we have furnished, particularly the report of the Uptown Chicago Commission.

It has on its board people like Clement Stone, Mr. William J. O'Brien, who represents over 300 tremendously involved people in the field of mental health.

I think the case is documented that they are going to have to change their course of action somehow or other if we are going to take care of our elderly senile and our mentally ill people; which we are trying to do—in terms of cost to the community—and we are trying to determine this in cost to the community.

Do you have any comment?

Senator PERCY. We have just two more questions and then I will turn the microphone over to your own deep experience and background.

Could you comment on the nature of the profit motive incentive being such a large part of the organizational framework of nursing homes for the elderly?

That is an important question here and I would hope that it could be that we could possibly regulate and self-regulate within the industry, regulate at various levels of the government to the point where the whole structure doesn't have to be changed. But do you feel that we are battling uphill?

There is an inconsistency here with the nonprofit-type general care given to most segments of society other than the elderly where 90 percent of it is privately owned and operated for profit.

Dr. BROWN. Well, we testified in our prepared remarks that we think the care of the elderly, who are not senile, who are perhaps chronically ill or unable to fend for themselves, or are debilitated, should be a part of the total medical care system in the delivery of health services, preferably on a voluntary nonprofit basis associated with hospitals.

We have identified the need for the presence of the physician in this situation, and in New York City a great deal was accomplished by the—and you might care to question Dr. Hoffman of the AACC Commission, because he was there and had a hand in doing it.

Drawing on the background that I have in medical education, I am reminded of the great thrust made by the Rockefeller Foundation which was to establish strong private organizations in education as yardsticks and as a means of driving for private and proprietary institution as yardsticks for State institutions and it worked very well. So I think we need a large influx in that area of voluntary effort closely associated with us and involving the people and to get the continuous presence of a physician.

As to the mentally ill, we think that the Ohio plan, which we mentioned, if broadened to take in more than geriatric patients where the concept is that of geriatric centers for living, would be an excellent one. We think that the State should provide such institutions and in this community if they want to return people from mental hospitals, although we are not certain that is the right thing to do. There is a wide difference of opinion as expressed by the people whose statements we present in the addenda. They do not feel the same way. It doesn't make any difference to me where they place these individuals, as long as it is the best thing for the patient.

I have great respect for the people involved, but the essential thing is that there is and should be an institution that is operated in conjunction with hospitals and again, to get the affiliation and gain part of the total medical care system.

Our problem right now, as you well know, is that we have a disjointed medical delivery system and we have to put the pieces back together and economize on manpower by making them more efficient. We think this could be accomplished.

PROVIDE TOTAL HEALTH PROGRAM FOR THE ELDERLY

Dr. ZACKLER. I wonder if I may comment on this.

The question has been asked repeatedly and I have heard you ask it of previous witnesses as to what the Federal Government could do to enhance the care for these people.

The answer to the problem is to provide a total health program for the elderly. When the Federal Government started giving serious consideration to maternal and child health, it placed emphasis on certain specific programing.

Even though a total program for maternal and child health has not yet been achieved, at least it is on the way.

Similar thinking and programing must be developed for the senior citizen, bearing in mind the needs of the institutionalized patient at all levels.

Dr. BROWN. I was present when this started out on the concept in Washington where the Heart Institute sponsored it at the time, and I was directly connected with it. I went through this period and it seems to me one of the vehicles that could best be used in reviewing this problem would be, in light of Dr. Zackler's comment, and I think something is due in November of this year—

Dr. ZACKLER. It becomes part of the issue.

Dr. BROWN. I think your committee is involved very definitely in an approach like this.

Senator PERCY. Seeing Mrs. Schiff reminds me of one area we left unexplored.

She maintains that there are a lot of people who would like to volunteer to help, just as we have all over our hospitals—nurse's aides, volunteers who are trained to assist in helping comb hair and reading to people, and so forth.

This is a nonmedical type of voluntary service.

Is the provision of this, or is there provision for this type of service in the city of Chicago?

Dr. BROWN. The mayor of the city of Chicago—

Senator PERCY. If one wants to volunteer can they be integrated into the nursing homes?

If we can just have a brief comment on it, I would appreciate that, because the staff has one or two more questions and then we have another witness.

Dr. BROWN. The mayor of the city of Chicago has called on the churches, the temples and so on who have visiting committees to do personal services and visit these homes.

We think that is one way of preventing abuse of one person to another in a home, whether it is by an attendant or otherwise.

I close my testimony on this approach to the people working at the different levels, and that might be worked out.

VOLUNTEERS HAVE BEEN RUN OUT OF NURSING HOMES

Mrs. SCHIFF. Dr. Brown, the only difficulty, and Senator Percy, is that I have been run out of nursing homes when I have offered to bring volunteers in.

They won't let us in. They don't want us to see and they don't want to see us.

They don't want us to see what they are doing and half of your homes are bad. I don't care what you say or what Mrs. Sain says or what anybody else says, but I am at an age group where my parents had to be in nursing homes and some of my friends also, and 75 of your homes, I wouldn't take anybody to.

Now, this is the truth, Dr. Brown, and I am up here to tell you this, that we won't take our folks to these homes. We don't know what to do with them.

It is impossible to find one good home anyplace.

Dr. BROWN. Well, this depends on the definition of "home."

Quite possibly you are right on some of your grounds, but we also know that there are some fine homes.

Senator PERCY. We are kind of confined on time, Mrs. Schiff.

Mrs. SCHIFF. I know.

Senator PERCY. Should we end it this way?

Dr. BROWN. If she can't get into homes the Board of Health has authority to deputize people immediately.

Dr. ZACKLER. We have met with one of the largest organizations in the city of Chicago and we proposed to the participation in a voluntary home visitation program. Something like Big Brother in reverse.

They look upon it with favor. We can't release it yet, it is premature, but if it is adopted as a citywide endeavor, we will be well along the way to implementing this idea.

Senator PERCY. I regret that we are going to have to leave for another engagement now, but this committee will meet again tomorrow morning and as long as the staff wishes to carry on and as long as we have witnesses willing to stay tonight, the committee will carry right on and I am grateful to our hard working staff for doing this, and certainly to our panel for being here.

We have now one other comment—

Mr. KING. I would like to say only this, Senator.

We have organized many voluntary groups to carry out visits in the nursing homes, but all of that activity doesn't mean a thing if all of us together haven't influenced even a family member that has someone in a nursing home to visit that person regularly, and the standards in the nursing homes, the best inspectors in the world are ladies such as this who will go in, not when the board of health nurse comes in, and not looking at the same things we look at as regulators, but looking to the happiness, the well being and progress of the patients, and I think that is the real charge that this committee can come out with and come out loud and clear.

Senator PERCY. That is a good summary statement.

Mrs. SCHIFF. And if we could do it I would get 50 ladies right today who would come with me.

Senator PERCY. We will accept that as a commitment.

Mrs. SCHIFF. It is a commitment.

Senator PERCY. All we have to do is get the two of you together now and I would very much appreciate any progress reports on this

area being sent to the committee, so that whatever Chicago is doing we can tell the Nation in our final report.

Dr. ZACKLER. As soon as we get any further information we will forward it.

Mr. HALAMANDARIS. Before you get away, let me ask you for the inspection records on the Melbourne Home.²³

Mr. FREY. I have it right here.

Mr. ORIOL. Dr. Brown, your description, or your evaluation of the Chicago Tribune articles, you said that there is a certain element of emotionalism.

Dr. BROWN. Yes.

EMOTIONAL APPEAL ONLY WAY TO GET PEOPLE LISTENING?

Mr. ORIOL. But isn't that sort of the heart of the problem here, that the emotionalism infiltrates this entire field?

The older person assigned to a nursing home is filled with emotionalism that he never experienced before.

The relatives and friends of that person are filled with emotionalism and possibly in fear of what will happen to themselves some day, and for that reason perhaps there is this unwillingness to grapple with the problem and that is why it remains, clears up and comes back again.

Do you think that perhaps an emotional appeal is the only way to get people to listen?

Dr. BROWN. Well, I didn't mean to be critical of the emotionalism.

I was saying that the net effect, that in the things that we can inspect, we have done an excellent job, but a nursing home, the most beautiful one on earth is not a very pleasant place.

I think we have quite a number of senile people and when they are incompetent it becomes even worse, but the basic elements that bring unhappiness is that here are people away from the people who care for them and who are isolated and waiting to die, and this is not something that is a happy thing at all.

So under the best of circumstances, we are dealing with an artificial environment in which families dump people, in which agencies dump people, who are left there to die, so what you do is to try to ameliorate it as much as you can, and this kind of a visiting program that we talked about today is one of these things, and Mr. King's appeal for families to know what happens to people in nursing homes when they are placed there.

The family visits regularly for the first 2 or 3 weeks, and then begin to drop off a little because basically they are in a home, and the family won't have to take care of them and by-and-by there are less-and-less visits, and I have heard stories of people who stare out the windows, looking and looking for the person who doesn't come.

Mr. ORIOL. You don't rule out rehabilitation? You are just saying that there are many or some there who may die, but there are also many who might be rehabilitated?

Dr. BROWN. Yes. Rehabilitation is potentially there for certain patients.

²³ Retained in committee files.

Mr. KING. This points out the need for rehabilitation and more expansions in programs of this type.

Mr. MILLER. This relates to a question that I have.

Have you made any effort in the Chicago nursing home population to evaluate how many patients are residents in such homes who are not there just waiting to die and this relates to Mr. Oriol's question about the rehabilitation factor.

Dr. BROWN. Well, I am afraid that you won't find as many as perhaps you would hope who are not waiting to die and who are not in the situation where they will never leave that home or some other home they are transferred to.

When you realize that 80 percent of the beds in the city of Chicago are occupied by publicly aided people, that means that they don't have a family or money, one or the other, and probably both, and they are there as society's answer to their problem.

Mr. MILLER. But in the general grouping you are including the intermediate care group?

Dr. BROWN. Yes.

Mr. MILLER. And it is particularly in this area that the question arises in my mind as to some of the types of patients. Is it not more a matter of making it a pleasant living situation for them?

Dr. BROWN. Yes.

Mr. MILLER. Socially disabled as you note they are. Frequently, I have a curiosity as to whether or not there had been any ongoing evaluation.

Dr. BROWN. We had not been doing it, but the Department of Mental Health evaluates within these homes and possibly can help you with that tomorrow.

INFORMATION ON EXPERIMENTAL DRUG USAGE

Mr. HALAMANDARIS. Dr. Brown, I gave you some information which alleged that experimental drugs were used in nursing homes in Chicago on patients without their effective consent, saying that the patient didn't consent or that the family didn't consent.

Do you have anything to report to the committee?

Dr. BROWN. Mr. King, I think, has a record on that.

Mr. HALAMANDARIS. Anything you wish to say, sir?

Mr. KING. In response to your inquiry, Mr. Halamandaris, we investigated in depth through our bureau of vital statistics and we likewise sent our chief hospital nurse, unknown to this home, out to examine, and then photographed the records in the home that was involved.

They found only one of the three suspect patients had, in fact, been in the home and we have a complete record of the medications, at least so far as they were noted in the medical records. We have had these subjected to medical review and that is available for your perusal.

It showed no drugs that were utilized for the treatment of diabetes in the patient and the patient did not succumb to that cause.

Dr. BROWN. As you know, the use of experimental drugs, legally under the Food and Drug Act, are very carefully screened by physicians, and their consent must be absolute and you would hardly

expect to find out that it was true, but we have dug as deeply as we can.

Mr. KING. Does counsel want this for the records of the Committee? ²⁴

Mr. HALAMANDARIS. If you have it, yes, please.

Mr. KING. Right.

Mr. ORIOL. Dr. Brown, we would like to thank you for waiting and for giving us your presentation.

For the record we would like it to be known that Rabbi Yampol could not remain but has submitted a statement for the record,²⁵ and Mr. Slader, who was listed as a witness, was unable to remain tonight, but will be on hand tomorrow.

This was our list of scheduled witnesses, but during the course of the day we have learned that Mrs. Catherine Stokes, a staff member of the Illinois Nurses Association, and Mrs. Dorothy Hesse, a member of the Illinois Nurses Association and director of nursing at Whitehall Convalescent and Nursing Home, have information which they would like to give to the committee, so would you come forward, please.

Would you like to begin?

STATEMENT OF CATHERINE STOKES, ASSOCIATE ADMINISTRATOR, ILLINOIS NURSES ASSOCIATION

Mrs. STOKES. My name is Catherine Stokes and I am associate administrator of the Illinois Nurses Association which is a constituent of the American Nurses Association, the professional organization of registered nurses.

It was one of Senator Percy's questions in the Congressional Record of March 16, that underscored our belief that we should at least make available for this hearing the experience of the nurse who works in a good nursing home.

In addition to that, I have observed some things that have gone on today that I would just make a brief comment about, and this concerns personnel.

There are very few registered nurses in nursing homes and the conditions that we heard this morning are reasons for it. On the one hand we hear expressed the need for qualified personnel; on the other hand, we are acutely aware of the inadequate funds for nursing education at the Federal level.

The state of Illinois has never addressed funds for nursing education in a meaningful way, and, when I heard the talk about increasing inspectors, I was concerned that in just increasing numbers of inspectors, there is no concern for the quality of the people doing the inspecting. If you do not know what you are looking for, if you do not have adequate knowledge of what rehabilitation programs are, or what an activities program should be, your inspection is not going to be of the quality that it should be. So I will close my statement with that.

²⁴ Retained in committee files.

²⁵ See app. 4, p. 1194 for statement of Rabbi Yampol.

I regret that Senator Moss is not here because we do commend him for his interest and continuing efforts in the long-term care field.

He is not unfamiliar to nursing and I hope the staff will relay that to him.

Mr. ORIOL. Very good. We certainly will.

One quick question:

Do you believe that retired nurses would be good members of inspection teams?

Mrs. STOKES. Well, whether the nurse is retired or nonretired, to take a nurse without orientation in the field of public health, and without adequate expertise in geriatric nursing care, may not be the best of alternatives.

For example, the Tribune reporters picked up many things. If these reporters had a geriatric background, because it is a specialty, they would have picked up an awful lot more than they did. The inspectors' orientation must be directed toward rehabilitation and supportive care. If retired nurses are provided with a continued education program in this area then, I would think, they would be good. Another available source of RN inspectors would be among the vast number of inactive nurses that we have in the State of Illinois. They are inactive in part because hospital schedules and institution schedules do not lend themselves to their family obligations.

Mr. ORIOL. Mrs. Hesse, would you like to make a statement?

STATEMENT OF DOROTHY HESSE, ILLINOIS NURSING ASSOCIATION, AND DIRECTOR OF NURSING, WHITEHALL CONVALESCENT AND NURSING HOME

Mrs. HESSE. Yes.

I am Dorothy Hesse and I am representing INA, Illinois Nurses Association. I am employed as director of nursing of a nursing home which is accredited by the Joint Commission on Accreditation of Hospitals.

While this nursing home is not a typical one, it is inconceivable to me that we cannot have many more good nursing homes, particularly in the State of Illinois.

One of the points brought out this morning is the fact that the wages are a factor. I do not believe that this has to be necessarily true, that is, that wages are the sole factor.

We know that working conditions and the type of environment that a person is in are important in a good nursing home.

I speak as a member of INA and for all the nurses who are concerned with the lack of care that is being given in nursing homes.

As I sit here today and hear nursing care mentioned, many, many times, I realized that whenever we think of this, the patient that is being given the care or not given the care as the case has been listed here, and the violations, that we are talking about reflect on each one of us who are nurses.

The idea of money and physical facilities and so forth have been discussed and will continue to be discussed, but I have one point, one real big point that I do want to make that goes beyond moneys and physical facilities.

But, first of all, we know that we need to start out in a good nursing home, to have an attractive physical environment, and we know that this environment includes the best lighting and the best type of ventilation.

We know also that there has to be in-service education programing, that there has to be rehabilitation and you must have a group of personnel who are geared toward the thinking of the geriatric patient.

It is impossible to give the best possible nursing care to our residents if we do not have a good doctor-nurse relationship. This is my big point here.

The doctor must have respect for the nursing home as a facility, respect for the patients in the facility, and respect for the nursing personnel.

I, fortunately, have very little problem with this, but I listened to the stories of many of the nurses in nursing homes that have the problem of never being able to contact a doctor. They have no support from a doctor which goes on to the point of the administration again; and they have no cooperation from an administrator and/or an administrator not being available.

There is no place where the doctor-nurse-administrator relationship is so important as in a nursing home.

The nurse is definitely the doctor's colleague in the nursing home and must be a coplanner with administration as well.

DOCTORS RARELY GET TO NURSING HOMES

The doctor does not often get to the nursing home. Maybe he would like to, but the way the dramatics are highlighted today, even more than ever before, the doctor rarely gets to the nursing home and therefore, the nurse is functioning in an extended capacity.

The nurse that is working in the nursing home must be the type of person that can accept this responsibility and deal with the communications between the family, the doctor, and the patient as well.

The existing conditions that have been brought to light here and will be brought to light more tomorrow can only be remedied, we feel, if there is this relationship between the nurse, doctor, and administration; where there is respect for the patient, the patient's family, and the nursing home personnel. We who are working in homes of this kind are proud of them.

The only way that this pride can be established and maintained is if the regulations and standards are implemented.

Thank you.

Mr. ORIOL. You are the owner of a nursing home?

Mrs. HESSE. Director of nursing.

Mr. ORIOL. You are the director?

Mrs. HESSE. Right.

Mr. ORIOL. One fast question I want to ask:

Has the retroactive denial of Medicare benefits caused much of a problem to you?

Mrs. HESSE. We are not a Medicare home.

Mrs. STOKES. I can tell you that retroactive denial has caused many problems of Medicare facilities. I hear complaints from the nurses

who work in them, I hear complaints from the home health agencies who have had to cut back on their staffs because of redefinitions by the intermediary as to what is, and is not, a skilled nursing service. A classic example is being told: To teach a relative to do physical therapy for the patient—and the patient has no relative. We have prepared a document for the conference on aging that speaks to some of this, and if you are interested I will be glad to supply it to you.

Mr. ORIOL. That relates to what I was going to ask you now. It may well be that the Illinois Nurses Association would wish to present an official statement²⁶ for this record in addition to what you have said.

Mrs. STOKES. Right.

Mr. ORIOL. And we would especially welcome that statement and in it any suggestions at all that you have for ways in which the White House Conference and the preparation for it can be used to help deal with some of the problems that we have talked about.

Mr. MILLER. No questions.

Mr. HALAMANDARIS. No questions.

Mr. ORIOL. Once again, thank you, and tomorrow's hearing which was scheduled for 9:30 will begin at 9 o'clock in this room.

Thank you.

(Whereupon, at 6:15 p.m., the subcommittee recessed, to reconvene at 9 a.m., Saturday, April 3, 1971.)

²⁶ See appendix 5, p. 1197.

APPENDIXES

Appendix 1

ARTICLES FROM THE CHICAGO TRIBUNE

TELL NURSING HOME ABUSES

[From the Chicago Tribune, Sunday, Feb. 28, 1971]

SOME ELDERLY PREFER DEATH, REPORTERS FIND

The first assignment of the newly formed Tribune Task Force was a comprehensive investigation of patient care in Chicago area nursing homes. This is the first report on the six-week probe by Reporters William Jones, Philip Caputo, William Currie and Pamela Zekman.

They are hidden in warehouses for the dying. Millions of tax dollars are misspent every year to keep them in squalor so depressing that they enjoy talking about their own deaths.

They are Chicago's elderly poor and they are being dumped by the thousands into Chicago nursing homes so poorly administered that a bum off the street can become a nurse's aide in less than 24 hours and administer narcotics and other medications to the ill.

THE ABANDONED

They have been abandoned. And with every day that passes thousands of our senior citizens are spending their last days wondering why it all must end in the indignity of filthy, rat-infested rooms, physical abuse, wretched food and a series of caretakers who can't see beyond the next welfare or Social Security check.

There is only one way to tell their story and that is to live with them, bathe them, feed them, watch and listen to their "keepers" and then report their story of rage, confusion and frustration as they live out their days in a warehouse for the dying. We worked and lived in these warehouses and this is what is happening:

1. Two old women, their bodies crippled with age and trembling in the cold of a winter night without heat, screech and claw at each other as they struggle for a single, ragged blanket. A nurse's aide appears in the doorway, watches the struggle for a moment and then shouts: "Shut your goddam mouths, both of you, or I'll take your blankets away and you can both freeze."

KICKS AND ABUSE

2. An elderly man, his right foot and leg wasted from a skin disease, accidentally brushes the foot against the white uniform of a woman aide. In an instant the woman kicks him in the leg and punches him in the chest, repeatedly cursing the man and describing him as an "old bastard."

