

The Trauma Center Crisis

Host: Paul Napier
In-studio Guests: Dr. Richard Baker, Charles R. Drew University of Medicine and Science
Robert Cole, Empowerment Congress West Area Neighborhood Development Council
Insert/Video Clip Guest: Unidentified Speakers (names not available)

Paul: What if a service you have come to depend on or have taken for granted, is in danger of closing? Can a Neighborhood Council have an impact on this kind of important decision? Joining us to discuss this are Robert Cole from the Empowerment Congress West Area Neighborhood Council and Dr. Richard Baker, Associate Professor of the Charles R. Drew University, School of Medicine and UCLA, School of Medicine. It seems we have a big problem in the whole field of medicine with more and more people being recognized as not having medical coverage, insurance, and using therefore emergency rooms as their medical coverage. We now have hospitals and emergency rooms closing in Los Angeles, perhaps impacting on the trauma centers. Help us get a handle on what is behind this problem, so that ultimately we can solve the problem?

Dr. Baker: The real issue here is how do we keep the Los Angeles County healthcare safety-net intact and how do we protect the residents of Los Angeles? To understand some of the issues it'll be helpful to have an overview of what a safety-net hospital is. There are five of these hospitals in Los Angeles run by the Department of Health Service of Los Angeles. Primary functions of the urban safety-net hospital are two fold. The first function is to provide services to the general public, which is called special services. Sometimes these special services cannot be provided at the private hospitals, such as our burn unit at County USC. Other very important examples are trauma care and neonatal intensive-care unit care. Both of these types of functions are now being discussed at King/Drew Medical Center: One of the five safety net hospitals today.

Paul: King/Drew, where is that?

Dr. Baker: King/Drew Medical Centers is in South Los Angeles County and it provides a very important function. When we talk about removing trauma care we're talking about taking the care from a significant segment of Los Angeles County. The Trauma System, the safety-net system, only consist of five hospitals that go from the North County, that's a high desert in Antelope Valley, all the way down to South LA County, which is Harbor/UCLA Medical Center. They are geographically distributed in order to serve the entire county.

Paul: Robert, what area does your Neighborhood Council represent?

Robert: Empowerment Congress West Area in South Los Angeles.

Paul: West area. Can the Neighborhood Council really have an effect on a problem this big?

Robert: Neighborhood Councils were implemented years ago based on the charter to allow citizens like you and I to be a part of the decision-making process. I don't know if you are familiar with it, but there was an issue before City Council to increase DWP rates that we as a Neighborhood Council impacted and caused that tax increase not to occur. During our past Congress of Neighborhoods where all the existing Neighborhood Councils got together, our theme was "working together to solve problems." Neighborhood Councils feel that is our position to force some of the powers to allow people of the community to have a voice and to say something when it comes to a situation like closing a hospital like King/Drew that has been around for years.

Paul: King/Drew is not closed yet, correct?

Robert: It's not closing, but my opinion and position is that it's coming.

Paul: Wasn't there a recent example of an actual closing of a hospital in which the Neighborhood Council was not consulted?

Robert: Yes, a hospital in Northridge closed. Initially they were closing a portion of the hospital and before you knew it, the entire hospital was closed prematurely.

Paul: It was almost piece meal because I presume that hospital operation is so inter-dependent that when you start losing one phase of it, it impacts on the rest of the hospital's operation, right?

Dr. Baker: That's exactly right! That's one of the reasons why the proposal of the trauma center is so important. Again the trauma center at that particular hospital functions very well; well enough to actually host the United States Army who trained there for trauma services. Also, the neonatal intensive care unit, which takes care of very premature babies, is another one that's stated very quietly to be removed from the hospital. When these two units were reviewed, there was no talk of accreditation deficiencies or quality issues.

Paul: There is so much more to this that we have to get into and hopefully you'll give us more insight and solutions. We sent our Neighborhood Café crew out into the field to find out how the community feels about the closing of the King/Drew Trauma Center. Why don't we take a look?

