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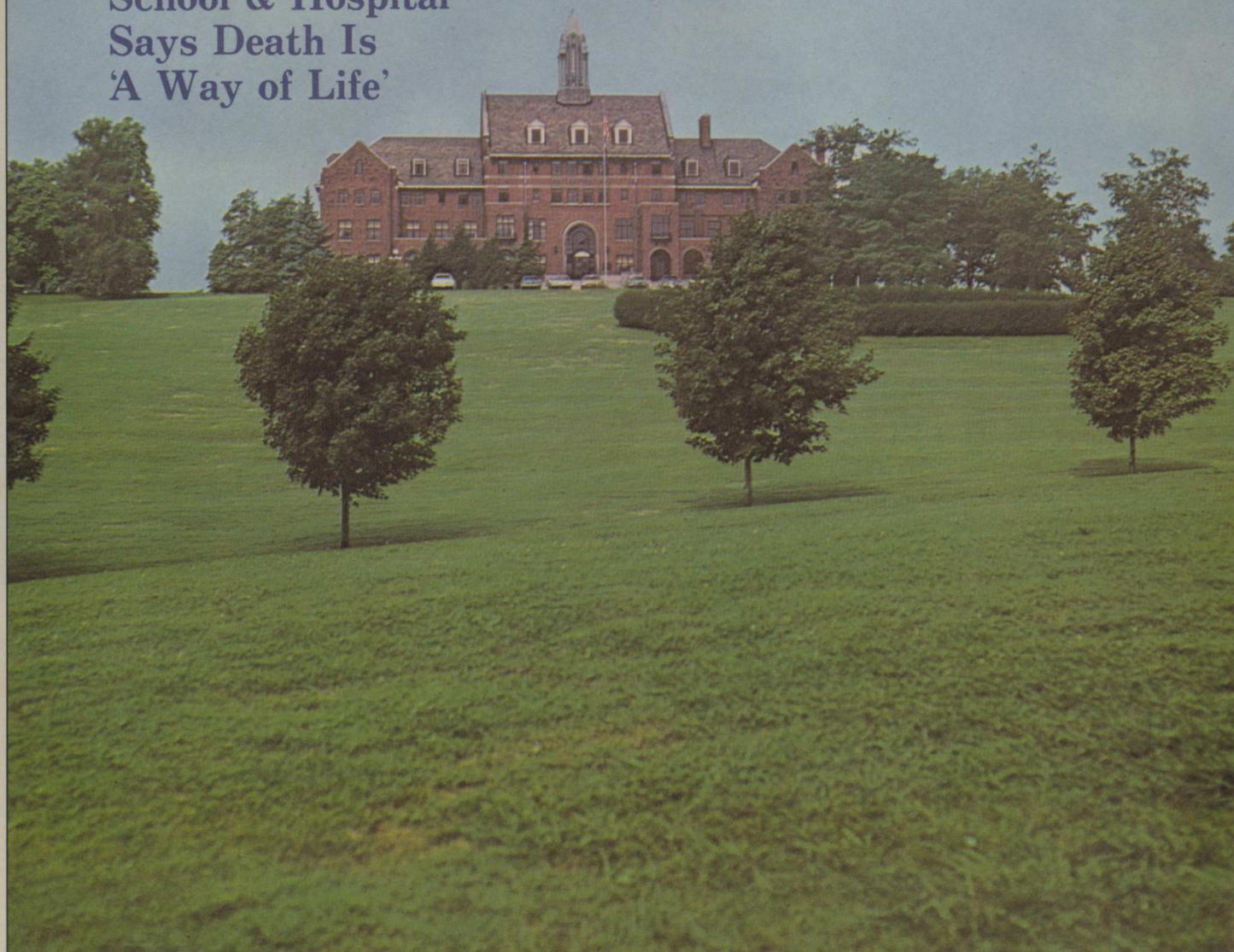
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Behind the Walls

A Secret Report
On Western State
School & Hospital
Says Death Is
'A Way of Life'



Behind the Walls at Western State: a Secret Report

Slip-ups are the norm, accidents inevitable and death is 'a way of life.'

By Evan Pattak

... the medical services now provided residents of the Mental Retardation Service of Western State School and Hospital at best is of minimum quality and simply sufficient to maintain survival of a predominant chronically disabled population ... the deficiencies in medical services and care are of such a nature as to make it impossible to correct through simple measures ...