3. The 37 patients living on the filthy second floor of a large North Side nursing home wait silently to be served their evening meal. On this night, however, there is not enough food and the nurse's aide in charge scrapes uneaten portions of steamed cabbage and noodles onto other trays and serves it a second and third time until all are fed.

4. A nurse complains that many elderly patients are kept in the home even tho they are seriously ill and belong in a hospital. They are kept there because their presence guarantees a continued flow of welfare payments. "They're on their death beds before they send them to the hospital," she notes.

"They leave them lying here when they have fevers up to 103 or 105, aren't eating and have diarrhea."

NO ROOM FOR DIGNITY

5. Two aides herd a man and woman into the same bathroom in an effort to complete the bathing of patients as quickly as possible. Both patients are confused and obviously embarrassed, but they obey the order to undress in front of each other. Then, in a final desperate effort to salvage a shred of dignity, the woman insists: "He's not my boyfriend." Once bathed, they again stand staring at each other while the aides dry them with dirty pillow cases. There are no towels.

6. A 91-year-old man stands tottering in a bathtub of a South Side nursing home as two aides attempt to give him a bath. He pleads with them to "slow down, I can't bend my legs this fast." One of the aides responds with a sharp slap across the face and the man cries out.

This is not an effort to condemn the entire nursing home industry. Indeed, in some of the homes where we worked the atmosphere and patient care matched that of a hospital.

But to the outside observers—especially the families of the elderly, mentally ill and other helpless persons—the search for a good home can be tragically deceptive.

Just as they have learned to outwit and avoid any major crackdown from city and county health officials, so have these warehouse operators learned to dupe the public.

"TAKE SPECIAL CARE"

Many homes have freshly waxed and sparkling front hallways while the living quarters of the patients are little better than dimly lit, filthy dungeons. As one operator told his maintenance man:

"Take special care of these front two rooms—my office and this hall. You know what I mean, anything that people will see when they first come in, we must keep it very clean."

Another operator insisted that his janitor ignore the filth in rooms occupied by patients and concentrate on the lobby area because "the lobby and [front] hall are the first thing the Health Department will see if they show up."

These are the places where many of our elderly have been sentenced to die and they know it.

"We are the living dead," one old man observed. "Look around at these people. We're all worn out and we just keep on living. We'd be better off dead."

THEY ARE OBSTACLES

They sit in rooms where the paint is peeling from the walls and the windows covered with grime and they stare. If they are helpless, senile or bedridden they also may have to endure the taunts and abuse of aides who consider them as obstacles to their coffee breaks and to the end of another eight-hour shift.

Our very presence on the staffs of nearly 20 nursing homes in the past six weeks underscored the lack of controls and the gross neglect in an industry responsible for the health and safety of thousands of helpless citizens.

Posing as drifters, college students and nurse's aides with out-of-state experience, we were able to find employment virtually at will in many of the hundreds of nursing homes in Chicago and its suburbs. The investigation was conducted in cooperation with the Better Government Association, which also sent its investigators into the homes.

BECOMES ADMINISTRATOR

Our phony references were never checked and in one case a reporter was hired as a nursing home administrator less than 72 hours after he applied for work as a handyman.

The owner admitted he was under pressure from the Chicago Board of Health to hire an administrator and apparently was willing to fill the post with the first candidate who walked in the door and was willing to work for \$80 a week.

In another home, an applicant seeking work as a janitor became a nurse over the objections of the director of nursing. The administrator ignored the

protest, claiming the applicant was a "personable young man" who could easily master the techniques of administering drugs to the elderly.

HIRE FROM SKID ROW

In a more bizarre case of employe recruiting, a northwest suburban nursing home pays a finder's fee for skid row alcoholics to work as orderlies, nurse's aides and cooks between binges. The clearing house for this cheap labor is a West Madison Street flophouse from where derelicts are sent to the suburb by train. Once they arrive at the nursing home, they must stay for 30 days and are not paid until they depart.

Perhaps the most frightening practice uncovered during the investigation was the handling of narcotics and medication and the possible tragic consequences for patients.

One reporter wandered into a north suburban nursing home and claimed she had experience as a nurse's aide. No effort was made to check her credentials before she was hired.

In less than 24 hours she was left in charge of the home and its 32 patients. She also was told to administer a variety of medications to the patients. She narrowly avoided giving what could have been a fatal dosage to an elderly man. Tragedy was averted only by chance when another aide returned to pick up a forgotten purse.

"OH, BY THE WAY"

"Oh, by the way," the aide told the reporter as she hurried out the door. "If his pulse is over 60 don't give him his pill. He might have a heart attack. Sometimes you screw up giving these pills, but it happens."

In another home the aides have discovered a simple way to deal with patients who balk at taking their medication. They throw it in the sink.

The patients in a large North Side home are frequently subjected to a bizarre form of Russian roulette with medication because of the rapid turnover in employes. At one time, they were at the mercy of a janitor, hired as a nurse, and an aide who had just replaced a fired employe.

"JUST BORROW SOME . . ."

"I'm really not too sure who gets what medication, but I'll do my best," the aide told the janitor as they prepared to distribute the medication. "Oh, this lady is out of her medicine, but I'll just borrow some from this lady."

The investigation also disclosed that several volumes of new state codes regulating the operation of all nursing and shelter care homes largely have been ignored since they went into effect last June. Public and private employes familiar with the new codes ridicule the publications because they have never been enforced.

Nurses employed by the County Health Department have refused since 1967 to inspect the nearly 100 nursing homes in suburban Cook County.

LICENSES STILL ISSUED

Sources close to the agency said the refusal came after years of watching substandard homes repeatedly obtain new licenses from the state Department of Health despite critical reports submitted by county nurses.

This bitterness extends to employes of many of the worst nursing homes where they are repeatedly frustrated in efforts to provide proper care. They describe the food as slop and one floor supervisor declared, "I wouldn't put my dog in this place."

For most residents of the warehouses for the dying, the misery will continue until they die. A group of them listened attentively one bleak February day to a minister who visited a filthy North Side nursing home. His message was one they were waiting to hear:

"Are you ready to change your cross for a crown? For when you die and go to heaven you will have a crown. In heaven there are no nursing homes . . . no suffering, no pain . . ."

[From the Chicago Tribune, Monday, Mar. 1, 1971]

WAREHOUSES FOR THE DYING—NURSE HOMES DEFY HEALTH, FIRE CODES

They hire strangers off the street without bothering to find out who they are and pay them a pittance to care for thousands of helpless, elderly and mentally disturbed patients.

They profess to operate according to strict guidelines set down by public health officials, yet thumb their noses at state inspectors who seek to close them down for hundreds of health, fire and sanitary violations.

They are licensed to operate in new buildings, old buildings, transient hotels and former farmhouses.

They are the operators of dozens of state-licensed nursing homes in the Chicago area and they have been given the responsibility of caring for our most helpless citizens. They are the owners and operators of warehouses for the dying and they may be reaping their profits at the expense of one of your loved ones.

We worked in these warehouses for six weeks as maintenance men, nurse's aides and janitors to document the abuses and loss of dignity endured by the patients. What we found is a list of wretched conditions which exceed even the worst charges contained in the reports of state inspectors.

One of the largest North Side warehouses is the Melbourne Nursing Center, 4621 N. Racine Av., owned and operated by Daniel S. Slader. Slader, who is treasurer of the Metropolitan Chicago Nursing Home Association, repeatedly has been cited by state health inspectors but continues to receive nearly \$400,000 a year from the state to care for elderly and mentally disturbed patients.

A reporter who worked in the home as a nurse's aide uncovered so much patient neglect and filth that many of the nearly 200 persons living there sleep in their own excrement without blankets or heat. The few who dare to complain are cursed and threatened with physical violence.

"The Chicago Board of Health has tried desperately to put Melbourne out of business," said Russell Bryant, administrator of the long-term care department of the Illinois Department of Public Health. "The state has too. We've been trying to get a number of the bad ones out of business."

Slader was fined \$110 last July in Municipal Court for "violations and the failure to correct violations." State records show his attorney was State Sen. Bernard Niestein [D., Chicago].

One month later, a surprise inspection by the county and state health departments found conditions described as "deplorable" and noted urine-saturated beds, broken plumbing, peeling plaster and inadequate food. The home has been the target of complaints from patients and their relatives since January, 1965, but each year its license has been renewed.

The Park House, 2320 S. Lawndale Av., has had its license renewed each year since it first opened in 1961, despite the fatal stabbing of a doctor by a drunken nurse's aide, alleged patient mistreatment and a drug scandal in which public aid funds paid for phony bills for medication. Last year public aid paid the home \$237,927 to care for old poor people.

The owners of Park Home have a printed brochure describing it as one of Chicago's most modern retirement and convalescent homes, but an investigator for the Better Government Association, working as a mop boy, discovered differently.

Some of the rooms, where up to four patients are bedridden and require special care, have developed a stench over years of neglect which forces employes to hold their breath when they enter. The floors are flooded with urine which also has stained the walls, floors, furniture and beds.

A typical breakfast is a bowl of soupy oatmeal, half a glass of orange juice and coffee. Patients frequently beg for more food and many pick up their trays and lick them clean. One woman complained that she had found soap powder in the bottom of her coffee cup and another received this response from a nurse's aide after accidentally spilling a food tray:

"If that's the way you're gonna be, you just won't eat."

PROFIT MOTIVE BLAMED

"There are problems in the quality of long-term care," said Dr. Franklin Yoder, chief of the State Department of Public Health. "This is mainly due to the fact they [nursing homes] are proprietary interests. The owners are out to make a profit. You don't have the boards of dedicated public servants who operate hospitals.

"We try to follow up every complaint. Of course, many of the patients in nursing homes are not able to make their complaints known. They're held in the homes as virtual captives."

"I agree with Dr. Yoder that the profit motive has a lot to do with the quality of care," said Dr. R. F. Sondag, chief of the state health agency's chronic illness division. "Because the operators are interested in making a profit—in running a business—the first thing they'll cut down on is the quality and number of the staff and on food."

One of the largest nursing home chains in Chicago is operated by the N-H Management Corporation with offices at 1200 W. Belden Av. The corporation is headed by Joseph Bonnan, a former aide to Mayor Daley and the man who in 1959 authored the city's nursing home enforcement code. In addition to serving as president of the corporation, Bonnan heads the labor relations committee of the Metropolitan Chicago Nursing Home Association.

SERVED AS VICE PRESIDENT

At the height of a 1962 nursing home scandal involving Dr. Leonard Tilkin and Tilkin's chain of 17 nursing homes, Bonnan was vice president of the Tilkin organization. One of the homes involved in the Tilkin scandal was Monterey-Drexel, 4616 S. Drexel Blvd., where inspectors found wide-spread filth and patient neglect.

A task force reporter employed in the same home this month as a maintenance man discovered that little has changed in the last eight years. The institution is so filthy that employes have learned to joke about the different colored cockroaches which swarm through the kitchen and dining areas.

"We're not prejudiced here, we have them in all colors," said a cook. "You just have to get used to them. We got rats too."

On one of the days the reporter was working at Monterey-Drexel, an employe of the Nursing Home Association appeared in the home to show old movies at 35 cents a head. The movie had been scheduled to be shown the day before and the patients had been herded into a room where they sat staring at the wall for three hours waiting in vain.

HOME IS CALLED WORST

When the projectionist from the association appeared the next day he struck up a conversation with the reporter and described himself as somewhat of an expert on nursing homes because his family has been in the business for years.

"This [Monterey-Drexel] is the worst one," the projectionist said. "The only way to run a nursing home is to bribe the inspectors. The only people not on the take are the firemen."

Later the same day, the administrator of the home also talked about city enforcement and mentioned the name of a city inspector who cooperates with the home.

"The building department is no problem," the administrator said. "They come in and say 'put two windows here' and you don't have to do it for a year. You know what I mean?"

CHAPEL IS GLISTENING

At the west suburban La Grange Convalescent Home, the three-story building is a maze of filthy rooms covered with cobwebs and reeking with the stench of urine. There is one exception in this depressing home for about 50 sick and elderly patients. On the third floor is a sparkling woodpaneled chapel equipped with an altar, organ and new folding chairs. This is where the owner, Bert L. Jacobs, practices his work as a faith healer. The chapel is dedicated to a former patient who Jacobs claims arrived at the home as a cripple and left in good health.

During his employment in the home as a maintenance man, a reporter complained to his supervisor about the stench in some of the rear rooms where he was working.

"I know," said the supervisor. "I can't wait until we're done working in this part of the building and get up front. They keep most of the rooms up front real clean for show. Those are the rooms they show people who want to bring somebody in here."

One nurse's aide had some pointed comments on the food served at La Grange:

"It's slop" she said. "It's enough to make you sick."

A reporter hired as an orderly at the Austin-Congress Nursing Home, 901 S. Austin Blvd., immediately was placed in charge of caring for 34 male patients.

One of his patients, who said he was a retired Municipal Court judge suffering from heart blockage and arthritis, complained of the difficulty in seeing a doctor. On this day he had just spent the night with no heat in his room and was having trouble lifting his arms.

"The longer I stay here the worse I get," he said. "A few weeks ago, Dr.—— came to my room. He had just started looking at me when a nurse told him his Cadillac was blocking the driveway. He went downstairs to move his car and that was the last I saw of him."

NEW GIRL TAKES OVER

At White Haven Acres, 1505 Greenwood Rd., Glenview, an estimated 32 patients live in a converted gymnasium building where a reporter was hired as a nurse's aide and left in charge of the home her second day on the job.

She also was told to administer medication to all the patients, a procedure which is announced to the residents by an aide standing at one end of the building and shouting "medicine."

During one of these medication sessions, the reporter narrowly averted a disaster as she prepared to give several pills to an elderly man. At that moment, another aide who had forgotten her purse returned to the home and noticed the reporter was preparing to give the man his pills. Almost as an afterthought, the aide said:

"If his [the old man's] pulse is over 60 don't give him the pill. He has heart trouble or something and he might have a heart attack. Sometimes you screw up giving these pills, but it happens."

CRIES FOR HELP FROM AGED ANSWERED WITH BRUTALITY

(By Pamela Zekman)

The man and woman had been herded into the bathroom of the North Side nursing home and now they stood naked, facing each other in helpless humiliation.

Shivering and self-conscious, the two patients had responded almost mechanically to the orders to undress, barked by a nurse's aide.

"Goddamn it, hurry up. I have no time for you," the aide snapped when they hesitated a moment.

The woman stood silent, staring at the floor. Then in a final desperate effort to salvage some dignity from the incident, she clutched a thin sweater to her breasts and protested: "But he's not my boyfriend."

ALL DIGNITY IS DESTROYED

This is how they bathe the mentally disturbed at the Melbourne Nursing Center, 4621 N. Racine Av., where I worked for three days as a nurse's aide. Even the tiniest shred of human dignity is destroyed in this rat-infested fortress where 195 elderly and mentally disturbed patients are living.

During my stay at the home I witnessed many incidents of degrading and callous treatment.

I saw a woman patient grabbed like an animal and fed by an aide who slapped a cold meat patty into her mouth. The woman choked on her food and spat out the pills tossed into her mouth as she was dragged to bed.

I heard cries for help met with a stream of ridicule and verbal abuse. Aides jokingly dubbed one man "Simple Simon." A woman begging for a blanket because she was sick and cold was told, "You smell like four Mississippi mules."

NEW CLOTHES LOCKED UP

One aide confided to me that tho the the patients wear rags, the owners keep a storehouse of clothing, donated by charity or purchased with allowances, locked up for use only during Health Department inspections. Then, in a grisly version of Cinderella, the patients are returned to their rags when the inspectors leave.

The home is owned and operated by Daniel A. Slader, treasurer of the Metropolitan Chicago Nursing Home Association.

Patient records are a shambles. On some of the eight-hour shifts, no entries are made in their medical records. I was told to fill in the "nurse's observations" at the beginning of my shift, a perilous game of predicting patient conditions hours ahead of time. Medication is handled in the same slipshod manner. I was instructed to throw one man's pills "down the drain," because he had a reputation for balking at his medicine.

My presence on the staff was testimony to the poor administration of a nursing home which receives thousands of dollars every month in welfare payments. After I answered a newspaper ad for nurse's aides, my phony references and job history were accepted without question, apparently because I eagerly accepted a staring salary of \$1.70 an hour. I soon learned why they needed new employes.

The home is so overrun with vermin that at night employes have conceded large sections of the building to the rats. On he third floor, I was told, they barricade themselves in a small area while rats roam around the patients' living area.

But on this night the rats, cockroaches and stench of excrement were momentarily ignored as we frantically tried to bathe the patients in as short a time as possible.

As soon as the man and woman stepped from the bath and shower to face each other in a second embarrassing encounter, my supervisor handed me a dirty pillowcase.

"WE DON'T HAVE TOWELS"

"Dry them off with this," she said. "We don't have any towels."

Still wet, the couple were ordered to get dressed. The man looked in disbelief at the pile of filthy garments and asked, "Put those back on?"

"I haven't got anything else to put you in," the aide retorted.

We bathed one other couple that night before the water turned cold, and used the same pillowcases in a futile effort to dry them.

"I'll have to tear up some sheets to finish the job," the aide finally conceded. She returned with two paper towels, designed for dusting and drying dishes, and we used them on the second couple.

The baths seemed an exercise in futility. The patients survive in squalor; packed together in overcrowded dingy, cheerless rooms in the dilapidated six-story building.

STENCH IS OVERWHELMING

The stench from urine, dirt, and decay is overwhelming. It permeates the building, becoming stronger as you move from the downstairs lobby to the second thru fifth floors, where patients are housed. In some cases they sleep six to a room. I frequently would find myself rushing from a room gagging with nausea from the intolerable smell.

The floors are caked with grime. Peeling paint is picked from the walls and eaten by hungry patients. During a leisure moment a rat scampered across my path.

"The rats play tag with each other here," an aide said. "The roaches run races."

One man is cursed and scolded for habitually dirtying his bed at night, while another is left lying in his own excrement.

"Oh, that ain't nothing to Harry," an aide said when I suggested that we change him. "He's used to it. I ain't going to change him."

A bedridden woman cries out in the night, "Help me. Help me. Oh my God, help me." She had knocked over a bed pan, drenching the sheets and her clothing.

The aide curses her clumsiness. "Goddamn you. You know better than that. You did it on purpose, damn it."

The sobbing woman moans, "I can't help it. You know I can't help it."

Patients get their exercise trudging up and down the stairs. Those who can't eat in the main dining room are herded into the floor's day room hours before the meals are served and are cursed if they dare leave.

"Go back and sit down," an aide yelled at an elderly emaciated woman who wandered into the hall.

"I've been sitting," she responded.

"Well go back and sit down again, damn you," the aide snapped.

Another woman tiptoed out, only to be told, "If you get up once more I'm going to break your head in," and later, "Get your damn - - back in the day room."

The outside temperatures hovered near zero on the three nights I worked.

"Bring all the clothes you have for this shift," an aide warned me. "Sometimes it gets so cold in this place your teeth chatter."

Two rooms on the second floor, each housing four men, have no radiator. The patients have no blankets and are forced to huddle under a sheet or bedspread in an effort to keep warm. In one room sheets are stuffed in a window crack to keep out the cold.

A few lucky patients have nightgowns. The rest go to bed in their underwear or sleep in their clothing.

GARMENTS ARE MAKESHIFT

During the day their garments are even more pathetic. Pants are fastened with safety pins. Threadbare shirts have no buttons. Slips are two pieces of cloth knotted together at the shoulder. Dresses are frayed, and they tore apart in my hands when I attempted to take them off.

"All the new clothing is stored up on the sixth floor," an aide told me. It is brought down when the Board of Health comes and then all the patients look great. When the inspectors go, so do the clothes, right back up to the sixth floor."

On my last day at work I arrived and found the lobby flooded with water. The sewage pipes from all five floors had clogged and a water pipe had burst, I was told. A warning went out on all the floors not to drink or turn on the water because it was unsanitary. The ban lasted three hours.

"This is always going to happen in a place like this," a workman confided. "What they ought to do is tear down the building and start all over again."

His statement came only a day after a nurse's aide made this grim observation:

"I don't know how this place gets past the health department. They don't put any money in here. They just take it out. All I know is I wouldn't put my dog in this dump."

[From the Chicago Tribune, Tuesday, Mar. 2, 1971]

NURSING HOME'S SHAVING TIME BECOMES TORTURE FOR PATIENT

The young man had just begun to mop the filthy floor of the South Side nursing home when he was summoned by a nurse's aide.

"Hold this guy's head or I'll never get him shaved," the aide ordered.

The old man, his body crippled by a nervous disorder that caused his arms and head to jerk uncontrollably, hadn't been shaved in a week. It was a difficult task at best and today it would quickly become an ordeal.

Using only a pan of cold water and a sliver of soap, the aide began hacking away at the whisker growth. She had gathered several old safety razors for the job and as the blood trickled down the patient's face she would discard one and try another.

