

Death in Los Angeles hospital exposes social crisis in US

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22 June 2007

Edith Isabel Rodriguez died on May 9th while two people called the emergency services phone number, 911, frantically trying to get her medical help. She died just outside the emergency room in Los Angeles' King-Harbor hospital after spending hours seeking treatment for a steadily worsening condition. The entire tragedy reveals the strained and unhealthy state of social relations in America today.

The case received much media attention in recent weeks after the release of tape recordings of the 911 calls and a hospital video showing Rodriguez in the hours before her death—including segments showing a janitor mopping up around Rodriguez as she writhed in pain on the floor of the emergency room.

These recordings show that despite the best efforts of Rodriguez's husband and the pleading of a second caller, Rodriguez received no assistance. Finally, when her pain became impossible to ignore, someone in the ER summoned the police, who proceeded to arrest Rodriguez on an outstanding warrant. Rodriguez, 43, a mother of three, died as she was being placed in a squad car at 1:50 a.m.

No doubt these images strike a common chord. How is it possible that Rodriguez died in such agony, while being completely ignored by those who were supposed to help her?

Rodriguez's death did not elicit great media concern at first. The *Los Angeles Times* first reported the tragedy on June 2nd, three weeks after her death. The county coroner determined that it was accidental and due to a ruptured bowel. The body was released to her family members. She was not buried until June 12, since it took her family over a month to raise the money needed to give her a decent funeral. Indeed, if it were not for the recordings, her death would have gone the way of so many similar incidents across the country—that is, it would have been ignored.

Media attention has focused almost entirely on the reactions of the 911 operators, including the responses of an operator who treated with apparent contempt the pleadings of one caller who sought to get help to Rodriguez. To stop at the actions of the individual operators or the hospital staff, however, serves to obscure the more fundamental issues involved.

King-Harbor hospital is located in South Central LA, one of the poorest sections of the metropolis. The McCone

Commission, appointed to report on the causes of the 1965 Watts riot, determined that lack of access to medical care was one of the main grievances of the 1.5 million residents of Watts, Willowbrook and Compton, which make up part of South Central. The hospital was something of a concession to residents and opened its doors in 1972.

In its heyday, Martin Luther King Jr. Hospital (renamed King-Harbor only recently) was lauded for its world-class quality and for its many services to the community. However, the social conditions that underlay the riots in the 1960s were not addressed, and this could not but have a profound impact on the hospital itself. In contrast with unemployment rates of 2 or 3 percent in Santa Monica or Orange County, South Central Los Angeles has double-digit unemployment—in some areas higher than 20 percent. Infant mortality in South Central—13 per 1,000 births—is the highest in California and twice the state average.

A hospital in many ways concentrates within its doors the social ills in the community at large, magnifying these ills a hundredfold. Drug abuse, violent crime and gang shootings, the persistent and corrosive effects of poverty upon the physical health of a community, the flooding of emergency rooms by poor workers or unemployed residents unable to afford health insurance—all of this places great strains on the staff, which is invariably overworked and underpaid.

Moreover, a hospital like King-Harbor will have continual difficulties trying to attract the most qualified staff. Those who can will often work elsewhere, in better-funded hospitals in more prosperous areas. Recent reports indicate that 60 percent of the nurses at the hospital failed parts of competency examinations. There are no doubt many extremely dedicated doctors and nurses at King-Harbor, as there are at any hospital, but this by itself is inadequate without the devotion of sufficient social resources.

Rodriguez herself suffered from many of the problems endemic to the area. She had no steady job or address. She survived on odd-jobs and lived with relatives. In the coroner's ruling, Rodriguez is described as a "quasi-transient" woman with a history of abusing drugs. There is evidence that she used methamphetamines, a highly addictive stimulant that is an increasing problem in the US. Like other patients of the hospital, she represented those that society had left behind.

