

Testimony Before The Illinois Legislative Investigating Commission

On

The Cook County Hospital 1971-72 Crisis With Special
Reference To Its Problems In Human Relations

By

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Presented at Hearings on February 17, 1972

TESTIMONY BEFORE ILLINOIS LEGISLATIVE INVESTIGATING COMMITTEE ON
THE COOK COUNTY HOSPITAL CRISIS 1971-72

Gentlemen:

Thank you for the privilege and opportunity to give this testimony based upon years of observation and study of similar problems in Chicago and Cook County. I have read and listened to some of the testimonies which have preceded my appearance. I will accordingly seek to save your time and mine by avoiding much that would be repetitious.

The major thrust of what I would like to say will be directed to a segment or facet which I believe is of great importance. In spite of the volumes of newsprint, T.V. and radio rhetoric of recent months the aspect of the Cook County Hospital crisis to which I refer has been carefully and hypocritically avoided by some and naively and unwittingly not perceived by others. I have reference of course to the firmly rooted problem of Race and Discriminatory Attitudes in the health care delivery system of the total Chicago Community. The hospital delivery system in Chicago historically has been but a tentacle of greater or shorter length of that controlled and monstrous octopus of Racism on the American scene. Yes, Cook County Hospital has now and probably always has had problems of race which have been firmly intertwined with the racial and economic problems of the private, state, and federal hospitals in all of Chicago and Cook County. At the County Hospital this applies more to equality of professional opportunity and paramedical upgrading at this time in history. What I must say to you Gentlemen, as one who has long been in the center of the study and attempted solutions of these problems is that Chicago and Cook County and the State of Illinois cannot solve the problems of administrative and professional staff conflict in the delivery of just and adequate health care at the Cook County Hospital while sweeping the problem I raise under the rug, pretending that it does not exist.

At this point let me set up some of my credentials to justify my authority in this field. First of all I was born Black with an inherited keen insight into such problems. I achieved appointment to the Attending Staff of Cook County Hospital in 1946, twenty-six years ago. I believe this gives me the doubtful distinction of being the first, last and only Black full Attending Physician in the long history of the County Hospital. I have always been a member of its non-salaried part-time, voluntary staff and have not needed to be salaried. During all of these years except for the first few months I have earned this appointment by successive, competitive Cook County Civil Service Examinations for Internists. I have taught Medical Students on County Wards as an Associated Clinical Professor of Medicine of the University of Illinois and for twenty-five years I have taught Gastrointestinal Endoscopy to Graduate Students through the Cook County Graduate School. For the last two years I have also held a newly created "title", "Chief of the Endoscopy Clinic".

The last Black doctor to serve on the Attending Staff at Cook County Hospital before my appointment was a surgeon, the distinguish Dr. Daniel Hale Williams, the first successful heart surgeon, in 1898, forty-eight years before. My major qualifications for County Staff appointment were made at Provident Hospital after graduation from the University of Chicago College and Medical School and serving for three years as a "geographic full-time fellow" in Internal Medicine at the Cook County Hospital, a privilege in 1931, based on my understanding that I would return promptly to Provident Hospital to train the other Black Internists and Gastroenterologists.

For eighteen years I was a member of the Health Committee of the Chicago Commission on Human Relations including five years as Chairman. I learned the inner workings of the Human Relations aspect of the hospital care system of Chicago and its overt and covert practices through the years. During all of these years while practicing as a specialist in gastroenterology and

and internal medicine in the Chicago Ghetto, I served as President of the Cook County Physician's Association and later President of the National Medical Association, organized and led Community Civic Projects in Health Care Problems of the Poor, including a Drug Addiction Program, Involvement in Health Careers Counseling and in organizing and directing the Medical Forum Group for the study of Health Care Delivery. I have attached documents to support the evidence of these involvements. In 1965 I received a two year appointment by President Lyndon Johnson to the first National Advisory Council for Regional Medical Programs Against Heart Disease, Cancer, and Stroke. This led indirectly to my acquisition of a team oriented Cancer Research Grant at the County Hospital and Hektoen Institute.

INTERRELATIONSHIP BETWEEN COOK COUNTY HOSPITAL AND OTHER HOSPITALS IN CHICAGO.

