



**The Meeting Transcript of
The Los Angeles County
Board of Supervisors**

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1 [There was no reportable action as a result of the
2 Board of Supervisors' closed session held today.]

3
4
5

6 **SUP. ANTONOVICH, MAYOR:** THE OCTOBER 3RD, 2006 MEETING OF THE
7 LOS ANGELES COUNTY SUPERVISORS WILL BEGIN. FIRST, GOING TO BE
8 LED IN PRAYER BY PASTOR LAMAR DAVIS OF THE GRACE CHURCH OF THE
9 NAZARENE, AND OUR PLEDGE OF ALLEGIANCE WILL BE BY PETER
10 ANTHONY ROJAS, MEMBER OF POST 261, EL MONTE, THE AMERICAN
11 LEGION. IF THE AUDIENCE WOULD PLEASE RISE AND PASTOR DAVIS?

12

13 **PASTOR LAMAR DAVIS:** FATHER, WE'RE THANKFUL FOR THIS DAY THAT
14 YOU'VE GIVEN TO US, A BRAND-NEW DAY, A BRAND-NEW OPPORTUNITY.
15 WE PRAY FOR THIS BOARD OF SUPERVISORS AS THEY COME TOGETHER
16 TODAY AND MAKE DECISIONS THAT WILL NOT ONLY AFFECT A SMALL
17 PORTION OF OUR CITY BUT OUR CITY AT LARGE. I PRAY A SPECIAL
18 ANOINTING UPON THEIR MINDS THAT THEY WOULD WORK TOGETHER, THAT
19 THEY WOULD REMEMBER THE DAYS BEFORE BEING ELECTED, HOW THEY
20 MADE PROMISES AND VOWS THAT THEY WOULD DO THIS AND THAT. LORD,
21 WE KNOW THAT THERE'S A LOT OF STUFF THAT RESTS ON THE AGENDA
22 TODAY. WE REALIZE THAT THEY'RE HUMAN, TOO, AND THEIR BODIES,
23 PERHAPS, AND MINDS ARE TIRED BUT REFRESH THEM TODAY. LET THERE
24 BE A SPIRIT OF LIBERTY AND UNITY AS THEY GOVERN AND WE PRAY
25 NOT ONLY FOR THIS MEETING TODAY BUT FOR OTHER MEETINGS ACROSS



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1 OUR CITY. WE PRAY, LORD, FOR CHILDREN, WE PRAY FOR ADULTS, FOR
2 THE HOMELESS, WE PRAY FOR THAT MAN, WOMAN, BOY OR GIRL, TODAY,
3 LORD, WHO WILL BE AFFECTED BY DECISIONS MADE. WE REALIZE THAT,
4 TODAY, THAT, TOGETHER, WE CAN DO ALL THINGS AND, LORD, WITH
5 YOU HELPING US AND WE WORKING TOGETHER, WE REALIZE LOS ANGELES
6 WILL BE A BETTER PLACE. NOW WE COMMIT THINGS THAT WE CANNOT
7 CHANGE TO YOU AND WE GIVE YOU THE GLORY. AMEN.

8

9 **PETE ANTHONY ROJAS:** FACE THE FLAG, PLACE YOUR RIGHT HAND OVER
10 YOUR HEART AND JOIN ME IN THE PLEDGE OF ALLEGIANCE. [PLEDGE
11 OF ALLEGIANCE]

12

13 **SUP. ANTONOVICH, MAYOR:** SUPERVISOR BURKE.

14

15 **SUP. BURKE:** REVEREND DAVIS HAS BEEN THE PASTOR OF THE LOS
16 ANGELES GRACE CHURCH OF THE NAZARENE SINCE 1990. HE RECEIVED
17 HIS B.S. DEGREE IN EDUCATION FROM WEST VIRGINIA STATE COLLEGE
18 AT THE AGE OF 21. HE BEGAN HIS MINISTRY AS SENIOR PASTOR FOR A
19 CONGREGATION IN WEST VIRGINIA. PASTOR DAVIS ALSO SERVES AS THE
20 ADMINISTRATOR OF THE WOODCREST NAZARENE CHRISTIAN SCHOOL,
21 CHAIRMAN OF THE BOARD OF GRACE BIBLE COLLEGE, MEMBER OF THE
22 LOS ANGELES DISTRICT ADVISORY BOARD AND FELLOWSHIP OF
23 CHRISTIAN ATHLETES OF THE LOS ANGELES COUNTY, AND SECRETARY OF
24 THE BLACK STRATEGY COMMITTEE. PASTOR DAVIS IS MARRIED AND HAS



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1 TWO CHILDREN. THANK YOU VERY MUCH FOR JOINING US TODAY. [
2 APPLAUSE]

3

4 **SUP. ANTONOVICH, MAYOR:** SUPERVISOR MOLINA.

5

6 **SUP. MOLINA:** THANK YOU. IT'S MY HONOR THIS MORNING TO MAKE A
7 PRESENTATION TO PETE ANTHONY ROJAS. MR. ROJAS IS A MEMBER OF
8 THE AMERICAN LEGION POST NUMBER 261 IN EL MONTE. HE SERVED AS
9 A CORPORAL IN THE 4TH INFANTRY DIVISION OF THE UNITED STATES
10 ARMY FROM 1965 TO 1967 IN VIETNAM. HIS MANY HONORS INCLUDE THE
11 GOOD CONDUCT MEDAL, THE VIETNAM CAMPAIGN MEDAL, THE VIETNAM
12 SERVICE MEDAL, THE EXPERT RIFLE BADGE AND EXPERT MOTOR BADGE,
13 A PRESIDENTIAL UNIT CITATION AND A NATIONAL DEFENSE RIBBON.
14 MR. ROJAS IS MARRIED WITH TWO CHILDREN. HE'S A RESIDENT OF
15 INDUSTRY. WE WANT TO EXTEND OUR APPRECIATION FOR COMING AND
16 JOINING US AND LEADING US IN OUR PLEDGE OF ALLEGIANCE. HE IS
17 JOINED BY HIS ENTIRE FAMILY, THEY'RE VERY PROUD TO BE HERE
18 WITH HIM TODAY, HIS WIFE, HIS SISTERS, COULD THEY ALL STAND,
19 BECAUSE WE WANT TO ACKNOWLEDGE THEM AS WELL AND WE WANT TO
20 GIVE OUR THANKS TO MR. ROJAS. THANK YOU. CONGRATULATIONS. [
21 APPLAUSE]

22

23 **SUP. ANTONOVICH, MAYOR:** OKAY.