<<Video clip>>

Unidentified Male Speaker: It was approximately July of 2003. It was the so-called crack management team which was put together under the auspices of Department of Health Services for the County of Los Angeles. That management team came in ostensibly to correct administrative management problems that were going on and that were causing the problems in the hospital. The strange thing is that after or from that period until today, we had no medical misadventures in this hospital that have ever occurred before. In fact, in the past ten years there didn't accumulate as many misadventures as they have up to this day.

Unidentified Male Speaker: We as core Californians believe that we need to educate and inform the public. We need to make sure what's really going on here because we've come to a consensus that this is a good hospital. It's safe to come here. It has a bad rap in some parts of it and the cure is not to take the part of it that is running most efficiently and close that down.

Unidentified Male Speaker: We need to look at the situation realistically and understand where this place is in terms of the County of LA. If you remove this trauma unit, you do two things. One, you deprive the people of the necessary kind of facilities that they need for treatment, not only in normal trauma, but in pediatric trauma. There is no pediatric trauma anywhere in the area. On top of that there is another situation that you really have to consider. This hospital is called a teaching hospital because it is associated with the King Drew University. The removal of the trauma center removes an integral part of the ability to educate doctors, to treat people in this community and other communities.

Unidentified Female Speaker: We are in the middle of gang warfare. When a fourteen-year-old boy was massacred on his bicycle and shot 19 times, they brought him here to this trauma unit. He died, but they have saved so many. There was a man shot yesterday. He was saved right here in the middle of the night. We are in a war. Do not let them close this trauma unit!

<<End video clip>>

Paul: Doctor, there is a distinction between the emergency room and the trauma section of a hospital, is that correct?

Dr. Baker: That's correct.

Paul: Emergency is somebody who swallowed a quarter. Obviously there are more traumatic situations such as very severe automobile accidents where time is of the essence, right?

Dr. Baker: Yes. The trauma unit actually addresses injury, any types of injury. The emergency unit has a broader mission. It addresses medical emergencies which might not be related to injury, but there are some related functions.

Paul: The Neighborhood Councils, which our viewers have become accustomed to, have been set-up through out greater Los Angeles. Obviously the closing down of King/Drew Trauma Center is of pertinence to you because of your location, but this can also lead to the closing down of the whole hospitals or other hospitals in the area. This can cause a domino effect.

Robert: Yes and it does. It's like you're having a basketball team or a football team. You have to be able to put the right people together. As a hospital that has served this community for so many years, I find it to be a management issue not having the right people in place to preserve this hospital.

In terms of the Neighborhood Councils, we, when I say we I mean the people of the community, not just Neighborhood Councils, were not part of the decision-making. The elected officials went behind closed doors and decided that the better thing to do was to close the Trauma Unit in the hospital. One of the foundations of the Neighborhood Councils is to be part of the decision-making process. We were closed out.

Paul: We know in the case of the recent closing of the Northridge hospital whether a Neighborhood Council there was consulted or not?

Robert: I'm not sure, but I would venture to say that probably not. It's unfortunate that the elected officials don't recognize the Neighborhood Councils as they should because we are the voice of the community. We were not notified in any sense.

Paul: We've got a growing problem and we're trying to nib it. Wasn't there a proposition, Proposition B, a few years ago, that was passed in which money was collected for heading off these very problems, if I'm correct? What has become of the money?

Robert: I'm not sure what has become of the money, but you're right. A couple of years ago Measure B was passed, but it spoke to bio-terrorism and trauma units. An estimated 168 million dollars per year was to be collected based on Measure B, which allowed people to tax themselves. The funny thing is that following 9-11, I feel that the elected officials played to our emotions by having campaigns, flyers, brochures, and commercials: "Oh! My God, we need to save our trauma units and our hospitals. Vote yes on Proposition B." Millions of dollars were spent to support Measure B.

Paul: The community support showed because it passed.

Robert: Yes, it did. By 72%.

Paul: Presumably, the money has been collected?

