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State Patients' Deaths

Hospital Debate: Who, Why, How?

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Investigations into "unusual" deaths and alleged patient abuse in state hospitals have unearthed tale upon horrifying tale of neglect, mistreatment, mismanagement — possibly even murder — in a system long hidden from public scrutiny.

To cite them all would require a staggering amount of newsprint. To mention a few:

—Mark Holcomb, 19, who suffocated in his own vomit June 19. Hospital records indicated he was found dead in his bed. An autopsy showed bruises and cuts on his face and neck. A coroner's inquest ruled in September that he died "at the hands of another, other than by accident."

—John Edward Mullick, 37, who died April 22 of a massive overdose of the anti-psychotic drug Thorazine. A coroner's inquest found last week that Mullick too died "at the hands of another, other than by accident."

A reporter's impressions on a visit to two state hospitals — story and photos on Page A3.

—Ray Vann, 36, who died Aug. 15 "in seclusion," strapped to his bed, his body in a horribly contorted position which one physician-administrator described as "an anatomical impossibility." The implication is that he may have been placed in that position, possibly after death. A coroner's inquest into Vann's death is scheduled in Los Angeles next Thursday.

—Georgia Williams, found dead in bed on the morning of her 40th birthday Oct. 10. Her mother suspects overmedication, had reportedly written letters requesting an investigation to state health officials and the governor's office weeks before her daughter's death. A

coroner's inquest is scheduled Dec. 7 in Los Angeles.

These deaths are linked by several factors. All occurred at Metropolitan State Hospital in Los Angeles, which has been the major focus of the month-old State Health Department investigations, and all four are the subjects of coroner's inquests requested by the state since June. If the results of the first two are any indication, the picture is bleak.

The state investigations of more than 1,000 hospital deaths in the last three years have been spearheaded by newly appointed chief health administrator Ray Procnunier, who announced the full probe shortly after his appointment last month, and by a new "patient rights" division established in the health department by Director Dr. Jerome Lackner last June.

In addition, the Ventura County district attorney's office is presenting evidence to the county grand jury in 13 suspicious deaths at Camarillo State Hospital, about 60 miles north of Metropolitan. Investigations at other hospitals around the state have not progressed to that point. But many health officials believe they will. All 11 hospitals, with more than 15,000 mentally ill and retarded patients statewide, are under scrutiny.

"The health department has never asked for inquests before," said patient rights counsel Kathy Mader, an attorney who initiated many of the investigations. "We started requesting reports, and the Mark Holcomb inquest came as a result of our request. We got a report that just didn't make sense as to why he died."

"We went down to Metropolitan to talk to employees, who wouldn't talk to us. The only person who would talk was a patient who said 'they killed a dude here last night because he wouldn't take his meds (medication).'"

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As with all deaths other than those which occur in the medical-surgical units of the hospitals, where physicians are present, Holcomb's case was referred to the county coroner. The question now is: Why didn't anything happen after that?

"The sheriff's department and the coroner did an 'investigation,'" Ms. Mader said. That investigation, as well as the hospital's own internal probe, apparently turned up no unusual circumstances in Holcomb's

death. "Even though," Ms. Mader added, "there were all these unanswered questions."

Don Z. Miller, the health department's deputy director in charge of treatment systems, put it more bluntly. "Anybody," he said, "with a lick of sense would know there was something wrong."

And so, parallel to the investigation into questionable deaths, state health officials and district attorneys are



KATHY MADER
... patient rights attorney

carrying on a debate about who finally discovered the mess, who's responsible for it going on so long, and how it should be cleaned up.

Some health officials suspect politics in the sudden interest by county officials and legislators in deaths at state hospitals.

"Even a D.A. saying they are initiating an investigation is really saying that they didn't investigate adequately before," said Ms. Mader's assistant, Michael Albov.

Ventura County District Attorney C. Stanley Trom began an investigation of 100 Camarillo deaths more than a year ago. Miller said he spoke with Ventura officials at that time and promised full cooperation from the state. He said he heard nothing more.

"Then," Ms. Mader said, "when the Holcomb case hit, they issued a statement that they (the district attorney's office) were investigating deaths at Camarillo. It looked very strange to me."

From denied the Ventura investigation has any political overtones. "Our investigation was initiated 14 months ago . . . after a number of incidents caused us concern that we were not receiving all the information."

He said routine autopsies of deaths previously referred from the hospital may not always turn up evidence of a "potentially criminal" nature.

Dr. William Keating, newly appointed "troubleshooter-medical director" at Metropolitan, cited an example of suddenly rekindled interest on the part of another D.A.: "There was a death at Metropolitan three years ago in which a patient died from a ruptured liver, which means he was kicked in the stomach. It was referred to the coroner, which referred it to the Los Angeles County district attorney's office.