I now return to the substantive discussion of "The Cook County Hospital in Crisis with special reference to its problems in human relations". In order to understand the recurrent crises at Cook County Hospital including the present conflict, one must understand the reasons for the existence of a big city so-called Charity Hospital as it evolved from the past. The Cook County Hospital has existed primarily in our time to serve as a sanctuary for the solution of the Economic and Racial problems of private and other government hospitals in Chicago.

Secondarily Cook County has existed for the delivery of first class hospital care to the poor, the medically indigent and the disadvantaged minorities through the instrumentality of the Teaching Programs of Medical Schools. The first class care was always assumed by many people to be the necessary "fall out" of the Medical School Teaching and Training Programs. In reality it has resulted in some very good care but also some very poor care almost always impersonal and sometimes dehumanizing "cures" for Jimmie and Sallie who do not know which one of a dozen white coated doctors or near

doctors are responsible for their care.

The most significant problems from the point of view of Human Relations, however, are those related to the use of the Cook County Hospital as a sort of "Collecting Station" for the poor that have no government subsidy or insurance coverage and those minorities who for years have been undesirable or quota admittees in most private hospitals.

These well-known and deeply entrenched practices have made it necessary in many instances for Black patients often gravely ill even with ability to pay to travel long distances passing by several private hospitals to County because of uncertainty of acceptance at private hospitals.

This situation has improved with legal pressures but it still exist. Thanks to all previous and present Administrative and Professional Staffs, County Hospital has often played its finest role in saving human lives in this regard.

In good times private hospitals tend to keep their Government Subsidized so-called "house cases" to the extremes of their ethnic and indigent quotas. When times are not so good, the Unsubsidized Poor are not so valuable as "teaching cases" and those who are low in the stratification of admission priorities are sent to County. This has created in the past tremendous problems of over-crowding, shortage of personnel and facilities for the in-patients and out-patients alike. These problems are pitifully not well understood by the bright young house staff men and staff women (the last word plural not singular) fresh out of the libraries and laboratories of Medical Schools from the vast American Continent and the World. These observations of the surface rather than the depth of things at County have recently triggered some of the junior staff into vigorous protest.

It is my observation, my belief, and hope that better mutual understanding is growing out of conflict at the one time World famed Cook County Teaching Hospital and that given a more reasonable period for the newly structured

Governing Commission to exercise its know how and a better opportunity for the Professional Staff to express its rights and just practices for all of its members, this institution should soon assumed an even keel and be ready to launch a major new program of progress for the needs of the community.

EVOLUTIONARY STEPS AND PRINCIPAL CAUSES OF PRESENT COOK COUNTY HOSPITAL CRISIS.

I must now get into one of the more important points of my frank discussion, which hopefully will contribute to the better understanding of the substantive truth behind the present County Hospital Conflict, namely my analysis of the "Evolutionary Steps and Principal Causes of the Present Hospital Crisis".

Near the time when the late Dr. Karl Meyer was scheduled to retire, some of his highly selective and favorite sons, holding key positions in the County Hospital became disenchanted apparently with the long delay of the Chief's retirement and decided to take over. Certainly they felt that when he did retire they would have restructured the entire administration of the hospital. To the credit of this group, which later became known as the "dissident staff", they promoted a proposal which had been offered many times before, that of setting up a community commission to run the hospital rather than the County Board. This had been an accepted principle for many students of County Hospital problems for a long time. The method of this change over, however, had not been proposed before. The method employed has been referred to as "seizure" of control of the hospital from the County Board.

This group of doctors paid little attention to the involvement of Black doctors at the top level of their planning and implementation obviously and mainly because there had been no such involvement of Black doctors in the top level of administration at the County Hospital before in all its long history. They did indulge in some tokenism including the setting up of so-called "Martin Luther King Scholarships", using a few thousands of dollars out of the potential estimate of a million dollars annually which would come into the Associated

Physicians Fund from Medicare. This statement does not imply any legal misuse of these funds.