Robert: The money has been collected, but the other issue is accountability. Money was not allocated to save the hospitals. I know there was a helicopter that was purchased by a hospital that doesn't even have a trauma unit. One of the entertainment entities, I won't mention the name, but they will owe \$75 million dollars. The money was not dispersed as it should have been. That's a concern that the community has. People need to know that when you vote for something that the elected officials or those that are in position to manage this money. They need to be held accountable.

Paul: Very good. Why don't you hold that thought because we have to take a break?

Paul: Welcome back to the Neighborhood Café. We are speaking on a topic that is absolutely important to everybody. Today we're talking about Trauma Centers, Emergency Rooms, and overall hospitals in our community. Dr. Baker, earlier you wanted to make a point about the accountability of money that has been allocated for the continuance of hospitals, but it hasn't worked.

Dr. Baker: The closing of the Trauma Center is completely an issue of accountability and poor management of resources. What we see at King/Drew Hospital is really a sign, a symptom of an entire health system that is under distress. An example of that is today the federal government is now at King Hospital and has basically placed the hospital in foster care.

Paul: Foster care? Can you explain that?

Dr. Baker: Foster care, in the sense that they've said that this hospital has not been appropriately managed appropriately by the agency that should manage it, the Department of Health Services. They have been given bail-outs twice in the sums of hundreds of millions of dollars. Twice they've failed to reorganize the system in a way that it greatly benefits the public. The federal government knows that we are dealing with an agency that has a history of failure. As we discussed before, 1 hospital going down has implications across LA County. Private hospitals just cannot survive alone.

Paul: Every time a unit is closed it puts more pressure on a sustaining unit, is that right?

Dr. Baker: Precisely.

Paul: What would money do in a situation like this? Where would that money come from?

Robert: We do have the money. Where's the money that the federal government gave to the system when they were bailed out? Where's the money from Measure B? From the research that I've conducted and what I've read is that the money has not been provided to the trauma unit, especially to King/Drew Hospital. If the LA County Health Dept. could take from the \$25 million loan that they got and purchase a helicopter for an area that has nothing to do with emergency or trauma unit services, then why can't we have the necessary staff at King/Drew? It's an accountability issue. The priorities of some the administrators are not in the right place and that's the cause of the closure.

Paul: Is this accountability failure, in your estimations, attributed only to the case of King/Drew or is it possibly an epidemic throughout the system?

Dr. Baker: King/Drew is merely a system of an entire system that's under distress. We need to go back and look at who's accountable and hold them accountable. All the way up to the public officials, but also their agents. One of the irresponsible comments that has been made is that the closure of the King/Drew Medical Center will not have an effect on the public or that the effect will be small. Point in fact, however, if you look at the immediate service area of King/Drew Medical Center, which is a five mile service area, it's actually the most densely populated service area of any hospital in the system. They would like to tell us that it would not affect many people, but they're just being very dishonest.

Paul: Given the scope of this problem it really does affect everybody. What can the Neighborhood Council do in your case or in the case of other hospitals that might be in jeopardy?

Robert: A few things because this is not just an issue of people that live in the surrounding community of the hospital. It's not a black or white or rich or poor. This is an issue for everyone, not to mention the voters who were victimized in the manner in which they were led to vote for Measure B that did not do what it was supposed to do.

What we've done as a Neighborhood Council, is that we've have taken petitions. We've also created a website: www.savekingdrew.org. We're having meetings on weekly basis to discuss what we can do at this point to save the hospital because there is a 90 day window from start to finish that the hospital is said to close the doors of the Trauma Unit. We are hoping that before those 90 days are up, the administrations will come to their senses.

Once again, it's important to reiterate that this is a widespread issue of stakeholders from border to border because as citizens and voter we put faith into our elected officials and our measures, like Measure B.

Paul: Is there not a Congress of Neighborhood Councils which meets a couple times a year where Neighborhood Council priorities are discussed? Was or is King/Drew a hot topic at the Congress this year? This could also happen at other hospitals, so other Neighborhood Councils should begin to discuss it, as well.