"Now, three years later, it's being reopened by the D.A."

Ed Feldman, a deputy district attorney in Los Angeles who is investigating that death, said his office originally was told by hospital officials that death was due to the patient's propensity for "self-abuse."

Feldman agreed to reexamine the case when advised of the circumstances of the death by state investigators at Metropolitan. "Any case is subject to reopening on new evidence," he said.

Ms. Mader and others said responsibility for inadequate or shoddy investigations of deaths in state hospitals "must be shared" by all of the governmental agencies involved.

"It's classic buck-passing," she said, "between the coroner, the D.A., the sheriffs and the hospitals."

In one coroner's case at a state hospital, Ms. Mader and Albov said medical records indicate an autopsy was performed on the wrong body.

"The patient who died was a white male," Albov said "A black male was autopsied." Nobody seems to know why or how that happened, or who was responsible.

"In the long run," Ms. Mader said, "it is the department of health's responsibility to clean up their procedures. . . . When the patient rights office first started, we were a thorn in everyone's side — except Lackner. We were boat-rockers, and boat-rockers weren't welcome in the department of health."

"Procnunier," added Albov, "welcomes boat-rockers."

Ms. Mader, Albov, Procnunier — and many others close to the investigations — said the root of the problem is in historic social attitudes toward mental patients. Procnunier, who ran the state prisons for eight years, believes mental patients have less social status than convicts.

"The health department has been naively going on the assumption," Albov said, "that the coroner is going to look into (suspicious deaths) and that, if there were any problem, it would be referred to local law enforcement, which would pursue it aggressively."

"It was often said, well these people are crazy and can't be trusted on the stand to testify. . . ."

"There has been a long period of deteriorating lines of communication between the hospitals and the department, combined with a kind of laissez-faire attitude."

The situation has been complicated, Ms. Mader said, by hospital administrators who ran their institutions "like little kingdoms."

"There was an attitude that the hospital existed as a kind of country club for the convenience of employees. They did not feel they answered to Sacramento and that they could do what they wanted."

One top state health administrator, who asked that his name not be used, is convinced that many of his written instructions to state hospital administrators over the years were simply destroyed.

That administrator also said that the quality of physicians, particularly psychiatrists, in state hospitals — where they are paid \$40,000 a year — "is bad."

"It's more than salaries," the administrator said, "although other states pay much better. The whole thrust of psychiatry is community care. That's where you'll find the bright, young people."

In addition, this and other administrators note, "psychiatric technicians," who are the backbone of the staff in state hospitals, are underpaid — they make less than prison guards — as well as overworked and frequently undereducated.

To complicate matters further, the health department has been plagued in recent years by constant staff and administrative changes, persistent media revelations of mismanagement and scandal, and a lack of top-level focus or direction.

Director Lackner has repeatedly said he is not an administrator. Until

he appointed Procnunier to the department's chief administrative post last month, state health professionals say the department was floundering in bureaucratic chaos.

"There is no question about what Procnunier is doing," said Metropolitan's Dr. Keating, who in 1960 handpicked Procnunier as his associate when Keating was named medical director at the California



MICHAEL ALBOV
. . . studying suspicious deaths

Medical Facility, a state prison in Vacaville. "He's trying to clean up our house before other people do it for us."

In addition to Keating's two immediate predecessors at Metropolitan, deputy director Miller in the past two years has replaced medical directors at Camarillo, Fairview and Patton State Hospitals.

"If I have one regret in the past two years," Miller said, "it's that I didn't take quicker action."

Since Procnunier took over the department and Keating was sent to Metropolitan, staff changes have continued with — from the staff's viewpoint — alarming regularity. A recent ward "party," with liquor, among several employees at Fairview resulted in the removal, demotion, transfer or discipline of the staff members involved. The program director, who was not at that party but was about to be fired anyway, was terminated.

At Metropolitan, Keating has fired two staff members in incidents involving patient abuse and/or insubordination. Another offered to resign rather than be fired, and there

have been other staff changes as well.

Procnier told angry Camarillo employes last week that, contrary to the beliefs of many employes, he does not intend to make ward-level staff the scapegoats for problems which begin at higher levels. Procnier admits the hospital wards are understaffed but he said existing problems have to be resolved before more staff can be added.

The chief health administrator told Camarillo employes last week:

"If you're abusive to patients you shouldn't be working in this field. And you know what abuse is as much as I do."

Procnier emphasizes his view that most employes in state hospitals are courageous souls who do an impossible task under horrendous conditions. "It takes more guts and more soul than I've got," he says, "to work in these places."

Procnier expected his investigators to have the 1,000-plus deaths categorized by this week into three areas: (A) no question, (B) questionable and (C) highly suspect. At a press conference Nov. 1, he said 23 of the 273 deaths investigated by that time were in the suspicious "C" category.

