

# Workers, students speak out against closure of Los Angeles hospital

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After more than three years of controversy and downsizing, the closure of Martin Luther King Jr.—Harbor Hospital is a blow to the health care needs of hundreds of thousands of residents in South Central Los Angeles, Watts, Compton and other communities of the working poor of Los Angeles.

Following an unfavorable report by the US Centers for Medicare and Medicaid Services (USCMMS), the administrators of Martin Luther King Jr. have moved to close the hospital, beginning with the immediate closure of the hospital's emergency room.

The abrupt decision to close the hospital's ER was the consequence of a decision by federal authorities to revoke \$200 million in annual funding; with the decision flowing from the USCMMS report. The entire hospital is expected to fully close its doors by next week, as soon as the last patient can be released or transferred to another hospital.

Martin Luther King Jr.—Harbor hospital sits on the border of the region known as South Central Los Angeles, a racially segregated inner-city enclave south of downtown with rates of unemployment of 15 to 20 percent and a median household income of \$24,000—less than half of California's \$57,000 median.

Fewer than half the area's residents have completed high school and the official poverty rate stands at over 30 percent. Roughly 40 percent of South Central's 1.5 million residents are black; 60 percent are Latino. Many of the area's residents provide the labor for the factories that operate directly south and east of downtown LA (mostly apparel and textiles factories). Others work in light manufacturing, sales and office work, which frequently provide no health insurance benefits.

Carlos Rosales, an immigrant worker, described how the hospital closure will affect him and his wife and daughter: "Two months ago I had to use the emergency room here and everything went well. Now that they have announced the closure of the hospital, they are taking away what we need. Many people in this neighborhood do not have any insurance and this is the only way to get care.

"Most people come from close by. An outpatient clinic is not always enough. People that have accidents will have to travel much further; they could even die. I work at an industrial laundry. There is no medical insurance there so we come to this hospital from Avalon Ave., about a mile from here. My wage is \$8.00 an hour."

Another immigrant worker, Susana Trujillo, denounced the hospital's closure and described her family's reliance on MLK.

"This is very wrong," she said. "So many people need medical care, other hospitals are very far and many people walk or take the bus to get here. I used the emergency room twice here. I did not have an emergency and they still took care of me.

"Everybody I talk to is for keeping the hospital open. My husband works at a Dixon Technology, where they make parts for aircraft. Dixon starts everybody at the minimum wage and gives raises according to seniority. My husband has been at Dixon for four years and makes \$9.25 an hour. The company does have medical insurance, but we would have to pay \$50 a week just for my husband. We cannot afford that."

An exception to the region's poor wage structure were conditions at the hospital itself, which provided higher paying jobs and more benefits to many area residents. The hospital currently has a staff of 1,600 and it is not yet clear how many of them will be transferred to other hospitals.

Infant mortality in South Central—13 per 1,000 births—is the highest in California and twice the state average. Life expectancy at birth for black residents of South Central is better only than central Detroit for urban areas in the United States. The immediate area around the hospital is dotted with low-income apartment buildings and four of the five public housing projects in Los Angeles: Ujima Village, Nickerson Gardens, Jordan Downs and Imperial Courts. These are home to hundreds of very poor families that depend on county health services.

At Imperial Courts the WSWs spoke to Compton high school student Shantice Laughlin. "It makes me angry that they are closing Martin Luther King hospital," said Shantice. "I think part of the reason they are closing this hospital down is racism. Martin Luther King means a lot to us; he helped us beat discrimination. This was his hospital, built in his honor. We don't have money to go to a rich hospital, it is the only hospital that we have that takes care of us. When my cousin got shot bad he went to the Martin Luther King trauma center; they saved his life."

The hospital stopped receiving patients and closed its emergency room on August 10. Hospital administrators decided to close the ER only hours after finding out that the hospital had failed a review that determined it was not meeting minimum standards in 8 out of 23 areas: governing body, patients' rights, quality and performance, nursing services, pharmaceutical services, physical environment, infection control and emergency services. Among the examples cited in the inspection were the inability of nurses to correctly determine pharmaceutical doses for pediatric patients,

a mental patient that was observed mutilating himself with a hospital scalpel, and poorly sterilized lung testing equipment that could have led to the spread of tuberculosis.

Rather than investing in the hospital, retraining personnel and providing decent healthcare for the community, county leaders and the MLK administration shut it down, a move exemplifying contempt for area residents and hospital employees.