SEEKS NEW BLADE

Finally, unable to watch it any longer, the mopboy told the aide to wait while he ran thru the home searching for a razor blade that hadn't been used

before. When the ordeal was finally over, the aide added a final touch to the patient's discomfort. She splashed rubbing alcohol over his face in an effort to stop the bleeding.

This is the Monterey-Drexel Home, 4616 S. Drexel Blvd., one of a chain of nursing homes owned by the N-H Management Corp., 105 W. Adams St.

The shaving incident is one of many examples of the kind of care received by thousands of elderly citizens living in warehouses for the dying in the Chicago area.

EXPOSED EIGHT YEARS AGO

Tribune Task Force reporters worked as orderlies, janitors, nurse's aides, and mopboys to document the abuses.

This is the second time in the last eight years that the Monterey-Drexel Home has been exposed for filthy conditions and wretched patient care. The N-H Corp. is headed by Joseph Bonnan, a former aide to Mayor Daley and the man who wrote the city's nursing home code while serving as the mayor's assistant.

The same day that the old man submitted to the shaving ordeal, another aide was discussing the plight of an emaciated man too weak to move from his bed.

"He's supposed to be on a special high protein diet," the aide explained to a reporter employed as a mopboy. "But he gets the same thing everyone else gets."

PATIENT GIVES VIEWS

Another patient, one of hundreds dumped into private homes in an effort to reduce the patient load at state mental hospitals, discussed his problem this way:

"I wish I was back there [Kankakee State Hospital]. They don't care here. You come here all messed up, you're gonna stay messed up. They don't pay no attention to you."

His conclusions tragically parallel the administrator of Monterey-Drexel.

"We're not going to help them [the patients]," she said. "I don't worry about them. I just want to keep myself out of here."

HOME IN PALATINE

At the Bee Dozier Home in Palatine, an old farmhouse that houses up to 40 patients, a reporter working as a nurse's aide made the mistake of attempting to change the bath water after every patient.

"Don't do that," a male orderly cautioned. "I just let a little bit out and add a little clean hot water to warm it up a bit. This ain't the Savoy dear. It's the Workingman's Palace and we don't do that." The Workingman's Palace is one of Skid Row's largest flophouses.

The orderly then poured a single pitcher of clean water into the tub and used the dirty water to give two more patients their weekly bath.

MANY ALCOHOLICS USED

The male orderly was one of dozens of Skid Row alcoholics who make up the major labor force at the Dozier home.

Recruited from a West Madison Street flophouse by a maid who receives a kickback for every derelict, the men are sent to the Northwest suburb by train and then ride a cab to the nursing home. They must stay at least 30 days and work as orderlies, nurse's aides and cooks. During two of the three shifts in the home they are the only employes in charge of patients.

The only nurse at the home explained that before she was hired a year ago one of the derelicts was performing all the nursing duties. She said the same employe who gave the baths had been banished to the laundry shack recently after he was caught stealing drugs prescribed for the patients.

SCRIMPING ON FOOD

The home also features one of the most unusual diet items uncovered during the investigation. In order to scrimp on the food budget, the head nurse explained, the management purchases such items as canned pineapple cores

instead of the more expensive pineapple slices. The cost cutting scheme apparently backfired, however, when the employes couldn't eat the so-called fruit and a blender failed to pulverize it.

At the Park House, 2320 S. Lawndale Av., which describes itself in a brochure as "Chicago's newest, most modern convalescent, retirement and nursing home," the weekly bath became a horrifying experience for a 91-year-old patient.

Two nurse's aides were attempting to make the patient sit down in the bath tub despite his pleas to "slow down, I can't bend my legs this fast."

AIDE SLAPS PATIENT

One of the aides responded with a sharp slap across the face and the old man cried out in pain.

Another aide slapped a patient who objected to the way he was being shaved.

The home is infested with cockroaches and puddles of urine are allowed to dry on the floor. No effort is made to provide special care for patients unable to control their body functions.

One aide, who has worked in a number of other nursing homes, said it was the first home she had seen where such patients did not receive extra care. Instead, she noted, "they have the patients' bare buttocks against the chairs. These people are usually kept in some kind of diapers, but they don't do that here."

One subzero morning at Park House, a senile woman managed to make her way into an outer hallway where the temperature hovered around freezing. She was shaking uncontrollably from the cold. When the maintenance man called her plight to the attention of an aide he was told:

"She'll come in when she gets cold enough."

CLEAN FRONT HALLWAY

The home's claim to being the city's most modern is apparently based on the care given to the front hallway and several selected rooms. George Smith, the administrator, insisted that particular attention be paid to areas of the home that might be seen by visitors.

"Take special care of these front two rooms, my office and this hall," Smith told a mopboy. "You know what I mean, anything that people will see when they first come in, we must keep it very clean."

The Beacon Hill Nursing Home, 4530 N. Beacon St., also restricts its sanitation demands to the front hallways. While the first floor glistens from repeated mopping and waxing, the second floor is constantly filthy and includes chipped and cracked toilets and toilet seats, plumbing pulled loose from the walls, and in one bathroom a toilet jarred loose from the floor that floods the entire room every time it is flushed.

OWNER EXPLAINS PROCEDURE

The most helpless of the patients are kept on the second floor, the owner pointed out, "so they don't smell up the first floor."

In a day room a very old woman is ignored completely and spends hours each day slumped forward in a chair with her head against her food tray. She had been in this position so long that a large circular sore has opened on the tip of her nose.

Patients, including an elderly diabetic, frequently complain that they don't receive their medication. The nurse's aide assigned to the floor occupied by the diabetic said she refuses to give him his insulin because "it scares me to stick needles in people."

TRIES TO GET MEDICINE

In another case, a woman cried out for hours in an effort to tell someone she hadn't received her medication the night before or that morning. She was told to shut up by several aides, but persisted until the chief nurse told her:

"You got along without your medicine last night, you can get along without it today."

PILLS FOUND ON FLOORS

The nurse then noted that the woman had not received her medication the previous night because someone had gone home with the keys to the medicine cabinet. Sometime later the nurse told an aide to give the still complaining patient her medication.

"What's she get?" the aide asked.

"Oh, a white one, a yellow one, and a black one and green one," the nurse answered.

Several days earlier, while mopping the floors at Beacon Hill, a reporter hired as a maintenance man discovered a pill on the floor where it had been tossed or dropped into a puddle of urine. He picked up the pill and complained to an aide that he was finding pills on the floors thruout the home.

The aide took the pill, walked over to the medicine cabinet, and dropped it inside a pill bottle to be used again.

At the Whitehaven Acres Nursing Home, 1505 Greenwood Rd., Glenview, and the Kenmore Nursing Home, 5517 N. Kenmore Av., investigators noted pill swapping by aides at medication time. One patient runs out of medication, the medicine prescribed for another is used. At Whitehaven the cook dispensed medicine.

THROW PILLS AWAY

At the Melbourne Nursing Center, 4621 N. Racine Av., the aides throw away pills if a patient has a reputation for balking at taking his medication.

Neither is any effort made at Melbourne to maintain accurate records of day-to-day progress or problems of the patients.

The licensed practical nurse in charge of the shift was aware of the practice and cautioned the employes to also enter a time for their observations, pointing out that "these are legal documents. If anything should happen and you get pulled into court on them, they are the only way you can prove it didn't happen on your shift."

"NOBODY WORKS TOO HARD HERE"

By William Jones

It is called the Kenmore House Nursing Home and it is a reminder that for many of our elderly poor the golden years are a cruel trick filled with dreary, smelly rooms, incompetent staff and meals consisting of table scraps.

I worked at Kenmore House and the filth is everywhere.

The stench first hits an outsider at the basement level entrance and gets worse as you ride a rickety elevator to the upper floors of the converted transient hotel. One of the most foul-smelling rooms on the fourth floor, occupied by three elderly men, is directly across the hall from the dining area. The stench from the room is so strong that it carries into the dining area.

BEGINS WORK AS MOPBOY

The floors in some of the rooms are so filthy that the day I began work as a mopboy my efforts to mop the floors created muddy swaths across the cracked tile floors. In another room, where the bathroom window was broken and replaced with clear glass, the patients have taped an old bath towel across the window to afford a degree of privacy.

The home has been the target of numerous city health department complaints in the last year, yet continues to receive more than \$250,000 a year from public aid for patient care.

I obtained the job after an interview with the administrator, Rabbi Benjamin Cohen, who made no secret of the fact that he was not happy with my out-of-town work experience.

QUESTIONS CREDENTIALS

"You have no roots, you just wander around," Cohen said. "How can I check you out? I can't hire you without any references. I'm in trouble now with the Board of Health now because I hired a guy without checking him out and he started roughing up the patients."

I insisted I was willing to work for less than \$2 an hour, however, and a week later Cohen decided to take a chance.

"This guy says he wants to work as a maintenance man," Cohen told his head houseman. "You talk to him. He seems a little eager to me."

William Recktenwald, a Better Government Association investigator, also applied for work as a janitor and apparently made a better impression, despite similar phony references.

"This is a nice young fellow," Cohen told his director of nursing. "Let's make him a nurse."

"We can't make him a nurse," the nursing director responded. "He has no training. He couldn't dispense medication without training."

"He's a nice personable young man," Cohen said. "Make him a nurse and he can dispense medication. I'm sure he can catch on quickly."

The next day Recktenwald was given a set of keys to the narcotics and medicine cabinets and worked the next two days as a nurse.

My own introduction to work as a mopboy was handled in a slightly different manner. On the day I reported for work, another houseman who was washing his underwear in the basement was told to show me the ropes. It was his day off and he was still drunk from the previous night.

As we moved from floor to floor I found my fellow worker walking into walls and cursing his bad fortune at having to spend even a minute of his day off showing a new man around.

"If you see something laying around sweep it up," I was told. "You know, just look busy. Nobody breaks their——around here. Do you drink?" When I responded that I did on occasion he said: "Well, I've got a bottle down in my locker and I better get to it."

With that he disappeared and I was left to clean the fourth floor. No disinfectants are used in cleaning the floors or toilets and the head houseman related that such chemicals only streak the floors.

My pail of mop water had turned black by the time I had completed the first room. Linen and blankets are grimy and the wastebaskets in each room are so dirty they resemble garbage cans.

PILLS FALL ON FLOOR

During my chores on the fourth floor I also observed a nurse's aide preparing the mid-morning medication. She stood in front of a medicine closet with a variety of pills scattered at her feet where they had been dropped and never retrieved.

As she prepared each dosage I noticed a unique cost-cutting device. She was reusing several crumpled wax paper pill cups stashed in the bottom of the medicine cart with no apparent knowledge of who had previously used the cups.

It was not the first cost-cutting scheme uncovered at Kenmore. While Recktenwald worked as a nurse, he also helped feed the patients. One night, when the evening meal had been sent to the 37 patients living on the second floor, it quickly became apparent that there would not be enough to go around.

SOLVES MEAL PROBLEM

A licensed practical nurse working with Recktenwald said this happened frequently. Then she and Recktenwald began gathering the trays of those who had finished eating and set about solving the problem.

All of the leftover steamed cabbage and noodles on each tray were scraped onto new trays and fed to other patients. What they didn't eat was again scraped onto fresh trays until the evening meal was completed.

When Recktenwald returned to the home a few days later a nurse was complaining about large quantities of narcotics missing from the drug cabinet. This was her solution to the problem:

"The drug and narcotic records are all messed up. We have big shortages on some of the narcotics. He [the administrator] had better get that pharmacist over here to phony up the records. I'm not going to get in trouble for this."

[From the Chicago Tribune, Wednesday, Mar. 3, 1971]

REGULATIONS FAIL TO AID "LIVING DEAD"

They describe themselves as the living dead, people who spend the final days of their lives eating, sleeping, staring and, finally, dying.

They are the victims of a multimillion-dollar nursing home and shelter care boom in the Chicago area that has mushroomed beyond the control of city and state health officials.

Volumes of regulations have been written about controlling this industry in Illinois, but they are not enforced because the elderly poor who exist in these warehouses for the dying have no voice. Their lives are controlled by those who profit from these warehouses and they are tragically aware of it.

JUST EATS AND SLEEPS

"I don't do nothing all day because there's nothing to do," said an elderly patient at the Winston Manor Nursing Home, 2155 W. Pierre Av. "I don't think about nothing because there's nothing to think about. I just eat and sleep, just like an animal."

The patients beg at Winston Manor. They beg for food, for coffee, for help with their wheelchairs and in some cases they beg to maintain their dignity. They stripped one old man of his dignity one morning at Winston Manor as he begged for help to get to the bathroom.

His bed was directly across the hall from the nurse's aide desk, but they ignored him and continued their gossiping. Finally, unable to control himself, the man gasped and relieved himself on the floor.

Then he stood staring as the group of aides laughed hilariously while one aide giggled and sprayed the air with a cheap aerosol deodorant.

"See, he wanted someone to help him, but no one came," a nurse told the aides.

"WE'RE LIVING DEAD"

"We are the living dead," said an elderly tenant of the Golden Age Home, 4542 N. Malden St., where residents apparently are shifted about from home to home to comply with city codes. "Look around at these people. We're all worn out and we just keep on living. We would be better off dead."

The home has a history of operating without a license and was fined \$100 in 1968 for refusing to permit a Chicago Board of Health inspector inside. It was fined \$100 the same year for operating without a license.

A city health inspection yesterday showed only 12 residents in the home, and only 2 who required shelter care. Under health department rules, 3 persons must require care before the board has jurisdiction.

NURSE DENIED ENTRY

The inspection was completed only after a public health nurse was refused entry and her supervisor went to the address two hours later. No charges were filed against the home, however, for refusing permission to enter.

A reporter who worked in the home and bathed patients counted nearly 20 occupied beds during his employment at Golden Age.

The reporter was hired at another home operated by the same owner at 856 W. Buena Av. During the interview, the owner, Mrs. Peggy Johnson, said she also operated nursing homes in Alabama and Florida and the Chicago homes had been neglected while she was in the South.

TOILETS FROZEN

She said vandals had broken into the Buena home and before the windows could be replaced the toilets upstairs had frozen. She also warned that portions of the front of the Malden Street home had been closed for the winter because of electrical problems and "we have people stacked on top of people."

She said she closed off the front after smoke started coming from electrical outlets and that the area would remain closed until her son has a chance to repair it in the spring.

The walls and floors are filthy in the Golden Age Home and portions of the ceiling in a room occupied by three residents appears ready to collapse.

STAFF COMPLAINS

A reporter employed as a maintenance man at the Approved Home, Inc., 909 W. Wilson Av., learned that the former maintenance man had been fired for a variety of offenses, including alleged sexual attacks on former mental patients.

The staff at Approved Home complained of conditions in the former transient hotel and one nurse's aide said she was "sick and tired of finding rats and cockroaches in the linen room every night."

"Well I wrote two checks to take care of that, but they [the management] voided both of them," said the assistant administrator.

The cook had this comment about some of the food delivered one morning: "This lousy food they send over here. It's the stuff they can't get rid of anywhere else. I don't know why they even bother to order it."

Living quarters for the 79 residents, most of whom are former mental patients, are on the second and third floors. Recent efforts to replaster the ceilings on the second floor left the place in a mess, with plaster splattered over furniture, floors, mirrors, shades and the luggage of residents.

At the Maple Nursing Home, 4743 W. Washington Blvd., one of the owners told a reporter applying for work that the home has operated for two years without a license because of health department charges. She said the case is in court and the home will remain open at least until the case is settled.

PHYSICAL TAKES MINUTE

Nor is any attention paid by many homes to requirements under the city ordinance that all employes be free of communicable diseases. A reporter hired at the Austin-Congress Nursing Home, 901 S. Austin Blvd., was given a physical examination that took less than a minute. It consisted of another employe looking into his eyes and reporting to the head nurse, "There's his physical; he passed."

The reporter was hired as an orderly, performed nursing duties, and at one point was asked by a doctor his diagnosis of a patient's illness and what medication should be prescribed. The reporter said he didn't know.

The Austin-Congress charges a flat fee for providing shelter and food, but everything else is extra, according to staff members. This includes additional charges for wheelchairs, diapers for those who can't control their body functions and physical therapy.

WOULD RATHER BE DEAD

Patients spend their day roaming the halls muttering, "I'm hungry, I'm starving." Another man had tears in his eyes as he shuffled across a room pushing a chair ahead of him for support.

"I would rather be dead than suffer like this every day," he said.

Another woman explained that only her strong religious belief enabled her to endure.

"You haven't seen real misery and real suffering until you've been in one of these homes," she said. "Some of the people just lose their minds. A while back I thought I would go crazy in here. I would shut my eyes and see faces snarling at me. But I have something, I have religion, faith in God—that pulled me thru."

CRIPPLED AND ELDERLY PATIENTS ABUSED IN NORTH SIDE HOME

(By Philip Caputo)

The toothless old woman, her shoulders bent by age and disease, stood in the kitchen doorway staring at two nurse's aides drinking coffee.

Her request was a simple one: she wanted a cup.

"Well, you can't have any," one of the aides responded.

"Why not?" asked the woman, her arthritic hands clutching a metal walker.

"Shut up, frog mouth; we're runnin' this kitchen," the aide snapped. The woman stood expressionless for a moment, then shuffled away to her room.

90-YEAR-OLD KICKED

It was 7 a.m. in the Beacon Hill Nursing Home, 4530 N. Beacon St., where I worked as a maintenance man. The verbal abuse inflicted upon this helpless woman was mild compared with the other mistreatment the 33 patients in the home suffered at the hands of the staff.

Before my brief stay was over, I would see a 90-year-old cripple punched and kicked for brushing a diseased foot against the uniform of an employe. I would also observe two aged women reduced to the depths of degradation as they screeched and clawed for possession of a tattered blanket after a winter night without heat.

I would see roaches scurrying across floors that were crusted with accumulated filth, smell the persistent stench of human waste, hear the hysterical cries of former mental patients who lived in the home amid the elderly, and I would feel the touch of an old woman's trembling hand as she begged me to sweep her out of the place.

"SWEEP ME AWAY"

Her poignant plea was made on my first day as I was cleaning the floor. "Go ahead, sweep me out of here," she said. "Sweep me away. I don't care. It's more than I can stand."

Most Americans will recall Feb. 5 as the day Apollo 14 landed on the moon. The patients in Beacon Hill will remember it as the day the boiler ruptured and near-zero cold, driven by gale-like winds, pierced the walls of the decaying building.

Thruout the day, the words, "I'm cold, I'm cold," echoed down the gloomy halls of Beacon Hill.

WRAPPED IN SWEATERS

Wrapped in threadbare sweaters, in worn blankets and shabby coats, many of the patients huddled silently in dim corners.

A 60-year-old man named Monroe sat in the second floor TV room watching the moon landing.

"Well, there they are," he said. "What the hell are they doing up there? What good does it do for us? We need money for schools, for the poor, for places like this."

Monroe asked me to find Morris Weintraub, the administrator, and tell him to turn up the heat. Neither the patients nor I knew at the time that the boiler had ruptured during the night.

HELPLESS ON FLOOR

"Tell him we're freezing. The heat was off all last night. It could kill some of these people," Monroe said.

As I anxiously searched for the administrator, I heard an elderly woman recount her own night of agony as she lay helpless on a cold floor. She complained to a companion:

"The window in my room slipped last night and all that cold air was coming in. I got up to shut it, but I slipped and fell and couldn't get up again. I called for a nurse, but one didn't come for the longest time. I don't know how long I was on that floor."

Then she broke into sobs: "Oh, God, oh God, oh God, I'm so sick of it."

STRUGGLE FOR BLANKET

In another room, a woman accused another of stealing her blanket. "It's my blanket, you stole it," she screeched. "No, it isn't. I found it on the floor," shouted the other. They started struggling for the blanket.

A nurse's aide entered and mediated the dispute with curses and threats. "Shut your damned mouths, both of you," she shouted. "If you don't shut up this minute, I'll take all your blankets away and you both can freeze!"

The women kept yelling and the aide reached into her pocket and brandished a drug-filled syringe. "Now you gonna shut up, or do I have to jab you with this!" she yelled. The women cowed, sobbing, "Yes, all right, yes."

When I finally found Weintraub, he dismissed the lack of heat as a problem that would be solved later in the day and insisted that I turn my attention to waxing the front hallway. His obsession with the appearance of the front hallway stemmed from his fear of the City Health Department.

"Forget the rooms," he told me on more than one occasion. "The lobby and [front] hall are the first thing the health department will see if they show up."

Later the same day, I saw a 90-year-old man suffer the indignity and pain of physical punishment, administered by a young nurse's aide. The man was senile and confined to a wheelchair.

As the aide was placing a slipper on his infected foot, he accidentally brushed her uniform with his foot.

KICKS HIM ON LEG

Calling him a "no good bastard," she kicked him on the leg and punched him in the shoulder. The man cried out, and the aide barked ". . . you, you do that again and I'm gonna beat you."

