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RELEASED

Inquiry Into Allegations
On The Health And Medical Conditions
At The U.S. Naval Hospital,
Philadelphia, Pennsylvania

B-175557

BY THE COMPTROLLER GENERAL
OF THE UNITED STATES

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AUG. 31, 1972



COMPTROLLER GENERAL OF THE UNITED STATES
WASHINGTON D C 20548

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Dear Senator Schweiker

As requested by your letter of March 16, 1972, and subsequent agreements with your office, we have inquired into the allegations made by Mrs Bunny Benoliel, Philadelphia, Pennsylvania, through the Norristown Detachment, Marine Corps League, about the health and medical conditions at the U S. Naval Hospital, Philadelphia, Pennsylvania

Our review revealed that some of the alleged conditions at the hospital did exist, but not all former patients were in accord with each complaint

We interviewed eight former amputee patients. Also we sent questionnaires to 52 former patients, 27 of these responded We reviewed hospital records and held discussions with Mrs Benoliel, officials of the Marine Corps League, the hospital, the Marine Corps and the American Red Cross, and VA representatives stationed at the hospital

The complaints generally pertained to health and living conditions of amputees in the World War II temporary wards from January 1967 to April 1972 and concerned

- nursing care and medical treatment,
- substandard facilities,
- military pay and explanation of veterans benefits,
- patient duties and recreational activities, and
- inadequate security, resulting in the loss of personal property and illegal use of drugs

Mrs Benoliel also made specific charges concerning several patients individually We have reviewed these cases but feel that it would be inappropriate to discuss them in this report because of their confidential nature and because we were unable to verify the charges Should you desire further information on these cases, we will be glad to discuss them confidentially with you or your office

In accordance with the request of your office, we have not obtained official comments on the results of our inquiry.

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BACKGROUND

The naval hospital, under the command of the Bureau of Medicine and Surgery, was commissioned in 1935 with a capacity of 550 beds. This capacity has increased over the years, mainly through the addition of temporary buildings during World War II. The highest authorized bed capacity was 1,422 during June 1968, but in April 1972 the bed capacity was only 730, due primarily to demolition of the temporary buildings.

The mission of the hospital is to provide general clinical and hospitalization service for active duty members of the armed services, their dependents, and other authorized persons. Additionally the hospital provides specialized treatment in amputations, aural rehabilitation, neurology, neuropsychiatry, and with radioisotopes.

INADEQUATE NURSING CARE AND MEDICAL TREATMENT

Of the 35 former Marine patients we contacted, 14 complained about delays in receiving nursing care and two stated that the medical treatment was poor. Complaints about medical treatment concerned delays in required medical attention.

Hospital records showed a shortage of nurses--19 to 37 fewer than the authorized allowance--from 1969 to 1971, one nurse had to care for as many as three wards from 11 p.m. to 7 a.m. Therefore patients could have experienced delays in receiving nursing care on occasion. Most of the former patients who furnished information agreed that the hospital was short of nurses. Hospital officials said that the shortages of nurses had no effect on the quality of medical care provided. Hospital officials stated that a shortage of nurses still exists.

SUBSTANDARD FACILITIES

Complaints about the physical condition of the hospital primarily concerned six wards, known as alpha wards, located in temporary buildings. The complaints were that these wards had inadequate toilet and shower facilities, had mice and roaches, and were dark, dingy, and dirty and were in need of constant repair.

Generally these wards have been used for patient care only in emergencies. Sometimes a ward designed for 31 patients accommodated over 40 patients. These wards were used

primarily for convalescing orthopedic and amputee patients. Most were opened in January 1967 during the Vietnam escalation, all were closed by April 1972. Only eight of the former patients we contacted were satisfied with the physical conditions of the wards, most stated that the conditions were poor.

Toilet and shower facilities

These facilities, 20 patients stated, were inadequate or unsafe, and unsteady chairs were used in the showers. The showers did not have stationary benches to assist patients. There were three toilets and two or three showers per ward. These facilities may have been insufficient for amputees. Some toilets, and all the showers, could not accommodate wheel chairs and lacked overhead bars to assist amputees.