This was the second time the hospital had failed a USCMMS inspection. In September 2006, County authorities kept the hospital open by closing its trauma center, shifting services to Harbor—UCLA medical center, and reducing its inpatient beds from 250 to 48. Harbor-UCLA, a smaller hospital in Torrance, southwest of Martin Luther King, was to engage in intensive, off-site retraining of medical personnel. It now appears this never took place.

Federal, state and county officials point a finger at the instances of malpractice, negligence and lack of adequate training in the hospital. However, the closure of Martin Luther King Hospital is only the latest in a chain of cutbacks in medical services for county residents that began in 1993 in response to state budget shortfalls under Republican Governor Pete Wilson and Democrat Gray Davis. A combination of shrinking federal and state assistance, coupled with a growing population of people without health care, has brought the system to its breaking point.

Predictably, the response by county officials was to cut medical services. In 2002, 11 of 18 health clinics were shut down; treatment for 35,000 patients at the remaining clinics was restricted. In 2004, \$30 million was cut from the mental health budget, resulting in the release of hundreds of mentally ill people, many of whom had been hospitalized for years, onto the streets of Los Angeles.

UCLA—Harbor reduced the number of beds in the main county hospital (County—USC Medical Center) from 750 to 600 beds, despite protests from the medical community and from the public. It also attempted to close the internationally acclaimed Rancho Los Amigos National Rehabilitation Center. Visits to outpatient visits to clinics are down by 500,000 and public health programs have been cut by 10 percent.

The closure of the ER and of MLK hospital had been planned for and anticipated. According to an article in the *Los Angeles Times*, upon receiving the USCMMS report on August 10, “the hospital declared an ‘internal disaster’ and redirected each ambulance” to other hospitals. The ER was closed to walk-in patients with no previous warning, at 5 p.m. that day. The hospital’s ER normally treated 50,000 patients annually, an average of 125 per day, 70 percent of whom were walk-in patients from the surrounding community.

The federal agency’s report documented the latest in a long line of scandals that have plagued the hospital. These incidents were first uncovered in a series of exposés appearing in the *Los Angeles Times* in 2004, revealing corrupt practices and medical negligence on the part of administrators, doctors and hospital employees. The *Times* series dovetailed with articles in the *San Francisco Chronicle* that described a crisis for public hospitals in Alameda, Monterey, Kern and other California counties. Among the symptoms of this crisis were the actions of desperate

people—anxious to avoid waiting nine months for surgery—who agreed to pay for their names to be moved up the list for treatment.

Federal and county inspectors responded to these revelations by beginning to dismantle the hospital by reducing its bed capacity and closing down its trauma center last September.

King-Harbor hospital opened its doors as the Martin Luther King Jr. Hospital in 1972. Its construction had been recommended by a commission headed by John McCone, a former CIA director, appointed to report on the causes of the 1965 Watts riot and to make policy recommendations.

Over the intervening years it acquired a reputation for its world-class trauma center, for its contributions to sickle-cell anemia treatment, and for its training (in association with the Charles Drew Medical School) of medical personnel, many of whom went on to practice in the inner city.

At the same time, the hospital had quality problems from the onset, which under the impact of budgetary constraints it was never fully able to resolve—problems related to finding qualified staff and experienced administrators. In one notorious case in 1994, a patient was given HIV-infected blood during a routine surgical procedure.

These problems became unmanageable as state and federal funds were slashed.

Despite reports that 60 percent of the nurses at the hospital failed parts of competency examinations, followed by repeated assurances by county politicians to retrain them, the necessary resources never materialized. Inadequate training and an overworked staff were surely factors leading to errors in treatment that resulted in patients’ deaths.

In the end, this lack of training was used as a pretext to close the hospital. Responsibility for the crisis was shifted away from budget cuts carried out by authorities, and blame was placed on nurses, other employees, and even on the patients themselves, many of whom suffer from addictions and other poverty-driven conditions.

The closure of Martin Luther King Jr. hospital takes place in the context of California’s 2007 budget crisis. State Medi-Cal payments to 500 California hospitals and 11,000 nursing homes have been frozen, and funds for the transportation to hospitals and clinics for the disabled may be cut altogether.

Since the year 2000, 29 emergency rooms have been shuttered in California, leaving a growing number of uninsured patients with fewer and fewer health options.

Forty-two years after the Watts riots, health care conditions for the residents of South Central Los Angeles are comparable to what they were in 1965—or most likely worse. The closure of Martin Luther King Jr.—Harbor Hospital is sure to intensify this deteriorating situation.



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