

California budget cuts imperil Los Angeles County health care

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The budget cuts carried out by California Governor Gray Davis pose a grave threat to health care for residents of the nation's largest state. Particularly hard hit are the 6.3 million people in California, including 1.6 million children, who have no health care coverage.

The state's Democratic administration implemented the cuts in an effort to close California's massive \$38 million budget deficit. Los Angeles County, home to a significant portion of California's uninsured as well as a large immigrant population, has been especially affected by the funding cuts.

In May, the Los Angeles County Board of Supervisors closed 16 community-based medical clinics. It is also closing High Desert Hospital in Lancaster and turning it into an outpatient clinic. The county is fighting a lawsuit that is presently blocking its attempt to close Ranch Los Amigos National Rehabilitation Hospital.

The shutdown of the clinics force 2.5 million uninsured residents of the county to rely on the two remaining full-service hospitals, Los Angeles County/USC Medical Center and Martin Luther King Jr./Drew Medical Center. These two hospitals have also been targeted for cuts. King-Drew, located in south Los Angeles, lost 79 doctors, 152 nursing staff and 210 administrative support personnel. The hospital treats mostly minority and immigrant patients. A plan to cut 100 beds at County USC has been temporarily halted by a lawsuit.

King-Drew was opened in 1972, largely due to public pressure following a report by a commission investigating the 1965 Watts rebellion. Headed by former CIA director John McCone, the commission found access to local health care one of the biggest needs of the south Los Angeles community. At the time, the nearest major public hospital was County USC in East Los Angeles, many miles away.

Continuing cuts and lack of funding have made it increasingly difficult to provide even a minimally adequate level of patient care. King-Drew Medical Center received an "unfavorable" rating in 2000 in its review by the Accreditation Council for Graduate Medical Education (ACGME). Another review is currently in process. If the facility receives another overall negative review, it could face the loss of its 18 residency programs. The hospital relies on residents for a large part of its patient care. It is not clear the hospital could continue operating without interns.

Six of King-Drew's 18 residency programs have recently received sanctions from the council. The radiology program will lose its accreditation in June, meaning it must be closed. According to a September 7 report in the *Los Angeles Times*, the ACGME has cited King-Drew for "insufficient supervision of residents, overworking residents and using them for inappropriate chores."

According to the same article, King-Drew treats about one quarter of

Los Angeles County's gunshot and stabbing victims and 11 percent of those involved in life-threatening incidents such as car accidents and violent assaults.

A doctor of internal medicine at King-Drew spoke to the WSWS about the new threat to the hospital: "It is going to have a large impact here, there are many people who are going to be affected. We serve a lot of undocumented workers, about 20 percent of our patients. They come here for almost everything—health care at the first step.

"I can't even conceive how deeply it would affect the whole population. If you don't take care of adults, they can't work. If they can't work, they can't take care of their families.

"The ACGME has been trying to put in a standard for training programs. It is true some of the programs have been lagging. There are many factors involved, the hospital cannot get good trainers; there is not enough money. King-Drew has always been the bad guy; nobody wants to come here, the salary is low, you don't get incentives.

"I know Charles Drew University is building up their research here. With research, you get grants and that can build up your services. My fellowship program was for two years, but I stayed three years because I wanted to do research. But no one will hire me with these cuts, I am going out.

"I know people who say that because of the cuts they will go up north, to greener pastures. I know they have gotten rid of some of the part-timers and faculty nurses. This hurts, because it's a team effort; if one leg is missing, you can't stand."

Inadequate training or overworked staff at King-Drew may have been a factor in the deaths of at least two patients this summer. Sonia Lopez, 33, died July 4 after suffering a heart attack. She had been admitted June 23 with suspected meningitis. Sometime between 1 a.m. and 6 a.m., she suffered a heart attack, but nurses said her monitor showed all vital signs were normal.

Robbie Bilbrew, 52, was found dead two weeks later by a doctor making her morning rounds. The woman, who suffered from diabetes, was to be released to rehabilitation that same day. Doctors could not say how long she had been dead.

A subsequent investigation indicated that a new patient-monitoring system may have failed to alert nurses that the women needed urgent attention. In the death of Lopez, her condition may have been tracked by the wrong monitor, confusing nurses. In the case of Bilbrew, an equipment malfunction apparently prevented an alarm from sounding.

Relatives of both deceased women did not find out until later that there had been a problem with the monitors. The malfunctioning monitors were not finally removed until several weeks later, in advance of the review by the ACGME.