24



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1 **CLERK SACHI HAMAI:** GOOD MORNING, MR. MAYOR, MEMBERS OF THE
2 BOARD. WE WILL BEGIN TODAY'S AGENDA ON PAGE 5, NOTICES OF
3 CLOSED SESSION. ON ITEM CS-1, AS INDICATED ON THE SUPPLEMENTAL
4 AGENDA, THE DIRECTOR OF PERSONNEL REQUESTS THAT THIS CLOSED
5 SESSION BE CONTINUED TWO WEEKS UNTIL OCTOBER 17TH, 2006.

6

7 **SUP. ANTONOVICH, MAYOR:** MOTION BY BURKE, SECONDED TO CONTINUE
8 FOR TWO WEEKS. WITHOUT OBJECTION, SO ORDERED.

9

10 **CLERK SACHI HAMAI:** ON PAGE 7, UNDER SET MATTERS, ON ITEM S-1,
11 AS INDICATED ON THE SUPPLEMENTAL AGENDA, THE CHIEF
12 ADMINISTRATIVE OFFICER REQUESTS THAT THIS ITEM BE CONTINUED
13 FOR TWO WEEKS UNTIL OCTOBER 17TH, 2006.

14

15 **SUP. ANTONOVICH, MAYOR:** MOTION BY MOLINA. SECONDED. WITHOUT
16 OBJECTION, SO ORDERED.

17

18 **CLERK SACHI HAMAI:** AGENDA FOR THE MEETING OF THE HOUSING
19 AUTHORITY, ITEM 1-H.

20

21 **SUP. ANTONOVICH, MAYOR:** MOTION BY KNABE. SECONDED. WITHOUT
22 OBJECTION, SO ORDERED.

23

24 **CLERK SACHI HAMAI:** BOARD OF SUPERVISORS, ITEMS 1 THROUGH 14.

25



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1 **SUP. ANTONOVICH, MAYOR:** MOTION BY BURKE. SECONDED. WITHOUT
2 OBJECTION, SO ORDERED.

3

4 **CLERK SACHI HAMAI:** CHIEF ADMINISTRATIVE OFFICER, ITEMS 15 AND
5 16.

6

7 **SUP. ANTONOVICH, MAYOR:** MOTION BY MOLINA. SECONDED. WITHOUT
8 OBJECTION, SO ORDERED.

9

10 **CLERK SACHI HAMAI:** AUDITOR-CONTROLLER, ITEM 17.

11

12 **SUP. ANTONOVICH, MAYOR:** MOTION BY KNABE. SECONDED. WITHOUT
13 OBJECTION, SO ORDERED.

14

15 **CLERK SACHI HAMAI:** BEACHES AND HARBORS, ITEM 18.

16

17 **SUP. ANTONOVICH, MAYOR:** MOTION BY BURKE. SECONDED. WITHOUT
18 OBJECTION, SO ORDERED.

19

20 **CLERK SACHI HAMAI:** COMMUNITY DEVELOPMENT COMMISSION, ITEM 19.

21

22 **SUP. ANTONOVICH, MAYOR:** MOTION BY MOLINA. SECONDED. WITHOUT
23 OBJECTION, SO ORDERED.

24



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1 **CLERK SACHI HAMAI:** COMMUNITY AND SENIOR SERVICES. ON ITEM 20,
2 AS INDICATED ON THE SUPPLEMENTAL AGENDA, THE DIRECTOR OF
3 COMMUNITY AND SENIOR SERVICES REQUESTS THAT THIS ITEM BE
4 CONTINUED TWO WEEKS UNTIL OCTOBER 17TH, 2006.

5

6 **SUP. ANTONOVICH, MAYOR:** MOTION BY KNABE. SECONDED. WITHOUT
7 OBJECTION, SO ORDERED.

8

9 **CLERK SACHI HAMAI:** HEALTH SERVICES, ITEMS 21 THROUGH 24. ON
10 ITEM 21, SUPERVISOR MOLINA REQUESTS THAT THIS ITEM BE HELD. ON
11 ITEM 22, AS INDICATED ON THE SUPPLEMENTAL AGENDA, THE DIRECTOR
12 OF HEALTH SERVICES REQUESTS THAT THIS ITEM BE REFERRED BACK TO
13 THE DEPARTMENT.

14

15 **SUP. ANTONOVICH, MAYOR:** MOTION BY BURKE. SECONDED. WITHOUT
16 OBJECTION, SO ORDERED.

17

18 **CLERK SACHI HAMAI:** MENTAL HEALTH, ITEM 25 AND 26.

19

20 **SUP. ANTONOVICH, MAYOR:** MOTION BY MOLINA. SECONDED. WITHOUT
21 OBJECTION, SO ORDERED.

22

23 **CLERK SACHI HAMAI:** PARKS AND RECREATION, ITEM 27.

24



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1 **SUP. ANTONOVICH, MAYOR:** MOTION BY KNABE. SECONDED. WITHOUT
2 OBJECTION, SO ORDERED.

3

4 **CLERK SACHI HAMAI:** PUBLIC HEALTH, ITEM 28.

5

6 **SUP. ANTONOVICH, MAYOR:** MOTION BY BURKE. SECONDED. WITHOUT
7 OBJECTION, SO ORDERED.