The aide did not stop there. A short time later, after the man had involuntarily urinated in his pants, she called him a series of vile names, then left him to sit in his own waste. Another nurse's aide threatened to hold his pant leg out the window until it froze.

Perhaps the one statement that best expresses the attitude of the staff at Beacon Hill toward the elderly and mentally ill came during my final hours of employment. As I was about to leave one afternoon, the director of nursing made this observation:

"I wish they'd just get these patients out of here. They're the most disgusting people I've ever seen."

[From the Chicago Tribune, Thursday, Mar. 4, 1971]

AS "PATIENTS," PROBERS LEARN ORDEAL OF NURSING HOME LIFE

(By William Jones)

The shabbily dressed, grayhaired man stood silent in the front hall of the dingy West Side nursing home.

He had only been in the home a few minutes, but the smell and physical decay of the ancient structure provided a grim preview of what he would live thru for the next 24 hours.

"It's nothing fancy," an administrator told the members of his family as she wrote out a receipt for \$30. "Just think of it as a hotel."

THEN HE'S ALONE

Then the family was gone and the seemingly confused and senile man was alone.

The same day, on the Northwest Side, a young man whose relatives claimed he was mentally retarded, was left in another nursing home. During his stay he would be served meals in a dining area where the stench of human wastes made his eyes water.

These experiences are not unusual. This is what thousands of elderly poor and other helpless persons experience in substandard nursing homes in the Chicago area.

BOTH INVESTIGATORS

What is unusual in these two cases is that both patients and their "families" were members of a Tribune Task Force and Better Government Association team that spent six weeks investigating every phase of nursing home operations.

In addition to working in nearly 20 homes, investigators and reporters posed as patients to find out how patients are treated. In a period of less than 24 hours, the investigating team placed four persons in four different homes.

In each case, it took less than 15 minutes to place the patient. The only thing owners or administrators asked was that the families pay in advance. Once that transaction is out of the way, in some cases they will accept a patient even tho they do not know his age, address or where his family can be reached in an emergency.

ACTED BY B. G. A. CHIEF

In the first case the seemingly senile gray-haired patient was George Bliss, acting executive director of the B. G. A., and his home for a day was the Fullerton Convalescent Home, Inc., 1400 W. Monroe St. He was placed in the home by Reporters William Jones and Pamela Zekman, who posed as his family. They said Bliss was confused and could not be left alone.

Bliss remembers his experience as the "most depressing I can ever remember. Most of the patients seemed aware that they were brought to this home to die."

The young man posing as a mentally retarded patient was Philip Caputo, a Task Force reporter who also worked in nursing homes as an orderly and maintenance man.

CAPUTO'S STORY

Caputo summed up his experience at the Winston Manor, 2115 W. Pierce Av., this way:

"This experience showed in the most emphatic way how someone with a normal mind could, in a short time, become a near vegetable. Over and over again I heard [elderly] patients ask nurses what time it was and then express disappointment if it was earlier than they had hoped."

Others admitted as mentally retarded patients were William Recktenwald and William Hood, both B.G.A. investigators. Recktenwald spent his time in the North Shore Rest Haven, 7428 N. Rogers Av., and Hood was a patient at Belmont Rest Home Inc., 1936 W. Belmont Av.

SENSE OF DEPRESSION

Bliss noted that a sense of depression came over him when he was taken to his room on the second floor.

"The walls were in need of paint and there was debris piled between furniture and the walls and radiator," he said. "The only place to hang clothes was a battered metal locker with the doors secured by a bent clothes hanger.

"The second floor community bathroom was so filthy that I was unable to make myself use the wash basin. A pile of bones had been thrown on the floor near a locker and an old wine bottle was under the sink."

MEAL-TIME HORROR

Caputo vividly remembers the day room where patients spend most of their time and are served meals at the Winston Manor.

"I sat in the room with about 25 other patients, most of them elderly and confined to wheel chairs. There were puddles of urine and feces stains under several patients, but there was no effort to clean up or change the patients' clothing. The stench was so strong that my eyes began watering."

At meal times, Caputo said patients begged for more food while nurse's aides stuffed their pockets with cookies. He also saw a woman in a wheel chair call for help to get to the bathroom. She was ignored.

"SHREDDING HER DRESS"

"The woman then began shredding her dress until she was naked, all the while crying in broken English and Polish for someone to help her," Caputo said. "She cried for an hour and a half. No one came to help her until her son arrived for a visit and noticed her condition."

The son reprimanded the nurse; only then was the woman wheeled away to be changed.

Dinner at the Fullerton the night Bliss was there was chicken soup, sausage and beans. Bliss ate sparingly because "the eating utensils appeared dirty and I was wary of using them."

COBWEBS ON WALLS

Recktenwald remembers the North Shore Rest Haven as a place where there are cobwebs and filth on the walls and a woman patient screamed for help for hours. Nobody responded.

"Thruout the evening I heard the screams of a bedridden patient, a woman of about 75," Recktenwald said. "She was in a bed with rails on the sides to keep her from falling out and had become wedged between the rails and the

mattress. She screamed for help for almost three hours and I never saw anyone go to her aid."

Perhaps the most poignant observation by a task force patient during the investigation was made by Hood. He listened one evening to a conversation between two old women in the Belmont Nursing Home.

"Every night when I go to sleep I pray that I'll die so that I don't have to wake up here in the morning," one woman said.

The other woman answered: "Yes, if I had two legs I'd walk out of this place."

[From the Chicago Tribune, Friday, Mar. 5, 1971]

NURSING HOME INVESTIGATORS CITE EXAMPLES OF GOOD CARE

Henry Mermelstein has operated nursing homes for the last 20 years under this simple philosophy:

"I will not put a patient in a bed that I wouldn't lie in myself. I will not feed a patient a meal that I wouldn't eat myself. And I won't hire a person I wouldn't let care for me if I needed help. I spent time in a concentration camp and I know what it is to be abused and hungry."

TASK FORCE TARGET

Mermelstein, 48, and his wife, Louise, own and operate the Balmoral Nursing Home, 2055 W. Balmoral Av., one of nearly 20 nursing homes where Tribune Task Force reporters and Better Government Association investigators worked undercover as nurse's aides, maintenance men and mop boys. At most homes, they quit in disgust after several days of observing patient neglect and abuse.

But the report on Balmoral, where a reporter worked as a nurse's aide, is one of several examples that good nursing home care is available at a reasonable cost.

"A chain of nursing homes cannot provide good care," said Mermelstein. "I still spend 12 to 14 hours a day in this one home to make sure everything is going properly. You can't own a chain and depend on hired help to run the place. When these chains get into trouble and go broke the owners are still rich. It is the public that has gone broke."

A STARK CONTRAST

His attitude is in stark contrast to those of operators of other nursing homes, many of them part of a chain, where reporters were hired and left in charge of entire homes or floors less than 24 hours after they began work.

The three-story Balmoral Home houses 195 patients. It operates below capacity because patients are not accepted if there is not enough help to provide proper care, said Mermelstein. The reporter who worked as a nurse's aide made these observations her first day on the job:

"I reported for work at 7 a.m. and helped distribute breakfast—a bowl of oatmeal, buttered toast, egg, milk and coffee. Most of the patients were bed-ridden and were helped in changing their clothes and with general grooming.

SHOWS IMPROVEMENT

"One woman, unable to move one of her arms when she came to Balmoral, showed her daughter how much progress she had made and was able to move the arm very well.

"The rooms are pleasant and each one has a bathroom, a large closet, nightstand and modern hospital bed. During the day I saw several maintenance men scrubbing and then waxing the floors. There is no odor in the home and all of the rooms have cheerful curtains and bedspreads."

Mermelstein said his staff includes 9 registered nurses, 8 licensed practical nurses and 50 nurse's aides, who attend classes three times a week at their employer's expense.

"We emphasize good skin care, disaster plans, lifting and moving a patient properly and anything else we feel is necessary for our aides to know," said Mermelstein. He said the home charges \$450 to \$540 a month depending on the care needed. About 10 per cent of the patients are public aid recipients.

The Balmoral Home is a dramatic contrast to the Bee Dozier Nursing Home in suburban Palatine where the same reporter worked as a nurse's aide. In the Bee Dozier Home, the only nurse on the staff confided that patients are only brought to the dining room when a health inspector is present.

All orderlies and other aides in the home are hired thru a Chicago skid row hotel where a maid gets a kickback for sending new employes to the home by train.

REPORTS MEDICINE CACHE

The nurse at the Dozier Home also confided that the owners have accumulated more than 50 bottles of medication prescribed for patients who since have died. The medicine is given other patients who are overcharged as much as 100 per cent for the medication, said the nurse.

"I always hide these bottles when the inspectors come around," she said.

At the Royal Oak Nursing Home in Oak Park, a B. G. A. investigator worked as a maintenance man and found the home "as clean or cleaner than any hospital I have ever been in."

WATCHES MEAL SERVICE

"I also had a chance to observe both the morning and noon meal trays," the investigator reported. "The carts which I used to deliver the meals are interesting themselves. They have their self-contained heating and refrigeration units to insure that each patient receives warm food, hot coffee and cold milk.

"Patient care appears to be excellent. Even patients who are advance senility cases wear clean clothes and disposable diapers."

The same investigator also worked at the Kenmore Nursing Home, 5517 N. Kenmore Av., where fees for patient care begin at \$350 a month. He said that Kenmore patients are fed table scraps to make sure there is enough food for all.

The B. G. A. investigator was hired as a nurse by the Kenmore Home when he applied for work as a janitor.

[From the Chicago Tribune, Saturday, Mar. 6, 1971]

REPORTER SEEKS ORDERLY JOB, HIRED TO RUN NURSING HOME

(By William Currie)

REPORTER "DIRECTS" HOME

It was his first day on the job, and the young nursing home administrator paced the floor in front of his desk.

He had a problem, and he knew it. He was utterly incompetent for the task of administering care to 31 helpless old people, many of them crippled and senile, who lived in the South Side nursing home.

Less than 72 hours earlier, he had walked into the converted mansion at 6522 S. Harvard Av., and asked for a job as a houseboy or orderly.

Those positions were all filled, the stranger was told, but the home did have a problem with the Health Department, which requires every nursing home to have an administrator. Would he be interested in running the place?

"Well, sure," the job applicant stammered. "I never really thought of being an administrator, I don't have that kind of experience."

A phone conversation with an absentee owner followed. Then, over lunch with him in an expensive Loop restaurant the next day, the applicant became an executive in Chicago's rapidly growing empire of warehouses for the dying.

"The Health Department says we have to have an administrator," the owner said. "I don't get there much myself. I don't like to go down there. It's a bad neighborhood.

"The plumbing, quite frankly, is horrible. Now don't let anyone in who cannot identify themselves. Sometimes reporters try to get into these places and find some scandal. Can you begin tomorrow?"

That was it. No background check. No minimum qualifications. Just walk in off the street and begin to direct the lives of 31 helpless individuals.

It was a frightening responsibility. I know, because I was that new administrator of the Howard Nursing Home.

"I don't know if the Health Department will bother a little place like ours," the part-owner, Melvin Ross, had told me in our first phone conversation.

Ross and his associates also own the Stewart Nursing Home, 6710 S. Stewart Av. Ross spends his days selling cameras in a Loop store.

MOMENT OF PANIC

My first day at work brought a moment of panic when a city public health nurse arrived for an inspection. I prepared myself for a thoro grilling, well aware that I knew nothing at all about health care and had not taken the required medical tests. When I told her that I planned to take the tests soon, she replied:

"That's okay. If people show good intentions, I give them time."

One of her concerns on that visit was Ross' earlier failure to hire an administrator. He had not been granted a 1971 permanent license because of the violation. Noting my presence, she marked the violation corrected and asked me to sign the inspection report.

"NO PLACE ELSE"

For the next few hours, the inspector chatted and leisurely filled out her report. She pointed out reasons why the home can never hope to comply with state codes governing the nursing facilities. But she also concluded that the code could never be fully enforced because "the state has no place else to put these people."

"I'd hate to think of one of my loved ones laid out in such dreary places," she said.

I spent much of the two days studying patient records and talking with them, an act that aroused the suspicion of the head nurse, who had doubled as administrator. On the first day, she confronted me and accused me of being an investigator or a student working on a thesis.

She immediately called Ross and informed him of her suspicions: "I can tell by the way he goes thru those records."

I managed to talk my way thru the incident until Ross discussed the matter with his associates the next day.

The next day, which was to be my last, I asked the head nurse about several hundred letters addressed to patients from Medicare. They were stuffed in several office drawers unopened.

"The doctor told me they don't mean a thing," she responded. "I usually throw them away."

TOLD TO LEAVE

That night, Ross told me I would have to leave because of the apparent "personality conflict" with his head nurse. The next day, he called again to chastise me for being too nosy about patient records and suggested I avoid being so aggressive in my next job as an administrator.

When I mentioned one patient's case history to him, saying I thought it only natural that an administrator take an interest in the patients, he said:

"Who? I don't know him. I told you, I don't get there very often."

The patient had been there for two years.

NURSING HOME PATIENT KILLED

George Smith, 54, a resident of the Howard Convalescent Home, 6522 S. Harvard Av., was shot to death last night near the home as he was returning from a walk. Detective Thomas Quinn of the Brighton Park homicide unit said Smith apparently was the victim of a robbery. He was shot in the face and chest in front of 6520 S. Harvard Av. Police said his wallet was missing and his pockets were empty of money.

Quinn said Smith often took a stroll in the neighborhood before he returned to the home for the night, where he had been a resident for two years. The home was the subject of an investigation by the Tribune yesterday after the owner of the home hired a reporter off the street to serve as the administrator of the home.

[From the Chicago Tribune, Monday, Mar. 8, 1971]

SOME NURSING HOMES JEER AT LAW

(by William Jones and Philip Caputo)

Substandard nursing homes in the Chicago area have a remarkable survival record.

Despite long lists of public health violations reported by state and city health inspectors, they continue to have their licenses renewed each year, even after they have ignored second, third and fourth warnings to clean up their operations.

In other cases, where enforcement action has been taken, the nursing home owners have gone to court and continued to operate for years while family complaints and health charges awaited a hearing before a judge.

One south suburban home was given 10 followup inspections in an effort to get a passing mark from health inspectors. Its license finally was revoked, and it lost its status as a nursing home. One month later, the license was reinstated—with no record that the owner had corrected a single violation.

FIND DOZENS OF CASES

The Tribune Task Force, working in cooperation with the Better Government Association, uncovered dozens of such examples in city and state health records.

The case histories of two nursing homes like these underscore the problems faced by health enforcement agencies and those inspectors who are making an effort to upgrade homes for the elderly.

State public health records show that Largent's Convalescent Home, 4323 W. 147th St., Midlothian, first came under criticism from health inspectors in 1950. For the next 10 years, state files show that the home was repeatedly in violation of nursing home codes. In recent years, the home has had the following series of run-ins with inspectors.

FOOD VIOLATIONS REPORTED

March 3, 1967—A county inspector listed 14 food service violations and recommended that the home not be relicensed. The inspector noted: "This home has continued to deteriorate during the past year . . . there is a strong odor of urine, a lack of organization and qualified personnel and a lack of respect for human dignity."

May 4, 1967—The owner, Mrs. Fern Largent, was told by the state public health office to correct the violations. She also was ordered to hire an administrator.

July 7, 1967—The home hired an administrator, but there is no record that any of the violations were corrected. The home was relicensed by the state.

QUESTION STAFF SIZE

March 14, 1968—A county inspector noted that despite her confinement to a wheel chair, Mrs. Largent continued to act as director of nursing. Apparently in an effort to show a larger staff, employe lists carried one person twice and another who had quit. The home was not recommended for relicensing.

June 5, 1968—A reinspection showed that all violations had been corrected. The home was relicensed.

April 10, 1969—A county inspection indicated that the administrator hired in 1967 was not a high school graduate and therefore in violation of the nursing home code. Nine additional nursing care violations were found, and an inspector again recommended that the license not be renewed.

ORDERS CORRECTION

May 1, 1969—Mrs. Largent was notified that she must correct the violations.

June 10, 1969—A followup inspection revealed 10 violations and the Medicare division of the County Health Department refused to grant a license. The same month, another inspection by the county concluded with an eight-page report of violations in all areas. A recommendation was made that the license not be renewed.

Nov. 12, 1969—An inspector noted in his report that the home had been operating since June, 1969, despite nine inspections and reinspections. Mrs. Largent was given a 10th warning to comply.

Dec. 24, 1969—The state fire marshal discovered several fire violations.

FIND NUTRITION FAULTS

June 7, 1970—A county inspector noted numerous nutrition violations and recommended that a new license not be issued. There is no record that a 1969 license ever was issued. This report also shows that on last March 25 and May 11, the home failed its sanitation and nursing inspections and in both cases the inspector recommended that the license not be renewed.

July 10, 1970—The home was again instructed to correct its deficiencies. The owner also was encouraged to send her unqualified administrator to nursing home administration seminars.

REDUCED IN STATUS

Dec. 13 1970—A report from another inspector informed the Health Department that the home had failed its nursing inspection two years in a row. It also had failed its building inspection, and the home was ordered reduced from a skilled care facility to a shelter care home.

Jan. 11, 1971—The state fire marshal listed 17 fire violations described as "hazardous and dangerous."

CONDITIONS UNCHANGED

Jan. 21, 1971—Six weeks after it was ordered to stop accepting skilled care patients, Largent's again was relicensed as a skilled care facility. There is no record that any of its nursing, building, fire or nutrition violations have been corrected.

William Hood, a B. G. A. investigator, worked undercover in the nursing home in February and reported that conditions have not improved. Three dogs and four cats, all pets of the owner, have the run of the building and Hood found rodent manure in open food boxes in the kitchen storeroom.

One old man who can't control his body functions was yanked from his chair by a nurse's aide who stripped off his clothing in front of five other patients as the elderly man clung to his walker.

The case of the Ridge Manor Convalescent Home, 5888 N. Ridge Av., followed a different pattern.

HOME CHANGES NAME

Two license revocation actions and nearly four years of complaints, hearings and court actions have failed to close its doors. It is still operating, under the name Senn Park Nursing Center. The case began in January, 1968, when the complaint of a Northwest Side woman was brought before the license revocation board of the Chicago Board of Health.

Mrs. Jean Dimpfl, 4454 N. Central Park Av., testified that her father, Rice C. Cambó, 83, died in Grant Hospital as a result of the treatment he received at the nursing home. She also charged that her father had been moved from the home without family approval by Dr. William Becker.

GUILTY ON ANOTHER CHARGE

Becker, who regularly treated patients in the home at the time, was suspended as a nursing home inspector in 1956 when the State Public Aid Department charged him with receiving thousands of dollars in kickbacks from drugs sold to the state for use in nursing homes.

Becker also pleaded guilty last year in Federal District Court to seven counts of fraud in an ambulance-chasing racket and was placed on two years' probation.

Testimony by witnesses during the Board of Health hearing indicated that Mrs. Dimpfl's father was thrown against a wall by a nurse's aide after he attempted to leave his room to get a cup of coffee. He was knocked unconscious, and within a few days an arm become swollen and infected, according to the testimony.

Mrs. Dimpfi said she then made arrangements to transfer her father to a hospital, but before she could act, Dr. Becker moved him to another hospital.

THEIR EFFORTS FAIL

Finally, Mrs. Dimpfi succeeded in getting her father into her preferred hospital, where her family physician prescribed massive intravenous feedings in an effort to restore his health. Cambo died Dec. 30, 1967.

The family physician later testified at the hearing that he watched Cambo undergo a personality change while living in the nursing home, from a "high-spirited little man" to one who was frightened, withdrawn and often hysterical. Ten months after Cambo died, the Board of Health revoked Ridge Manor's license.

Approximately six weeks after it lost its license, the home appealed and received permission to continue operating while the appeal was continued for seven months in the courts. In March, 1969, Circuit Court Judge Edward F. Healy reversed the board's decision and restored the home's license.

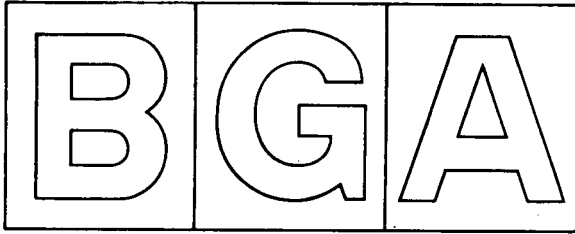
LOSES LICENSE AGAIN

Mrs. Dimpfi, with the cooperation of the city corporation counsel appealed Healy's decision. Her appeal has received numerous continuances and is still pending.

While the appeal was pending, the home lost its license a second time for failing to report a serious case of infectious disease which had struck one of its patients.

