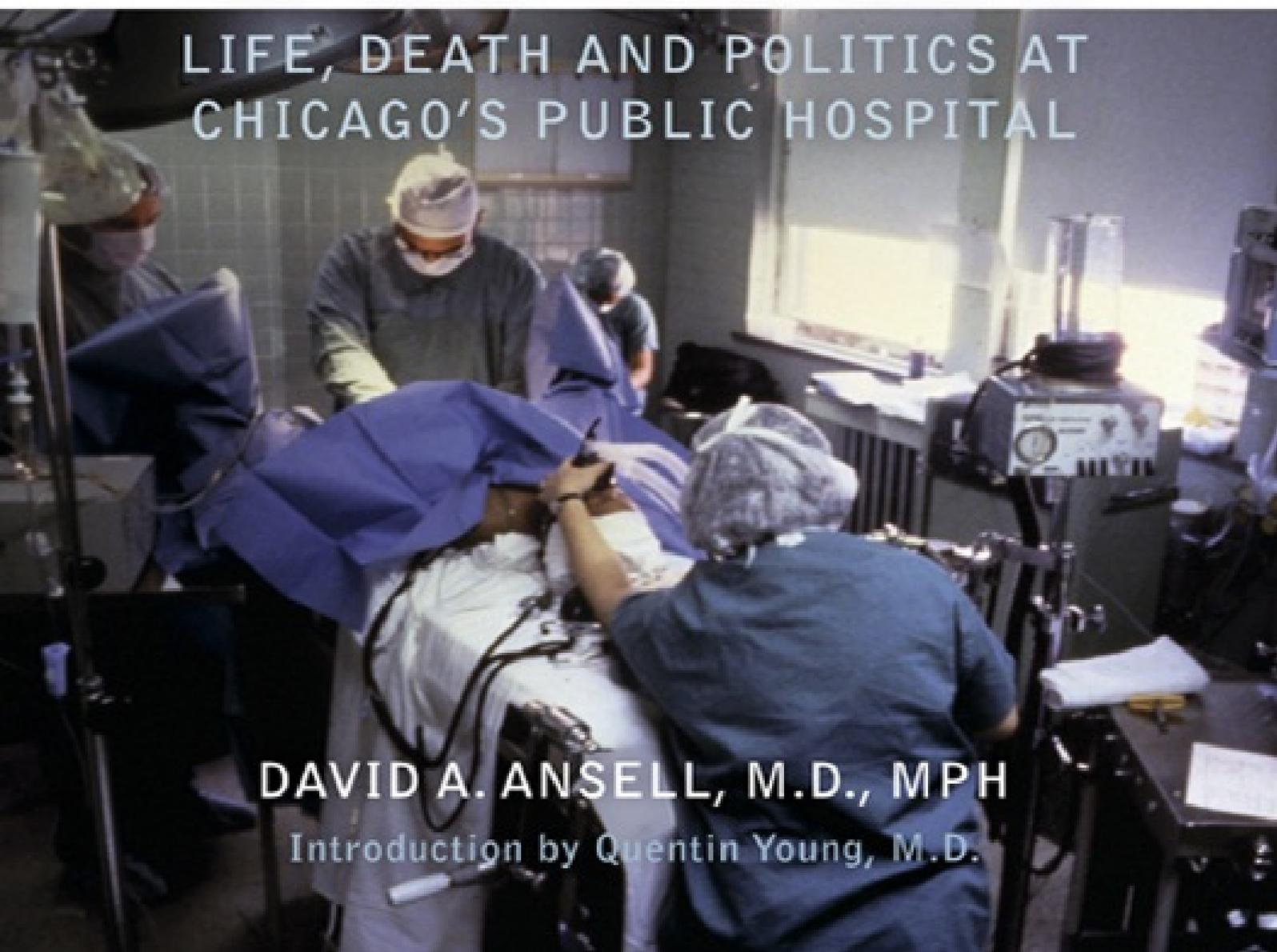




COUNTY

LIFE, DEATH AND POLITICS AT
CHICAGO'S PUBLIC HOSPITAL



DAVID A. ANSELL, M.D., MPH

Introduction by Quentin Young, M.D.

