

## 'Janitor' helps with patients

# Lives are held in grimy hands

By William Gaines

"HEY BILL, COME in here. Hurry," a nurses' aide hisses to me.

I drop my grimy rag and stride across the hall to the recovery room next to surgery.

"Hold his hand, he keeps lifting it up," she commands in a harried and anxious voice, pointing to the beefy arm of a 60-year-old man who has just been wheeled semi-conscious from the operating room.

I hold one, then the other to stop the patient from pulling loose the tubes that are feeding plasma and sterile water into his body. He writhes on the cart. The aide scurries nervously around the room, getting supplies and checking the bottles.

I WAS A TASK Force reporter, hired as a janitor at the von Solbrig Memorial Hospital, 6500 S. Pulaski Rd. I had been employed to scrub and mop and throw out garbage, not to assist nurses and doctors in the sterile surgical area.

The man does not respond to treatment. Other aides, nurses, and a doctor come to assist us.

Suddenly he appears to stop breathing. His whole body goes limp. His arms relax under my grip.

THE MEDICAL personnel — the only ones who are supposed to be here, I think defensively — pry his mouth open and keep the passage to his throat clear with a short plastic cylinder. Down his mouth they shove a tube to begin administering oxygen.

The characters in this hectic scene now crowd the room — nurses, nurses' aides, an orderly, all antiseptically scrubbed in white clothes. And in my a filthy janitor's outfit. Half the hospital's skimpy staff is here.

The nurses and doctor are speaking tensely, occasionally snapping an order while monitoring the patient's vital signs. His chest heaves tentatively, then again, stronger.

A lab technician crowds in next to the man to inject a stimulant.

"YOU THERE," someone says to



TITLE PHOTO BY FRANK HEISS

Task Force reporter William Gaines, while working at von Solbrig Memorial Hospital, was hired to mop, sweep and throw out garbage. However, he also had to assist nurses and doctors in surgery—without changing from his janitor's outfit.

me after the hypodermic needle is extracted, "hold that cotton on his arm there." I do so, with the same hand I'd used to wring dirty water from my mop only a few moments earlier.

Thirty minutes after I was called in, the old man is wheeled back into surgery. To me, unexperienced in the daily medical drama of hospital life,

it felt like hours, I am drenched with sweat.

The patient, I learned later, recovered.

The experience was frightening to me; it was depressing, for I knew that it was not just a fluke that I, a janitor, had been called on to do the work of trained orderlies and nurses' aides.

It happened to me almost daily at von Solbrig hospital, where I had been hired at \$2-an-hour by the hospital's owner, administrator, and medical director, Dr. Charles R. von Solbrig.

AT LEAST THERE were other people with me thru that medical emergency. A few weeks later I was the sole guardian of a child during a critical period following surgery.

The child, a six-year-old girl, had undergone a tonsillectomy and corrective surgery for an umbilical hernia in the operating room, a few feet from where I was mopping the second-floor corridor.

The operations had just been completed and the anesthetist, a nurse, and a nurses' aide fled past me and disappeared around the corner.

"Bill," a nurse called to me, "come a minute." I put down my mop and entered the operating room.

THE NURSE WAS standing next to a small girl lying nearly motionless under a sheet, breathing slowly, in an anesthetic sleep. The operation had ended only minutes before, which meant the youngster was in the post-operative stage when complications are likely to occur.

"This is a critical time," Dr. Jack L. Paradise of Children's Hospital in Pittsburgh, one of the nation's leading experts in tonsillectomies, told me later. "There can be cardiac disturbances. There can be breathing problems that heighten the risk of cardiac disturbances. There is a danger of hemorrhaging. The child could aspirate blood [breathe it into the lungs]."

Instead there was me, the janitor.

My instructions from the nurse: "Stand there." Then she was gone.

THE LITTLE GIRL and I were alone in the room, both of us helpless. I swore under my breath. It was a responsibility I didn't want. But I couldn't walk out.

Nothing went wrong during the nurse's brief absence, but I had been placed in that situation because the tight-fisted staffing policies at Chicago's only for-profit general hospital don't provide for enough nurses, aides, or orderlies.

Once when I came into the hospital on my day off, a nurse called to me from the operating room as I stood in the hallway in my street clothes. "Come in here a minute, we need some help."

I walked, virtually off the street, into the operating room. "Sir, you get on that end, hold on here," she said to me, thrusting into my hands the corner of a sheet that was under a large woman on the operating table. The patient was still unconscious, and too heavy for the nurses and lone orderly to move.

IT FINALLY took six people — five working hospital employees and me — to move the woman onto her wheeled cart.

One duty we janitors had to perform almost daily was to lift an elderly woman from her bed into a wheelchair and put her back in bed again later in the day.

It was a delicate task, for her shoulder was in a cast and her left arm was blue and swollen. A trained orderly or licensed practical nurse probably could have found a way to lift her without inflicting excruciating pain.

We janitors never did. "I'm falling," the frail woman would cry in fear as we clumsily maneuvered her. Once she slid off of the wheelchair onto the floor, another time she fell into the wheelchair when she slipped from an aide's grip. Her pain was nearly unbearable and she cried:

"Why don't you take me out and shoot me?"