Appendix 2

**ARTICLES PERTAINING TO THE BETTER GOVERNMENT
ASSOCIATION**



BETTER GOVERNMENT ASSOCIATION

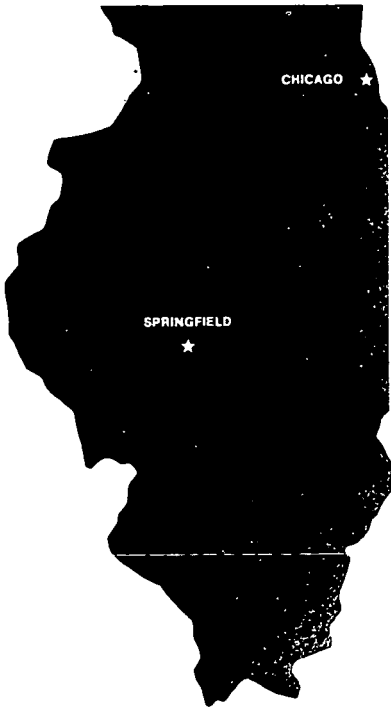
**The 1970
report of the
Better Government
Association**

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What is the Better Government Association?

The BGA is a unique civic organization fighting for the cause of better government. Our job is to act as an independent, nonpartisan watchdog organization to investigate instances of waste, inefficiency and corruption in government. We are active at all levels of government – local, county, state, and in many instances, at the federal level where such funds are spent by government in the State of Illinois. We have been instrumental in assisting numerous communities develop their own agencies based on the BGA model. In this way, the BGA can assist in strengthening the effective functioning of government throughout the nation. In 1970, we closed more than 50 major investigations – an average of more than one investigation per week. It is difficult to measure the effectiveness of our investigations. The principal purpose remains to reform the functions of government where they have been found to be defective or unresponsive to the needs of the public. Our recommendations have resulted in reorganization of many agencies of government as well as criminal action. Last year our investigations resulted in 20 indictments.

We are fortunate to have a reputation of credibility which attracts information from interested citizens. In addition, our staff, with its wide background of experience in government, develops innovative techniques to overcome the disturbing trend toward secrecy in government.

We are particularly fortunate in having a highly competitive and enlightened news media in our community. We are grateful for their confidence. We have worked aggressively in conjunction with representatives of virtually every news media in the community. Together we have been successful in effecting many significant changes in government.

Our purpose is not to embarrass government officials, but to advise them of inadequacy of operation within their agencies. We also make suggestions as to how beneficial changes may be accomplished. You will note that many of our investigations are derived from earlier disclosures made by the BGA. It is a standard operating policy of the BGA to contact government officials and agencies prior to disclosure of our findings to enable them to respond.

The BGA is not a government agency — we have no arrest or subpoena powers, and we cannot convene Grand Juries. We recognize that we have only begun to scratch the surface. Yet our efforts have resulted in substantial tax savings and restored confidence in the processes of government.

Our best estimate is that we have saved Illinois taxpayers in the range of up to 50 million dollars in 1970. Moreover, the mere fact that many government agencies and personnel know of the BGA interest in promoting efficient operation is a beneficial deterrent to waste and corruption.

The BGA is, indeed, fortunate in having a Board of Trustees and a Board of Directors that are dedicated to the principle of better government. These dedicated men and women, who represent a broad cross section of the civic and commercial life of our community, devote a great deal of their time to the furtherance of BGA objectives.

A tradition of the BGA which extends back to its inception is its candidate rating and endorsement program. In 1970, the BGA screened and interviewed more than 235 candidates for public office. We provided objective information to the public regarding a number of candidates who had no prior public exposure. Of statistical interest is the fact that in the general election of 1970, there was virtually an even number of candidates of both Republican and Democratic Parties who were endorsed by the BGA. In order to comply with recent Internal Revenue Service rulings, the BGA early in November agreed to drop its candidate rating and endorsement program. The By-Laws have been revised accordingly.

The BGA has maintained a strong nonpartisan and independent stance, free of any political party or any public official.

The BGA investigative program will continue to increase its effectiveness in the future. Our follow-up program is becoming increasingly more effective. The trend of our future investigations will be to review the operation of an entire agency with the hoped for impact of achieving greater savings and improved operations of government agencies.

City of Chicago Ambulance Service:

During a review of the operations of private ambulance companies in Chicago, William Recktenwald, a BGA investigator, and William Jones, a Chicago Tribune reporter, were assigned to work as ambulance attendants. The disclosures of refusal to move patients without advance payment, unqualified attendants, unsanitary conditions, and lack of equipment resulted in immediate action by the City of Chicago. Based on our disclosures, the City of Chicago City Council held hearings which resulted in several new ordinances based on our recommendations. The City of Chicago has reorganized its public emergency ambulance service. We have also submitted our recommendations to a State Legislative Commission which is holding hearings on the subject.

The Cook County Grand Jury returned indictments against ten Chicago Policemen, five corporate executives of private ambulance companies, one ambulance company employee and two private ambulance companies as a result of BGA disclosures.

Prior to the BGA investigation, the City of Chicago had one of the worst private ambulance services. Now, as a result of our investigation, Chicago is well on its way to having one of the best emergency ambulance services in the country.

Cite 16 in Ambulance Racket



George Bliss, Better Government Association chief investigator, lies on floor as pretended victim of heart attack.



Crew from Mid-America Ambulance Company (white shirts) learn from Roland Restle (left), another B. G. A. investigator that the "victim" has only the \$2 on the table. The crew demands \$38.



Upon learning that "victim" has no money to pay for ambulance, the crew refuses to transport Bliss, but helps him into chair.



The crew leaves and Bliss is "collapsed" on table. The \$2 previously there is missing.

Photos Courtesy Chicago Tribune

 Editorials 4 — Section 1A

Chicago Tribune

THE WORLD'S GREATEST NEWSPAPER

FOUNDED JUNE 10, 1847

Successful Campaign

Cook County grand jury indictments against 16 persons, including 10 Chicago policemen, represent the successful culmination of a campaign by THE TRIBUNE, with the cooperation of the Better Government Association, to expose the scandalous operations of shady private ambulance firms. Among those indicted are the presidents and some employes of two of the city's largest ambulance companies — Mid-America Ambulance Service, Inc., and Scully-Walton Service, Inc.—accused of crimes ranging from bribery to grand theft. All of the policemen are charged with bribery and official misconduct.

Four other policemen, tho not indicted, face possible dismissal.

The charges which led to the indictments have been documented in detail in this newspaper since our campaign began more than six months ago. They include endangering the health and safety of ill and indigent patients, refusal to transport to the nearest hospital a patient who couldn't pay for the service, unsanitary and inadequate equipment, and alleged payoffs to police for welfare cases.

To investigate these sordid and incredible conditions, one of our reporters, William Jones, worked undercover for more than eight weeks as an ambulance attendant. His partner was William Recktenwald, who worked under the direction of George Bliss, B. G. A. chief investigator, who also played a role in some aspects of the inquiry.

Along with that of the B. G. A., we are pleased at the good cooperation our efforts received from the office of State's Atty. Edward V. Hanrahan, which developed and presented the

cases to the grand jury. We are also gratified by the statement and action of Police Supt. James B. Conlisk Jr., who said "THE TRIBUNE performed a definite public service" in exposing the scandal.

The exposé has also produced other good results. Both state and county welfare departments several months ago withheld payments and banned further transportation of welfare recipients by the ambulance firms involved.

The City Council unanimously approved a tough new private ambulance ordinance calling for the training of ambulance crews under the supervision of physicians and the Chicago Fire Academy. The city also abolished an ordinance preventing Fire Department ambulance crews from transporting patients from their homes to the nearest hospital. And the Fire Department added 10 new vehicles to its ambulance fleet and assigned them to low-income neighborhoods.

Less gratifying was the outcome of city license hearings a few weeks ago, which resulted in a mere 30-day suspension of the two ambulance firms — amounting to hardly more than a slap on the wrist. The 30 days have since passed, and the two firms are back in business, incredible as that may seem. However, Richard L. Curry, corporation counsel, said he is now looking into the possibility of additional charges and further hearings which could lead to revocation of the companies' licenses.

This is an encouraging development because, in view of the nature of the charges, we believe the city has a responsibility to close them down.



Illinois State Fair:

Last year we disclosed widespread waste and mismanagement in the operation of the Illinois State Fair and made recommendations for a complete reorganization. A report of this year's operation showed that the operating deficit has been decreased by \$984,000. It is likely that further economies can be effected next year. The Legislative Audit Commission in reviewing the results of the investigation suggested that the \$2.5 million dollars wasted should and could be saved next year.

An ancillary part of this investigation disclosed that a Cook County Circuit Court judge was involved in improper activities in the renting of concession space. The Illinois Courts Commission conducted hearings into this matter and removed the judge from the bench.

State of Illinois Department of Conservation

BGA Springfield Investigator James McCaffrey determined that the Acting Director of the State Department of Conservation owned a magazine which solicits and accepts advertising from other state agencies which constituted a conflict of interest. Action was taken to end this practice.

Still more from Springfield . . .

Superintendent of Public Instruction:

STATE OF ILLINOIS
INVOICE-VOUCHER

OFFICE OF THE SUPERINTENDENT OF PUBLIC INSTRUCTION
302 State Office Bldg., Springfield, Ill.

Vendor Name and Address
Acker Studio
1201 South Second Street
Springfield, Illinois

Vendor's Social Security Identification Number

Vendor's Name and Address
SPECIAL EDUCATION
HANDICAPPED CHILDREN
P.O. Box 1000
S.R. 001-4050-000 (280)

Invoice No. July 2, 1968
Invoice Date July 2, 1968
Invoice No. 1790

Appropriation Title
SPECIAL EDUCATION
HANDICAPPED CHILDREN

Vendor's Invoice No. Invoice Date
SAC 11772

Shipping Point Receiving

Buyer's Certification - Sign Original Only in Ink
I hereby certify that the goods, merchandise, wares or services listed below have met all the required standards set forth in the purchasing contract and any proper charges against the State of Illinois have been received.

77 N. FOURTH STREET
SPRINGFIELD, ILL. 62760

Encumbrance Description	Quantity	Unit	Unit Price	Amount
1,000 8x10 prints				\$275 00
200 8x10 double weight prints				130 00
Total				\$405 00

Photo Courtesy Chicago Sun Times

Purchasing Procedures

We disclosed another incident in a series of improper purchasing procedures in the Office of Superintendent of Public Instruction. In one case, the Superintendent made a large number of separate purchases of new furnishings for the Material Center of Handicapped Children in Springfield. By making separate purchases, this office avoided competitive bidding which is required for purchases of more than \$1500. In another case personal photographs were ordered. This information was turned over to the State Legislative Audit Commission which has already condemned the Superintendent for continuing this practice.

School Bus Safety Lanes

The Office of Superintendent of Public Instruction maintains a staff of 10 safety lane inspectors whose work is duplicative of that being done by the state police. In addition, we disclosed that one patronage employee assigned as an inspector was loafing on the job. The annual cost to the taxpayers is over \$100,000.

Legislative Audit Commission

The Commission Report found that the Superintendent of Public Instruction had violated numerous statutes and regulations relating to handling of public funds, and was not operating his office on a businesslike basis. This report endorsed all of the earlier BGA recommendations.

Car Insurance Probe:

The BGA found that at least \$25,000 was wasted annually because some state agencies had not participated in a centralized program for purchasing auto liability insurance. Information detailing the savings that could be realized if the agencies participate in the program handled by the Illinois Department of General Services was turned over to the legislative Audit Commission, the General Assembly's watchdog on state expenditures.

Newspapers and the BGA work together to protect the public



Letter from the editor

By Roy M. Fisher

The West Side's "best" Democratic precinct captain was sentenced to two years in prison this week for vote fraud. He had been caught falsifying registrations and bribing voters in the 1968 election.

The incriminating facts were uncovered by a joint team of Daily News reporters and Better Government Assn. investigators.

The Daily News and the BGA have worked together successfully on a number of such investigative projects. In each instance, the objective has been to represent the taxpayers in an examination of the performance of local government officials.

The BGA, a privately supported civic watchdog, assigns one or more of its professional investigators to work cooperatively with one or more of our reporters. The findings of the team become the responsibility of both organizations, and are made public first in The Daily News.

Once published, the information is released to other newspapers and to radio and television stations, if they are interested. Thus the facts turned up by one investigative team become the common property of all.

THE DAILY NEWS IS NOT the only publication that cooperates with the BGA. A BGA investigator also may work with reporters from The Sun-Times, the Chicago Tribune or Chicago Today. But the pattern is the same. Once the originating newspaper breaks the story, the BGA releases the facts to all.

It speaks well for the integrity of the BGA that it can conduct such intricate relations with four competing papers and yet maintain the respect of each.

The 1968 election fraud investigation occupied two of our reporters and two

BGA investigators for about six weeks. When the story was ready to break, we assigned undercover photographers to get the photographic evidence.

The result was such an airtight case that U.S. District Court Judge Julius J. Hoffman had no hesitancy this week in handing down prison terms to two Democratic workers and a heavy fine to a third.

RECENTLY, THE DAILY NEWS and the BGA broke the story of waste in one of the city-administered urban rehabilitation programs. We reported that it is costing taxpayers \$1 in administrative costs for every \$1 this agency lends to homeowners.

Investigations such as this often require many weeks of an investigator's time. But we can tell very early whether we are on a hot trail. The hotter it gets, the more obstacles there are that seem suddenly to materialize in the reporter's path.

Right now, we're probing into the Lincoln Park redevelopment project. We must be very, very hot because the obstacles are taking on unprecedented proportions.

Lewis W. Hill, the city's commissioner of urban renewal, is feverishly piling obstacle upon obstacle. His most recent was to shut off our examination of government documents and records which, by law, are public.

FRANK ZUNDEL, HIS DEPUTY commissioner announced Wednesday that information about the renewal project will be given out only in response to written questions.

And the questions and answers are to be contained in a press release issued to all media simultaneously. Obviously, the intent of the order is to frustrate what must necessarily be a secret investigation.

We can recall of only one precedent for such an order. Orville Hodge, then state auditor, issued a similar decree—a few weeks before the Daily News broke the story of his million dollar embezzlement.

We're not suggesting that Mr. Hill has any such wrongdoing to hide.

But perhaps we can be allowed the observation that it becomes difficult for a public official to maintain the dignity of his office while scrambling feverishly to cover up the facts from the public.

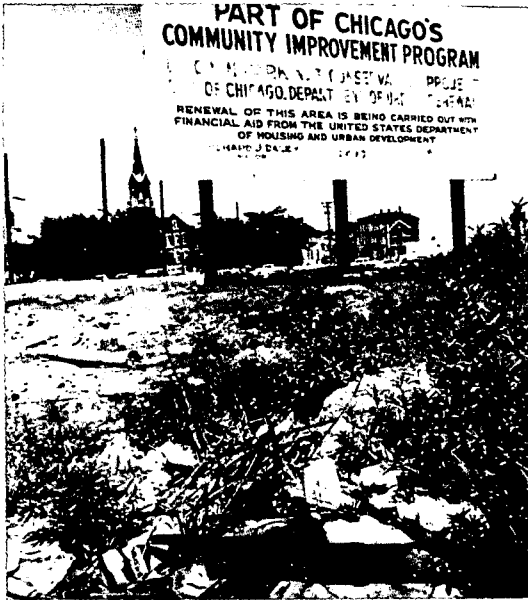


Photo Courtesy Chicago Daily News

Urban Renewal

The Federal Rehabilitation Loan and Grant program is administered by the City of Chicago on behalf of the federal government to assist property owners in remodeling and upgrading their property. We found that the City of Chicago failed to meet its responsibility in assisting property owners; also, the administrative costs for managing the program by the City were excessive – 50% to 100% administrative costs for a loan. This compares with a 4% administrative cost in the private sector. The program makes low interest loans available to rehabilitate residences in certain designated areas that might otherwise become blighted. We showed widespread waste and mismanagement involving unqualified personnel in the City Department of Urban Renewal. The federal government released a 63 page audit which substantiated our findings. The audit set forth \$3 million dollars of waste in this program; \$1.7 million dollars was required to be returned to the federal government by the City of Chicago, and the balance of expenditures were regarded as questionable. We also found major deficiencies in the DUR Relocation Program. We completed a study of the Lincoln Park Urban Renewal area. This 50 acre site was razed in 1966. The tax loss is \$1,000,000. Approximately 10% of this area has been rebuilt, even though the initial plans called for the rebuilding of the area within a short period after it was razed in 1966.

City of Chicago Department of Urban Renewal

The City of Chicago has acquired land located in Chicago's Skid Row for a parking lot. The land is vacant and is leased to a private company which operates a parking lot on the site. The lessee has not complied with city ordinances related to the operation of a parking lot.



Beautification Grants:

A series of bookkeeping errors and other blunders caused Chicago to fail to collect \$100,000 from a 1968 federal grant from which the city may be forced to repay a large part of the \$900,000 it did receive. The BGA investigation centered on the beautification grant by the U.S. Department of Housing and Urban Development when it was learned that many of the projects undertaken with the money from HUD were wasted and did not qualify for beautification funds under HUD rules. The investigation determined that many of the projects could have been completed for less money if they had been contracted out instead of being done by city crews.

Bureau of Forestry

The City of Chicago announced a sweeping reorganization of the Bureau of Forestry as recommended by the BGA in its earlier investigation. We stated that 3 million dollars of the 5.4 million dollar tree operation budget was being wasted because of loafing and mismanagement. In the first two months after the reorganization the City reported that more than double the amount of trees were being cut.

Suspension of Bureau of Forestry Foreman

We disclosed that a City of Chicago Bureau of Forestry foreman misappropriated material from the Bureau for his own use. The foreman was engaged in a private manufacturing enterprise and used city material to reduce his cost of production. The foreman was suspended. We urged the Commissioner of Streets and Sanitation to institute new procedures and controls over city property.

Vote Fraud Convictions

In 1970, the first convictions in the nation were obtained in Federal District Court for violations of the new Federal Voters Rights Act. Information on these cases was supplied to the federal government by the BGA. Three persons were given penitentiary sentences and one other was fined.

More Vote Fraud

The BGA investigated a charge that in one precinct of Chicago's south side 3rd Ward more than 220 votes were cast despite the fact that only 90 applications for ballot were made. Only after the Better Government Association entered the case did the City of Chicago Board of Election Commissioners end its footdragging and file an application for contempt citations against the five judges.

Air Pollution

We reviewed the operations of the City of Chicago Department of Environmental Control and found a number of defects in the existing laws and procedures relating to air pollution. On one day four BGA investigators found 75 pollution violations; the 25 city inspectors found only 10 violations on that same day. We made a number of suggestions as to the reorganization of the Department, the need for new legislation, and the restructuring of the Air Pollution Appeal Board which has consistently failed to meet as required by law.



Photo Courtesy Chicago Today

Skid Row Flophouses

In 1967 the City of Chicago announced that it had accepted plans for a real estate development in the vicinity of Chicago's near west side skid row area. The city announced its intention to relocate the displaced residents of skid row to modern and sanitary new facilities. This was not done. We found that the City of Chicago was operating three skid row flophouses at a loss to the taxpayers; and that there was no imminent possibility of new and sanitary facilities being opened.

O'Malley Slaying

At the request of the family of a slain young man, we reopened the investigation of the shooting of Thomas O'Malley by ex-Chicago Policeman Thomas McConville. McConville was exonerated at a Coroner's inquest. The family interviewed witnesses and attempted, without success, to persuade the Cook County State's Attorney to open the case. The BGA interviewed a number of witnesses, including McConville's alibi witness, who admitted he had lied in his earlier testimony. We immediately contacted the Chicago Police Internal Investigations Division and a signed statement of this confession was taken by two sergeants assigned to the IID. We have requested that this case be reopened.

Chicago Building Department:

BGA Investigator and Inspector are joined by Sheriffs Deputy Undercover man who arrests the Inspector for accepting a Bribe



The Cook County Grand Jury indicted two Building Department employees in a scheme to shake down a north side apartment owner. BGA agents posed as business partners to the building owner.



Photos Courtesy Chicago Tribune

County Recorder's Office

A full-time employee of this agency was found to have a full-time job as a real estate broker during government office working hours. The net effect was to waste taxpayers' money.

Loafing by City Workers

Two city workers assigned to cleaning streets were found by the BGA to be doing painting and other chores in a building owned by a Ward Superintendent. This information was turned over to city officials for appropriate action.

Chicago Alderman intervening

A Chicago Alderman, who is not a lawyer, arranged postponement of trial on disorderly conduct charges for three workers in his political organization. This information was turned over to the Chicago Bar Association with the suggestion that court procedures be streamlined.

Chicago Employment Agencies

Illinois Department of Labor revoked the licenses of five Chicago employment agencies for periods up to 60 days and penalized seven other agencies following an investigation by the BGA which disclosed that the agencies placed false advertising, discriminated against blacks and other irregularities. The department also requested the resignation of the department's Supervisor of Private Employment Agencies and reorganized the Division for a more efficient operation. State officials also implemented four regulations proposed by the Better Government Association to aid in policing the activities of the over 1,000 private employment agencies in the state.