8

9 **CLERK SACHI HAMAI:** PUBLIC WORKS, ITEMS 29 THROUGH 56. ON ITEM
10 30, THERE IS A REQUEST FROM A MEMBER OF THE PUBLIC TO HOLD
11 THIS ITEM. AND, ON ITEM 40, AS INDICATED ON THE SUPPLEMENTAL
12 AGENDA, THE DIRECTOR OF PUBLIC WORKS REQUESTS THAT THIS ITEM
13 BE CONTINUED TWO WEEKS UNTIL OCTOBER 17TH, 2006.

14

15 **SUP. ANTONOVICH, MAYOR:** MOTION BY MOLINA. SECONDED. WITHOUT
16 OBJECTION, SO ORDERED.

17

18 **CLERK SACHI HAMAI:** AND I'M SORRY, ON-- CAN WE GO BACK TO ITEM
19 29? I APOLOGIZE. ON ITEM 29, IF WE COULD RECONSIDER THIS, THE
20 DIRECTOR OF PUBLIC WORKS REQUESTS THAT THIS ITEM CONTINUED ONE
21 WEEK...

22

23 **SUP. ANTONOVICH, MAYOR:** OKAY, MOTION BY MOLINA TO RECONSIDER
24 29. SECONDED, WITHOUT OBJECTION, SO ORDERED. MOTION BY MOLINA,



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1 SECONDED, TO CONTINUE THE ITEM FOR ONE WEEK, WITHOUT
2 OBJECTION, SO ORDERED.

3

4 **SUP. KNABE:** MR. MAYOR, IF WE COULD JUST GO BACK QUICKLY ON
5 ITEM 18, IT MUST HAVE BEEN AN OVERSIGHT, I WANT TO HOLD THAT
6 ITEM, SO COULD I GET RECONSIDERATION? I JUST HAD A COUPLE OF
7 QUESTIONS FOR THE DEPARTMENT.

8

9 **SUP. ANTONOVICH, MAYOR:** MOTION BY KNABE, SECONDED, TO
10 RECONSIDER ITEM 18. SO ORDERED. THAT MOTION WILL BE HELD FOR
11 SUPERVISOR KNABE.

12

13 **CLERK SACHI HAMAI:** OKAY. WE ARE ON PAGE 25, UNDER REGISTRAR-
14 RECORDER/COUNTY CLERK, ITEM 57.

15

16 **SUP. ANTONOVICH, MAYOR:** MOTION BY KNABE. SECONDED. WITHOUT
17 OBJECTION, SO ORDERED.

18

19 **CLERK SACHI HAMAI:** SHERIFF, ITEMS 58 THROUGH 62.

20

21 **SUP. ANTONOVICH, MAYOR:** MOTION BY BURKE. SECONDED. WITHOUT
22 OBJECTION, SO ORDERED.

23

24 **CLERK SACHI HAMAI:** TREASURER AND TAX COLLECTOR, ITEM 63.

25



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1 **SUP. ANTONOVICH, MAYOR:** MOTION BY MOLINA. SECONDED. WITHOUT
2 OBJECTION, SO ORDERED.

3

4 **CLERK SACHI HAMAI:** ORDINANCE FOR INTRODUCTION, ON ITEM 64,
5 I'LL READ THE SHORT TITLE IN FOR THE RECORD. THIS IS AN
6 ORDINANCE AMENDING TITLE 3, ADVISORY COMMISSIONS AND
7 COMMITTEES OF THE LOS ANGELES COUNTY CODE TO ALIGN THE
8 COMPOSITION AND FUNCTION OF VARIOUS PUBLIC HEALTH COMMISSIONS
9 UNDER THE DEPARTMENT OF PUBLIC HEALTH.

10

11 **SUP. ANTONOVICH, MAYOR:** MOTION BY KNABE. SECONDED. WITHOUT
12 OBJECTION, SO ORDERED.

13

14 **CLERK SACHI HAMAI:** MISCELLANEOUS, ADDITIONS TO THE AGENDA
15 REQUESTED BY BOARD MEMBERS AND THE CHIEF ADMINISTRATIVE
16 OFFICER WHICH WERE POSTED MORE THAN 72 HOURS IN ADVANCE OF THE
17 MEETING, AS INDICATED ON THE GREEN SUPPLEMENTAL AGENDA. ITEM
18 65-A.

19

20 **SUP. ANTONOVICH, MAYOR:** SO MOVED. SECONDED BY BURKE. WITHOUT
21 OBJECTION, SO ORDERED.

22

23 **CLERK SACHI HAMAI:** 65-B.

24



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1 **SUP. ANTONOVICH, MAYOR:** SO MOVED. SECONDED BY MOLINA. WITHOUT
2 OBJECTION, SO ORDERED.

3

4 **CLERK SACHI HAMAI:** 65-C.

5

6 **SUP. ANTONOVICH, MAYOR:** SO MOVED, SECONDED BY KNABE. WITHOUT
7 OBJECTION, SO ORDERED.

8

9 **CLERK SACHI HAMAI:** 65-D.

10

11 **SUP. ANTONOVICH, MAYOR:** MOTION BY BURKE, SECONDED, WITHOUT
12 OBJECTION, SO ORDERED.

13

14 **CLERK SACHI HAMAI:** ON ITEM 65-E, THERE IS A REQUEST FOR
15 MEMBERS OF THE PUBLIC TO HOLD THIS ITEM. THAT THAT COMPLETES
16 THE READING OF THE AGENDA. BOARD OF SUPERVISORS' SPECIAL ITEMS
17 BEGIN WITH SUPERVISORIAL DISTRICT NO. 4.

18

19 **SUP. ANTONOVICH, MAYOR:** SUPERVISOR KNABE.

