

Team D
Session #7

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PROBLEM STATEMENT: MCOT and St. Vincent's Hospital do not have at the present time an established mechanism to handle accountability to the welfare recipient for the medical services delivered to them.

QUESTION FOR ANALYSIS: What attitudes and beliefs keep this a problem?

ANSWER:

Attitudes & Beliefs of ORDINARY CITIZENS (which include personnel and Powers in Hospitals, Welfare Agencies, Government Agencies, etc.)

The following myths about welfare recipients, disproven by facts collected by The Ohio Council of Churches, tend to make people in general have a negative attitude in their dealings towards welfare recipients.

Myth #1: Most people on relief could earn their living if they had more initiative.

Myth #2: A family can live comfortably on a welfare budget in the State of Ohio.

Myth #3: Many people prefer "welfare" as an easy way of life without work.

Myth #4: Employable relief clients would find jobs if they really wanted to work.

Myth #5: There are many people receiving public assistance who have other sources of income and therefore are guilty of fraud.

Myth #6: If relief payments are kept very low, it will compel clients to seek jobs and other means of support.

Myth #7: The majority of children on ADC are illegitimate.

Myth #8: Most of the illegitimate children born in the United States are supported by public assistance.

Myth #9: Welfare mothers bear illegitimate children to boost their welfare checks.

Myth #10: Ohio can't afford to pay for an adequate, humane welfare program.

Evidence: The above common myths were collected by the Ohio Council of Churches - see pamphlet 'Myths & Facts about Public Welfare in Ohio'.

Attitudes & Beliefs of Personnel Working directly with Welfare Clients

1: Lack of personal concern on the part of hospital personnel working directly with welfare clients.

Evidence: Victims' comments: "That nurse was so mean." "They let me wait for six hours." These quotes were given by Andrea Friedland, Director of UCS.

2: Lack of concern to give adequate privacy to patients.

Evidence: Victim's statement: "I lay there for what seemed hours nearly naked while Doctors, nurses, etc. came and went, and in passing disarranged the hanging cloth partitions - often I was in full view of other patients." Quote given by Andrea Friedland.

3: No concern for consistent care, or for after care planning.

Evidence: Victim's statement: "As I was passed from one person

to another - one office to another - I had to repeat over and over again the same degrading facts of my life - much of it emotionally exhausting, like telling a sad story over and over." Andrea Friedland supplied us with this quote.

Ms. Friedland also explained that UCS gets numerous calls from overwhelmed patients, sent home without adequate follow-up. Common problems: is the medicine sufficient and for how long? Is there adequate food in the house? Is there someone to look in on the patient's progress, to care for the household duties?

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Attitudes & Beliefs of POWERS

1: The belief of the Administration of MCOT that it would be cumbersome and inefficient to establish a new layer in the bureaucracy such as a specific grievance committee for welfare recipients.

Evidence: See letter written by Mr. David Benfer, Assistant Administrator of MCOT. (paragraph two)

2: The belief of above administration that, since employees are encouraged to deal courteously and efficiently with problems presented by their patients, and since MCOT's philosophy is to serve their patients in one form or another, that in fact the above is done in practice.

Evidence: See second last paragraph of Mr. Benfer's letter.

3: The preference on the part of MCOT's administration to deal with individual patients' problems directly between the patient and the department head concerned rather than through a representative or committee.

Evidence: See second paragraph of same letter.

4: Administrators are often suspicious that consumer groups advocating change are subversive.

Evidence: Chris Zurick, Director of the Community Council in Clairmont County, stated that a consumer group she was in which approached a school supervisor and his board, was investigated by the FBI due to the Supervisor's asking them to.

5: Pretense that they agree with what the consumer group advocates, while in reality they do not agree.

Evidence: Chris Zurick's group found this so in dealing with Welfare department heads: they discovered real opposition when they went into action, whereas at first, when the Welfare dep't viewed the group as 'harmless', they seemingly went along with their ideas.

6: Willingness of political powers to practise coercion.

Evidence: The three county commissioners of Clairmont County called Mrs. Zurick* to tell her to get out of town or stop her group's activities.

7: Willingness of small power groups in the community to threaten individuals in the group advocating change.

Evidence: Several parents in Mrs. Zurick's group received threatening phone calls that their children would be harmed if

the group would not stop action.

8: Mistaken beliefs of some powers that the ordinary consumer cannot make them change their policies.

Evidence: The Administrator of The Children's Hospital in Cincinnati, when first approached, was not willing to listen to Mrs. Zurick's group. He said, "If you don't like the care your children are getting, take them elsewhere for treatment."

9: Some powers are on the defensive with consumer groups.

Evidence: The Administrator of above hospital came to the first interview with the group armed with Mrs. Zurick's son's folder, saying, "Here is your son's folder - he has received \$1,000 worth of care here." He also would not answer many of the questions they asked him.

10: Refusal to admit that incidents of mistreatment of patients cited by the consumer group could possibly have happened.

Evidence: The same Administrator and his assistants maintained that it was impossible that certain incidents described by the group could have happened.

11: The attitude that they will effect change only when pressured by an influential established power group.

Evidence: It was only through the pressures of the Health Planning Commission that an Ombudsman was finally hired by the Children's Hospital in Cincinnati.

12: Lack of concern by administration in their screening policies for personnel for consistent, kind social concern for the poor.

Evidence: Andrea Friedland has seen evidence of the above, and thus feels very strongly that hospital, clinical, welfare personnel should be screened for consistent, kind social concern for the poor. This should begin with people in the admitting offices. She emphasized the importance of the tone of voice and attitude of persons answering the phone.

Attitudes & Beliefs of VICTIMS

1: Welfare recipients tend to be very apathetic.

Evidence: Chris Zurick stated that many welfare recipients they have tried to stir to action have had the attitude: "WHAT'S the use? Who's going to listen to us?"

2: Some low income persons feel that demonstrations and violent action are more effective than meetings.

Evidence: Some have given above reasons to Mrs. Zurick for not getting involved in peaceful means of change.

NOTE: Our representative who interviewed three of the Powers of St. Vincent's Hospital came away with the feeling that the attitudes and beliefs of these powers will not keep our problem a problem. They have already established mechanisms of accountability for all types of patients, although not directly for welfare patients.

Some of the outstanding services are the Friendly Visitation Service - two Sisters go to patients' homes to see that follow up care is given. ~~XXXXXX~~ Patients are referred to them by the Triage System described in an earlier report by one of the teams. Four days after each patient has arrived at home, he is ~~ask~~ asked his opinion of the care received while at the hospital.

They said they were open to an established mechanism - but would not commit themselves completely until we would have something definite to propose to them, for evaluation.

SOURCES OF INFORMATION

EXPERTS & CHANGE AGENTS: Ms. Andrea Friedland, Director, UCS.
Ohio Council of Churches, 141 Front St., Columbus.
Ms. Chris Zurick, Director of Community
Council, Clairmont County. Tel: 513-752-2623.

POWERS: Mr. David Benfer, Assistant Administrator, MCOT.
Mr. John Marsh, Assistant Administrator, St. Vincent's Hospital.
Ms. Jean Alexander, Director of Nurses' Training, St. V's.
Mr. Conrad Bogusz, Assistant Executive Director of Planning
and Related Services, St. V's.

EXPERTS: Dr. Arturo Castillo, M.D.

VICTIMS: quoted by Change Agents above.