City of Chicago Garbage Collection

In a two month study, we disclosed that City of Chicago garbage crews were making illegal pickups from private concerns. In order to attempt to maintain minimal pickups as required by law, these crews accumulated \$3 million dollars of overtime payments, approximately 15% of the total wages appropriated for garbage collection. Numerous suspensions were made by the Department of Streets and Sanitation, and a complete reorganization of this Department was requested.



Hatch Act Violations

The federal government agreed to drop Hatch Act violation charges against the City of Chicago Building Department in return for a promise that the city would discontinue certain practices. This was the result of an earlier BGA Building Department investigation.

Chicago Board of Education

We found that the cost of construction of South Shore High School had increased three times over initial estimates, and that the completion date had been extended by two years.

City X-Ray Equipment

The city had planned to spend \$9,000 more than necessary to equip x-ray facilities at a federally funded neighborhood health center when the BGA began an investigation of alleged discriminatory practices in preparing bid specifications for installation. John C. Ward, City Purchasing Agent, acting on information turned over to him by the BGA, ordered the old bids thrown out and sought new bids for the x-ray equipment.

City of Chicago Budget

The BGA began a close scrutiny of Chicago's 1971 city budget and found heavily padded payrolls and excessive wages being paid to many city workers at a cost to taxpayers of millions of dollars. The analysis of the city budget and other local government budgets will be continued by the BGA in 1971.

Peace Officer Training School

A private school held itself out to provide training to virtually any person with the promise of future employment as Peace Officers. The training was inadequate and the promises were misleading. The school acknowledged these deficiencies and reorganized. This investigation was undertaken on behalf of several law enforcement agencies.

Sanitary District Leasing Procedures

The Sanitary District subleased a parcel of District property to a private corporation under a 99 year lease agreement. The corporation then attempted to sublet the parcel for the balance of the lease period at a substantial profit. We urged that the District review the use provisions of all existing and future sublease agreements that would insure that District property be used in the public interest.

Chicago Park District Investigation

In a follow-up to last year's investigation of Chicago Park District recreational and athletic facilities where we found that 42 of 50 parks investigated were improperly operated, we found the same pattern to exist in our most recent investigation. Many Park District personnel were not qualified as recreational or athletic supervisors or instructors, and a substantial number of employees were either loafing, sleeping or not present on the job. The net effect was to discourage, rather than encourage young people and other citizens from using Park District facilities. Our earlier recommendation for total reorganization of this program was ignored. We will continue our surveillance.

Cook County Capers



Photo Courtesy Chicago Tribune

Cook County Forest Preserve Ranger

Jack Weber, who was convicted for assaulting a federal officer and has been arrested on charges including auto theft, illegal manufacturing, selling and possession of liquor and the operation of a gambling joint, was turned up on the county payroll as a commanding officer in the ranks of the Cook County Forest Rangers. In 1953, Weber was fired at a job as a municipal court bailiff after police raided a poolroom he owned and found four pistols and a huge stock of stolen merchandise. Weber was among 37 persons arrested. In 1964, Weber was fired again as a bailiff after an eight day surveillance by the BGA which showed he was devoting full-time to his pool hall and gambling den. Three years later, he turned up as election judge in the 31st Ward and was fired when the BGA disclosed Weber's police record. Weber, who delights in carrying a gun, was relieved of his weapon by federal agents following the latest BGA disclosure.

County Assessor's Office

The BGA assisted members of the news media in their probe of the County Assessor's office. The disclosures resulted in a State Senate Committee investigation and a promise by local political leaders to enact new reforms in this vital office.

(Note: Borrie Kantor, a former Deputy Tax Assessor, was found guilty of accepting bribes and official misconduct in Criminal Court on December 9, 1970. The arrest of Kantor on March 6, 1969 initiated the major investigation of the County Assessor's office by a Federal Grand Jury, federal investigative agencies and various news media in Chicago. Kantor's conviction followed testimony by William Recktenwald and Roland Restle, BGA Investigators. Kantor's arrest came during an investigation by the BGA in which Kantor accepted \$500 to reduce the personal property assessment of a Northbrook company by \$3,000 a year.)

Study of Township Government

To assist the Delegates of the Constitutional Convention, we completed a six month study of the conduct of Cook County township government. We found that there were widespread instances of township government rendering services such as road and highway maintenance, public assistance and tax commission which were duplicative of functions which could better be performed at the county level. In many instances minimal services were rendered at high cost to the taxpayer. We also found that failure to invest township funds was costing taxpayers of Cook County approximately \$25 million dollars per year.

Sanchez Case

At the request of the family of a young man who was shot and killed by a security guard, the BGA reopened the case after the Cook County State's Attorney's office failed to respond to the request of the family. The State's Attorney's office said they were unable to locate key witnesses. However, these witnesses were readily located by the BGA. The family was not notified of the State's Attorney's decision to accept a reduced plea until the BGA examined the court record and notified the family.

Union Organization of Forestry Workers

We found that several hundred Cook County Forest Preserve workers were forced to join a local union. These workers were directed to join the union as a condition of their employment. The benefits they receive from the union are virtually nonexistent.

Cook County Jail

A Cook County Jail welfare fund was found to be spending thousands of dollars for items not in keeping with the purpose of the fund. The BGA investigation of the jail commissary also found that the fund's finances were in jeopardy and jail personnel were receiving up to \$45 a day in addition to their county wages for working at the commissary. The Illinois Department of Corrections, in a later review of the jail operations, suggested that the commissary should be overhauled and stricter county methods adopted.

Cook County State's Attorney

Our investigations have disclosed bungling and inefficiency in the operation of this office. We have reviewed the budget and assignment of personnel and we are continuing our review of this office which will result in recommendations to place its operations on a professional basis.

Will County Sheriff

We disclosed wide-open gambling in Will County that had not been acted upon. BGA investigators made wagers in the largest bookmaking establishment in the county and cooperated with Illinois State Police to close the gambling joints and in making arrests.

Stickney Township

An earlier BGA investigation disclosed that the Township Supervisor and Village Attorney vacated 43,000 feet of Township land which was then acquired by a business entity in which the Supervisor and Village Attorney had an interest. The new Village officials have petitioned the Cook County State's Attorney to take action in this case.

Illinois Crime Investigating Committee

The Better Government Association investigated the activities of the Illinois Crime Investigating Commission and found that the former chief investigator for the Commission had received a substantial personal loan from a person closely connected to reputed juice racketeers. Other irregularities of the Crime Commission were investigated, including the case of Mayor Antonio Pizzo of Calumet Park. Mr Pizzo was indicted and convicted of conspiracy to commit bribery. A re-examination of the evidence arrayed by Crime Commission agents came to the conclusion that a number of inconsistencies existed. Further investigation showed that a key witness, who would have testified on behalf of Mr. Pizzo, had been threatened by an Assistant State's Attorney.

At our insistence, the State's Attorney requested the Attorney General to file a confession of error. The BGA action in this case was supported by editorial comment by the news media throughout the state.

District 89

Ghost voting, balloting by the dead, forgery and other irregularities were disclosed in a BGA investigation into the School Board election for District 89 which includes Melrose Park, Maywood and Broadview. Investigation also found that companies run by associates of a crime syndicate chieftain were doing considerable business with the west suburban school district. Much of the business with the gang-associated firms in Melrose Park was done without competitive bidding. Information concerning this probe was turned over to the State's Attorney's office.

Confidence Game Exposed

BGA investigators, Skokie police, and the State Department of Labor worked together to expose persons posing as state factory inspectors and soliciting donations. The investigation resulted in the arrest of one man and charges against him of deceptive practices.

Morton College Board

Three Directors and the business manager went on a junket at public expense. We have made recommendations that require submission of detailed vouchers for similar trips by school officials.

The College Board entered into a \$250,000 contract for the remodeling of new facilities for the college. Our investigation disclosed that the contract should not have exceeded \$190,000. In addition, there were a number of irregularities in the bidding procedure.

In a continuing investigation of the Morton Junior College Board, we disclosed that one Board member had made arrangements with suppliers of equipment purchased by the school to provide him with special discounts for his private use. In one case, the Board member refused to pay a substantial balance owed on private purchases made by him from one of the school suppliers. We recommended that the Board take action to remove this member from the Board. The Board member subsequently submitted his resignation.

Village of Schaumburg

As a follow-up to a 1967 BGA investigation, it was found that the Public Works Director of the Village of Schaumburg had improperly purchased items in excess of \$7,000 with state motor fuel tax funds. Because of these improper disbursements, the finding of an audit requires reimbursement of these funds by the village to the state.

State Security Guards

A number of state agencies failed to comply with a state law requiring a report of security guards employed by these agencies. By urging that this report be made, it is hoped that state payrolls will be reduced by eliminating a significant number of unneeded security guard positions.

State Department of Aeronautics

We disclosed that a state pilot employed by the Department of Public Works Highway Division had operated a twin-engine plane owned by the state as a private taxi. The pilot was suspended and required to repay the state for expenses incurred for his private use of the plane. We made our recommendations to the Legislative Audit Commission which suggested that uniform regulations be established that would apply to use of all state aircraft.

State Junkets

Three top State Highway officials spent a business vacation in Puerto Rico which was paid for by a state highway contractors' organization. A suggested change in the State Code of Ethics was made which would prevent state employees from accepting such gratuities or paid vacations.

State Civil Service Examinations

A state employee was found to be distributing advance copies of civil service examinations. The employee was fired and the method of handling examinations has been reorganized.

Legislative Audit Commission Reports

The 1969/70 State Legislative Audit Commission Report detailed six BGA investigations into the operation of state agencies. As a result of our findings the Legislative Audit Commission has recommended new administrative regulations to be incorporated in future legislation.

State Department of Agriculture Grain Inspection Division

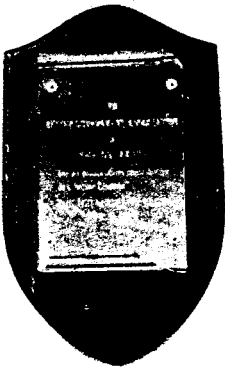
This division is required to charge sufficient fees for grain inspection which will cover the operating costs of the Division. We disclosed that over the past five years this Division was operated at a loss of \$140,000. The operating loss for the current year is in excess of \$300,000. We recommended that the Department revise its fee schedule in accordance with the law.

State Moving Contract

Confusion between two state agencies in the acceptance of bids submitted for moving the office of the Department of Public Health in Springfield resulted in a bid of \$17,000 being accepted by the state and the allegation that a bid of \$7,790 was not considered. Changes in bidding procedures are being reviewed by the General Services Administration to preclude any further possibility of bids being lost or misplaced.

Legislator's Conflict of Interest

A Springfield legislator who operates a travel agency business was found to have received a substantial amount of travel business from various State of Illinois agencies. State law prohibits an elected state official from having a pecuniary interest in any contract with the state.



**The Chicago Newspaper
Guild complimented the
BGA with their coveted
"Page One" award**

The Center For Governmental Studies, Washington, D.C. Says:

"The best example of an independent group, funded by business and civic organizations, is the Chicago Better Government Association which has a professional staff of ten. It is a nonpartisan watchdog organization which investigates instances of waste, inefficiency, and corruption in government on all levels within the State of Illinois. It has no arrest or subpoena powers, cannot convene grand juries, has received national and international recognition for its effectiveness, has effected many operational efficiencies, has saved millions of dollars of taxpayers' money. It has the power of the communication media and the strength of its board to cause change, which it has done successfully.

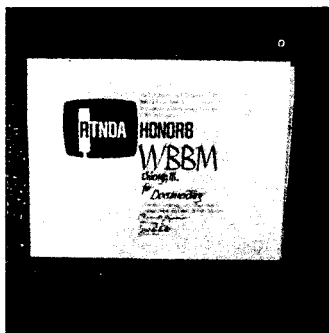
Its investigation of the Chicago Bureau of Forestry, for example, caused that bureau to be placed within the Department of Streets and Sanitation for greater efficiency, and elimination of waste. It has caused change successfully in state expense account padding, illegal urban renewal activities, cigarette tax cheating, noncompliance with Illinois Personnel Code job placements in the Illinois Youth Commission, illegal scavenger operations, vote frauds, procedural changes in the Department of Mental Health, conflict of interest in model cities, and many other matters.

Civic groups should explore the idea of a Better Government Association arrangement. The latter is not only able to look at city government but at all levels of government and also private and public agencies not under the jurisdiction of the city."

The news media are basic to success of the BGA

"WBBM NEWSRADIO 78's investigation of the Chicago Department of Forestry has been named winner of the 1969 Radio Television News Director Association International Edward R. Murrow Documentary award. William C. O'Donnell, Vice President, CBS Radio Division and General Manager of WBBM Radio, accepted the award at the annual RTNDA conference at the Brown Palace Hotel in Denver on September 24.

WBBM's investigation of the Chicago Department of Forestry was conducted in cooperation with the Better Government Association. The results of the investigation were presented in a series of five reports broadcast the week of October 20-24, 1969. As a direct result of NEWSRADIO 78's investigation five employees were suspended, including one foreman, and some additional 30 employees were put under investigation. In addition, the entire Department of Forestry was ordered out from under the command of the City Public Works Department and placed under the direction of the Department of Streets and Sanitation. Special congratulations went to WBBM Newsmen Len Walter and Mort Edelstein for their award-winning work on the WBBM investigation."



Staff

Among the members of the BGA staff are:

George W. Bliss, Director of the Department of Investigations. Bliss has been a member of the investigative staff of the BGA since January 1, 1968. Before that, he was a Pulitzer-Prize-winning labor editor, investigative reporter, and writer for the Chicago Tribune. His racketeering exposés in labor and other fields have resulted in prison sentences for scores of hoodlums. Bliss has been named for almost every major award and prize in newspaper and journalistic work.

William G. Slocum, Director of Development and Member Relations; formerly District Manager in the Chicago area for the National Association of Manufacturers; with the BGA since 1963.

James F. McCaffrey, Bureau Chief of the Springfield office and an investigator. McCaffrey served with the FBI for 6 years and has been with BGA since 1962.

William A. Recktenwald, Investigator and Assistant to the Director of Investigations. He was investigator for the State's Attorney's Office before he joined the BGA in January, 1967.

Roland C. Restle, Investigator and Special Assignments Agent. He joined the BGA staff on January 1, 1969. Restle has a long, successful background in investigative work. He is former Federal Bureau of Narcotics agent and was the Dyer (Indiana) Chief of Police. He has initiated investigations which have resulted in the successful prosecution of hoodlums and others associated with the crime syndicate.

Bill Hood, Investigator, joined the BGA in 1969 and is a graduate of Northwestern University Law School.

Richard Blair, Investigator, a graduate of Duke University and former Army Officer, joined the BGA in 1970.

Fred W. Blaisdell, Consultant, Executive Director of the BGA for 18 years, and one of the most knowledgeable men in Chicago in the field of politics and government.

Richard E. Friedman, who resigned as Executive Director on Dec. 4, 1970, provided outstanding leadership during his almost two years of BGA service.

THE BETTER GOVERNMENT ASSOCIATION NEEDS YOUR SUPPORT

The contents of this report clearly indicate that the BGA as an independent organization, is a very potent and effective weapon in the quest for honest, economical government for Illinois both on the state and local levels.

And again this year, BGA investigations saved Illinois taxpayers many millions of dollars. This was accomplished with an operating budget well below \$200,000.

The Association is entirely dependent upon contributions from private sources. It derives no support from any combined appeal, nor does it receive support from government sources. The BGA must compete for available funds with other organizations.

The business community is asked to consider making a financial investment in the Association from which it can count on significant returns in the form of tax dollars saved. The current operating budget of the BGA is entirely disproportionate to its effectiveness and productivity.

Contributions to the BGA - corporate, personal, foundation, or by bequest - are deductible for Treasury ruling under Section 501(c)(3) of the Internal Revenue Code. The BGA is not a private foundation as defined in Section 509(a) of the Internal Revenue Code.

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of Chicago and Vicinity

CHARLES W. HOUSHINS
Borg-Warner Corp.

ALAN J. JACOBS
Bozell & Jacobs, Inc.

ROBERT D. JONES
Jewel Companies, Inc.

LEONARD S. MATTHEWS
Leo Burnett Company, Inc.

H. BARRY McCORMICK

PETER H. MERLIN
Gardner, Carton, Douglas,
Chilgren & Ward

HAROLD MEITUS
Superior Match Company

WILLIAM W. MILLER
Stewart-Warner Corp.

JOHN W. MOUTOUSSAMY
Dubin, Dubin, Black
& Moutoussamy

BRUCE QUISENBERRY
Automatic Electric Company

DAVID W. REWICK
Ernst & Ernst

WILLIAM A. RIASKI

JOHN G. RONCHETTO
Harris Trust &
Savings Bank

NORMAN ROSS
First National Bank
of Chicago

MRS. A. LORING ROWE

ERNEST J. RUA, JR.
Peat, Marwick,
Mitchell & Co.

HAROLD L. RUBENSTEIN
Midwest Emery Freight
System, Inc.

MAX ROBERT SCHRAYER
Associated Agencies, Inc.

MILTON SHAPIRO
Maremont Corporation

DOUGLAS F. STEVENSON
Hackbert, Rooks, Pitts,
Fullagar and Poust

ROBERT WOOD TULLIS
Isham, Lincoln & Beale

ENGLISH WALLING

PAUL S. WARREN
Gunthorp-Warren Printing Co.

JOHN J. WHITE
Midland Manufacturing Corp.

MRS. WILLIAM WOOD PRINCE

[From Newsweek, July 6, 1970]

"THE BGA IS COMING!"

Strollers in Chicago's Lincoln Park Zoo were startled recently by a park employee who raced from the merry-go-round to the balloon stand shouting like a frantic Paul Revere: "The BGA is coming! The BGA is coming!" His message arrived too late. The BGA—otherwise known as the Better Government Association—had come and gone, and in its wake left an exposé of park officials who had allowed some concessionaires to hawk their wares on public property without paying the city adequate fees. The subsequent scandal so embarrassed the officials that they canceled all existing contracts and are negotiating new ones—this time on the proper basis of competitive bidding.

When it broke in the local press, the story helped to confirm what many Chicagoans already knew, that the privately funded BGA—the only civic group of its kind in the country—had become the most feared sleuth along the back corridors of City Hall. Last year alone, the BGA claims to have saved Illinois taxpayers \$50 million. And this year's snooping is likely to be even more spectacular. One investigation has already resulted in the conviction of five suburban park officials for embezzlement. Another led to the firing of the Oak Forest police chief after BGA men photographed him lounging at the race track with Mafia hoods. A third forced the resignation of Chicago's buildings commissioner when it was found that his inspectors owned decaying slum buildings of their own. "What we're trying to show," says BGA executive director Richard Friedman, a 39-year-old former assistant to the state's attorney general "is that we can save millions just by increasing the honesty of government."

Operating out of a sparsely furnished set of offices on the 22nd floor of the Lincoln Tower Building the BGA does its work on a modest yearly budget of \$175,000 contributed by business and professional people. The group's four-man investigative staff has neither guns nor badges—nor for that matter, a shred of legal authority. "We can't force anybody to do anything," explains Friedman. "We can't arrest people, we can't fire anybody. Press coverage is the only club we have." That, however has turned out to be weapon enough. Friedman trades tips with the city's four major daily newspapers and TV news departments, which lend a hand in the investigation in return for exclusive stories.

Slush Fund: Though it is now aggressively nonpartisan, the 46-year-old BGA has not always been free from a certain political bias. For some years, Democrats were chagrined to find that the only officials it ever seemed to hunt were Democrats—not surprising since most officeholders were Democratic. Last March, however, supporters of the BGA finally moved to purge the group of any GOP taint by hiring Friedman, a certified liberal Democrat, and encouraging him to swing the ax on both parties. Friedman quickly established the BGA's bipartisan *bona fides* by opening an "active" folder on Ray Page, a Republican who wielded a good deal of political clout as state superintendent of public instruction. In short order, the BGA accused Page of forcing employees to contribute to a personal political slush fund. While under Illinois law Page did nothing illegal, the newspaper exposure has all but ruined his political career.

The man responsible for most of the BGA's success in the field is the group's 51-year-old chief investigator, George Bliss, a former Pulitzer Prize-winning labor reporter for The Chicago Tribune. Nosing through city and county budgets, for instance, Bliss found that the Chicago and Cook County administrations—which share City Hall facilities—were both putting in for \$175,000 for the heating-room staff. Poring over contracts and vouchers from the annual Illinois State Fair, Bliss discovered one reason why the fair loses money each year: one employee was getting paid for a 212-hour week. "Budgets are good reading once you get used to them," says Bliss. "I take them home and read them at night—they're like a good mystery."

