

A large, stylized title 'GERM WARFARE' is set against a background of microscopic green bacteria. The letters are filled with a dark green color, and the background is a lighter green with various shapes of bacteria, including chains and clusters. The overall effect is a dense, textured look.

# GERM WARFARE

BY DELTHIA RICKS

**FORMER POLITICAL LEADER BETSY MCCAUGHEY  
CRUSADES AGAINST THE DIRTIEST SECRET  
IN HOSPITALS TODAY**

**W**HEN BETSY MCCAUGHEY, New York's former lieutenant governor, read about the death of a young man who had been mugged, she jumped in her car and drove 40 miles to console his mother.

Brad Moore of Washingtonville, N.Y., had suffered brain trauma during the assault, yet it wasn't the head injury that killed him. Moore was on the mend after his attack, making steady progress. But while hospitalized, he suffered a second assault, this time by microbes that inhabited the hospital. "Superbugs" overwhelmed the weakened 28-year-old and snuffed out his life.

"That's when I knew it was time to stop writing about the problem and start doing something about it," says McCaughey, recalling the moment five years ago that crystallized how she would take on America's hospital industry.

So she founded the nonprofit Committee to Reduce Infection Deaths—RID—and began to train a

spotlight on the infectious agents that inhabit hospital bedrails, lurk on stethoscopes and thrive even on the gloved hands of health-care workers. Her foes are not the big-name bugs capturing headlines, such as E. coli or bird flu, but those whose names many media outlets find too complex to lead the news (see sidebar, page 45).

It's a complex undertaking, but McCaughey (pronounced McCoy) is herself as complex as a Rubik's cube. She's a think-tank scholar and expert on health-care reform who was drafted by New York Republicans in the early 1990s to become a high-profile candidate. She was a card-carrying Republican who then became a Democrat and ran against her former boss. Now, McCaughey, 58, is deeply entrenched in what she calls her most challenging campaign yet.

What may seem the concern of a bygone era is, in fact, one of the most pervasive problems facing health-care facilities throughout the United States. Patients can be admitted to hospitals for anything from a knee replacement to cancer surgery and wind up with an invasive infection that proves lethal. Through her advocacy, McCaughey has helped expose one of the dirtiest secrets in hospitals today.

"I loved campaigning but I actually prefer campaigning against germs," McCaughey tells *Ms.* "The problem is enormous. One out of every 20 people admitted to a hospital is affected." Hospital-acquired infections add an estimated \$30.5 billion to the nation's annual health-care tab in hospital costs alone, and many of those costs are passed on to consumers as higher health-insurance premiums.

"These infections are often transmitted by touch," McCaughey said. "RID has shown how deadly poor housekeeping can be in hospitals."

McCaughey and her team of germ-fighting volunteers conduct seminars in hospitals, which usually offer the invitation only after she illustrates the



## BETSY MCCAUGHEY

financial ramifications of the crisis. “In order to get through the front door I have to emphasize the cost to them,” she says.

Brad Moore’s story is one of hundreds that inspire her. People write and email her almost daily, describing the unthinkable—infections that have waylaid patients during recuperation; infections that persist for years because no drugs exist to control them; and worst of all, infections that kill.

Maureen Daly, who volunteers at RID, knows firsthand what a hospital-acquired infection—technically called a nosocomial infection—can do. The Brooklyn woman’s mother, a robust woman in her early 60s, developed an infection after a fractured shoulder. Racing through her system, it repelled the cocktail of antibiotics that doctors gave her.

“Throughout Mom’s illness and after her death, I filed complaint after complaint,” Daly says. “I quickly discovered that, quite frankly, no one cared what I thought. I contacted the hospital’s administrators, the Department of Health, the board of the hospital, media outlets, all to no avail.”

A report about McCaughey on a New York City radio station introduced Daly to RID. She phoned McCaughey immediately and has been part of the disease-fighting effort ever since.

The Centers for Disease Control and Prevention agrees that hospital-acquired infections are a major health issue. The agency estimates 2 million people in the United States are infected annually in hospitals and nearly 20,000 die of preventable infections. Other estimates suggest the number of deaths may be as high as 100,000 a year, up to 90 percent of them preventable.