With the splendid cooperation of the Illinois State Legislators, including those that are Black, laws were set up to create the Governing Commission largely along the lines recommended by the small aggressive group of County Hospital doctors. At this point something serious happened in the calculated take over plan. An alert Black Community took advantage of the necessary publicity that "horses" were being changed at the level of Administration and re-organization at the County Hospital. While the aggressive doctors and the leadership for Restructuring Cook County Hospital management momentarily dropped their guards, caused partly by becoming involved in urgent personal involvements, the Black Community with the help and encouragement of some white friends of democracy achieved a rather precipitous and unanticipated representation on the new Governing Board. Equivalent representation of the Black Community at this level and to this extent was unheard of during all previous administrations in the history of the County Hospital. So, as often happens, when aggressive leaders create something new, but lack sufficient political savvy or clout to follow through, the aggressive doctors lost control and their illusive prize slipped through their fingers.

This would have been a grave and disappointing loss to any group, but the specter of a Commission whose composition simulated the ethnic distribution of County Hospital patients including the Commission's Chairman, was more than these perpetrators of change and control could accept. They obviously vowed at all cost to recapture their erstwhile prize of power, control of high finance and all of the potential professional fame through medical school related teaching and research provided by the vast clinical material of Cook County Hospital. This fervent desire became a fetish and involved many underground type meetings and activities. By this, I mean meetings not open to all members of the staff. They captured the alliance of the young "now" generation House

Staff which like many young people today are automatically ripe for revolution against any program of the establishment. The sinister technics and methods of this group which followed during the last several months are well-known.

Unfortunately fuel was added to the fire when the Governing Commission's Search Committee came up with what they enthusiastically called one of the best Hospital Administrators in the country, who happen to be Black. A large number of doctors on the County Staff were willing to wait and see and several of them in key positions have testified before this Investigating Commission outlining various aspects of effective and efficient job achievements by the Governing Commission, the new Administrator, and the totally integrated Administrative Staff under great handicaps.

My frank discussion of the human relations and racial problems in hospital care is meant to point up their existence as a part of the established system and are not attributable primarily to any given individual. In this regard Doctors are probably no worse than non-Doctors in resisting change in the human relations of hospital care. The hospital care system in Chicago has made notable progress in recent years due to the encouragement of Title VI of The 1964 Civil Rights Act, Government Funding and pressures of Professional and Human Rights Organizations, including an official request from Mayor Daley and a lawsuit in the Federal Courts by the Cook County Physicians Association. However, there is need for continued progress in this important area with Private Hospitals, Cook County and other Government Hospitals working in a super-cooperative effort if hospital care delivery is to grow to the point of meeting the needs and the demands for just and efficient service in our time.

EVIDENCE SUPPORTING DISCRIMINATORY ATTITUDES AND PRACTICES IN HOSPITAL CARE.

As I take this occasion to tell it like it is, I am quite aware that there will be vehement denial by some people and that I will make some people mad with anger. I also know from experience that the degree of their madness will be the

best barometer of their feelings of guilt and of the disturbance in their conscience. It will be said that I have no proof of racial discriminatory attitudes in the areas I have described. My answer is that no one attempts to prove the nature of attitudes in the hearts of men. What men do speaks louder than what they say. Everybody who has been involved in racially discriminatory practices in American Institutions knows that it is next to impossible to prove racially discriminatory intent except by de facto absence of Blacks among planning and operating groups, or as individual office holders. There were no Black leaders among the dissident doctors or their progenitors.

At the time of the last big County Hospital Crisis in 1963-64 and please pardon this necessary reference to history, Chicago Hospitals were loudly denying racial discrimination in their Obstetrical Wards. No one of course could prove the falsity of these claims. My Health Committee of the Commission on Human Relations conceive of a technique of investigating the problem. We went to the Vital Statistics Bureau, where race has to be recorded and found that one-fourth of all Chicago births were Negro babies. Eighty-eight percent of these births occurred in Cook County and other Government Hospitals. Only 12% occurred in the 49 other hospitals with Obstetrical Services and this included Provident Hospital with all Negro patients.