One of Bliss's discoveries even cut into the Chicago political machine's most precious commodity—votes. Suspecting the machine of sending nonexistent voters to the polls, Bliss sent an investigator down to skid-row flophouses to register under the names of "Ernest Hemingway" and "James Joyce." Sure enough, Hemingway and Joyce turned up on the registration sheets—presumably to cast their ballots for machine candidates.

Its reputation firmly established, the BGA has now begun urging social changes as well as fighting graft—and meeting similar resistance. One recent meeting Friedman had arranged between business leaders and black gang members was so harassed by police that the blacks never showed up. Nevertheless, Friedman intends to persist. “Rooting out corruption is fine,” he says, “but we can’t stop there. We’ve got to get at the roots of the problems.”

[From Newsweek, Sept. 22, 1969]

THE AMBULANCE HUSTLERS

He lay writhing on the floor, a shabbily dressed middle-aged man, his eyes closed in pain, his mouth sucking desperately for air. Impassively, the ambulance driver and the attendant who had been summoned looked on. “He’s gotta have at least 38 bucks or we don’t take him,” one of them snapped to the stricken man’s roommate. Pointing to two \$1 bills on the kitchen table, the roommate pleaded: “That’s all I can find. But he’s got a job; he’s good for the money.”

But this was not enough for the Mid-America Ambulance Co. Visibly annoyed, the attendants helped the roommate prop the victim on a kitchen chair. Then they departed—but not before one of them pocketed the \$2 from the table.

The scene could have transpired in any major U.S. city, but this one took place in a shabby apartment on Chicago’s North Side—and it was, in fact, staged. The “heart-attack victim” in this case was George Bliss, chief investigator for a private Chicago civic group called the Better Government Association—and a former Pulitzer Prize-winning reporter for The Chicago Tribune. With another BGA investigator, Bliss had played out the scene in the dingy rented apartment to find out what can happen to a stricken indigent who needs immediate ambulance service. The verisimilitude of the performances fooled the men from Mid-America—and was duly recorded on film by a Tribune photographer who had been concealed in the apartment.

Sadistic: Such was the denouncement of a two-month investigation into private ambulance company abuses conducted jointly by the BGA and the Tribune. During that time BGA agent William Recktenwald, 28, and Tribune investigative reporter William H. Jones, 31, worked for five of Chicago’s 30 private ambulance companies and observed daily the smooth operation of a sadistic racket that feeds on the city’s poor.

Even a hardened reporter like Jones admitted to being shocked. No sooner had he and Recktenwald been issued their white uniforms and first-aid credentials than they were instructed that their profession’s first commandment was “Get the money.” Explains Recktenwald: “If there’s ever a question about payment, we were told never to let a patient even get near the stretcher.”

Like most profitable rackets, the ambulance hustle could not operate without the cooperation of some rapacious cops. Each morning, according to the investigators, ambulance attendants were given “drop money” to pay off cops at the going rate of \$10 a patient. Thus, when the policemen, in the course of their duties, found someone in need of an ambulance, they simply phoned their favorite private ambulance company which then falsified its records to show a patient had been picked up at his home. (Under Chicago law, fire-department ambulances are permitted to transport patients only from public or semi-public locations.)

Grim: What usually took place next was chilling. Many ill persons were forced to crawl down flights of stairs if the attendants judged them too heavy to carry. One clutch of attendants angrily refused to take a woman whose back was broken to the hospital emergency room until she painfully signed a check for \$49. Ambulance drivers, too, were fond of relating the grim tales of their trade. According to Recktenwald, one driver told him the following anecdote about a call to a South Side apartment: “When I got there, this fireman was screaming at me, so I told him I’d keep the ten bucks and he could keep the patient. I got about five blocks away when they called me on the radio and said to go back. I get back and the patient has a cardiac arrest as I’m taking him downstairs. I shoot him to St. Bernard’s Hospital, but he’s dead on arrival. Then damned Mid-America chews me out for not taking him to Cook County Hospital so we’d have got more mileage money.”

Not all ambulance attendants are heartless. Indeed, as one ambulance-company executive told Jones: "Some of these guys get too close to the cases. Now take me. I can watch a nigger die right next to me and never take my eyes off the road."

Banned: The racket that Jones disclosed in a hard-hitting Tribune series was so compelling that Mayor Richard Daley, who usually scoffs at such BGA revelations, reacted immediately. He ordered the city council to begin a probe of its own, and the police department's special investigations section is busy assembling a case against the cops whom Recktenwald and Jones identified as having accepted payoffs. Three ambulance companies, including Mid-America, have been banned from transporting public-aid patients—and several firms are expected to lose their licenses. Daley has also bought ten new ambulances for the fire department and has ordered that they answer calls at private addresses.

Other Chicago officials and health experts were just as shocked as Daley, but also at some pains to stress—accurately enough—that the brutalities and swindles uncovered by the BGA investigators are as commonplace in other cities as they are in Chicago. Dr. Geoffrey Gibson of the University of Chicago's center for health administration studies noted that ambulance service in the cities can never be improved until the communities themselves realize that they must provide subsidies for it. Gibson added that his own eight years of research into the problem had unearthed some practices just as shocking as those of the BGA investigators. Former ambulance attendants have told him, Gibson said, that it is not uncommon for ambulance drivers to rape unconscious women patients on the way to the hospital. Most of the victims of this crime, the doctor added, are women unconscious from an overdose of drugs.

Appendix 3

ADDITIONAL MATERIAL SUBMITTED BY DR. MURRAY C. BROWN

EXHIBIT 2¹—HOUSE BILL 2217

Synopsis (Ch. 91 ½, par. 10-4).—Amends the Mental Health Code by requiring the clerk of the court which originally ordered hospitalization of a mental patient to make the notice of that patient's discharge a part of that person's file and enter the fact and date of the discharge upon the docket.

[LRD 2765]

Introduced April 22, 1969, by Gardner, R. T. Smith, Walker, W. D. Walsh and R. E. Anderson. Was ordered printed, and read at large a first time.

AN ACT To amend Section 10-4 of the "Mental Health Code of 1967", approved August 14, 1967, as amended

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

SECTION 1. Section 10-4 of the "Mental Health Code of 1967", approved August 14, 1967, as amended, is amended to read as follows:

"Sec. 10-4. When any person has been admitted or hospitalized under this Act or any prior Act, upon court order or otherwise, the superintendent of the hospital in which such person is hospitalized may at any time grant an absolute discharge, or a conditional discharge in the case of a mentally retarded person, and shall do so if the patient is no longer in need of hospitalization under such rules and regulations as may be adopted by the Department. When the superintendent of any hospital in which a person in need of mental treatment, or a person who is mentally retarded, has been hospitalized upon court order grants an absolute discharge to a person, the superintendent shall, in writing, forthwith notify the court entering the original order of hospitalization that such person has been given an absolute discharge from such hospital. Upon receipt of such notice, ~~the court shall enter an order discharging such person,~~ *the clerk of the court shall make such notice part of the person's file and shall enter the fact of discharge and the date upon the docket.* In such event, if the person was adjudged to be mentally ill pursuant to any prior statute of this State which has been repealed, or was adjudged to be legally incompetent, the hospital shall submit with the notice of discharge, a certificate setting forth the reasons why the patient should or should not be restored to legal competence. Thereafter, the court shall, if it is satisfied, restore the person to legal competence on the basis of the documents filed, or may order a hearing on the question of restoration to legal competence. When the court entering the original order of hospitalization of a person resident of another county is notified that such person has been discharged from such hospitalization under this Act, the clerk of such court shall forward to the court of the county of residence of such person, where known, a certified copy of such order of discharge or order of restoration as may be entered in the case.

Any hospital may temporarily release from hospitalization for any period of time a patient whose condition is not considered appropriate for absolute discharge where such release is considered to be in the best interest of the patient. If any patient so released is not returned to the hospital within one year after such temporary release, then such patient shall be

¹ See statement, p. 1103.

considered to be absolutely discharged, and the superintendent of the hospital from which such patient was released shall so notify the court which entered the original order of hospitalization of such patient, and the court, upon receipt of such notice shall enter an order discharging such person; Upon receipt of such notice, the clerk of the court shall make such notice part of the person's file and shall enter the fact of discharge and the date upon the docket; except that if the superintendent or Department desires a continuation of the temporary release of such patient, notification of such intent within such year shall be sent to the court which entered the original order of hospitalization of such person, and the court may, if satisfied that such continuation is required, issued an order authorizing such continuation, or, upon request of the patient or of anyone on his behalf, the court shall, or may on its own motion, set a date for hearing on the issue of continuation.

EXHIBIT 3—LETTERS FROM WILLIAM J. O'BRIEN, CHAIRMAN,
COMMUNITY MENTAL HEALTH BOARD OF CHICAGO

COMMUNITY MENTAL HEALTH BOARD OF CHICAGO,
Chicago, Ill., March 30, 1971.

MURRAY C. BROWN, M.D., Commissioner of Health, City of Chicago, Civic Center,
Chicago, Ill.

DEAR COMMISSIONER: As Chairman of the Community Mental Health Board and Co-Chairman of the Relatives Council, Read-Chicago State Mental Health Center I have been concerned about the rapid transfer of persons from State Institutions to private facilities. Recent events justify our apprehension.

We have never advocated keeping persons in mental hospitals and have agreed with the philosophy of community based mental health services, we have opposed the accelerated movement of persons out of State Institutions when adequate facilities and services were not available in the communities. Our personal investigations, and interviews with concerned relatives confirmed that persons transferred to private facilities were not receiving follow up care and treatment by the Illinois Department of Mental Health. On numerous occasions we called this to the attention of those responsible.

While there has been a gradual reduction in the daily residential population in Illinois State Hospitals over a period of the past 5 years, this gradual reduction was accelerated beginning in January 1969. The rate of discharge and transfer to private facilities has more than doubled in the period from January 1st, 1969 thru December 31st, 1970. During this period the residential population was reduced by 6000 or 22% of the total in two years. In addition to those already discharged, there is a program (the Geriatric Placement Program) which is designed to discharge and place at least 4000 Geriatric persons by the end of 1971. About 85% of those discharged and transferred to private facilities are maintained by the Illinois Department of Public Aid.

We are attaching some data in support of our position. It will be noted that the promises made by reputable persons concerning after care and supervision of discharged mental patients were not carried out.

We support the position taken by the Illinois Association of Mental Health "That a well run State Hospital that our Associations Visiting Committee and other interested citizens can monitor, is preferable to these mini-snake pits we are finding".

It is our sincere hope that the results of the numerous investigations presently being conducted will result in a realistic and humane program for the care and treatment of the mentally ill and aged.

Sincerely,

WILLIAM J. O'BRIEN, *Chairman.*

[Attachments].

COMMUNITY MENTAL HEALTH OF CHICAGO,
Chicago, Ill., March 1, 1971.

Hon. RICHARD B. OGLIVIE, Governor, State of Illinois, Springfield, Ill.

DEAR SIR: The deplorable conditions of nursing homes and the cruel and inhuman treatment of residents of these homes located in Chicago and the adjoining suburbs are to a considerable extent due to the rapid implementation

of the Copeland Bills passed by the 1969 legislature and signed into law by you. We respectfully request that you halt the transfer of persons from State institutions until a thoro and complete investigation is made of these facilities and until they meet existing standards established by the State Department of Public Health.

The mandate to the Department of Public Health, the State Department of Mental Health, and the Department of Public Aid to transfer 7000 persons from State Institutions within a period of 18 months is in part responsible for the proliferation of numerous facilities whose principal concern is to profit from the misery of others.

The nursing home situation is only one part of a very tragic story involving the transfer of persons from State Institutions to "Sheltered Care Homes", Residential Care Facilities, Board Houses, etc.

It is our position that the wholesale movement of persons from State Institutions, is a violation of human rights, and excessively discriminatory.

Sincerely,

WILLIAM J. O'BRIEN, *Chairman.*

March 1, 1971.

Mrs. THOMAS D. SCHMIDT, *Executive Director, Illinois Assn. For Mental Health, Springfield, Ill.*

DEAR MRS. SCHMIDT. I am attaching copy of letter to Governor Ogilvie which is self explanatory. I know that the Association played an important role in the enactment of the Copeland Bills. In view of this I think the Association should be concerned with the results of this legislation. The investigation of nursing homes by the Better Government Association and the Chicago Tribune have only made public what we have known for some time.

We do not criticize the intent of the Copeland Bills we do seriously criticize the conduct and activities of the placement teams. It has been obvious to us that their principal concern was the meeting of a quota and not the ultimate welfare of the persons they transferred. It is also apparent that the provision for (1) Visitation every three months and a report submitted on the environment and (2) assignment of full-time employee of the Department of Mental Health to any unlicensed facilities where 25 or more persons are placed by the Department. Many persons have been placed in Rooming and Boarding houses in Chicago which are not licensed. The above provisions have not been met.

We were officially advised that the Community Placement team at Chicago-Read was so good in moving geriatrics that it was decided to give them the the job of moving all other persons out. They have been efficient and brutal.

Sincerely,

WILLIAM J. O'BRIEN, *Chairman.*

March 4, 1971.

ALBERT J. GLASS, M.D., *Acting Director, State Department of Mental Health, Chicago, Ill.*

DEAR DR. GLASS: You will recall our several conversations in regard to the care and treatment of persons who have been transferred from State Department of Mental Health facilities to facilities within the City of Chicago.

The recent disclosures with respect to the conditions of nursing homes to some extent emphasizes the justification for my concern. In reading the newspaper accounts of the investigation we find a number of nursing homes mentioned are facilities which have been approved to accept persons transferred from State Institutions.

In reviewing the results of the investigation we find that there appears to be only twenty nursing homes that have been investigated. Our information is that there are 102 nursing homes that are presently accommodating 7,334 persons. In addition to this, there are 25 homes for the aged with a population of 1,379, 10 sheltered care facilities with a population of 3,349, 14 licensed residential care facilities with a population of 1,338 and 5 non-licensed facilities with a population of 542. The total persons presently housed in these facilities is approximately 13,000. We are not in a position at this time to determine accurately how many of this 13,000 are persons who have been transferred

from State Institutions as a result of the implementation of the Copeland Bills which were passed during the 1969 session of the legislature and approved by the Governor.

In view of the fact that you have insisted that no persons are being transferred from State Institutions to unlicensed facilities, we have been attempting for some time to get a list showing licensed facilities within the City of Chicago. We have experienced considerable difficulty in getting factual information with respect to the licensing status of the various facilities within the City of Chicago to which persons are transferred from State Institutions. We recently obtained a list showing 87 facilities within the City of Chicago and it is our understanding that those facilities shown on the attached list are supposed to be licensed and are places to which persons from State Institutions are transferred. As indicated from the attached correspondence we have asked the Commissioner of Health to advise us of the licensing status of the 87 facilities shown on the attached list. Up to this time we have not obtained the information requested.

If you will review the attached correspondence it will be noted that the Commissioner of Health did indicate in his letter of February 23, that the Northmere Hotel, the Adams Park Lodge, the Sievers Boarding Home and Roscoe House are classified as boarding houses and apparently do not come under the jurisdiction of the Board of Health of the City of Chicago. It will also be noted that there are, in fact, persons in these facilities who have been transferred from State mental hospitals. It will be noted from the attached correspondence that persons in residence in non-licensed facilities have been given absolute discharges. The impression is that these persons by reason of absolute discharge need no further supervision or treatment. As you know all persons released from State Institutions at this time are given absolute discharges, regardless of their condition at the time of discharge.

It is our opinion that the transfer of persons from State Institutions to other facilities within the City of Chicago has been indiscriminate and highly discriminatory. It is also obvious that the facilities to which persons are transferred are not visited by representatives of the State Department of Mental Health as required by law, to make an evaluation of the environment and the quality and care of treatment that is given to persons in residence in these facilities.

It is my understanding that you and others are to make a detailed investigation of facilities in Chicago that are presently being used for the care and treatment of persons transferred from State Institutions. We respectfully request that all persons presently in residence in facilities that do not meet the existing standards established by the Illinois Department of Public Health be immediately transferred from those facilities to facilities which do meet such standards. We further respectfully request that the transfer of persons from State Institutions be halted until such time as they can be placed in facilities which meet existing licensing standards and requirements.

Sincerely,

WILLIAM J. O'BRIEN, *Chairman.*

COMMUNITY MENTAL HEALTH BOARD OF CHICAGO,

Chicago, Ill., March 19, 1971.

EDITOR, VOICE OF THE PEOPLE, *Chicago Tribune, Chicago, Ill.*

DEAR SIR: The Chicago Tribune is to be congratulated for its part in the recent investigations of nursing homes in the Chicago area. I am sure all concerned realize that we have seen only the tip of the iceberg. Available information indicates that there are 103 nursing homes—population 7,500, 25 homes for the aged—population 1,380, 10 sheltered care homes—population 3,350, 14 residential care facilities—population 1,338, and 5 “unlicensed facilities”—population 542. We thus have at least 157 separate facilities with a population of 14,000. There are additional thousands scattered throughout the City in numerous unidentifiable rat holes. The inhuman conditions found by the Tribune Task Force provides enough blame and shame for all agencies and citizens in our City who have the responsibility of providing for the care and treatment of persons placed in their care.

While the local agencies have the primary responsibility for the supervision and licensing of the facilities providing care for geriatrics and persons trans-

ferred from State Institutions, the Governor in the 1969 Legislature will share responsibility for certain actions which have placed the difficult and unreasonable burden on the people of Chicago. The 1969 Legislature passed the Copeland Bills (HB 992-996 inclusive). These Bills were signed into law by Governor Ogilvie in September, 1969. The principal objective of this legislation was to transfer 7,000 geriatric persons from the State Institutions to private facilities within a period of eighteen months. During the period from November 1, 1969 through December 31, 1970, it is estimated that 3,000 geriatric persons were transferred from State Institutions to private facilities. If the timetable is to be met, an additional 4,000 geriatric persons will be transferred from State Institutions to private facilities during the year 1971.

In addition to the thousands of geriatric persons transferred from State Institutions, there have been additional thousands of persons transferred from State Institutions to private facilities in the past two years. On February 13, 1971, at a meeting in Chicago, Governor Ogilvie announced that the daily residential population in State Institutions had been reduced by 6,000 during the period January 1, 1969 through December 31, 1970.

As Chairman of the Community Mental Health Board of Chicago and Co-Chairman of the Relatives Council at Chicago-Read Mental Health Center, I was disturbed by the rapid movement of patients to outside facilities. I was assured that all persons transferred were carefully evaluated and screened and that facilities to which they were to be transferred were licensed and met the standards established by the Illinois Department of Public Health. I was also advised that frequent visits were being made by public health nurses to certify that persons in residence were being given proper care and treatment.

The conditions found by the Tribune Task Force and the conditions which are now being found as a result of thorough investigation surely indicates that persons placed in nursing homes, halfway houses, etc., have not been receiving decent care and treatment. It is our opinion that the rapid transfer of persons from State Institutions to private facilities in our City is largely responsible for the proliferation of numerous facilities which were not suitable and that the only reason existence was to make a profit from human misery.

Sincerely,

WILLIAM J. O'BRIEN, *Chairman.*

[From the Metronews, Vol. 2, No. 3, Aug. 29, 1969]

CHICAGO STATE CHOSEN TO RAPIDLY DISCHARGE ELDERLY

Chicago State Hospital has been chosen to implement a pilot project to rapidly discharge its geriatric population. The test project is being conducted to implement Governor Ogilvie's plans to discharge some 7,000 elderly patients from state mental hospitals to private facilities.

A three-way partnership of the Departments of Public Aid, Public Health, and Mental Health has been formed to expedite the discharging project. Under the direction of Robert Lanier, Special Assistant to Acting DMH Director John F. Briggs, representatives of the three Departments have held meetings and established a format for the pilot program of community placement of geriatric patients beginning in August, 1969.

Under the new joint format, the Department of Public Aid will (1) have responsibility for determining amounts to be paid; (2) make payments for all Public Aid recipients eligible and advise the Department of Mental Health on cases for which Boarding-Out Funds must be used; (3) monitor the point system and payment schedule for patients; and (4) determine eligibility for all financial assistance and work with staff of the other two departments during the pre-placement phase of planning for the patients.

PUBLIC HEALTH TO MONITOR VACANCIES

The Department of Public Health is to provide DMH and Public Aid with a continuously updated vacancy report showing the numbers and locations of community placement beds available statewide. Its other responsibilities are to develop the necessary additional resources for community placement beds in nursing homes, half-way houses, shelter care facilities, etc., and to continue to set standards for and license all facilities utilized.

Features of the program, which are Chicago State's major responsibility, are the following:

All geriatric patients at Chicago State Hospital are being carefully screened. Unit Chiefs of Service and their teams are to screen and clinically evaluate patients. Dr. Jack Weinberg of the Illinois State Psychiatric Institute is the consultant for this reviewing function.