“Secrecy has allowed this problem to fester too long,” McCaughey says.

She is pressing for stronger public education about bacteria that can be transmitted in hospitals. On a practical level, RID advocates isolating all newly admitted hospital patients until tests prove they are free of transmissible bacteria. It also tells consumers to demand that health-care professionals sanitize their hands and don fresh gloves before examinations (for other infection-fighting recommendations, see sidebar below).

“People at the CDC and infection control officers at hospitals have been very aware of this problem for years,” says Rodney W. Nichols, former president of the New York Academy of Sciences. “Certainly Big Pharma has been aware of a need to develop and make new antibiotics. But what is novel about RID is that it is action-advocacy oriented, and in that way it is unique.”

McCaughey trained in neither medicine nor nursing—she graduated with honors from Vassar in 1970 and holds a doctorate from Columbia University in constitutional history. Yet her mission against hospital germs does not come as a surprise. “As a person Betsy is extraordinary. She’s a brilliant visionary,” says New York City lawyer Brondi Borer, who has known McCaughey for 25 years. “This is not a topic that everyone would want to pursue. But Betsy found something important and wanted to change the world—and she’s doing just that.”

McCaughey has been a vocal force on health-care reform for two decades, having been a health policy expert at the Washington, D.C.-based Hudson Institute and the author of health-care legislation during her tenure in New York state politics. She’s been running RID from her Park Avenue apartment, where she transformed her living room, dining room and the former bedroom of her three daughters into a base of operations. Only recently has office space been donated.

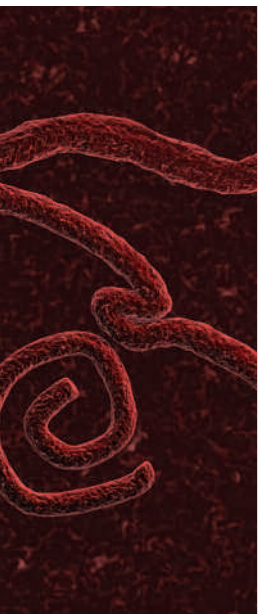
“Life isn’t a straight line; if you’re lucky and open your eyes you’ll have many careers,” she says of her post-political life. “And yes, I think I’m lucky. I was in politics for only four years; I had trained to be an academic. Motherhood, really, was my first career [she’s now divorced]. It’s just that now that my children are grown up and gone that I have time to work 80 hours a week.”

Politics wasn’t even a career she

### FIVE WAYS TO AVOID HOSPITAL INFECTIONS

In addition to demanding that health-care workers sanitize their hands before treating you, the Committee to Reduce Infection Deaths (RID) emphasizes several other ways patients can help prevent infections.

1. Before a health-care professional uses a stethoscope, ask that the instrument’s flat surface be wiped with alcohol to disinfect it.
2. Three to five days before surgery, shower daily with chlorhexidine soap, available at most pharmacies (a common brand is Hibiclens). This helps prevent harmful bacteria that may be on your skin from entering your surgical incision.
3. Avoid a urinary tract catheter, if possible. It is a common cause of infections. Ask for a diaper or bedpan instead.
4. If you must have an IV in your arm, make certain that it is inserted and removed under hygienic conditions, and changed every three to four days.
5. If you need surgery, choose a surgeon with a low infection rate. Surgeons know their rates for various procedures; ask for it. If they won’t tell you, consider choosing another surgeon.





## BUGS IN THE SYSTEM

The job of infection control in hospitals has become increasingly difficult in recent years because pathogens are bolder and tougher to fight, according to Edward Chapnick, M.D., director of the infectious disease division at Maimonides Medical Center in Brooklyn.

Many pathogens are drug-resistant, thwarting the antibiotics administered to kill them.