There have been problems for many years at the hospital due to underfunding and neglect. In one of the most widely publicized cases, in 1994 a woman received AIDS-tainted blood during a routine surgical procedure and as a result contracted the disease. An investigation disclosed many irregularities in the hospital's blood bank.

An immigrant worker, a recent patient at King-Drew, spoke to the WSWS about the impact of Governor Davis's cuts. He said that he had recently tried to visit a county health clinic, only to find it had been closed. "I don't agree with the cuts. I have a family and have very few resources. I don't have stable work, it affects me greatly and people like me.

"I am being helped by Medi-Cal [a state program for the poor and uninsured] because a year ago my company closed, a plumbing company with about 80 people. I lost my medical insurance. Medi-Cal is helping a bit with my health costs, but it only pays for emergencies. I have to buy the drugs myself. Two months ago, I had an intestinal operation. Fifty capsules lasted 25 days, and for them I had to pay between \$130 and \$150. I also have to buy medicine for my child.

"If the government wouldn't spend money elsewhere they could help us. We pay taxes on gasoline and on everything we buy. The Iraq war is affecting all workers. The US went into Iraq without being called. That is where the money is being spent. I do not support the war in Iraq—we are all human beings."

A resident doctor in pediatrics at King-Drew said, "I am tired of the whole thing. Everyone is going to be affected. Many of us may have to switch to a different specialty.

"They have already cut some people, mainly secretaries and clerks. But their jobs are important and the work is still here. It simply means doctors are now doing clerical work. All these cuts affect us because it takes away from what we are supposed to be doing.

"People come here from far away who don't have insurance. They are the ones who really need help, so they come here. A lot of hospitals have so much more, you can't even compare it to private hospitals.

"This could have a big impact on the general public. Many of the patients don't have cars, they come here in buses. How will they get to Harbor hospital, how will they get to County USC?"

The WSWS also spoke to staff and patients at County USC, now called Los Angeles County/USC Healthcare Network. Located in East Los Angeles, the facility is one of the largest public hospitals in the country, treating some 800,000 patients annually, including 250,000 emergency room visits. Almost one half of those it treats are poor or uninsured.

Even before the latest round of cuts, County USC faced severe shortages of staff and resources. According to testimony from doctors filed in legal affidavits earlier this year, emergency room patients can wait up to four days for beds, sometimes dying before receiving treatment.

In a case reported by the *Los Angeles Times*, a 40-year-old woman with an arterial blockage in her lungs was kept in the emergency room for more than 30 hours because an intensive care unit bed was not available. She suffered cardiac arrest and died.

Tensions caused by overcrowding lend a police-state atmosphere to the facility. Patients and visitors must pass through a metal detector before entering the hospital, and a police station sits right near the main entrance.

A nurse with 15 years' experience at County USC told the WSWS, "There is understaffing. Many times, we don't have the right person

doing the job, sometimes we don't have a clerk.

"I take care of all the medicines in the whole ward. It is time-consuming and very stressful. Many times, we find discrepancies; sometimes the prescribed dose is not even correct. Sometimes patients get the wrong medication. Because this is an educational institution, most of the doctors are interns; therefore, their orders are sometimes incorrect.

"The cuts have had a lot of impact on nurses. Many times, the psychiatric patients come to us here in general medicine because there is not enough room. Sometimes we get patients from other floors as well, and when there is a problem, it takes a long time to track down their doctors. However, since this is a public hospital, we have to take anyone who comes in."

In June, the Los Angeles County Board of Supervisors voted unanimously to stop providing free non-emergency medical care to nonresidents of the county, including undocumented immigrants, who lack health insurance.

Juana and Patricia, two Mexican immigrants at County USC for treatment, spoke to the WSWS. Juana said, "There are people without the money to pay for medicine. With the cutbacks, what are people going to do, especially immigrants?"

Patricia added, "Nevertheless, immigrants work and pay taxes, but they need their papers so they can be legal. We need medical insurance for ourselves and for our families. I am a waitress and we don't have any benefits where I work. We have no paid vacations, nothing."

Juana said, "Everyone who works should be guaranteed health insurance. For many people it is very difficult without insurance. We should have insurance and be able to go to the doctor of our choice, so you don't have to come here because you can't pay."

"Look at me," Patricia added. "You go to the doctor for one visit and it costs \$190, plus the medicine you buy. Life is very difficult for me. Even basic necessities are very expensive."

Juana said, "This has always been a good hospital for us. It is going to be hard for the people if there are more cuts. It is very hard for undocumented workers to get health care. The first thing they ask you is if you are here illegally. Only if it is an emergency are you admitted if you are illegal."



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