[From the Metronews, Vol. 2, No. 5, Sept. 30, 1969]

INPATIENT POPULATION AT NEW LOW

The total population for Read-Chicago State Hospital hit a new low this month with 1,905 patients. This reflects 260 residents at Read Zone Center and 1,645 residents at Chicago State.

A year ago in August, 1968, Chicago State population alone was 1,855. Thus, there are 200 less patients this year.

GERIATRIC DROP RESPONSIBLE

According to Sam Leivick, who oversees the geriatric service at Chicago State, there are approximately 170 fewer geriatric patients than in August-September, 1968.

"We now have a population of 480 geriatrics which does not include about 200 elderly residing in the infirmaries," said Leivick.

This figure continues to be on the way down as long as Chicago State remains the state's pilot project to discharge all capable elderly patients to private facilities.

WARDS CLOSING DOWN

A result of the lowering in population is the closing of some of Chicago State's older wards. With the consistent reduction in Geriatric Services in the past year, the Farm Ward and CW-3 are shutting down. Their patients will be dispersed among the other units as well as CW-20, formerly the TB unit, which moved to the Medical-Surgical Building.

The Horner Building, a comparatively recent structure built in 1936, has only four units left in operation. They are Subzone 4's A-1 and A-2 units and Subzone 5's C and D units, putting that building's population at approximately 200 residents where it once held more than 1,000. Subzone 2's B-unit patients in the Horner Building moved this month back to CW-13 since remodeling of dining and plumbing facilities has been completed.

[From the Metronews, Vol. 2, No. 7, Oct. 31, 1969]

PILOT DISCHARGE PROJECT STARTS ROLLING

The plan to discharge most of the geriatric population at Chicago State Hospital was explained to more than 50 staff members in our geriatric service at a Geriatric Task Force meeting, Oct. 27.

Officiating at the meeting were Robert Lanier, Special Assistant to John F. Briggs; Victor Engandela, Chief of Service of CW-20 and member of the Clearing House Review and Placement Team, and former state representative John Parkhurst representing Governor Ogilvie.

They stated that three main roadblocks to the rapid discharge of the elderly have been removed in the last 6 months by the passage of four legislative bills, "The Copeland Bills." Positive avenues opened are that 1) inappropriate admission of the elderly to state hospitals is against the law, 2) all hospitals are required by law to review their populations for those not diagnosed as mentally ill and 3) three state agencies directly involved with community placement have been brought together to expedite the discharge project. This Geriatric Task Force is a three-way partnership of the Departments of Public Aid, Public Health and Mental Health.

The meeting not only provided information as to how the discharge and placement plan works, but served as a sort of "pep" session to staff.

"It takes more than forms and legislation to make this work," said Parkhurst. "You have to believe it's right that patients have a chance to live better."

Employees were also reassured that they would not lose their jobs as the geriatric population decreases. They would be used either in other hospital programs or in follow-up programs.

ON THE COTTAGE WARDS

November 1 is the kickoff date for the pilot project to begin at Chicago State Hospital. All of the hospital's 700 geriatric patients will be evaluated according to their degree of readiness for discharge. The criteria encompasses the medical, social and monetary situation of an individual.

CW-20 with 80 patients will be the first unit to hook up with the project's coordinated and planned flow of geriatric placement. (See details below.) On November 1, all the other units will begin to use the same forms on their patients, but will not yet hook up with the placement flow plan.

IN AGENCY COORDINATION

Room 205 in the General Office Bldg. (CSH) opened this month as the pilot project's office. Here, members of the three departments (Public Aid, Public Health and Mental Health) form the finalizing Placement Team and Clearing House Review to coordinate the ready-to-be-discharged patients with proper and adequate facilities.

The Clearing House Review and Placement Team members are: Theresa Bernoudy and Helen Cearlock (Public Health); Henry Jarosz (Public Aid); and Victor Engandela (Mental Health). Their phone numbers are: 794-5520, 4088 and 4044.

PLACEMENT FLOW OUTLINED

The flow of geriatric placement involves seven steps:

1. Sort hospital records of patients over 65 according to who is or is not eligible for public assistance. (Chicago State Hospital's responsibility).
2. Review of patients by a Clinical Selection Team as to whether or not a patient can be placed and prescribe the type of facility needed. (CSH's responsibility).
3. Review and preparation of patient's monetary situation by Public Aid Staff.
4. Determination of facility vacancy and standards by Public Health Staff.
5. Clearing House Review and Placement Team finalize placement by coordinating efforts of three agencies.
6. Hospital culminates ongoing discharge preparation of patient and transfers individual to a private facility.
7. Follow-up and aftercare plan by hospital, subzone and zone staffs.

[From the Metronews, Sept., 1970]

THREE MORE GERIATRIC WARDS PHASE OUT

Ninety female geriatric patients and some staff from the relic 1900 Cottage Wards 7, 8 and 9 were moved October 24 to the Infirmaries which are now becoming a more general senior citizen treatment center. Approximately 36 of the more physically handicapped Infirmery patients are soon to be moved to the 5th floor of the Medical Surgical Building.

"Even though this boosts up the Infirmery enrollment again to close to 300," said Dr. John Nelson, Geriatrics and Medical Director, "there is more space for the 90 women than there was in their old dilapidated wards."

He added, "The Infirmaries (which will soon have a name change) will hold a mixture of various types of patients so that patients can benefit from helping meet each other's needs. It is felt that placing all the most regressed patients together is depressive and destructive to both patients and staff. Active community placement will follow."

The move represents continuous advancements and changes in the geriatric service over the past year, since the Pilot Project to transfer appropriate patients to private licensed facilities started one year ago. Since the project

started here, with the help of the Department of Public Health and Public Aid, 400 patients have been discharged. (In June of 1969 there were 510 geriatric patients and 310 Infirmiry patients. In June of 1970 there were 205 geriatric patients and 210 in the Infirmiry.)

Some of the other moves and advancements planned in the future are, according to Dr. Nelson:

1. CW-17, once a re-socialization and placement unit, will become an admissions and 30-day unit for geriatrics in the early part of October. The unit will do pre-admission examinations and focus its programs on short term therapy to include family groups, individual activity, and drug therapy. CW-17 is one of the better physically planned Chicago State Campus wards, with semi-private "cubicles" and a carpeted area in the day room.

2. CW-20 will specialize as a placement unit for the approximately 180 geriatric and infirmiry patients who are still considered placeable in private community facilities. CW-20 will specialize in the placement of these patients and developing additional follow-up teams to the community.

3. CW-4 and 6, also 1900 antiquated units, will place and treat patients and phase themselves out by also sending patients to the better equipped CW-20 and Infirmiries.

ILLINOIS ASSOCIATION FOR MENTAL HEALTH, INC.,
Springfield, Ill., March 10, 1971.

[For immediate release]

MENTAL HEALTH ASSOCIATION ASKS HALT TO NURSING HOME TRANSFERS

The Illinois Association for Mental Health has urged Governor Ogilvie to declare a moratorium on the Administration's program of removing large numbers of elderly patients from State mental hospitals into nursing homes and sheltered care facilities, until recent exposures of sub-standard, inhumane conditions can be explored and rectified.

Mr. William M. Freeman, Association President, expressed the view that there was enough evidence from BGA and newspaper investigations, to warrant the halting of any further transfers until "administrative and legislative measures have been put into effect, and acceptable living standards assured."

"Present findings merely confirm complaints and rumors which the Association has been receiving for some time concerning the miserable facilities into which mental patients are apparently being placed," said Freeman.

Mr. Freeman acknowledged that the Illinois Association for Mental Health had earlier had a part in the community transfer program by virtue of its interest in seeing that elderly persons not in need of mental treatment were not inappropriately dumped into mental hospitals simply for want of better care. We reluctantly conclude that inappropriate or not, a well run State hospital that our Association's Visiting Committee and other interested citizens can monitor, is preferable to these mini-snakepits we're finding.

He noted that the Department of Mental Health had recently assured the Association that "there is at least a monthly follow up visit per each patient and that all placements are made into licensed facilities; that this referred to all placements and not only to those in the 65 or over category."

We were at first reassured at the use of licensed facilities only and promise of monthly follow-up visits by the Department of Mental Health. If indeed monthly visits were made to former patients in some of these recently exposed facilities, and if patients were allowed to remain in them, then the situation is more damning than had no aftercare visits been claimed.

Appendix 4

PREPARED STATEMENT BY HILLEL H. YAMPOL, METROPOLITAN CHICAGO NURSING HOME ASSOCIATION³

We appreciate this opportunity to appear before you today, particularly since the federal programs so deeply effect local health care.

In the interest of time and recognizing the complexity of the total presentation we would like to make, we have determined to concentrate only on some of the key points.

You have each received a kit containing information on the Association and its programs for strengthening care—many unique in the country; some recent statements pertinent to the issues and some reprints we believe are meaningful.

The Expose is not the problem nor has it focused on the problem. On the contrary, though it woke the public up, it has diverted attention *from the causes* to the effects or symptoms.

The conditions, as charged, are not rampant through the long term care field. Indeed, investigation is showing that much was exaggerated—even in relation to the 20 some ramed out of the over 1,000 long term care facilities in Illinois (less than 2% of the long term care beds in the state, 4% of those in metropolitan Chicago).

Minimal care—which, to many of us concerned with good care, is actually less than minimal—is a key factor. Minimal care—under-financed, under-programmed and under-staffed—is a key problem . . . and the problems will continue until the programs are straightened out. Then—compliance and enforcement will also fall into appropriate perspective . . . *it is not possible to force something to happen if all conditions are set in direct opposition!*

There has been much ado about money—on all governmental levels. We too are concerned, but not about a shortage of it—not yet—we are concerned with its misuse, its waste, its dissipation in high cost, upside down programs. We don't know if there is enough money to do the job right but we do know that the country can and should be getting more care and much more effective care than it is for the amount of money being spent. We believe our recommendations can help bring that about.

We feel the concentration of particularly these hearings should relate to what is needed to make the system work rather than chasing after its weaknesses. There is already a classic example of what happens when rules are written and programs geared to control the few as in the case of physicians.

1. A small number of physicians were suspected of taking financial advantage of the Medicare/Medicaid Program.

2. Rules were written to prevent such future occurrences.

3. As a result:

(a) 100% of physicians can only visit their patients *once a month* without voluminous documentation subject to review and retroactive denial.

(b) 100% of the patients dependent on government programs are deprived of their physicians services.

(c) Physicians won't reduce patients hospital stays (at \$100-\$140 per day—Public Aid payments) when they can't follow their patients and when they are paid daily only on hospital visits.

If we really want to move people from highest cost settings as early as possible, a more valid approach might be to encourage the physician by paying him the same as he would get in the hospital for 2 to 3 weeks of post hospital care. We're paying it to him anyway plus 2 to 3 weeks of extra hospital care! The physician is the key to verification of care and to appropriate use of service—yet the regulations build him *out*.

³ See p. 1132.

Over-concern with *the few* taking advantage, *deprives all* of adequate care and destroys the whole program.

Is Congress's purpose an administrative policing program or a deliverance of health care?

This committee held extensive hearings *in 1970* (and earlier). You gentlemen know the system has failed—*post hospital Medicare is non-existent*; home care, visiting nurses, extended care exist in name only with agencies closing and discontinuing service daily. Huge amounts of back monies are owed in Medicare and Medicaid to all providers with much of it subject to retroactive denials under *rules promulgated after the service* was rendered.

Yes, no sweeping Welfare Legislation was passed by Congress *in 1970*!

The facts today are certainly not improved over 1970.

Congress passed meaningful legislation in creating Medicare and, at your chairman's urging, Medicaid (in 1967). The Department of Health, Education and Welfare, under pressure and criticism for spiraling expenditure, responded with interpretive restrictions that have totally distorted the program and made it an economical and functional disaster.

Anyone concentrating on meeting *patient need* rather than following the HEW Rule Book cannot function because the rules relate to short range budget consideration *not human need!* (The discontinuation of all the programs referred to above is classic evidence.)

The program is a patchwork of bandaids—it needs major surgery!

The job can be done much more effectively *with the same funds* if we center on the patient.

A. What does the patient need to maintain his level of "wellness"—it is much less costly to maintain health than to fight illness.

B. What does the patient need when illness strikes to regain his highest level of independence as quickly as possible.

At this point, a comment on the proprietary versus non-profit "bugaboo" is in order.

Non-profit and county run facilities throughout the state are reporting difficulty in maintaining services to public assistance recipients. Many will not accept public assistance patients—others establish a limited percentage. All are subsidizing their public assistance patient income, as do many proprietary facilities, from other income or from donations.

We believe American economic history proves that the profit motive can be used positively or negatively. Our whole economy is based on making a profit by giving the public what it wants. The key is in the *level* of competition—if the public wants only the *cheapest*, with no regard to quality, there will be those to provide it—in Chicago we have the famous Maxwell Street Market. But, we also have Marshal Field competing with Carson Pirie Scott & Co. If the public wants *quality*, there are those who will compete to give the *highest quality at the least cost*.

Spokesmen for the Cook County Department of Public Aid testified March 29th before the Illinois Legislative Advisory Committee on Public Aid.

In response to a question, they stated that there are enough beds in Cook County but not *enough good ones*. Yet Public Aid won't purchase or pay for the "good beds". Minimal facilities are 100% filled . . . many with 100% Public Aid patients. The strongest care facilities are 80% and 85% filled and have only a percentage of Public Aid patients. The priorities are upside down. Skilled care patients are located in skilled care beds and then, for budgetary purposes, reclassified as intermediate. Millions of dollars in back monies for care rendered is owed in Cook County along with hospitals, nursing homes, physicians, druggists borrowing from banks at 10% interest and more to make ends meet.

Poor care is costly—it breeds illness, deterioration and total dependency—its result, perpetual care, the most costly of all in funds, human lives, community resources.

The health care system needs good programs with high (but realistic) standards and sensible funding. Compliance will follow. Poor care facilities will not exist if only god facilities are used.

We can establish "quality competition". We believe, under these circumstances, the proprietary field can make a unique and major contribution to health care—*highest quality possible at least cost to the community*. We believe a viable proprietary hospital industry alongside the non-profit hospital might well have kept hospital costs from spiraling.

We have attached an earlier statement in which we list some of the obstacles to a good system.

For immediate short range improvement, we recommend:

1. Physician follow-up should not only be allowed, but encouraged. Without this, there is no continuity of care. (It is less costly to pay physicians for more visits outside the hospital than to pay for more hospital days plus physician visits.)

2. Supportive and consultative services should be as freely available in non-hospital settings as in the hospital. Otherwise, we force unneeded hospitalization.

3. Extended care coverage should be consistent with the clear congressional intent that it be used to bring about early discharge. The fear of loss of benefits traps thousands in hospital beds. (Compare ECF transfers in 1967-68 to the number of transfers today. The patients aren't going home . . . they are prolonging hospital stays.)

4. Narrow the gap between the hospital daily reimbursement rate (\$100-\$140) and the highest skilled care rates (\$11.00 + \$5.00 Illinois) in long term care facilities for earlier hospital discharge. This would *allow* the skilled care facility to provide strong enough care so that earlier discharge would be possible, while fully meeting patient need.

5. Make the physician responsible for patient transfer as he is for hospital admission. This will involve him in verifying care in the non-hospital setting as he does in the hospital. Paying for more physician involvement may well be a major program *economy*.

6. Expand funding for community based (as compared to institutional based) care. Don't pinch on home care, visiting nurses, meals on wheels. Institutional care, at its best, is negative—it should be used only when needed—only when other alternatives are inadequate or inappropriate. To do this, the other alternatives must exist.

7. Eligibility, family contributions and family responsibility should be re-considered. We are concerned with having sufficient funds to do the job right—why are we trying to do an inadequate job for everyone, in need or not, rather than concentrate on those in need first?

(a) Public Aid has discontinued family support or contribution. Eligibility is determined on the individual's resources, not his children's. There are millionaires with parents on medical assistance.

(b) The program does not permit families to augment care by purchasing services (physical therapy, etc.) not covered by Public Aid.

These are just some of the major considerations and, of course, we have not touched on the procedural morass which must be resolved to bring about any improvements.

We hope this much too brief presentation brings some added perspectives to your thinking. We are interested and willing to pursue these issues in greater detail should you be so inclined.

Thank you for your kind attention.

Appendix 5

STATEMENT OF THE ILLINOIS NURSES ASSOCIATION*

Institutions and agencies caring for the aged would increase their effectiveness if a greater stress were placed on inter-disciplinary cooperation or "team work" as an operational philosophy. As it stands now, some such institutions have an excellent record, but greater acceptance by all the disciplines of one another could lead to true excellence in health care. The problem probably arises from fundamental educational differences among the disciplines. Considering that at no time do the educational programs for each of the professions involved allow for any kind of cooperative "team" approach to a patient's problem, the fact that meaningful cooperation exists at all in some agencies is a credit to those involved.

More concern should be placed on the aged patient in his own home, about his feelings of helplessness and of coming to the nursing home. Helplessness is a feeling of loss of control and is very disturbing to the individual and hopelessness is a more serious feeling of despair, family and community rejection. These patients should be visited and prepared before admission. Increasing medical costs demand attention by the government.

There should be better placement of medical personnel, increased housing, meal and housekeeping programs, senior citizen centers, and good educational programs for the aged not in nursing homes.

Medical Science has developed the techniques through research (often government sponsored) to keep thousands of aged citizens alive—but to what end? Little or no government monies have been invested in concomitant research for developing a meaningful life for those who are limited by age and ill health. Moreover, often those given "the blessing of life" need extensive supportive care. Little or no money is forthcoming for this either and "custodial" is a dirty word in this time of rising costs to those who approve care plans submitted for governmental reimbursement.

There will be more elderly persons in our society, and the quality of life will drop because there will not be sufficient personnel and institutions to care for these people. With rates and the cost of living increasing, there will have to be more assistance from the Government. Planning is very important. Nurse involvement in planning is crucial.

If the present status quo is maintained in the present health programs, the only result can be disaster. The current programs are not meeting the needs of our elderly, and the aged population is on the increase in our society; this expansion of programs to meet increasing demands of more aged persons is a necessity.

It is also relevant to point out that planning in our society today gives so little thought to our fellow man, the elderly and the handicapped aged, that these people are automatically excluded from our daily life. For example, city bus steps are too high, save for the most agile aged; curbstones present an unsurmountable obstacle for arthritic elderly; and the average traffic light requires the ability and stamina of a sprint runner to cross many busy city streets. We may plan to offer free medical care at a local health center, and reduced transportation rates to enable the older person to get to the clinic; however, we forget that numerous aged cannot participate in such plans, not because they are not interested, but only because they have grown old and can no longer function in our urban environment as it is presently designed.

There will be more serious health problems in the future if the status quo is maintained.

More emphasis should be put on research for the prevention of the aging process and it should also include the social sciences because aging is also

* See p. 1132.

a social phenomenon. The biological, psychological and social needs and change in older individuals are only partially understood.

More emphasis must also be placed on the manpower shortage in the health professions and utilization of the health professionals. There is a critical need for increased funding for nursing education, both basic and continued.

In Illinois, we are faced with sorely inadequate numbers of prepared faculty for nursing schools. Unless this area is given priority attention, that is, a crash program to qualify RN's to teach in our schools, more and more basic nursing students will be turned away. While the Illinois Nurses' Association has a plan for meeting this need, implementation is impossible without appropriate funds.

APPENDIX 6

ADDITIONAL INFORMATION SUBMITTED BY DR. FRANKLIN D. YODER*

STATE OF ILLINOIS DEPARTMENT OF PUBLIC HEALTH,
Springfield, May 4, 1971.

DEAR SENATOR PERCY: This is to provide you with information relating to the closing of long-term care facilities in the State of Illinois which you requested at the recent Chicago hearings. We have reviewed our files for those facilities closed during the period January 1964 through March 1971 and the following summary reflects the number closed for the reasons indicated.

Nursing homes:	
Formal hearing for license revocation.....	2
Voluntary due to licensing deficiencies and subsequent pressure by State agencies.....	61
Voluntary for personal reasons.....	52
Voluntary to occupy a new building.....	15
Voluntary to change to a lower level of service, shelter care.....	3
Homes for the aged:	
Voluntary for personal reasons.....	6
Voluntary to occupy a new building.....	1
Sheltered care homes:	
Formal hearing for license revocation.....	1
Voluntary due to licensing deficiencies and subsequent pressure by State agencies.....	19
Voluntary for personal reasons.....	40
Voluntary to occupy a new building.....	7

Although only three (3) long-term care facilities were closed through the formal hearing process, 61 nursing homes and 19 sheltered care homes voluntarily closed, rather than become a defendant in a formal hearing as a result of pressures exerted by State agencies.

Your continued interest and assistance is very much appreciated. Please let me know if I can be of additional assistance in any way.

Yours sincerely,

FRANKLIN D. YODER, M.D.,
Director of Public Health.

*See statement pp. 1058 and 1070.