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CONTENTS

Introduction	Quentin Young
PROLOGUE	The Hospital
CHAPTER 1	1989: You Should Write That Book
CHAPTER 2	1964–1978: Wounded Pigeon Syndrome
CHAPTER 3	1977: Cook County Hospital: We’d Fit Right In
CHAPTER 4	July 1978: Sink or Swim
CHAPTER 5	1978: The Cure
CHAPTER 6	1978: Is There a Doctor in the House?
CHAPTER 7	General Medicine Clinic
CHAPTER 8	ER
CHAPTER 9	I Call It Murder
CHAPTER 10	1979–1982: Battle-Worn
CHAPTER 11	1981: County Will Do This to You
CHAPTER 12	1983–1986: Amateur Sociologists
CHAPTER 13	1983: Moving On
CHAPTER 14	Working Against the Odds
CHAPTER 15	1984: The Breast Cancer Screening Program
CHAPTER 16	1985: I’m Sticking to the Union
CHAPTER 17	1989–1992: Designed to Fail
CHAPTER 18	I Felt Like a Human Being
CHAPTER 19	AIDS and the Lessons Learned
CHAPTER 20	Crossing the Threshold
CHAPTER 21	2004: ‘Til Death Do We Part
CHAPTER 22	2002: Last Rounds
CHAPTER 23	2008: “Déjà Vu All Over Again”
Acknowledgments	
Sources	

This book is dedicated to those individuals who, because of their race, income, immigrant status or lack of health insurance, have been denied the most basic of health services that should have been available to them as a simple condition of their humanity.



“Of all the forms of inequality, injustice in health is the most shocking and most inhumane.”
— MARTIN LUTHER KING

Introduction

COOK COUNTY HOSPITAL, Chicagoland's monstrous public hospital, has at least three functions. Its first, and arguably most important role, is political; for party-favored contractors and employees and, not least, as a last resort for poor patients. "County" (as it came to be known) played a crucial role in the health care delivery system by being the caregiver to the poor, a demographic that is—and increasingly so—African American, Mexican, Puerto Rican, and immigrant. Finally, County has had a huge role in the training of physicians and other health professionals in the entire region. For more than a century and a half, County has had an immense presence in both the medical scene and the larger political and sociological life of its community. Over the years, no author has succeeded in writing the story of this colossal venture. Several explanations of this failure come to mind, from simple lack of literary skill, to a propensity to write anecdotal, personal diaries. Past authors failed to link County's fortunes to the world-historic medical and social events that emerged in this time frame. To name but a few: the discovery and application of anesthetics; the proof of germ etiologies, followed by description of viruses; antibiotics; immunization; vaccination; and ever more invasive surgeries to heart, lungs, and brain. County, with its vast patient population, was a perfect setting for clinical trials that facilitated many of these advances. Writing the definitive story looked like an impossible task. At least half a dozen authors over the years sought to capture the reality of Cook County Hospital. Overall, many authors displayed an inability to relate its century-and-a-half history to the spectacular transformation of bioscience and medical care in this same period. David Ansell has done it. He has captured the County story vividly and comprehensively. His own career is just the right preparation for this task: four years of training to be an internist in the County's Department of Medicine, another thirteen years as an attending physician at Cook County Hospital, then ten years of service in the city's major private hospital caring for the poor, Mount Sinai Hospital, and, lately, Medical Director at the prestigious Rush University Medical Center. All this, capped by his selection to serve on the newly-created independent governing board in charge of the Cook County Health and Hospital System. Given the dire straits of our public hospitals—underfunding, closures, uninsured patients—this fine book could be a dirge, or a celebration. In any event, it is an authentic and accurate description of a most consequential chapter in our country's history, and a reflection on our nation's failure, unlike the other major western industrialized nations, to make equal access to health care a right for all.