It's an opinion that has been voiced before, of course, that the residents of state-run institutions get the dregs of state funds, what's left at the bottom of the barrel after all the pressure groups have been satisfied. It's the type of thing you'd normally expect to hear from an embittered parent or an advocacy group. But the above statement comes from a far different source — the report of a task force of experts charged by the state Department of Public Welfare with making a comprehensive review of Western State.

You haven't read about the report till now.

The Welfare Department has kept it secret, and with good reason. For the picture it paints of Western State is not a pretty one: a harried, undermanned staff trying to deal with situations it has

neither the time nor training to handle. Under such congested, pressure-packed conditions, slip-ups are the norm, accidents inevitable and death, as one item in the report puts it, "a way of life."

Located in Canonsburg just off I-79 on the grounds of the old Morganza training school, Western State is a residential institution for more than 600 mentally retarded from Allegheny, Washington and five other counties. When it opened in 1962, the population was about evenly distributed through the mild to severe to profound range of mental retardation. That has so changed over the years that now some two-thirds of the residents are judged severely to profoundly retarded; about half the total population is over 21. In addition, nearly half the residents are considered high risks, with medical and nursing services essential for their survival. As the complexion of the population changed and the nature and size of the staff didn't, there were bound to be problems.

But it wasn't until last fall that a series of seemingly avoidable deaths at Western State aroused a public furor. In July 1974, 12-year-old Mark Leonard disappeared. How he managed to slip away from his unit no one could say. His body was found the next day in an unfenced reservoir on the grounds of the institution. In November, a 17-year-old Pittsburgh youth named Paul Jenkins

choked on a piece of meat. Less than a week later, 55-year-old Roy Woods died of a heart attack. He had been hospitalized previously for pneumonia but had been given a clean bill of health the day before he died.

In the wake of these deaths, the Welfare Department felt compelled to act. In typically bureaucratic fashion, it ordered three separate studies of Western State. One was done by the department itself. Insiders imagine that this report is a whitewash, though that's pretty much speculation, since no one outside has been able to get a copy. The Allegheny County Chapter of the Pennsylvania Association for Retarded Citizens (ACC-PARC) has asked for the study half a dozen times, only to receive replies saying, what study is that?

The second report, done by the state Justice Department, is of some interest, though in many instances it is vague or dated. It includes sworn statements of years-old staff abuses, and there is a noticeable lack of recommendations. But it is the third study, the report of the expert task force, that is so shocking.

The task force was created on the orders of two Welfare officials in the Western Region — Norman Taylor, then deputy secretary, and Charles Peters, then commissioner of mental retardation. The team was headed by Dr. Irene Jakab, professor of clinical psychiatry in the

Evan Pattak wrote "The Russians Are Here" for the July/August issue of this magazine.

Simple arithmetic leaves one minute for the doctor to look at the patient and ask him how he feels.

University of Pittsburgh School of Medicine. Also on the four-person force were Dr. Meyer Sonis, Dr. Grace Gregg and Lynda Katz, all affiliated, as is Dr. Jakab, with Pitt's Western Psychiatric Institute and Clinic. The task force conducted extensive interviews of Western State personnel and inspected the institution over a three-day period last January.

The food was so bad the task force refused to eat it.

What the task force found was that in almost all areas, there were too many residents for too few staff, reducing patient care to an inadequate and sometimes dangerous level. This was true even in such services as dietary planning. The food served residents was so bad that the task force refused to eat it after the first day, buying snacks instead. The reason for this, explains the Justice Department report, may be that the chief dietitian, "because of understaffing in her section . . . often has to pull unskilled help such as dishwashers or delivery men to fill vacant positions of cooks and butchers when these people are absent from their jobs." With delivery men minding the ovens, it's no wonder the task force sought the safety of vending machines.

Staff shortage was even more critical in other areas. Although not mentioned in the report, Western State conducted its own study of runaways over two summer months in 1974, showing a total of 15 disappearances. Some were harmless, kids turning up in the next lodge. Others made it to I-79. Mark Leonard reached the reservoir, where he drowned. The primary reason for the runaways was presumably lack of proper supervision.