20

21 **SUP. KNABE:** THANK YOU, MR. MAYOR, LADIES AND GENTLEMEN. IT'S
22 MY PLEASURE TO CALL OUR OWN COLONEL JOSEPH SMITH, UP HERE FOR
23 A SPECIAL PRESENTATION. AS YOU ALL KNOW, COLONEL SMITH IS OUR
24 DIRECTOR OF MILITARY AND VETERANS AFFAIRS FOR OUR COUNTY OF
25 LOS ANGELES BUT HE WAS JUST RECENTLY APPOINTED BY OUR JAMES



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1 NICHOLSON, WHO WAS THE UNITED STATES SECRETARY OF VETERANS
2 AFFAIRS, AS A MEMBER OF THE DEPARTMENT OF VETERANS AFFAIRS
3 ADVISORY COMMITTEE ON HOMELESS VETERANS. THIS NATIONAL
4 COMMITTEE SERVES AS A VERY VALUABLE AND IMPORTANT MISSION OF
5 PROVIDING THE LEVEL OF CARING SERVICE THAT OUR VETERANS SO
6 RICHLY DESERVE. SO, ON BEHALF OF MYSELF AND MY COLLEAGUES AND
7 THE BOARD, WE WANT TO CONGRATULATE COLONEL SMITH ON HIS
8 APPOINTMENT, PRESENT HIM THIS CERTIFICATE IN RECOGNITION OF
9 THAT APPOINTMENT AND WE KNOW THAT HE'S GOING TO BE A VALUABLE
10 INPUT NATIONALLY BUT WE ALSO APPRECIATE HIS INPUT HERE IN THE
11 COUNTY OF LOS ANGELES. THANK YOU. [APPLAUSE]

12

13 **SUP. KNABE:** ALL RIGHT. NEXT, I GET TO PRESENT TO YOU A WORLD
14 CHAMPION. I GOT MOISES "MIGHTY MO" OROZCO. HE IS A NINE-YEAR-
15 OLD WORLD CHAMPION BOXER AND HIS PARENTS, RUDY AND LUPE, AND I
16 WANT YOU TO SEE HOW BIG THIS CHAMPIONSHIP BELT IS. I THINK IT
17 WEIGHS MORE THAN HE DOES. LOOK AT THAT BABY RIGHT THERE, UH?
18 ALL RIGHT! [APPLAUSE]

19

20 **SUP. KNABE:** THEY CALL HIM "MIGHTY MO" AND HE'S A HARD- WORKING
21 NINE-YEAR-OLD WHO LIVES IN LONG BEACH. BESIDES BEING A
22 STRAIGHT "A" STUDENT, HE IS A BOXING CHAMPION AND TRAINS AT
23 THE CHAVEZ BOXING GYM IN CARSON, HE'S TRAINED BY HIS DAD AND
24 HE'S HOME SCHOOLED BY MOM AND DAD AND HE'S QUITE A YOUNG MAN.
25 IN 2006, HE WAS THE JUNIOR OLYMPICS 60-POUND CHAMPION, HE WAS



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1 A JUNIOR GOLDEN GLOVE 65-POUND CHAMPION, HE WAS A DESERT
2 SHOWDOWN 65-POUND CHAMPION AND THE RINGSIDE WORLD 65-POUND
3 CHAMPION, WHICH IS THE LARGEST INDIVIDUAL TOURNAMENT HELD IN
4 THE WORLD, AND HE WAS THE ONLY LONG BEACH AND LOCAL
5 PARTICIPANT. SO FAR IN 2006, HE'S UNDEFEATED AND IS CURRENTLY
6 PREPARING FOR THIS NOVEMBER'S 2006 SILVER GLOVES TOURNAMENT
7 AND HAS BEEN INVITED TO-- OH, YOU HAVE TO GO TO MAUI, HAWAII?
8 AWWW! HOW SAD! [LAUGHTER] ANYWAY, HE'S GOING TO GO OVER TO
9 MAUI AND FIGHT AGAINST THEIR LOCAL CHAMPION AS WELL, TOO. SO
10 THIS IS AN INCREDIBLE YOUNG MAN AND WE WANT TO CONGRATULATE
11 HIM ON HIS WORLD CHAMPIONSHIP BUT MOST OF ALL JUST TO THANK
12 HIM FOR A JOB WELL DONE, WISH HIM THE BEST IN HIS FUTURE
13 ENDEAVORS AND THANK MOM AND DAD FOR COMING DOWN HERE. ALL
14 RIGHT? OKAY, MAN. [APPLAUSE]

15

16 **MOISES OROZCO:** THANK YOU FOR THIS HONOR, I REALLY APPRECIATE
17 IT. I HOPE TO GO TO THE OLYMPICS IN 2016. [APPLAUSE]

18

19 **SUP. KNABE:** WOW, WOULDN'T THAT BE SOMETHING, 2016? IT MIGHT BE
20 HERE, RIGHT HERE AT HOME. ALL RIGHT.

21

22 **SUP. ANTONOVICH, MAYOR:** IS THAT IT?

23

24 **SUP. KNABE:** THAT'S IT, THANK YOU.