Chapnick cites four particularly nasty bugs:

- MRSA** (methicillin-resistant *Staphylococcus aureus*). When left unchecked, MRSA can race through health-care facilities. The staph bugs once succumbed easily to penicillin, but now resist the broad-spectrum methicillin as well as several other antibiotics. Long known as a hospital infection, MRSA increasingly is being spread in gyms and other places where people are in close contact.
- Acinetobacter**. Infectious and frequently drug-resistant, this bug is carried harmlessly on at least a quarter of all healthy people's skin. But when transmitted to weakened hospitalized patients, it can prove deadly.
- Pseudomonas aeruginosa***. Sometimes found in poorly maintained hot tubs and swimming pools, this bug can cause severe infections of the bloodstream (bacteremia).
- Klebsiella**. Normally found in the large bowel, this bug has been known to cause pneumonia and other infections when transmitted to hospitalized patients.

had in mind until Republican leadership came courting. During Bill Clinton's first term she had written a series of articles about health care, including a critical analysis of Hillary Rodham Clinton's universal health-care plan. Republicans loved it, of course, but it wasn't political on McCaughey's part.

"I opposed the Clinton plan because it limited how much care you could receive," she explains. "To me, that was a form of health-care rationing."

Miraculously, within two years, she shot from anonymity to second-in-command in New York state government. While in office she had supported important health-care legislation, including bills to end the practices of drive-through mastectomies and drive-through childbirth. Hospital stays had become so short, she believed, that doctors had little time to detect complications.

McCaughey and Gov. George Pataki didn't hit it off, however. They frequently disagreed and ultimately stopped speaking to each other.

"I switched parties over the Patients Fair Appeals Act," McCaughey says. The measure guaranteed an unbiased evaluation by an independent panel of physicians when an insurer refused to pay for doctor-recommended experimental therapy. "The Democrats were willing to support my legislation and Republicans were spurning it. It's not like you're born with a tattoo that brands you as one party or the other. Winston Churchill changed parties twice."

In 1998, McCaughey ran against Pataki on the Liberal Party ticket and lost. But through RID, she's once again making political waves—this time by pushing legislation that mandates public reporting of hospital infection rates. "If you have to go into the hospital you should be able to find out which one in your area has the worst infection problem so you can stay away," McCaughey says. "It's like the public health reporting on

restaurants. If your restaurant is on the list of dirtiest restaurants, you are less tempted to go there."

In November, Pennsylvania became the first state to publish a report on the number of people who acquired infections while hospitalized at the state's 168 acute-care facilities. Health officials found that 19,154 people statewide were sickened in 2005, and that the average hospital stay for patients with hospital-acquired infections was 21 days—compared with only five for people without them. Similar reporting laws go into effect in Colorado, New Hampshire, South Carolina, New York and Connecticut in the next two years. More than 25 states considered such laws in 2006; in California, Gov. Arnold Schwarzenegger signed into law a weaker bill that requires hospitals to disclose their infection-minimization strategies but not their infection rates.

For years, the CDC has produced reams of rules on infection control, which have included hygiene guidelines for virtually every department in hospitals, but the CDC guidelines do not carry the weight of law. Private accrediting agencies, however, can yank licenses, causing hospitals to lose Medicare coverage. The nonprofit Joint Commission, the primary organization that accredits hospitals in every state, requires rigorous adherence to infection-control guidelines. Last year, Joint Commission representatives made unannounced spot-checks to keep infection control teams on their toes.

But three studies published last year in the *American Journal of Medical Quality* found that hospitals are not doing a good enough job. For years it has been believed that hospital infections are inevitable in the weakest patients, but the studies concluded that if health-care professionals more rigorously followed simple measures of hygiene, they could drive down infection rates. McCaughey also cites the overuse of antibiotics as a practice that doctors should rein in. Relying too heavily on antibiotics, McCaughey says, citing a flurry of scientific papers, speeds the development of drug-resistant bugs.

Dr. Edward Chapnick, director of the infectious diseases division at Maimonides Medical Center in Brooklyn, is pleased McCaughey brought her germ-fighting message to his institution. "There are regulatory agencies that are very interested in infection control. But the key difference with RID is that it doesn't have a punishment component. When state regulators come in they can punish hospitals. When RID comes in, they're here to help." ■

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