Robert: Yes. We are putting together various coalitions with some of the Neighborhood Councils in that area because every year the Neighborhood Councils meet and have

discussions on an array of issues. In this year's past Congress of Neighborhoods, we did meet to discuss the issues at King/Drew. At the Congress we realized that it's not just about a hospital, but it's about accountability, about the process, and about informing the people of a particular community on what's going on in their community. You don't have meetings behind close doors, shutting-out people that are most effective in your decision-making.

Paul: The money is there and it's just a matter of making wiser choices on the part of the administration to run a more efficient operation.

Robert: Maybe it's also having the right people in place that are more qualified to make better decisions.

Dr. Baker: Let me give you an example. As recently as five years ago, the accreditation bodies, Jay Co. went to King/Drew. Jay Co. actually goes from hospital to hospital and ranks and rates hospitals. They see whether or not they're qualified to deliver services here. They're one of the national organizations that does this. During that accreditation period, King/Drew School was outstanding, not just for a public hospital, but for a hospital in '92. I bring this up because you have to ask yourself, "how does a hospital goes from outstanding score, outstanding quality to what's happening today?" Again, this goes back to accountability. Another good report was in 2001.

Paul: It's just in that short span since 2001 that we have had this problem?

Dr. Baker: Yes and that can be directly connected to cut-backs in nursing staff at the hospital.

Paul: Emergency rooms are used as insurance coverage to the many people that don't have insurance coverage. Would this problem be lessened if there were a national health insurance program?

Dr. Baker: Yes. As long as the people managing the program were more responsible.

Robert: The most important thing here is to stress on the fact that you have to place responsibility on the people that are in the management position. Yes, maybe if we had a national health system thing would help, but again if you have people in a position to make decisions that are not making the right decisions then things would fail.

What we are asking people to do is call your elected officials, to call your County Supervisor and find out where the money from Measure B has been spent or will be spent. Call them to find out their position on this hospital. Call them and get involved because, as the Neighborhood Council, we are actively involved in the decision-making processes, not only in the City, but we need to also be proactive in the County, as well. It's important for the people that live in the City that are watching this to get involved in the decision-making process because money is being spent on things like helicopters and concert halls that has nothing to do with the intend of the Measure B. This is your money.

Paul: This seems to be a unique problem because there is the money. Most of the time, the problem is that we don't have the money to help.

Dr. Baker: LA County is downsizing, not just in South LA. Another example that comes to mind is the Antelope Valley where the hospital there is being incredibly down-sized. That's an area that simultaneously treats all types of diseases and conditions, and where mortality rates are

shooting up to the roof. This is the same area where they said, “we need to make cut-backs.” It doesn’t make sense.

Paul: To be fair, can we say that the increasing cost of medicine is also an attributing factor?

Dr. Baker: Like everything in life, that’s a challenge. When you are in a position of authority, hopefully you are qualified to make those decisions and you come back to the public and to your supervisor with the best plan. I haven’t seen a plan.

Paul: There isn’t even a plan on the board?

Dr. Baker: The plan is to eliminate, down-size needed services. That’s how they’re going to save money and not benefit the public. That doesn’t sound like much of a plan to me.

Robert: I wouldn’t say that 100% of the blame is with the people in charge. Guess who’s in charge of them? We, the voters and citizens have to ask questions. We have to hold these people accountable. Part of it is from the community for not being involved in this decision-making process, and allowing decision to be made without us.

Paul: Very good. Speaking of accountability, if they were all like Nancy, our waitress, we wouldn’t have these problems because she never fails to show up with the tab. I’ll take care of this one guys. We are just about out of time and we want to thank our guess, Robert Cole from the Empowerment Congress West Area Neighborhood Council and Associate Professor Richard Baker from the Charles R. Drew and the UCLA School of Medicine. Thank you both. For more information about the King/Drew Trauma Center log on to www.safekingdrew.org. Or if you have any questions on topics that you would like to see cover future shows, you can e-mail your comments to the Department of Neighborhood Empowerment at www.lacityneighborhoods.com or you can simply call 866-LAHELPS. That’s toll free. For information on any City service, call 3-1-1, your one call to City Hall. For everyone here at the Neighborhood Café, I’m Paul Napier.