Hospital officials stated that it was sometimes necessary to try different things to make facilities suitable for use by particular amputees. Safety devices were often removed or destroyed by patients, according to the officials.

Mice and roaches

Twenty-nine former patients stated that they had seen mice and/or roaches while at the hospital. Hospital officials acknowledged the presence of mice and roaches and attributed the condition to the continuous construction in the vicinity. They attempted to deal with this problem by employing a full-time pest control operator. Records show that numerous man-hours and various types of pesticides were used to control insects and rodents.

Some former patients stated that patients had damaged and littered the alpha wards. They stated that patients frequently broke windows and screens, punched holes in the plasterboard walls, threw trash and food on the floor, and contributed to the general maintenance and pest control problems.

Nine former patients felt that the wards were not kept clean, however, hospital officials informed us that the hospital had a full-time janitorial staff which swept the wards, removed trash daily, and mopped the wards weekly, or more frequently if needed.

Repair of wards and condition of hospital

A feasibility study for the modernization and/or replacement of facilities at the hospital was made by a private architectural firm in 1967 and was revised in 1970.

The 1967 study stated that the alpha wards required constant stopgap maintenance and major roof and floor repairs and that plumbing and plumbing fixtures should be replaced. Gravity ventilators on the roof were considered totally inadequate. The electrical and heating systems were in very poor condition and the buildings were substandard in all aspects. Although there was a sprinkler system, there was danger from fire due to the type of construction. Cleaning was difficult, and control of disease-producing microorganisms was considered impossible. In addition, the study stated that the barnlike atmosphere of the wards was depressing and was not conducive to the healing and well-being of the patients.

The study recommended that the alpha wards be demolished, and hospital officials agreed they should be demolished. However, according to the officials, they did not have the authority and funding to demolish these wards. They said that they had made every reasonable effort to rehabilitate and maintain the wards.

Hospital records showed that, from January 1966 through June 1970, alterations were made to the alpha wards and that major work orders had been issued for maintenance projects costing more than \$51,000. These projects included painting the interior of the buildings, refinishing walls and ceilings, and installing air conditioners and fluorescent lighting.

Numerous work orders had been issued for minor projects, such as replacing broken windows and screens and patching holes in walls. Records for these projects are retained for only 1 year, and we were unable to determine the extent of the minor repair work.

The architect's study stated that, in general, the most striking deficiencies of the hospital were functional. Functions and services are widely dispersed among 13 floors of the main building and 33 other buildings. Also functions and services are inadequately located and are handicapped by lack of space. The June 1970 study stated that complete modernization of the hospital could be accomplished only by

consolidating all activities and functions in one multistory building at an estimated cost of over \$45,000,000.

Hospital officials inform us that some of the deficiencies cited in the study have been corrected and that a degree of modernization has been accomplished at a cost of \$1,975,000. Major hospital projects recently completed include remodeling the interior of the main building, constructing a new operating room, an exchange retail store, and a physical therapy building, and renovating some clinics and offices. Several other projects are in progress, and the hospital is planning to continue modernization by the use of facilities projects. However, conditions still exist which cannot be corrected by piecemeal modernization and upgrading. The Navy has no immediate plans for modernizing the hospital as recommended in the architect's study.

MILITARY PAY AND EXPLANATION
OF VETERANS BENEFITS

Complaints were made that patients were not paid for long periods and that their veterans benefits were not explained to them.

Pay procedures at the hospital provide for the payment of all patients twice a month. Should a patient's pay record not arrive at the hospital with him, a temporary pay record will be prepared so he can be paid on schedule.

Of the 35 patients we contacted, four stated that they had problems receiving their pay while in the hospital. Pay records showed that two of the four received their pay on schedule but the other two had to wait 31 and 56 days, respectively, after being admitted to receive their pay. The pay records did not explain the reasons for these delays. A Marine Corps disbursing officer stated that the patients might have been too ill to receive their pay.