Quentin Young, MD
Chicago, January 2011

PROLOGUE

The Hospital

IN THE SPRING OF 1978, five newly-minted medical school graduates loaded all of our belongings into a twenty-four-foot U-Haul Truck and trekked from Syracuse, New York to Chicago, Illinois to begin internships at Cook County Hospital. A little more than two years prior to our arrival, the hospital was the site of the longest doctor strike in U.S. history when the House Staff Union we were about to join walked out over the intolerable patient care conditions at the hospital. The strike ended when the hospital agreed to some of the patient care improvements that the young doctors demanded. However, seven of the House Staff leaders, doctors no older than we were, were sentenced to Cook County Jail for defying a back-to-work order. The Cook County Hospital we were about to enter was a simmering cauldron of conflict and third-world patient care. We came to County Hospital eyes wide open because of its troubles, not in spite of them. We did not come to County Hospital just to learn to be doctors. We came to County because we believed that health care was a right, not a privilege. That as doctors we had to lead the fight for fairness, equity and universal health care in the U.S. Cook County Hospital was at the front lines of this battle. We encountered roadblocks: an antiquated facility; inept management; underfunding; a corrupt political Machine; patients who were dumped and refused care at other hospitals; our own inadequacies as doctors; patients who died at our doorstep or on our watches.

In the 160 years since its doors first opened, Cook County Hospital has been an institution of epic medical achievements. It was the birthplace of America's first blood bank. Home of America's first trauma unit. Its wards had been graced by some of the greatest doctors in the history of American medicine. For a century, until the 1960s, County boasted one of the most competitive internships in the country. It inspired physicians to pay and compete for the privilege of attending there. It was also a troubled institution from its inception and struggled with the same underfunding, poor management and political interference we encountered more than a century later.

By the 1960s a unique set of circumstances placed Cook County Hospital at the center of the national debate about race and health in the U.S. It was simply that Cook County Hospital was in the right place at the right time. As Chicago's black population quadrupled from 250,000 to over one million in the years between 1930 and 1960, racial segregation of neighborhoods and institutions limited black choices for everything from jobs to schools to hospitals. County Hospital became the de-facto hospital for black people in Chicago. By 1960, County was serving the black community and an immigrant Mexican community almost exclusively. In fact, in this decade,

eighty percent of Chicago's black births and fifty percent of all black deaths were at County Hospital. This was not just an issue of poverty. Many of the black patrons at County had good paying jobs and health insurance.

Racial segregation was actively enforced and many Chicago hospitals refused to serve black patients until laws like the Hill-Burton Act and Medicare-mandated desegregation. The presence of the County Hospital allowed for the extraordinary exclusion of black patients from almost all the other hospitals. This was a form of Jim Crow as heinous as any practiced in the Deep South and enforced, not by law, but by the collective behavior of an entire city's establishment. Ultimately, this legacy of segregated care in the under-resourced public system contributed fifty years later to the gaping black-white racial disparities in health outcomes for which Chicago is notorious. Professor Pierre de Vise, a Chicago reform Democrat, criticized County Hospital in the late 1960s as "this criminal concentration of medical care for the million people who are shut out of the private health system" and as "a major factor in the death each year of approximately 1,000 Chicagoans."