Rodriguez had been in the ER three days in a row prior to her death. Each time she was given pain medication and sent home. She had been discharged from the ER a few hours before her death, with an appointment and instructions to see a doctor if she had more pain of vomiting. When she came in again, assisted by the police, the triage nurse mentioned that Rodriguez was a “regular” patient and told her that they could do nothing else for her. A *Los Angeles Times* report speculates that Rodriguez was known to the ER staff and considered to be a “complainer.”

It is not difficult to imagine a likely perspective of the hospital workers who refused to treat Rodriguez. Perhaps they were angered by her repeated visits. Perhaps they blamed her to some extent for her apparent drug problems, adopting an individualist approach to such social problems that is common in the US. Perhaps they did not quite believe her complaints of extreme pain. No doubt coarsened by the continual trauma of death that transpired within the hospital doors, for whatever reason there was no attempt to help Rodriguez as she suffered and ultimately died. This is not to excuse the treatment Rodriguez received, but it is necessary to understand where it comes from.

The bureaucratic and Kafkaesque response to the working poor is not limited to a handful of overworked Los Angeles nurses or emergency dispatchers. Across this country the citizens of the inner cities or rural areas, the elderly, the mentally ill, and those battling addictions have often become invisible to overburdened and underfunded institutions that provide barely minimal service at the lowest possible cost.

Individuals who work within these institutions can come at times to reflect the indifference, even hostility, that official society has for the lives of the broad mass of the people. Such was evidently the case with the 911 calls made in an attempt to get Rodriguez treatment when none was forthcoming at the hospital itself.

There were two calls to 911 dispatchers, one by José Ponce, Rodriguez’s common-law husband, another by an unknown woman, possibly another patient waiting at the ER. During the second call, the 911 dispatcher insisted that “you are at a hospital” and that, “I can’t do anything for you for the quality of the hospital.” He berated the caller for improperly using the 911 system to complain about the hospital’s poor quality of care. Interrupting the caller on a number of occasions, he insisted that no crime was taking place and that the fire department paramedics would in all likelihood not respond to an emergency inside a hospital.

People are coarsened, but they are reflecting a coarsened society. To the extent that they may exhibit indifference, that they may lose for a period certain basic instincts of compassion—or these instincts may become weakened—it is a reflection of a more profound indifference, and sickness, in the social structure itself.

Contemporary American society is characterized by

enormous levels of social inequality. The vast majority of society’s resources are controlled by a small minority, directed toward the accumulation of profit and personal wealth, with only a few relatively small crumbs left for such essential social services as health care. From the standpoint of the ruling elite, people like Rodriguez are expendable. Less directly, the continual barbarism of the American government must have an effect—the war in Iraq, Guantánamo Bay, Abu Ghraib. Particularly in the absence of an organized political opposition, these examples of indifference and contempt for human life on a grand scale, coupled by the relentless propaganda of the media, are bound to filter down into the consciousness of certain layers of the population.

Rodriguez’s case is hardly unique at King-Harbor hospital. Beginning in 2003, a series of reports in the *Los Angeles Times* shed light on substandard care that had led to the deaths of several patients, attributed to neglect and lack of training for nurses. Inspections by federal authorities in 2004 and 2006 resulted in the partial closure of the hospital, including the elimination of the trauma center. The hospital now has only 48 beds and is a hospital of last resort. Citizens of South Central dubbed it “killer King,” to be avoided by whoever has the transportation to go elsewhere.

King-Harbor is typical of many other inner city hospitals, such as the notorious Greater Southeast hospital in Washington D.C. and Detroit’s Riverview, which are equally deficient. In New York, New Jersey, Pennsylvania and other states, inner-city medical services are being gutted, public hospitals closed, and medical care outsourced to private institutions much more concerned with their bottom line than with the quality of life of inner city residents.

In California, years of neglect and funding cuts have had a serious impact on public hospitals in San Diego, Los Angeles, San Francisco and other cities. The problems at King-Harbor are being used by the federal government to threaten a cut off of federal funding, threats that have been renewed after the death of Rodriguez. This will only further intensify the underlying social problems.

The media concern for Edith Rodriguez lasted only a few days. Networks and newspapers are already moving on to the next item.



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