The task force randomly picked for examination the medical records of 19 Western State residents. Of the 19, 11 showed evidence of poor medical management, largely due to sloppy record keeping. "The progress notes in general," says the report, "are not more than medication prescriptions and seclusion orders, without any comment on the patient's status or the details of the treatment program. From the records it appears that immunizations are not up to date . . . Blood pressure is not recorded at all in several cases . . ." The task force could not fully blame the physicians, who, it was discovered, must spend as much as half their working days filling out forms.

There are six physicians, four full-time, on the staff, each responsible

during daily rounds for as many as 130 residents. The task force used some simple arithmetic to figure out that if a doctor could free himself from the glut of paperwork and spend his entire eight hours making rounds, he would have four minutes for each resident. Sick or healthy. The team somewhat facetiously imagined a physician's spending one minute of the four in transit, one examining the chart, another discussing the case with the nurse. That would leave one minute for the doctor to look at the patient and ask him how he feels.

"If a patient at WSSH is capable of giving a concise answer to the doctor's question within one minute," the report tartly concludes, "he is too intelligent and he should not be at WSSH."

Because they were so short-handed, physicians were not holding regular staff meetings. The task force also found indications that residents were getting the bulk of their medication during the day. This tended to leave them listless through the prime learning hours, but apparently there was insufficient staff on the night shift to handle medications.

There are no doctors on the grounds during evenings and weekends, and none can reach the facility in under 25 minutes. And then only when they feel like it. The task force uncovered the case of a 14-year-old resident admitted to the clinic at 3 A.M. in a cyanotic state, that is, turning blue due to lack of oxygen. The patient was first seen by a physician at 2 P.M., 11 hours after admission. Laboratory tests were begun a day later.

Because of inadequate space and staffing on its Intermediate Care units (eight of the 13 units in the three lodges where most residents are housed), Western State has consistently failed to comply with federal Medical Assistance standards for such units. Medical Assistance would provide 55 percent of all auditable expenses incurred by a resident. "If funds were allocated and steps taken to meet the MA requirements," reasons the Justice report, "more residents could be placed on MA status and in the long run, the Commonwealth could realize a savings." Ironically, the state has shown little inclination to spend money that would, at the same time, improve conditions and generate more money than was initially spent.

A frequent criticism of the Western State staff, which struck for a day last April, is that there is an unnaturally high rate of absenteeism, especially on weekends. Barbara Amolini, representative for District Council 84 of the American Federation of State, County and Municipal Employees, which represents most of the staff, does not dispute the absen-

teeism charge. But she claims poor working conditions are responsible. "Absenteeism," she says. "They don't tell you how many are on disability leave because of injuries from taking care of patients. There are a lot of back injuries. Until they can straighten out some of the working conditions, there's nothing we can do about absenteeism."

The staffing problem was supposedly eased early this year when the Legislature appropriated funds for 40 new positions at Western State — only half of what had been requested, but still, a significant gain. The staff complement duly jumped on paper from 727 to 767, but there seem to have been considerably fewer than 40 new bodies hired. According to Barbara Amolini, what occurred was a classic paper shuffle.

About 10 of the new positions went to people in the Commonwealth Careers program who may already have been working 40-hour weeks but had not been listed on the full-time complement. Before the legislative action, two part-time workers in some job classifications had been counted as one full-time position on the complement. After the Legislature acted, the word came down that each such part-time position was now to be regarded as a full-time position. In effect, positions were added while man-hours stayed the same. "It's just one big manipulation," Amolini says.

Six residents may have died in one year due to the lack of proper facilities.

Although understaffing was a major problem, it was far from the only one found. The task force expressed amazement at the lack of an emergency room on the grounds — residents who require even routine emergency care must be transported to a hospital. The task force studied all deaths at the institution in 1974, finding seven that were not illness-related. "Probably in at least six of these cases," the report says, "death could have been prevented with more vigorous emergency medical measures." It's not a dramatic statement, buried as it is in the middle of the report, but it bears repeating. Six Western State residents may have died in one year due to the lack of proper facilities.

The task force also noted the need for smoother co-operation between the doctors and the non-medical staff. In part this dichotomy is artificial, forced on the



The case of a man, call him Al . . .

Perhaps the most bizarre horror story out of Western State involves a man — call him Al — who was at the institution for years. A big, strong man in his 20's, Al was considered mildly retarded, with some speech problems. Over the years he became subject to spasms of violent behavior. It is the opinion of some observers that Al's intensive behavior was as much a product of his long institutionalization as anything else. In any case, containment of Al's outbursts became a problem for the staff.

