

Nurse to aide: 'Fake that pulse!'

By Pamela Zekman
and Pamela Warrick

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We were hired, off the street as aides, medical assistants and counselors.

Without checking our references or credentials, four of Chicago's abortion clinics gave us jobs we were unqualified to hold and tasks we were untrained to perform.

The clinics asked us to do everything but perform the abortions. They wanted us to remove IVs, administer injections, give psychological counseling and assist in surgery.

Sun-Times reporter Michelle Stevens was forced to quit her job, and abandon the investigation of a fifth clinic, when she was ordered to draw blood from patients and refused.

Although other investigators, also refused tasks they were untrained for, we discovered that, in some cases, we were more qualified to work in abortion clinics than those we worked beside.

In our months of working undercover in four Michigan Av. abortion mills, investigators found aides routinely inventing vital signs, lab technicians mixing up crucial tests and counselors selling abortions to confused and frightened women.

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While record keeping by doctors in bad



**THE ABORTION
PROFITEERS**

Fifth in a series

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clinics may be illegal and inept, the record keeping by some of their staffs is dangerously inventive.

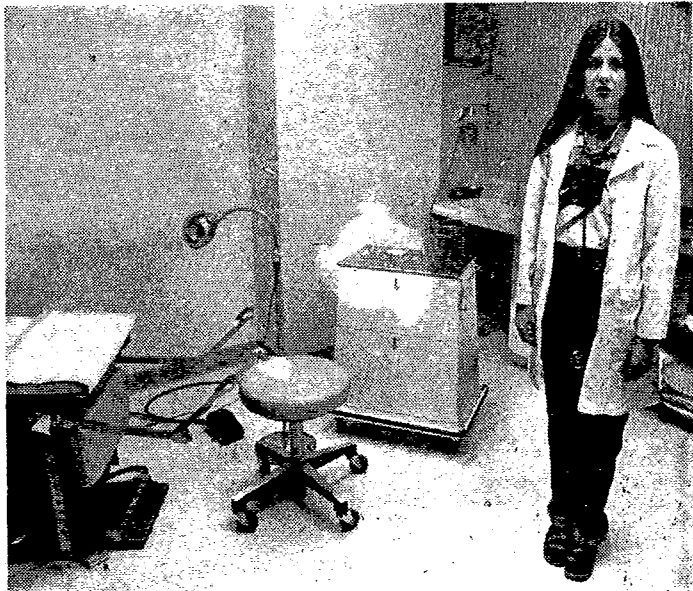
At two of Chicago's Michigan Av. abortion mills, such vital signs as pulse, temperature and blood pressure often are not measured—they're made up.

Patients' conditions before and after their abortions are recorded with pat phrases memorized by nurses and aides.

Dr. David Zbaraz of Michael Reese Hospital, and many other gynecologists who perform abortions, said he, for one, would not perform an abortion without the patient's vital signs.

But, he added, "Ask me if I think there are some abortion mills that don't take vital

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INVESTIGATOR Julianne Felkner, working undercover at the Michigan Avenue Medical Center, 30 S. Michigan, was told to "make up" patients' vital signs.

Pulse? Blood pressure? They're not vital



THE ABORTION PROFITEERS

'Besides faking vital signs, employees enter meaningless descriptions of patients' progress on medical charts.'

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signs and, "I'll tell you I'm sure there are. Ask me what I think of it, and I'll tell you they've got to be out of their minds."

AT THE MICHIGAN Avenue Medical Center, 30 S. Michigan, and the Water Tower Reproductive Center, 840 N. Michigan, few of the employees charged with measuring vital signs would know how to do it even if they had to.

But then, at those clinics, they rarely have to.

At the Water Tower clinic, investigator Mindy Trossman discovered that if the lab technician trained to take blood pressure wasn't there, the blood pressures simply were not taken.