25



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1 **SUP. ANTONOVICH, MAYOR:** WELL, THIS MORNING, WE'RE GOING TO BID
2 FAREWELL TO ONE OF OUR GREAT PROSECUTORS IN OUR COUNTY OF LOS
3 ANGELES WHO HAS DONE A SUPERB JOB FOR THE PAST 29 YEARS, LEA
4 PURWIN D'AGOSTINO, WHO IS RETIRING AS OUR DISTRICT ATTORNEY'S
5 DEPUTY DISTRICT ATTORNEY AND JOINING WITH ME IS STEVE COOLEY,
6 WHO IS HERE, OUR DISTRICT ATTORNEY. HAS HE ARRIVED YET? HE HAS
7 NOT ARRIVED YET. LEA HAS SERVED HER CAREER CRIMINAL UNIT
8 DEPUTY FOR THE ENTIRE SAN FERNANDO VALLEY FOR THE PAST 5
9 YEARS, CONVICTING HUNDREDS OF MURDERERS, RAPISTS, CHILD
10 MOLESTERS AND OTHER CRIMINALS. A PIONEER FOR WOMEN IN THE
11 FIELD OF LAW, SHE WAS THE FIRST FEMALE PROSECUTOR IN LOS
12 ANGELES COUNTY TO OBTAIN A DEATH PENALTY VERDICT. SHE WAS ALSO
13 RESPONSIBLE FOR THE CONVICTION OF THE ALPHABET BOMBER WHO
14 EXPLODED A BOMB AT LOS ANGELES INTERNATIONAL AIRPORT THAT
15 KILLED THREE AND INJURED 36. SHE EARNED HER NICKNAME, THE
16 DRAGON LADY, FOR HER TOUGH, NO NONSENSE DEMEANOR. SHE'S A
17 FOUNDER AND PAST PRESIDENT OF THE LEAGUE OF WOMEN PROSECUTORS
18 AS WELL AS A MEMBER OF THE BOARD OF DIRECTORS FOR WOMEN OF LOS
19 ANGELES AND THE INDEPENDENT LIVING CENTER. SHE'S ALSO THE
20 RECIPIENT THIS PAST, IS IT TUESDAY? WEDNESDAY? THURSDAY, WAS
21 IT? OF THE ARMAND ARABIAN PUBLIC SERVICE AWARD FOR THE SAN
22 FERNANDO VALLEY, WAS IT WEDNESDAY OR THURSDAY? ANYWAY, WE DID
23 IT AT THE HILTON HOTEL IN THE SAN FERNANDO VALLEY. I WAS
24 PLEASED TO BE THERE TO SEE HER RECEIVE THAT HONOR AND WE JUST
25 WANT TO THANK YOU FOR A JOB WELL DONE AND WE HOPE YOU WILL--



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1 AND YOUR HUSBAND WILL REMAIN ACTIVE IN THE COMMUNITY, AS I
2 KNOW YOU WILL. CONGRATULATIONS. [APPLAUSE]

3

4 **LEA PURWIN D'AGOSTINO:** I JUST WANT TO SAY I'M ENORMOUSLY
5 HONORED AT THIS AWARD. I FEEL SO PRIVILEGED TO HAVE HAD THE
6 OPPORTUNITY OF BEING AN INTEGRAL PART OF JUSTICE SYSTEM FOR
7 THE PAST 29 YEARS. I HAVE LOVED MY JOB AND I'M GOING TO SORELY
8 MISS IT. IT'S BEEN THE MOST FULFILLING, WONDERFUL JOB I'VE
9 EVER HAD AND I CAN ONLY SAY THAT, IF THE NEXT 29 YEARS OF MY
10 LIFE ARE EVEN HALF AS REWARDING AS THE PAST 29, I WILL TRULY
11 BE A VERY BLESSED AND LUCKY WOMAN. THANK YOU SO MUCH. [
12 APPLAUSE]

13

14 **SUP. ANTONOVICH, MAYOR:** NOW WE WOULD LIKE TO RECOGNIZE PHYLLIS
15 HOWARD, WHO IS THE PRESIDENT OF THE SOROPTIMIST INTERNATIONAL
16 OF ALTADENA, PASADENA, WHO IS THIS YEAR'S-- SUPPORTING THIS
17 YEAR'S COLOR ME PINK AND PURPLE CAMPAIGN. TO KEEP WOMEN
18 HEALTHY AND FREE FROM VIOLENCE AND TO PROMOTE AWARENESS,
19 ADVOCACY IN ACTION, THE COLOR ME PINK AND PURPLE CAMPAIGN WILL
20 PROVIDE INFORMATION ABOUT BREAST CANCER AND SERVICES AVAILABLE
21 FOR THE PREVENTION OF DOMESTIC VIOLENCE. IN SUPPORT OF THIS
22 EFFORT, TODAY WE PROCLAIM THE MONTH OF OCTOBER AS THE MONTH OF
23 BREAST CANCER AWARENESS MONTH AND THE MONTH OF NOVEMBER WILL
24 BE END DOMESTIC VIOLENCE MONTH. DOMESTIC VIOLENCE, A SERIOUS
25 SOCIAL PROBLEM THAT EXISTS IN ALL ECONOMIC SEGMENTS OF OUR



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1 SOCIETY, IN ALL CULTURES, IN ALL COUNTRIES OF THE WORLD.
2 ADDITIONALLY, AN ESTIMATED 205,000 NEW CASES OF FEMALE BREAST
3 CANCER AND 2,000 NEW CASES OF MALE BREAST CANCER WERE
4 DIAGNOSED IN 2004, WHICH HIGHLIGHTS THE NEED FOR HAVING THIS
5 AWARENESS MONTH. SO MANY, MANY THANKS, PHYLLIS, FOR YOUR
6 LEADERSHIP AND MAY YOU HAVE A SUCCESSFUL OCTOBER AND NOVEMBER
7 IN YOUR EDUCATIONAL CAMPAIGN.

8

9 **PHYLLIS HOWARD:** THANK YOU VERY MUCH. [APPLAUSE]

10

11 **PHYLLIS HOWARD:** THANK YOU VERY MUCH. I APPRECIATE THE
12 OPPORTUNITY TO BE PART OF THIS IMPORTANT CAMPAIGN TO RAISE
13 AWARENESS OF THE IMPORTANCE OF RESEARCH AND CONTINUING SUPPORT
14 FOR BREAST CANCER RESEARCH AND ALSO FOR PREVENTING DOMESTIC
15 VIOLENCE. SOROPTIMIST IS VERY ACTIVE IN THIS CAMPAIGN AND WE
16 LOOK FORWARD TO A GREAT YEAR. THANK YOU. [APPLAUSE]