Last April 26, Al threw a tantrum. He entered a cafeteria where wheelchair patients were being fed and began hurling chairs. One chair struck an elderly woman in the head, opening a wound that required medical attention. Several staff members were injured slightly trying to restrain Al. Order was eventually restored, but the staff had had enough. Al exploded on a Saturday evening; on Sunday at midnight the staff went on strike, catching even their local union leaders by surprise.

During hurried negotiations between the state and the American Federation of State, County, and Municipal Employees, it was agreed to establish a modification unit for males given to periods of intensive behavior. The catch was that Al wasn't to be a part of it. The union demanded, and the state agreed, that Al be removed from Western State.

What happened then is straight out of the Twilight Zone. The family of the injured woman pressed charges

against Al. He was duly indicted, taken from Western and . . . thrown in jail. Incredible as it may seem, a man judged mentally retarded was kept in the Washington County Jail for two weeks for a manifestation of that illness. Just how that came about is the subject of some confusion. Dr. Ruth Scott, acting Western State superintendent, maintains that Al's jailing was part of a treatment plan developed by a psychiatrist.

After the two weeks, Al was released by court order to Mayview mental hospital in Bridgeville, ostensibly for a 10-day evaluation. He was there a month. Then, during the state-wide AFSCME strike last July, Al was shipped back to the slammer for another two weeks. In all, he spent a month in jail.

He's back at Mayview now, though what exactly he's doing at a hospital for the mentally ill is anybody's guess. The Welfare Department claims it's going to send Al to a special unit at a hospital it will not identify; reliable sources say it will be in Somerset. Dr. Scott thinks Al would benefit from treatment in the new unit at Western State, but the deal between the union and the state is ironclad.

It could be that Al will wander forever through a state program not equipped to care for him. Bob Nelkin, associate executive director of the local Pennsylvania Association for Retarded Citizens, is investigating the prospect of a lawsuit based on the possible violation of Al's rights.

/E.P.

institution by its definition as both school and hospital. But the distinction, according to the task force, has caused all but open breaches between the doctors and the rest of the staff. Lines of authority are unclear; policy becomes a function of personality. "Instead of an attempt at collaborating, both sides keep to themselves and feel unjustly attacked by the others. This leads to further isolation of the services."

The friction grew so heated that all six doctors fired off a letter to the Welfare Department regarding an assistant superintendent named Dr. Ruth Scott. The letter, quoted in the Justice report, minces no words: "... she has made a complete shambles of the doctor-nurse professional relationship . . . Her actions have been precipitative and vindictive."

The doctors cite faults that sound curiously like virtues.

The doctors go on to cite a list of faults — permitting employees and residents to report grievances directly to her, movement of hypertensive females to a separate unit, willingness to meet with the media — that sound curiously like virtues. The Welfare Department must have thought so, too. On March 28 of this year, Dr. Scott was named acting superintendent of Western State.

How have the Welfare Department and the Western State administration reacted to the long list of recommendations by the task force? In an interview, Anna Belle Calloway, deputy Welfare secretary for the Western Region, and Dr. Scott detailed what steps have been taken.

Dr. Scott spoke enthusiastically about the continued efforts at depopulation. Since July, 1974, 80 residents have been moved from Western State to group homes, supervised apartments or other community facilities. She would like to see 80 more moved in the next year. "As people move out and we keep the same size staff," she said, "we're going to be able to balance out the (staff/patient) ratio that's required." Although the Intermediate Care units will not qualify for Medical Assistance funds in the immediate future, those designated as Skilled Nursing units have come into MA compliance. The number of residents on some units has been reduced from 40 to a more manageable 26 or 28.

As far as medical care is concerned, Western State has not installed an emergency room as the task force recommended. But it has started a dispensary service manned by a doctor into the early evening hours. The recommended addition of a full-time physician has also been bypassed. The administration instead plans to contract for the services of an internist, a



'One retarded kid is tragic. A roomful of them is nothing, numbing.'

It is Monday, April 28, the first full day of the strike by workers of Western State. It will be the only full day of the strike, but no one knows that yet. The strike has caught even union leaders by surprise, so there are no emergency care provisions and precious few volunteers.

