

Scramble for funds leaves PHS dazed

By CHRIS OLERT

Despite frantic efforts in Washington to keep it alive, the heartbeat at the U.S. Public Health Service Hospital in Clifton has slowed noticeably.

The latest news from Congress is simple — unless a bill to provide \$16 million in emergency funding is passed before Congress recesses at the end of this month, the hospital will probably be closed by Aug. 15. If the money is approved, which is seen as likely, it will continue to operate at least through Oct. 1, allowing for a local takeover to be planned.

But that continued operation, at the present level of service, is not nearly as extensive as what the hospital once provided. As recently as a few months ago,

the East Shore facility was in much better shape.

"Morale around here stinks," said one veteran physician in the hospital. "It's like a morgue. It's absolutely unbelievable.

"None of this (the closing) is law. It's incredible that these guys could make health care part of the political picture," he said in a tone that sounded as if his next move would be to pound his hand against a wall.

Every worker in the federal hospital is discovering what their counterparts in city-run and state-funded hospitals have discovered long before Ronald Reagan stepped into the White House — health care is "part of the political picture."

In the Clifton hospital the pic-

ture is not so pretty.

Patients (about 200 of them yesterday were in the hospital's 260 functioning beds) were being cared for by the skeleton house staff of interns and more experienced Public Health Service officers and Civil Service physicians.

But Joseph Hayden, an administrative officer, admitted that staff has been "juggled to cover."

Traditionally, the hospital has trained about 75 young physicians every year. But only about 25 arrived July 1. Those young physicians, representing both interns and residents, are the backbone of every teaching hospital's 24-hour medical coverage. The uncertainty of having a job in the fall persuaded many young physicians that the Public Health Service (PHS) facility was not one to go to for training, if they wanted to eat past Sept. 30, the end of the federal fiscal year.

Hayden also said that the hospital is more frequently removing itself from the Emergency Medical Service (EMS) list of hospitals receiving patients via city ambulances, since, again, the staff is scrambling to cope with its inpatients, and those emergency department patients who arrive without an ambulance.

Hayden said the supplemental budget is crucial to keeping the

hospital open, since with only commissioned (PHS) officers, the hospital can't function.

He wouldn't give an exact number of nurses working there, but did say that the hospital has an "adequate number."

Hayden said that its hemodialysis unit continues to maintain its full patient load.

Comparing this month with previous Julys, he said, is difficult because the month is so young, but he added many of its non-emergency outpatient services face daily cutbacks because of staffing.