The County Hospital Crisis of 1963-64 was concerned again as it has been repeatedly with the threat of withdrawal of accreditation. The number one delinquency was over-crowding of patients in all Wards with beds in the hallways (see appendix for reference). The most crowded were the Obstetrical Wards and the great majority of all patients were Black. Here we do not have scientific proof only de facto evidence. At this time an integrated group of Health Professionals called C.E.D., meaning Committee to End Discrimination in Chicago Medical Institutions and the Human Relations Commission discovered that physicians calling to reserve beds in private hospitals often used a code number. Hospital

record systems used stars, check marks and asterisks to designate race.

There were other evidences of discriminatory practices in the Chicago Hospital System of which Cook County was always and still is an inescapable part. At the time referred to, there were only twenty-one Negro doctors holding twenty-nine appointments in twelve private hospitals other than Provident. This was seven years ago. Yet, Provident, an all Black Hospital with 198 beds had more certified specialists on its Staff than any Hospital its size in Chicago. Many of these men had qualified in their specialties during the war years in Army and Naval Hospitals. Yet, during some fifteen years of struggle they have not been able to achieve appointments in predominately white hospitals.

Things have improved somewhat during the additional ten years for the younger men, but those veterans, mostly Captains and Majors in the Medical Corps, who came home from the wars looking for a brighter future have only been able to wither on the vine of a hospital plant relegated primarily by the Medical Power Structure to third class existence. This tragedy has affected not only the unfortunate doctors but probably thousands of patients as well and the total Health Care System has suffered, mainly because Black Doctors systematically avoided coming to Chicago to practice for more than ten years. Many cited the hospital situation as their reason. This era covered part of the period when Black Physicians in Chicago fell from 228 to 210 while the population increased from 280,000 to 800,000.

In 1972 when one goes to a Medical Center with new buildings and finds at visiting hour 98% of all the ~~visitors~~ using the elevators of the old building are Black and only 5% using elevators in the new buildings are Black, the discriminatory practice is evident.

What does this have to do with the County Hospital, which has had no new buildings for patients in fifty or more years. In 1972 County Hospital has long out lived its racial segregation of patients, but there are still Black patients in the long open Wards of County who are gainfully employed,

paying private hospital insurance premiums for a two-bed facility and not receiving it because their Ghetto Doctor cannot achieve appointment to the Staff of a better-class private hospital. They cannot bring private patients to County Hospital and thousands of inner city patients are not acquainted with a non-Ghetto Doctor who would take them to a better class private hospital. This is only one example of how interlocking Hospital Directorates discriminate against patients who are Black and poor.

When we move from the realm of patient care to equality of professional opportunity, County Hospital is probably not very proud of its record of about four Black Attending Surgeons in its entire history, two of them having served in the 19th Century. Similarly, there has been a scarcity of Black Attending Men, even worse than Surgery in the Medical and other Divisions. One recent Chairman of a Division when confronted with these facts, speaking for the record, expressed his extreme embarrassment about this. If previous Chairmen felt the same way, there would be a case of composite manic depressive psychosis in the Professional Leadership of Cook County Hospital.

In spite of this bleak history of County Hospital both past and current history and its involvement with the controlled Health Care System, I believe that the present Governing Commission and its integrated Administrative Staff, and the newly surfacing Attending Staff will soon be about the business of a new and high level cooperative effort for continuous growth of a Hospital Care System which will regain its leadership in the health field for the benefit of all Cook County citizens.

IMPROVEMENT IN HUMAN RELATIONS DURING THE SHORT TENURE OF GOVERNING COMMISSION.

And now before I give you a summary of my recommendations, I must speak briefly to the question of "Improvements In Human Relations During the Short Tenure of Governing Commission".

Under the present hospital Governing Commission and its incumbent Executive Staff, the atmosphere with reference to human relations has vastly

improved. Many Black Nurses, Social Workers, and other employees have expressed the opinion of now feeling that they are a part of the action at the County Hospital for the first time. Comments have come to me and to others with whom I have talked that patients who have had to use the hospital as their family physician for years have stated that they have in recent months had a greater sense of belonging and that the clean wards and better organization has given them a better sense of well being. In the new atmosphere long time efficient professional workers have been up-graded for the first time. Many thousands of people in the Chicago inner city community feel that for the very first time in the history of the County Hospital, the health consumer has at least some grass roots representation on the Governing Body.