By the late 1960s the conditions at the hospital had deteriorated badly under the strain of the growing black population and its health needs. Beds lined up two to three in the hallways. Over 1000 emergency visits and fifty births each day. This was in the same United States that had just landed a man on the moon. The demands for improvements and change reached full throttle but fell on the deaf ears of a recalcitrant white political establishment. It was a time of social change in Chicago and the country and a new breed of activist doctors and nurses began to organize for improvements within the soot-covered walls of County. The long-time superintendent of the hospital who had been a fixture there since 1914 retired in 1967. A militant black community along with these activist doctors and nurses, many of whom had come of age during the civil rights movement in the U.S., demanded a change of governance to a professional and independent board. In response, the state legislature wrested control of Cook County Hospital away from the Democratic Machine which ran all Cook County government and handed it to a newly constituted independent Governing Commission in the hopes of improving care. But governance change was not enough. The funding of hospital services was insufficient to improve conditions. The Democratic Machine blocked the Governing Commission from gaining fiscal control over the hospital and by the late 1970s the Governing Commission was unable to manage supply shortages and labor unrest at the hospital. The conflict between the County Board and the Governing Commission would explode within a year of our arrival.

The County Hospital we arrived at in 1978 was ground zero for all the crucial questions facing the U.S. health care system. What is the best way to fund and deliver health care to the poor and uninsured? Can separate health care delivery systems, one for the insured and one for the uninsured, ever be fair or equal? What is our nation's commitment to closing the racial gap in American life spans? How do institutions such as Cook County Hospital

contribute to these racial gaps? Little did I know, thirty years later, I would be sitting on the Board of Directors of this very institution asking these same crucial questions. The story of this singular public hospital is the story of health care in America, and its travails speak to our national failure to declare that health care is a right and that Americans should not face early death or disability because they are uninsured. This is my story but could be the story of any number of young doctors and nurses who came to Cook County Hospital to join in a battle for health equity that thirty years later has yet to be won.

David Ansell, MD, MPH
Chicago, January 2011

CHAPTER 1

1989: You Should Write That Book

“You’d never want to wake up and find yourself in Cook County Hospital, the nation’s first and oldest public hospital. The building looks as huge, grey and battered as a vanquished and abandoned old battleship run aground on the shattered streets just west of Chicago’s Loop. The hallways and waiting rooms—there’s no nicer way to put this—are thick with sick people who have also run aground and seem abandoned to waiting, limping, straining, coughing, sighing and sweating, bleeding, crying.”

—Scott Simon, *Weekend Edition*, National Public Radio, 1994

I BOLTED DOWN THE STEPS from the General Medicine Clinic at Cook County Hospital. My scuffed, brown Rockports smacked the concrete stairs as my right palm skimmed the handrail, its blue paint, once bright and cheery now worn to its steely base by thousands of hands, perhaps as tardy as mine. I was late. I was always late. A major weakness and character flaw—one I am still trying to mend years later. Late, because I stuffed my life, like the overflowing shopping carts of the scavengers who loitered on Madison Street. A victim of both my idealism and impatience. The cacophony and chaos of County Hospital made a perfect setting for my appetite. It was an “all you can eat” kind of place. It was barely 1:00 p.m. and I was gorged.

I spent the morning seeing patients in the clinic; the door was full of charts; the waiting room stuffed as tight as a stockyard cattle car. The last patient had taken me longer than I hoped and after I packed her off with her prescriptions and laboratory orders, I wrote a hasty note in the chart, looked at my watch and cursed. I grabbed my stethoscope from the desk, shoved it into the front pocket of my corduroys and raced to the stairwell.

I punched open the door at the bottom of the stairs and was whisked into a vortex of patients traversing the hallway, a whirring of sounds and the vaguely pungent and familiar odor of musk and oiled hair. If I was going to make it to my meeting, I needed to do my best Walter Payton impression and slice through this gauntlet without being thwarted by the doctors, staff and passersby who bustled past the waiting room of the sprawling Ambulatory Screening Clinic. Every day, 200 to 300 unscheduled patients swarmed through its doors seeking medical attention. Today, like every other day, it was more mosh pit than clinic. The cumulative body heat of the masses overwhelmed the air conditioning system’s attempt to cool the room.