17

18 **SUP. ANTONOVICH, MAYOR:** NOW WE WOULD LIKE TO RECOGNIZE DR.
19 MAURY WAXBURG, WHO IS A BOARD MEMBER OF THE LOS ANGELES
20 CITIZENS AGAINST LAWSUIT ABUSE KNOWN AS CALA. TODAY, THE BOARD
21 PROCLAIMS THE WEEK OF OCTOBER 2ND THROUGH 6TH AS LAWSUIT ABUSE
22 AWARENESS WEEK THROUGHOUT OUR COUNTY. TO PROTECT CALIFORNIA
23 CONSUMERS, BUSINESS AND FAMILIES, WE MUST DISCOURAGE THE
24 FILING OF FRIVOLOUS LAWSUITS. THE LOS ANGELES CHAPTER IS
25 DEDICATED TO EDUCATING THE PUBLIC ABOUT THE HUMAN AND



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1 FINANCIAL COSTS OF LAWSUIT ABUSE AND THEIR MOST RECENT LOONEY
2 LAWSUIT LOOKS AT HOW YOU CAN SUE SOMEONE FOR ANYTHING, EVEN
3 FOR LOOKING LIKE YOU. ACCORDING TO A JULY 2006 NEWS STORY, A
4 PORTLAND MAN WHO BEARS A RESEMBLANCE TO MICHAEL JORDAN HAS
5 FILED A LAWSUIT AGAINST THE BASKETBALL SUPERSTAR, SAYING HE'S
6 BEEN MISTAKEN FOR JORDAN DAILY OVER THE PAST 15 YEARS AND HE'S
7 TIRED OF IT. THE SUIT IS SEEKING \$832 MILLION FOR DEFAMATION,
8 PERMANENT INJURY AND EMOTIONAL PAIN AND SUFFERING. ABSURD!
9 ALTHOUGH THESE TYPES OF FRIVOLOUS LAWSUITS ARE OFTEN
10 EVENTUALLY DISMISSED, IT STILL TAKES COURT TIME, MONEY THAT
11 THE TAXPAYERS HAVE TO PAY FOR ATTORNEYS AND COURT CLERKS AND
12 COURT PERSONNEL TO HAVE THIS TYPE OF NONSENSE DISMISSED FROM A
13 COURT. TO FIND OUT MORE ABOUT HOW YOU CAN HELP COMBAT LAWSUIT
14 ABUSE, YOU CAN LOG ON TO WWW.LOSANGELESCALA.ORG. THAT'S LOS
15 ANGELES CALA.ORG. SO LET ME GIVE THIS PROCLAMATION TO YOU AND
16 WISH YOU SUCCESS IN YOUR EDUCATIONAL EFFORTS TO OUR PUBLIC.

17

18 **MAURY WAXBURG:** THANKS VERY MUCH, SUPERVISOR ANTONOVICH AND ALL
19 THE EXCELLENT SUPERVISORS OF THIS GREAT BODY WHO HAVE FOUGHT
20 SO HARD FOR THE GOOD OF ALL THE PEOPLE IN THE CITY. I'VE HAD
21 THE HONOR OF TESTIFYING ON HEALTHCARE ISSUES TO THIS GROUP AND
22 KNOW HOW HARD YOU'VE WORKED ON MARTIN LUTHER KING AND A NUMBER
23 OF OTHER ISSUES WHICH WILL SUCCEED AND PREVAIL IN THE CITY.
24 SOMEHOW, THINGS ARE GOING TO WORK OUT, ALL THESE GOOD PEOPLE
25 ARE GOING TO GET THE CURE THAT THEY DESERVE AND NEED. I WANT



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1 TO THANK ALL OF YOU FOR THE WORK YOU DO ON BEHALF OF THIS
2 COUNTY AND PETER BYLSMA, WHO IS THE EXECUTIVE DIRECTOR, WHO'S
3 THE GOOD-LOOKING GUY NEXT TO THE OTHER GOOD-LOOKING GUY AND HE
4 WORKS TIRELESSLY TO MAKE SURE THAT PEOPLE IN THIS COUNTY ARE
5 NOT TAKEN ADVANTAGE OF BY GREEDY LAWYERS. NOT THE ONES THAT
6 ARE DOING A GOOD JOB BUT THE ONES THAT ARE MAKING TOO MUCH
7 MONEY, SOME OF THE ONES THAT HAVE REPEATEDLY SUED THIS COUNTY
8 AND ARE MAKING A HUGE INCOME SUING THIS COUNTY. THIS IS-- THIS
9 ORGANIZATION WAS FORMED IN '93. THERE'S ONLY SIX OF THESE
10 CITIZENS AGAINST LAWSUIT ABUSE ORGANIZATIONS IN CALIFORNIA, 60
11 THROUGHOUT THE NATION. IT'S A GRASSROOTS GROUP, IT'S DEDICATED
12 TO FIGHTING LAWSUIT ABUSE AND WE PUT A HUMAN FACE ON EACH OF
13 THESE PROBLEMS BECAUSE, EACH AND EVERY TIME THERE'S A HUMAN
14 BEING, SOMEBODY'S MOTHER, BROTHER, SISTER, FATHER WHOSE LIFE
15 IS IMPACTED AND SEVERELY DAMAGED, AND, AS A PHYSICIAN, AND I'M
16 MAURY WAXBURG, I SHOULD HAVE STARTED BY INTRODUCING MYSELF, AS
17 A PHYSICIAN, I CAN TELL YOU THAT ONE OF THE BIGGEST PROBLEMS
18 FOR THE HEALTHCARE SYSTEM IN THIS COUNTY IS LAWSUIT ABUSE AND
19 I PERSONALLY HAVE SPOKEN TO DOCTORS WHO WOULD LOVE TO COME
20 DOWN TO KING, HELP OUT AND, IN FACT, WERE SO AFRAID OF BEING
21 SUED THAT THEY WERE A LITTLE BIT RELUCTANT. SO OUR
22 ORGANIZATION THANKS YOU AND BLESSES THIS GREAT BOARD OF
23 SUPERVISORS AND ALL THE ENDLESS WORK AND TIME AND ENERGY THEY
24 PUT IN TO MAKE SURE THIS IS THE GREATEST COUNTY IN THE UNITED
25 STATES. THANK YOU VERY MUCH. [APPLAUSE]