Five patients claimed that veterans benefits were not explained to them. A Veterans Administration (VA) representative stated that each patient to be discharged from the service was interviewed and was given general information on the benefits available to him. VA also has an orientation program on benefits and offers occupational aptitude tests and vocational counseling to all patients, however, the VA representative stated that some patients were not interested in these. He believed that attendance at the orientation program should be mandatory.

PATIENTS' DUTIES AND RECREATIONAL ACTIVITIES

Specific complaints were that Marine amputees were required to get short haircuts and be clean shaven, although Navy personnel stationed at the hospital had no such requirements. Also patients were required to perform hospital administrative and housekeeping duties and conform with hospital requirements, particularly lights-out and early rising

Of the 35 Marine patients we contacted, 18 stated that it was unfair to require them to comply with hospital and military regulations. Marine Corps representatives at the hospital stated that military appearance was required in accordance with Marine Corps regulations, which were not as liberal as Navy regulations. They contended that patients were still on active duty and were paid as marines, hence they were required to comply with Marine Corps regulations

Hospital officials stated that administrative and housekeeping duties were beneficial in the therapeutic rehabilitation of amputees and were normal military hospital requirements. They stated also that each patient was classified by his doctor as to the type of duty he was physically capable of.

Six patients felt that social and recreational activities were not adequate. However, hospital special services and Red Cross records and discussions with veterans organizations showed that numerous diversified activities were available to patients. Hospital officials said that at times they had turned down offers of social activities from outside organizations because all patients were already being entertained

INADEQUATE SECURITY AT HOSPITAL

Hospital officials admitted there were theft and drug problems at the hospital. The Commanding Officer said that they had attempted to obtain Marine Corps security guards but that they had been informed this would be contrary to Navy regulations. Hospital officials also considered employing a civilian security force but dropped the idea after learning that it would cost \$206,000 a year

Thefts

Twenty-three former patients said they had been the victims of thefts while in the hospital. From June 1966 through

June 1970, 504 thefts were reported. Of these, 467 resulted in losses totaling \$32,500, reports for the other thefts showed no estimated value for the stolen articles. The Naval Investigative Service Office reported that its resident agent investigated 42 thefts of Government property from the hospital during the period July 1970 through May 1972. The hospital security officer said that most of the thefts were committed by sneak thieves in the wards and were almost impossible to solve.

Illegal use of drugs

Illegal use of drugs occurred in the hospital, 19 patients said. These drugs were apparently obtained from sources outside the hospital. One of these patients stated he became addicted to heroin at the hospital and that heroin was easily obtainable. Two patients indicated that some hospital corpsmen were using drugs.

Records of the Naval Investigative Service Office showed that, from July 1970 through May 1972, 202 narcotics investigations were conducted at the hospital. Of these, 65 were for trafficking, and eight were laboratory or field tests of recovered evidentiary items, 129 patients had admitted use and possession.

The Commanding Officer of the hospital has stated that the hospital is the Naval neuropsychiatric center for the east coast and that it has a concentration of patients who are prone to drug use. The hospital is the last stop before separation from the service for many men who used drugs prior to, and during, their tours of active duty. He said that the hospital also received addicted servicemen from other Navy commands and consequently had a higher concentration of drug users than other military hospitals. He said that, when the hospital received word of illegal drug use, the Naval Investigative Service Office was notified immediately.

Hospital officials believed that drugs used illegally were obtained from outside sources. They stated that patients with leave privileges could obtain drugs outside the hospital. In addition, visitors could bring drugs into the hospital undetected because they are not required to show the contents of bags and parcels. The officials stated that, when they attempted to enforce tight security, the hospital received

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unfavorable publicity and was criticized for inconveniences imposed on visitors. The hospital pharmacist said that unauthorized distribution of hospital drugs would be detected by the drug inventory control procedures.

Copies of this report will be sent to Senator Hubert H Humphrey and Senator Edward W Brooke as agreed with your office

We plan to make no other distribution of this report without your consent or until you publicly announce its contents

Sincerely yours,

A handwritten signature in black ink, appearing to read "A. J. Kellum". The signature is written in a cursive, slightly slanted style.

Acting Comptroller General
of the United States

The Honorable Richard S Schweiker
United States Senate