Under the new administration and the improved atmosphere, American Black Residents received appointment to a full program in the main stream of General Surgery at Cook County Hospital and are ready to begin their training on July 1, 1972, for the first time with one possible exception in the long history of the hospital.

Under the new atmosphere at County Hospital, I, Leonidas H. Berry, became the first Black Doctor to achieve the appointment of Project Director in a funded program of Medical Research at County Hospital and Hektoen Institute.

Our team of five gastroenterology specialists is completing a two year project in gastroesophageal cancer funded by a Federal Grant through the Illinois Regional Medical Programs Against Heart Disease, Cancer and Stroke.

The award made it possible to purchase a large quantity of endoscopic and other equipment for service to patients and postgraduate facilities. This program has made possible diagnostic services to patients which never existed before at the County Hospital and has had the support of especially, Dr. Samuel Hoffman, Director of Hektoen Institute, some other Department Heads and Dr. Haughton, the Executive Director.

RECOMMENDATIONS.

1. That the splendid cooperation and interest of the Illinois Legislature be continued, but that no changes in the law regarding the operation of the County Hospital Governing Commission be made until there has been a much more reasonable period to test the adequacy of the present law and guidelines.

2. That my fellow members of the Medical Staff and the Administrative Staff express their mutual desire and willingness to immediately discuss and settle the problem of the disposition of Part B, Medicare Funds, and Physicians and Surgeons Payment Funds of other insurance carriers, toward agreement along the lines of established practices in other hospitals with reference to employed and non-employed doctors.

3. That any Commission plans for decentralization of Cook County Hospital should begin at the earliest possible time with solicited total community support and that the first satellite hospital should be on the South Side, as projected and recommended before Mr. Seymour Simon's Blue Ribbon Committee on County Hospital Crisis by the Medical Forum Group in 1964 (see appendix).

Had our well studied program been explored or launched with the cooperation of 100 citizens in the Forum Group, we would have been ahead rather than behind Los Angeles and New York, in the solution of the mounting problems of the care of the "Indigents" in our inner city.

4. That this first County Hospital facility on the South Side should be a 700 or 800 bed combined Indigent and Private facility completely integrated with reference to non-separation of so-called Indigent and Private patients and without regard to Ethnic or Religious identity of patients and with due regard for Ethnic Equality of Opportunity in its Administrative, Professional and Maintenance staffs.

5. That a Joint Committee of County Hospital staff and Commission Members seek conference with Provident Hospital Trustee Board as soon as possible to consi-

der the feasibility of combining a South Side facility of the Cook County Hospital with the proposed New Provident Hospital, perhaps with the private corporate body building the hospital with all out community help and the Commission guaranteeing the continued use of approximately 500 beds of the 700 or 800 bed facility. It should be for general diseases with a special program for prevention and treatment of alcoholism and medical counseling clinics for drug addiction. The County would subsidize the major portion of the service on a per diem basis and in this program a future connection with an existing or new Medical School should be envisioned.

6. That eventually there be established a similar County Hospital satellite facilities with all out community help on the near North Side, the West Side and other areas of the County as needed, each with a possible affiliation with a Medical School. Cook County would thereby eventually have a consortium of interrelated hospitals with a minimum of overlapping private and indigent services, cooperatively related to Private and other Government Hospitals and Medical Schools.

7. That a Study Committee of County Staff and Governing Commission visit the recently opened Los Angeles County - Martin Luther King - U.C.L.A 600 bed Hospital facility in Watts, other new L.A. County satellite Hospitals and the newly expanded facilities of Bellevue and Allied Hospitals, of New York, and other cities.

8. I call upon the Deans of Medical Schools and the Medical Administrators of Teaching Hospitals affiliated with these schools at Cook County Hospital to offer an increased helping hand of cooperation and understanding in the continuous improvement of the problems of adequate and just hospital care for all Cook County citizens.

9. Finally, I call upon Private Hospitals, the Chicago Hospital Council and the Hospital Planning Council to shoulder a fairer share of the burden of just and adequate medical care in the Ghetto and to cease their unjustified escape to the suburbs.