As I began my cut through the winding corridor, my final dash to the meeting, a voice intercepted me, the clipped Arabic-tinged English of a colleague, Iraqi-born kidney specialist, Dr. Asad Bakir, an island of calm

amidst the erupting first floor of Fantus Clinic. I turned. His hair was combed in a neat part, each strand obedient and in place on his head in contrast to my roiling mop of curls. His starched grey laboratory coat and Armani-style trousers were pristine, their creases sharp as a razor's edge. I sighed. My shoulders slumped. I'd never make the meeting. I stopped and shook his hand. I liked Bakir. Eight years earlier I had worked with him when I was a resident in training and he wrote on my evaluation that I should be considered for a spot as an attending physician at County, perhaps the highest endorsement a resident could receive. We were both distracted by a crushing assemblage of patients and doctors and we gawked like sightseers.

"You know, David," he said in the British public school accent and rolled r's so typical of Iraqis of his age, as his eyes darted across the crowd in the waiting area in awe, "someone should wrrr-ite a book about this place." The conditions at Cook County Hospital were so appalling and the suffering of such magnitude that we often felt that if the outside world knew about it, there would be more outcry to end or improve it.

"Actually," I replied, "I plan to write a book, I'm just not sure anyone would believe it." My assertion was interrupted by a registration clerk's frantic call.

"Dr. Ansell! There's a man down in the men's washroom!" I hesitated before I pounced into action. And not only because I would now surely miss my meeting. The men's washroom was about thirty feet away. Its reputation for filth was legendary at County; with just two stalls to accommodate the thousands of patients and staff who waited or passed by every day. Add to that a spotty cleaning schedule, the semi-sweet odor of ancient urine deposits left by a multitude of bladder-challenged Chicagoans and the tags of competing West Side gangs carved on every available surface, and you had one place I never deigned to enter in all my years at County.

Bakir and I exchanged a "let's roll" glance. I tore past the vending-machine-lined back wall of Fantus accompanied by the drum roll clickety-clack back beat of Bakir's loafers on the linoleum. I pushed through the swinging door of the bathroom and was jolted by an aromatic blend of urine, feces and sweat. My heart thumped. On the floor, visible under the closed door of the first stall was the limp body of a man, in the fetal position. I seized the stall door and shook it. Locked from within. No time to waste. I slammed open the adjacent stall and scaled the toilet seat, careful not to plunge my feet into the murky water of the bowl below. I grabbed onto the top edge of the divider between the two stalls with both hands, stretched myself up on my tippy toes and peeked over. My stethoscope dangled out of my pants pocket.

"There's a guy down on the floor. He's out cold. Maybe a seizure. I'm gonna climb over and try to get to him," I said to Bakir below. With my right foot, stretched as far as it could go on the edge of the toilet seat, I dragged myself up over the partition: my left foot and leg flailed and banged on the metal divider between stalls as I grunted to maneuver over the top. At thirty-seven, I pondered I just might be a little old for this. Too late. I was committed. Just then, I saw the man twitch. A sign of life. Good news. My foot caught the top

of the divider. As I leaned to thrust myself into the other stall, the lifeless lump on the floor roared alive, like an outtake from *The Exorcist*. He whipped around towards me, face contorted in fury. A lit cigarette stub with a quarter inch of grey ash dangled between his fingertips. A curlicue of smoke ascended in a lazy waltz up towards me. The man aimed a nicotine stained brown finger at me, as he pried himself up to rest on one elbow.

“Get the fuck out of here!” the homeless man barked, defending his territory. Hanging atop the stall, I struggled to catch my breath. My eyes darted back to Bakir, as I mumbled, “Call security.”

I hopped off the toilet and skipped out of the bathroom, brushed my hands together several times, placed them on my thighs and tried to press the crinkles out of my corduroys. Bakir eyed me and shrugged his shoulders as we parted ways.

“You know, David, you should wrr-rite that book.”