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1

2 **SUP. ANTONOVICH, MAYOR:** AND THIS MORNING WE WELCOME BILL
3 MURPHY, WHO IS THE DIRECTOR OF THE LOS ANGELES COUNTY DIVISION
4 OF WORK TRAINING PROGRAMS AND SELF-ADVOCATES, CHARLIE, CHARLES
5 CHI AND MR. SELLMAN ALI. THEY ARE HERE TODAY AS WE PROCLAIM
6 THE MONTH OF OCTOBER AS DISABILITY EMPLOYEE AWARENESS MONTH
7 THROUGHOUT OUR COUNTY. DISABILITY EMPLOYEE AWARENESS MONTH
8 CELEBRATES THE TALENTS AND CONTRIBUTIONS OF ALL OF OUR
9 EMPLOYEES WITH DISABILITIES. THIS DECORATION IS RECOGNITION TO
10 ENSURE ALL THEIR EFFORTS WILL HAVE THE OPPORTUNITIES AND EQUAL
11 ACCESS THROUGH THE ENFORCEMENT OF OUR CIVIL RIGHTS
12 LEGISLATION. APPROXIMATELY ONE IN FIVE IN OUR UNITED STATES
13 HAS A DISABILITY; 85% WITH DISABILITIES ACQUIRED-- WHO HAVE
14 ACQUIRED THEIR DISABILITIES DUE TO AN INJURY OR A MEDICAL
15 CONDITION. IN SPITE OF THIS INCLUSIVENESS AND THE SIZE OF THE
16 DISABILITIES COMMUNITY, THERE'S STILL MUCH TO BE DONE TO
17 ACHIEVE INCREASED EMPLOYMENT OPPORTUNITIES AND PARTICIPATION
18 AMONG PEOPLE WITH DISABILITIES. ADDITIONALLY, WE RECOGNIZE THE
19 GREATER CHALLENGES TO UNDUE PREJUDICES AND STEREOTYPING
20 ATTITUDES. BY KNOWING EACH OTHER BETTER THROUGH INCREASED
21 AWARENESS AND INTERACTION, WE WILL BECOME A TRULY OPEN AND
22 DIVERSE SOCIETY. SO, ON BEHALF OF THE COUNTY, LET US MAKE THE
23 PROCLAMATION AS DISABILITY EMPLOYEE AWARENESS MONTH FOR
24 OCTOBER. [APPLAUSE]

25



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1 **BILL MURPHY:** MAYOR AND BOARD, WE WANT TO THANK YOU FOR
2 SUPPORTING THIS VERY IMPORTANT MONTH AND I WANT TO AGAIN
3 INTRODUCE SELF-ADVOCATES FOR EMPLOYMENT, CHARLES CHI AND
4 SELLMAN ALI AND WE WANT TO ENCOURAGE EVERYONE TO MAKE
5 DISABILITY EMPLOYMENT PART OF THEIR DIVERSITY OUTREACH PROGRAM
6 AND TO BE VERY PROACTIVE IN DOING SO. CHARLES?

7

8 **CHARLES CHI:** I HAVE AN EMPLOYER TARRIGAN AND I WOULD LIKE FOR
9 ALL OTHER JOB OPPORTUNITIES TO HIRE DISABLED PEOPLE. THANK
10 YOU. [APPLAUSE]

11

12 **SELLMAN ALI:** I'M SELLMAN ALI. I AM ON THE BOARD OF SELF-
13 ADVOCACY FOR WORK TRAINING PROGRAMS, I AM THE SECRETARY AND
14 I'M ALSO TRYING TO ENCOURAGE HEALTHY RELATIONSHIPS BETWEEN
15 PEOPLE, AS WELL AS HELPING PEOPLE IN THE COMMUNITY AND ALSO
16 HELPING MAYBE AT JOB SITES LIKE TARGET AND SO ON SO THAT
17 PEOPLE CAN ASSERT THEMSELVES AND LEARN HOW TO DO THINGS MORE
18 EFFECTIVELY FOR THEMSELVES WHO ARE DISABLED. THANK YOU VERY
19 MUCH. [APPLAUSE]

20

21 **SUP. ANTONOVICH, MAYOR:** AND NOW WE HAVE LITTLE MILO WHO IS 12
22 WEEKS OLD, IT'S A LAB MIX WHO IS LOOKING FOR A HOME. COMES
23 WITH A LITTLE RED COLLAR WITH HEARTS-- OR LITTLE PAW PRINTS.
24 SO THIS IS LITTLE MILO. ANYBODY'D LIKE TO ADOPT MILO, HERE YOU



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1 GO, 12 WEEKS OLD. YOU CAN CALL (562) 728-4644. HE'S A LITTLE
2 MOANER. AW, HERE, HERE, DO YOU WANT TO SEE IT? (DOG MOANING)

3

4 **SUP. ANTONOVICH, MAYOR:** IT WAS A LITTLE PRAYER SAYING "PLEASE
5 ADOPT ME." SO, ANYWAY, LITTLE MILO CAN BE YOURS.

6

7 **SUP. KNABE:** MR. MAYOR, COULD I JUST RECOGNIZE ONE INDIVIDUAL?

8

9 **SUP. ANTONOVICH, MAYOR:** SUPERVISOR KNABE.

10

11 **SUP. KNABE:** ON THE AGENDA TODAY, UNDER APPOINTMENTS, WAS MY
12 NEWEST APPOINTEE TO THE VETERANS ADVISORY COMMISSION,
13 STEPHANIE STONE, AND I JUST WANTED TO RECOGNIZE STEPHANIE. SHE
14 IS THE FIRST FEMALE EVER-- FIRST WOMAN EVER APPOINTED TO THE
15 VETERANS ADVISORY COMMISSION HERE IN L.A. COUNTY, SO SHE'S A
16 20-YEAR VETERAN OF THE UNITED STATES NAVY, CURRENTLY WORKS AS
17 A DIRECTOR FOR CHORAL FOUNDATION AND I JUST WANTED TO SAY
18 HELLO AND CONGRATULATIONS. ALL RIGHT. LOOK FORWARD TO WORKING
19 WITH YOU. [APPLAUSE]

20

21 **SUP. ANTONOVICH, MAYOR:** SUPERVISOR MOLINA, DO YOU HAVE ANY
22 PRESENTATIONS? YVONNE?