When that technician went on vacation in August, Trossman saw only one of the hundreds of patients seen at the clinic that week have her blood pressure taken. When the technician returned, so did the blood pressure measurements for some patients, but clinic staffers continued to neglect measuring patient temperatures, pulses or respiration rates.

For those vital signs, Trossman was told, "Just make it up. . . Like 108 over 60. Make sure to use even numbers. On the top, don't go under 90. On the bottom, don't go over 70."

"What about pulse?" Trossman asked. "We don't do pulse," said the nursing assistant. "Fill it in if you want."

At the Michigan Avenue Medical Center, investigator Julianne Felkner was also told, "Make up what you want."

AT FIRST, Felkner was told temperatures were not being taken because the batteries in the electronic thermometers were dead. Weeks later, after batteries finally were replaced, temperatures still were not taken for two days.

As for the other vital signs, our investigator asked the first day: "Do I have to take the pulse and respiration?"

"No," the head nurse said. "That's not necessary. Just put whatever you feel like, as long as the pulse is between 68 and 88 and the respiration is between 16 and 20."

Later, our investigator learned she was expected to be equally creative with patient charts after the abortions. For blood pressures of postoperative patients, the head nurse instructed her: "Just write down something like 110 over 72, a little higher than what they came in with."

Our aide also was told to make up pulse rates of patients in the recovery room. While she had been told earlier that she could take a patient's blood pressure "if you want to," she was told there was no time for that on Saturdays when the clinic is busiest.

According to medical experts consulted by The Sun-Times, it is essential to measure both pulse and blood pressure before and after abortions: before, to be sure the patient can tolerate the procedure and anesthesia;



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Rushing the patient's recovery

On the abortion assembly line, patients are frequently "encouraged" to leave the recovery room as quickly as possible—to make room for the busy doctors' next round of patients. Sometimes, recovery is too quick. A 23-year-old woman rushed from recovery at Biogenetics Ltd., 520 S. Michigan, began hemorrhaging on a CTA bus. She lost two pints of blood, went into shock and, that night, underwent an emergency hysterectomy.

after, to detect excess bleeding, shock or other life-threatening complications.

Besides faking vital signs, employees at a few Michigan Av. abortion mills also enter meaningless descriptions of patients' progress into their medical charts.

Illinois Public Health Director Dr. Paul Q. Peterson assured The Sun-Times, "There is no way a facility can have every patient respond the same." But Water Tower Reproductive manages to do just that.

For the time a patient enters the recovery room, our undercover aide was told: "Put down about 10 minutes from the time they entered the procedure room."

For the time the patient leaves recovery, she was told: "Always figure a half-hour."

By that formula, every abortion takes 10 minutes and every patient requires half an hour to recover.

For the section of the patient's chart titled Progress Notes: "Write 'To recovery room per wheel chair. Alert and awake. IV disconnected. Released to postop counseling.'"

INVESTIGATOR TROSSMAN found patients en route from recovery may be awake, but "they certainly aren't alert. They are very groggy and many throw up."

In the case of a patient who was feeling especially nauseated, Trossman asked her supervisor how to word the progress notes on the chart.

She was told to use the same formula, omitting any reference to the patient's dizziness, nausea and need to lie down.

"The risk to patients from something like that is immense," said Dr. John Fultz, medical co-ordinator for the Illinois Department of Registration and Education, which licenses doctors in the state.

But on the abortion assembly lines, there's barely enough time for patients to recover, let alone "progress."

A registered nurse who underwent an

abortion at the Chicago Loop Mediclinic, 316 N. Michigan, complained that she was given only 10 minutes to recover. "They made it quite clear that my bed was needed," she said.

While it was hard on her, she said, "It was much worse on this poor little teenager who was very sick. The nurses just told her to 'Shape up.' The care was awful."

A former Mediclinic aide interviewed by

'Laboratory technicians are so rushed, or so incompetent, that women with negative blood can be lost in the crowd, and their Rho-Gam shot may be forgotten.'

