

# OPINION

## YOUR VIEW

### *Rx for King/Drew*

Re "Harbor-UCLA to run embattled hospital":

Though it may seem a wise idea to merge King/Drew Medical Center (KDMC) under the umbrella of Harbor-UCLA, hospital experts can tell you that such a merger is rife with problems. Add to the mix a County Department of Health Services that has not shown itself skilled at sustaining corrections, and we have a potential recipe for failure.

The only glimmer of hope has been the repeated statements that the merger would include a new leadership team (from top to bottom) for KDMC, and this is crucial, since the current ones were at the helm of this recent failure.

My greatest concern is that this planned merger will only precipitate the decline of KDMC and cause Harbor-UCLA to destabilize. If the merger is to succeed, then the board will have to find not only the expert help to make it happen, but also will have to be prepared to cut the deadwood that hamper any success — something the board has been reticent to do in the past.

Lastly, the politicians, many whom have had only the best of intentions, need to stop meddling and posturing in the affairs of KDMC and allow the hospital to be managed by administrative acumen rather than political rhetoric.

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# Harbor-UCLA to run embattled hospital

By ROBERT JABLON  
ASSOCIATED PRESS

LOS ANGELES — An inner-city hospital that rose from the ashes of the Watts Riot faces a drastic overhaul and reduction of services under a plan to save it after years of failed inspections and patient deaths linked to poor care, Los Angeles County officials said Tuesday.

The Board of Supervisors unanimously approved turning over management of Martin Luther King Jr./Drew Medical Center to the Harbor-UCLA Medical Center. Under the plan, the facility in Willowbrook, south of downtown, would be renamed, all of its staff would have to reapply for jobs, and it would be stripped of specialty services.

The new Harbor-MLK Community Hospital would retain 100 beds for basic inpatient care and an emergency room, but all other operations, including specialties such as pediatrics and neurosurgery, would be performed at Harbor-UCLA about 10 miles away in Torrance. The latter facility is a teaching hospital managed by UCLA.

Harbor-MLK's outpatient services would be expanded.

"I believe this is the only way to save the hospital" and keep it a public facility, said Supervisor Yvonne Brathwaite Burke, who represents the district.

"It is important for the safety net, and you're talking about a community that's 60 percent uninsured," she said, adding that closing it would have been "a catastrophe."

The plan still requires a public hearing, and approval by the state and federal governments.

The hospital currently has more than 2,200 employees and serves about 11,000 inpatients and 167,000 outpatients a year.

County Department of Health Services chief Dr. Bruce Chernof said the plan was a "balancing act" to keep the hospital running while ensuring its problems were addressed.

"I see a new start," he said. "We have been trying to fix the challenges that this hospital

has faced over many, many years, probably decades."

He said it could take a year or more to complete the changes.

Supervisors chose among several options, which also included selling the hospital to a private company or closing it altogether. The board unanimously approved the takeover plan in concept. A detailed plan will be presented for a vote in two weeks.

Brathwaite Burke said community activists on Monday brought her a petition with 2,000 signatures, demanding the hospital remain a public facility.

"We feel it's a partial victory" in that the hospital will remain public but will lose some services, said Earl Ofari Hutchinson, a community activist and head of the Los Angeles Urban Policy Roundtable.

The plan left some anxiety about whether people will be able to get services if they are moved to Harbor-UCLA Medical Center. Many people in the community lack access even to public transportation, Hutchinson said.

"That could be an additional

burden and it also could be a life-threatening burden," he said. "There are a lot of problems and a lot of pitfalls."

Hutchinson said there had been concerns that the "meat-ax approach would that destroy the historic mandate" of the hospital to provide comprehensive care for an underserved community.

"It's still my fear," he said.

The downsizing was the latest bid to salvage a hospital that was a symbol of renewal for an area long plagued by poverty and gang violence.

After the 1965 Watts Riot, a state commission found that among the factors underlying the community's anger was a lack of public medical facilities. Founded a few years later, MLK serves a mainly poor, minority population. It provides the only comprehensive medical care in the community.

But for the past two years, its reputation was marred by patient deaths blamed on sloppy nursing care and its medical school was accused of poor training. The Board of Supervisors brought in a private consultant but were unsatisfied with the reforms.