Twenty-two years have passed since that moment in the bathroom. The same homeless still called County Hospital home. Health reform passed in 2010 to much fanfare. But to many of us grizzled and skeptical veterans of the health-care battles fought on Chicago’s West Side, first to save and then transform Cook County Hospital, health reform looked like more of the same. It perpetuates the inequities in our health care system; the very issues we came to County Hospital to challenge. Some things have improved at County Hospital in the thirty-plus years since I came to Chicago, wide-eyed, wild-haired and newly graduated from medical school. On the other hand, many of the problems that I encountered when I arrived there have persisted. And yet County remains a necessary component of the health care safety net because the U.S., unlike most other industrialized nations, does not value equal access to health as a human right.

I owe a big debt to County Hospital. It is where I learned to be a doctor. To diagnose and treat conditions that I had only known as words in a medical school textbook. Taught by other young doctors, as young as I, but also taught by my patients, some of whom still see me so many years later. Most of all, County Hospital is where I first witnessed how unfairness wreaked havoc on my patients’ bodies and on their families. How the triad of racism, poverty and lack of insurance conspired to kill my patients and their family members before their time. It is a form of injustice that continues to this day.

CHAPTER 2

1964–1978: Wounded Pigeon Syndrome

“YOU KNOW WHAT’S WRONG WITH YOU?” my dad said, in his east London accent. Here it comes, I thought. My dad had a certain way of berating me and my brothers, able to reduce us to nothing with a word or a glance. However, even his most unkind criticisms reflected a bit of truth. We sat on opposite sides of the kitchen table. The morning light spilled through the windows. It was 1973. I was twenty and home from college. At issue were the bricks I put in all the toilets in my family’s house, as a way to reduce water consumption. I didn’t tell him. He discovered it weeks later, when he investigated why it was taking multiple flushes to clear his business. He was not happy.

“You’ve got the wounded pigeon syndrome,” he said. Earlier in the year, I had nursed a sick pigeon back to health, an episode that helped my father crystallize what he thought was wrong with me. Wounded pigeon syndrome. He meant that I had a soft spot for the underdog, for farm workers, for the civil rights marchers, for the Vietnamese and for the environment. He did not understand. A generation gap. When I argued with him about some current injustice, he dismissed me with the phrase, “T’was ever thus.” This made my blood boil.

I loved my dad, but we did not see eye to eye. He came from a poor East End family in London, the English equivalent to the Lower East Side of New York. And he immigrated with my mom to Binghamton, New York, a white-ethnic shoe factory town on the banks of the mud-colored Susquehanna River in an Appalachian mountain valley, 170 miles from New York City. Binghamton was a sad sack of a city in the midst of a slow death spiral of economic decline. But he found work there, as a doctor in a converted gas station in the country and so he settled. A child of the Depression, he had no time for activism or politics.

He was correct, though. I did have “the wounded pigeon syndrome.” My mother’s extended Polish family perished in the Holocaust a few years before my birth, and this fact hung over my childhood like the grey fog lingered over a Binghamton morning. I grew up haunted and perhaps even obsessed by the images of the Holocaust. I trace my interest in issues of social justice to my reaction to that horrific event. I was a sensitive kid—“overly sensitive,” my mother said. And “weak-chested and knobby-kneed,” she’d add if she had your attention. When my family took weekend trips to New York City and we consorted among the throngs along Broadway at night, my brothers and sister ogled the lights. I gaped at the beggars with their cans and signs, some legless on rolling platforms; others who hid in the shadows of alleys, or on the stoops of shuttered businesses, wrapped in layers of clothes. I wanted to help them,

to empty my pockets of change and throw it into their tins.

The *CBS Nightly News* thrust 1960s America into our family den. The Kennedy assassinations, and the civil rights and anti-war movements exploded across the black-and-white screen. I was transfixed. Twelve years old during Freedom Summer in 1964, I read the paper in shock as the news of the murders of the three civil rights activists in Mississippi unfolded. The images of Bloody Sunday and the gassing and head-smashing of the civil rights marchers on the Edmund Pettus Bridge in Selma distressed me. By the time student activism burst out in Binghamton in the late 1960s, I was in the thick of it.