Inside Cedar Lodge, where some of the most profoundly retarded residents are housed, things are near chaos. There seem to be only three professionals — two nurses and a beautician limping on an injured foot — for about 150 residents. The senior nurse, a tall, slender woman with owlish glasses, shows signs of becoming slap-happy and it's only noon.

A volunteer enters the cafeteria, where lunch is being served. The room smells of vomit relentlessly sprayed over, like someone threw up under a pine tree. The volunteer would like to remember the scene to describe it later, but there are no words for it, because what words would be appropriate? One retarded kid is tragic. A roomful of them is nothing, numbing. The volunteer is glad when the nurse hands him trays of lunches — bologna sandwich, apple, cup of orange juice — and tells him to feed the two guys down the hall.

The two, a man and a boy, are in bed. Both of their bodies end more or less with their trunks, though the man has powerful forearms and is able, with great effort, to speak. The boy does not seem to be alive, but for his eyes following the volunteer. The volunteer

mumbles a few words of mindless chatter, rips the sandwich into bits and places a piece on the boy's tongue. The man struggles to a near-sitting position, face contorted with the pain of speaking. "Baby food," he says, indicating the boy. The volunteer tries to retrieve the bit of sandwich, but the boy closes his lips around it.

Shaken, the volunteer reports back to headquarters and is told to begin making beds, using clean linen where the sheets are soiled or wet. But he finds it impossible to differentiate between long-soiled sheets and those newly dirtied, so he doesn't bother with new ones. Still upset by the feeding, he's doing one lousy job. From another room he hears someone yell, "Who did this?" Thinking an official has come upon the beds, the volunteer goes out to apologize. He finds a resident, rocking back and forth, eyes closed, grinning.

Back to the beds. A resident is in the room now, a boy in a wheelchair, legs twined at the calves like branches. The boy smooths the corners of a bed already made. He looks up shyly and, finding no reproach there, begins remaking all the sloppily made beds. The volunteer watches for a moment, then starts handing him sheets.

Meanwhile, the nurse with the owlish glasses is taking a break. She stands before a vending machine, eyes unfocused. "I don't know what's going on." She grins giddily at a volunteer. "I just hope no one chokes."

/E.P.

dermatologist and a gynecologist. Physicians are now holding weekly staff meetings as well as monthly meetings with Dr. Scott.

A manual, completed in March, outlines better dietary care for the institution. In addition, the facility recently pulled off a "first" when it returned to the supplier a shipment of meat. "It was tough, it was stringy, it was filled with gristle," said Dr. Scott. "It was the kind of meat that had caused Paul Jenkins's death."

Attempts have been made to ensure that residents receive medication once a day, in the evening, so that they are not groggy during learning hours. Though some can't handle it, the program has been so successful that the administration was able to plan in August a three-day vacation to Harrisburg, Hershey and Gettysburg for 32 residents.

There are other causes for optimism. Washington County Coroner Farrell Jackson, whose public outrage helped trigger the investigations, has read the Justice report and is now satisfied that the staff is doing the best it can under the circumstances. "I feel in all fairness," Jackson said, "that 99 percent of the people out there do a complete job, a good job and are dedicated." He has not been called to Western State in 1975 to investigate a suspicious death.

Continued vigilance is also supplied by the Western State Parents' Group and ACC-PARC. The Parents' Group has about 200 members who meet monthly to discuss ways to improve the facility. Says group President Dr. Harry Goldberg, a Monongahela optometrist: "We feel we've been many times very successful in making Western State a better place for residents to live in... Of course we're not satisfied. But I must say parts of the institution are better, because no place was good before."

The Residential Care Committee of ACC-PARC is staffed by Bob Nelkin, associate executive director of the organization. Together with members of the Parents' Group, Nelkin turns up regularly at Western State for unannounced inspections. Reports are sent to the administration and usually get prompt consideration. It was Nelkin's essay, "Death: A Way Of Life," that so moved the task force it was included in the report. "I'm not sure we've been very effective in changing programs at Western State," Nelkin says, "but at least we've got people to the point that they know what the issues are and can raise them publicly."

ACC-PARC has been battling every proposed admission to Western State, with the result that there has been only one new admission in the past year. In a celebrated case, Judge Maurice Cohill of Juvenile Court ruled that to order an adolescent girl to overcrowded Western State would deprive her of her rights to

(cont'd. on p. 56).