The next step, he said, is to look at questionable "B" category deaths and decide whether they belong in "A" or "C". The last step is to thoroughly investigate all suspicious deaths in "C," which Procnier said may require more investigators. After full investigation, suspect deaths could be turned over to local authorities for possible criminal action.

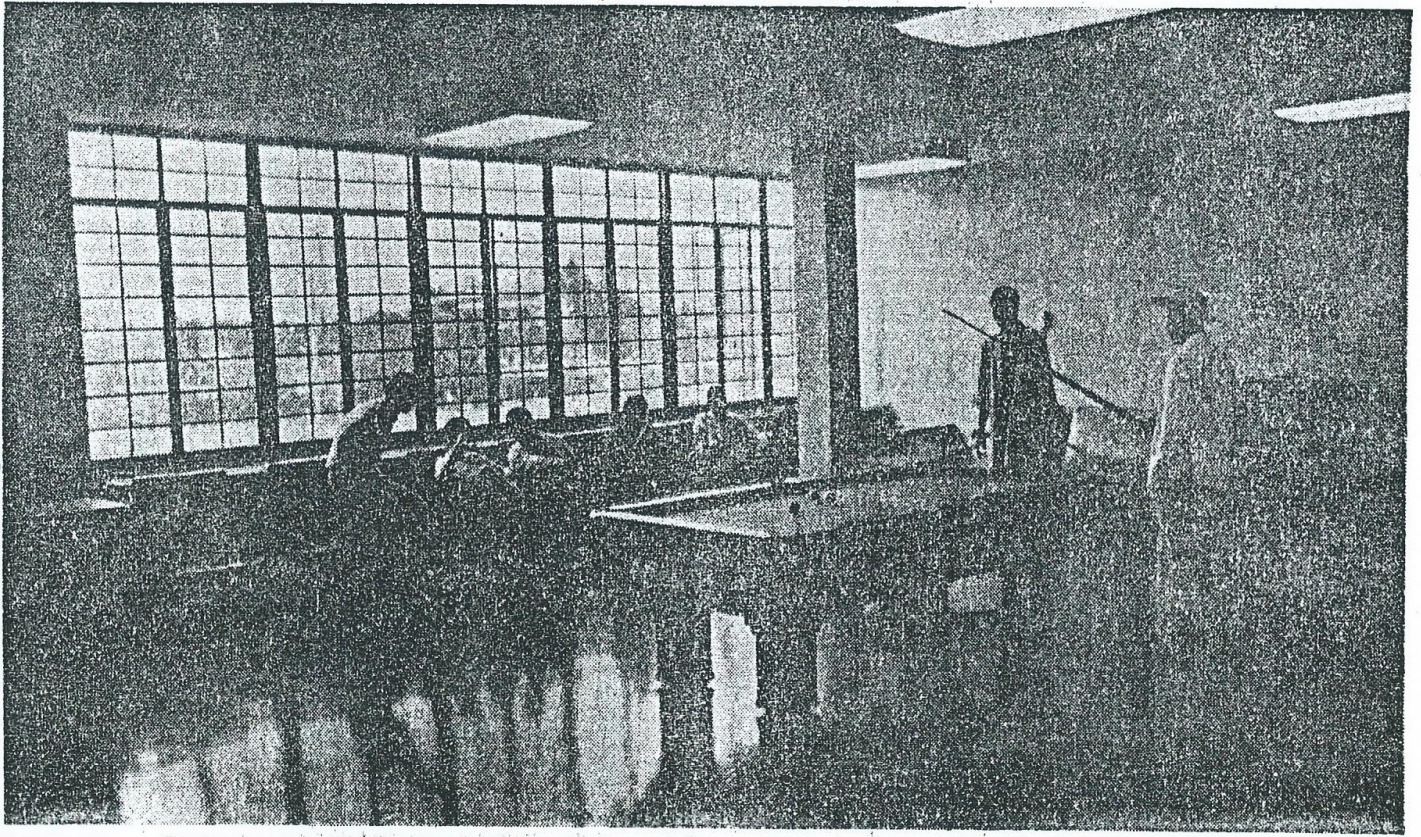
In the process, Procnier's staff said they are devising firm standards for examining all future deaths. That means better record-keeping, a lack of which Michael Albov witnessed at Metropolitan on a recent visit.

"I went into the records section dressed in street clothes and didn't identify myself," he said. "I had no trouble looking at the records."

Under such circumstances, he said, there is an obvious potential for records to be stolen, altered, even destroyed.

Another priority of the state investigations is to tighten procedures for dispensing medication. In the Mullick case, the patient died from an estimated 2,000-milligram overdose of Thorazine, apparently administered orally.

Bee Photo by Skip Shuman



Patients at LA's Metropolitan State Hospital spend time playing pool in the day room.