Julian Bond, a rising black civil rights leader and the first black person to be elected to the Georgia State Senate since Reconstruction, arrived in town when I was seventeen to lead an anti-war demonstration. I stood on the manicured lawn in front of the copper green-domed Courthouse on a spring day, with my high school posse, wearing an olive green military jacket I had purchased at the local Salvation Army for a few bucks. Bond held forth on racism and the war. Riveted, I listened to him speak as a warm feeling of pride rose from my stomach into my chest, and I realized that I was part of a larger movement that shared my beliefs. I finally had a way to express my feelings about the events in the larger world. We marched against the Vietnam War, winding our way through the working-class Binghamton neighborhoods to jeers and waving American flags. We chanted anti-war slogans in response.

I was asked to write a column in the Binghamton Central High School newspaper during my senior year. "Pa Central," as the column was titled, was supposed to be about school spirit, but in 1969 that was the last thing on my mind. "Expecting William Buckley?" was the sarcastic, anti-authoritarian introduction to my first column. It was not long before I was summoned to the principal's office to explain myself. I stood in front of his desk, hands by my side. He sat looking up at me through horn-rimmed glasses, my newspaper column in front of him, a frown on his face.

"Ansell, what does this mean?" His jowls shook like cow udders, as his index finger tapped in a staccato beat on the paper to make his point. His scalp, visible under his short, cropped hair, reddened from front to back like an ink spill on paper. He was a major in the army reserves. Big-boned and closed-minded, he had earlier in the year refused to allow the school to purchase *Catcher in the Rye* and *Brave New World* for a fiction elective I had arranged with some other seniors. In defiance, we bought our own copies. But he had no problem with our twelfth-grade English required reading of "A letter to my granddaughter about communism," a piece of propaganda by J. Edgar Hoover, the Director of the FBI.

Binghamton Central High School in the late 1960s still bore the remnants of the anti-communist frenzy of the Joseph McCarthy years. Binghamton was a backwater, a town of festering racism and anti-Semitism that seemed impervious to the world outside its mountainous boundaries. Woodstock had

been held on a farm about fifty miles away the year before, but it might as well have been in another country.

William Buckley was the national spokesperson of the conservative right, the Glenn Beck of the time, and apparently one of the principal's heroes. My question, "Expecting William Buckley?" irritated him. "This won't do in the school newspaper," he said, and demanded I remove the line. I refused, jaw thrust forward. We argued. I don't know why he relented. I guess I convinced him that the words themselves were innocuous and the double entendre was not so sinister. In the months and weeks that followed, every column I wrote faced the same scrutiny.

The winds of change blasted across the country. Rules and norms were changing quickly. Even at Binghamton Central. The student council had a very strict dress code at my high school. No tee shirts. No sandals. No jeans. No shorts. No culottes. No miniskirts. So I helped organize a vote against the dress code at the student council. "I move we abolish the dress code," I said to the assembled students sitting at school desks in a classroom. "Second," another student chimed in as we had planned. "Any discussion?" The student council advisor blustered and wrung his hands. "You can't do this!" he said. "All in favor? Aye!" the students affirmed. "Against?" Silence. The room broke out in whoops. Gone was the dress code. The next day, Binghamton Central's hallways were a sea of students in tee shirts and jeans, miniskirts and culottes.

By the time I left Binghamton for college in 1970, I was ready to take on the world. College started with the anti-war movement at its peak and ended with the Watergate hearings and Nixon's impeachment. I joined the thousands of college students who marched on Washington in anti-war demonstrations. My friends and I watched the Watergate hearings every day on a flickering, beat-up, black-and-white Zenith, hanging on every revelation. Politics was our lifeblood. The threatened impeachment of Nixon felt like vindication. Like many of my generation, I saw—and still see—activism as a way to improve a flawed world. I chose medicine as a way to channel my altruistic desires to help others. I clung to the hope, naïve perhaps, that health and medicine were free from the conflicts that fractured our larger society.