The Sun-Times said that when she complained to clinic administrator John Seplak that patients were being moved out of recovery too soon, Seplak told her, "If you don't like it, you can take a walk." The aide quit.

AT THE MICHIGAN Avenue Medical Center, Felkner was told by her supervisor that the clinic wanted patients "in and out of recovery pretty fast on Saturdays because there are so many patients."

"You've been in here a while, haven't you?" the supervisor said to one of Felkner's charges. "Get up and get dressed."

A 26-year-old nursing student who had an abortion at Biogenetics Ltd., 520 N. Michigan, said she too was rushed out of the recovery room. "It was 15 minutes I was there," she said, "and the nurse told me there weren't enough beds for everyone and I should get dressed."

A 23-year-old woman who was rushed out of recovery at Biogenetics had just boarded a CTA bus home when she began hemorrhaging. Leaving a puddle of blood on her bus seat, she stumbled off at the next stop and into the public library. There, two librarians called an ambulance for her. She lost two

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pints of blood and went into shock. That night, she underwent a hysterectomy.

For centuries, women with Rh-negative blood carrying Rh-positive babies suffered terrible risks to their own lives and those of future children. Now, thanks to a special serum called RhoGam, these women can deliver their babies or terminate their pregnancies without risking the lives of future children.

But, at some of Chicago's abortion mills on Michigan Av., laboratory technicians are so rushed, or so incompetent, that women with negative blood can be lost in the crowd, and their RhoGam shot may be forgotten.

A 20-year-old medical assistant who paid \$250 for an abortion and a RhoGam shot at the Biogenetics clinic was about to be discharged from the clinic without the shot.

"I knew that I was Rh-negative, but the lab there told me I was O-positive," she said later. "If I had not spoken up and demanded another test and gotten the shot, the life of my future children would have been in severe danger."

When another patient reminded the lab technician that she had paid for a RhoGam shot she had yet to receive, he said, "We're just too busy to think of everything."

Some of the "mistakes" that occur in the clinics we investigated can be traced directly to the dearth of competent medical staffers. While state law requires that a registered nurse be on the clinic premises at all times, the Water Tower Reproductive Center operated for months without a single R.N. The clinic recently hired one, but only to work two days a week.

Nurse's aides are, by law, barred from giving injections. But at the Michigan Avenue Medical Center and Water Tower clinic, they do it routinely.

According to Fultz, untrained persons must not give injections because, without proper training, "they can inject medications into the artery or they can inject into a nerve and damage the nerve. It could mean permanent injury or death."

Fultz also believes it is dangerous for aides to be filling syringes because "they might not only get the wrong amount, they might get the wrong medication."

AT THE WATER TOWER clinic and Michigan Avenue Medical Center, hypodermics of anesthetics are not only filled by untrained aides but also are filled in large numbers—often in unsterile surroundings.

And at Water Tower, they are stored for days before use, sometimes with casual regard for cleanliness. Investigator Trossman saw the caps fall off some needles of pre-filled syringes being stocked in a procedure room. The aide stacking the syringes simply pushed the caps back on and left them for the next abortion.

All of those kinds of practices, said Fultz, "markedly increase chances of contamination of patients."

BUT STERILE conditions are haphazardly maintained in the four clinics where we worked.

At the Michigan Avenue Medical Center, sheets in the recovery room are rarely changed between patients. They are covered with sheets already bloodied by the patient before them. It is not only esthetically unpleasant for patients, it is unsanitary.

Our investigator at that clinic also found there was no time to clean the blood from the procedure room between patients. "They just come in and out too fast," she said.

NEXT: The identical twins with identical cons.

Note to readers

Reliable abortion counseling should be obtainable from family physicians. Other organizations that are prepared to respond to women's health questions are:

• Planned Parenthood Assn., 55 E. Jackson, 322-4240.

• Health Evaluation Referral Service, 2757 N. Seminary, 248-0166.