I was wrong. Four years later, I completed medical school in Syracuse, New York. It was the late 1970s. The activism of the past decade had devolved into a period of stagnation and disillusionment. Medical school felt like a trade school. Maybe it was the juxtaposition of the freewheeling days and social unrest of the sixties and early seventies and the narrow view of disease that characterized the standard medical school curriculum. Women, and, to a lesser degree minorities, were just beginning to be admitted to the medical profession. Chauvinism and anachronistic notions about race and social determinants of disease permeated the classrooms.

I met a group of similarly disgruntled medical students and my wife Paula and I moved with them into an airy old Victorian. Together, through reading and discussions, we developed a perspective on health and society that was absent from our curriculum, one that valued the social etiologies of disease.

Some of us developed stress-related symptoms during this period. I had panic attacks that jolted me awake in the night with chest tightness and palpitations that once landed me in an emergency room. For a while I contemplated quitting medical school. Another friend developed strange nerve-related rashes and frightening choking sensations. A third got a duodenal ulcer. We were a flock of wounded pigeons. We decided that we wanted to find a place to train where we could make a difference, where we could confront head-on the social inequities that we believed contributed to ill health, where we could learn medicine in an environment with others like us. There were not many places like this in the U.S. Maybe only one—Cook County Hospital.

CHAPTER 3

1977: Cook County Hospital: We'd Fit Right In

THE COLD CALL TO CHICAGO and the conversation with Mardge Cohen, an intern at Cook County Hospital, clinched it.

“How do you like your internship?” we asked.

“I don't like it!” she said. “I love it!”

We did not know Mardge but discovered her through a mutual contact. Mardge was one of a group of activist medical students, like us, who went to Cook County Hospital to train. Short, with thin brown hair, piercing brown eyes and a Queens accent, she was unabashed in her enthusiasm. Love internship? That was an unexpected response; most residents hated their internship year. Love internship? Mardge's high-decibel endorsement was enough for us. We were determined to visit County Hospital and made an appointment to meet the legendary Chairman of Medicine, Quentin Young.

We drove to Chicago from Syracuse, New York in my blue Dodge Omni in late 1977, past the vast steel mills that lined the Lake Michigan waterfront from Gary, Indiana to East Chicago. Billows of white smoke spewed from steel mill smokestacks and the stink of sulfur—the smell of rotten eggs—assaulted our senses. The midnight sky was streaked bubble-gum pink, psychedelic and eerie at the same time. We came to learn, over time, that many of our County patients had migrated from the Jim Crow South to Chicago thirty years earlier to work in those steel mills. Chicago, in the late 1970s, was not the destination city that it later became. Its reputation had been damaged in the prior decade by white flight, racial and civil unrest. When we arrived it was in a state of decline, as Nelson Algren put it, “like a dying juke box in a deserted bar.”

I remember my first glimpse of Cook County Hospital that morning. It was a chilly and gray day. The hospital was a Goliath that rose out of the West Side neighborhood just west of the Chicago Loop. Eight stories high, it loomed over Harrison Street below. Built in 1914 in the Beaux-Arts, neo-classical style popularized by the World's Columbian Exposition of 1893, it was long outdated. Patients were a secondary consideration from the start. The architect of the building was obsessed with creating a public monument and overran his budget, creating the now faded façade of columns, cornices and gargoyles whose yellow-brick face was darkened by years of soot and disrepair on its Harrison Street side. It looked sick and tired, grim and grimy. Not like any hospital I had seen before or since.

The hospital commanded an entire city block—Harrison on the north, Polk on the south, Wolcott on the west, and Wood on the east. Administrative buildings, the house staff living quarters and the large outpatient Fantus