23

24 **SUP. BURKE:** NO.

25



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1 **SUP. ANTONOVICH, MAYOR:** OKAY. WE'LL BEGIN WITH THE FOURTH
2 DISTRICT.

3

4 **SUP. KNABE:** THANK YOU, MR. MAYOR. A NUMBER OF ADJOURNMENTS
5 THIS MORNING AND, FIRST OF ALL, I WOULD ASK THAT ALL MEMBERS
6 JOIN ME BUT THAT WE ADJOURN IN THE MEMORY OF RUTH ROWBERG, WHO
7 IS THE MOTHER OF JOANNE STURGES, OUR RETIRED EXECUTIVE
8 OFFICER. SHE PASSED AWAY THIS PAST FRIDAY. WE'D LIKE TO EXTEND
9 OUR SYMPATHIES TO JOANNE AND HER FAMILY DURING THIS DIFFICULT
10 TIME. SO THAT WOULD BE ALL MEMBERS.

11

12 **SUP. ANTONOVICH, MAYOR:** SECOND WITH ALL MEMBERS.

13

14 **SUP. KNABE:** NEXT, THAT WE ADJOURN IN MEMORY OF MR. CRAIG
15 NEALIS. CRAIG WAS THE CITY MANAGER OF THE CITY OF ROLAND
16 HILLS. HE PASSED AWAY AT THE AGE OF 48. IT WAS VERY SUDDEN AND
17 SHOCKING, THIS PAST WEEKEND. HIS ENTIRE PROFESSIONAL CAREER
18 WAS DEDICATED TO PUBLIC SERVICE. HE WAS APPOINTED CITY MANAGER
19 OF ROLAND HILLS IN 1990. PRIOR TO THAT, HE SERVED IN THE CITY
20 MANAGER'S OFFICE IN THE CITY OF BELLFLOWER. HE RECEIVED HIS
21 B.S. IN CRIMINAL JUSTICE FROM THE UNIVERSITY OF NEVADA AND A
22 MASTER'S DEGREE FROM U.S.C. HE'S SURVIVED BY HIS WIFE, ALICE,
23 SON, BRIAN, AND DAUGHTER, REBECCA. ALSO, THAT WE ADJOURN IN
24 MEMORY OF A GREAT JURIST AND LONG-TIME FRIEND, JUDGE EUGENE
25 LONG, WHO PASSED AWAY ON SEPTEMBER 24TH AT THE AGE OF 82. HE



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1 GRADUATED FROM ST. ANTHONY'S, THE UNIVERSITY OF NOTRE DAME AND
2 SOUTHWESTERN UNIVERSITY SCHOOL OF LAW. HE WAS APPOINTED TO THE
3 SUPERIOR COURT OF CALIFORNIA BY GOVERNOR RONALD REAGAN IN
4 1973. HE IS SURVIVED BY HIS WIFE OF 60 YEARS, BARBARA, SIX
5 CHILDREN, 13 GRANDCHILDREN, THREE GREAT-GRANDCHILDREN AND TWO
6 BROTHERS. ALSO THAT WE ADJOURN IN MEMORY OF MARY E. MURGOLO, A
7 34-YEAR RESIDENT OF PALOS VERDES. SHE PASSED AWAY RECENTLY.
8 SHE IS SURVIVED BY HER HUSBAND, VITO, A FORMER WESTFIELD PARK
9 DISTRICT BOARD MEMBER, DAUGHTER, JEANNETTE, GRANDSON, SEAN,
10 NEPHEW, LEONARD, AND NIECE, CATHY. ALSO THAT WE ADJOURN IN
11 MEMORY OF JOHN MCCAUGHEY, WHO PASSED AWAY AT THE AGE OF 75
12 AFTER A LONG ILLNESS. HE WAS KNOWN AS BIG JOHN AND HE WORKED
13 FOR SHELL OIL FOR A NUMBER OF YEARS. VERY ACTIVE IN THE MEN'S
14 CLUB AT LOS VERDES. HE WAS A SOCCER AFICIONADO AND AN
15 EXCELLENT KEEPER OF HIS HOME TOWN TEAM, DAIRY CITY. HE IS
16 SURVIVED BY HIS LOVING WIFE, DOROTHY, AND THEIR CHILDREN AND
17 GRANDCHILDREN. ALSO THAT WE ADJOURN IN MEMORY OF DR. EARL
18 DONALDSON, WHO PASSED AWAY ON SEPTEMBER 24TH AT THE AGE OF 89.
19 HE GRADUATED FROM THE U.S.C. SCHOOL OF DENTISTRY MANY YEARS
20 AGO, HE WAS AN ORTHODONTIST IN LONG BEACH FOR 30 YEARS, VERY
21 ACTIVE IN THE DENTAL SOCIETY, THE Y.M.C.A. AND MANY OTHER LONG
22 BEACH CLUBS AND ORGANIZATIONS. HE IS SURVIVED BY HIS WIFE,
23 HILDA, THEIR CHILDREN AND GRANDCHILDREN. ALSO THAT WE ADJOURN
24 IN MEMORY OF TED VEGANES, A WELL LIKED DEFENSE LAWYER KNOWN AS
25 TEDDY THROUGHOUT THE LOS ANGELES COUNTY CRIMINAL SYSTEM,



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1 PASSED AWAY AT THE AGE OF 69. HE WAS A LONG BEACH NATIVE,
2 ATTENDED POLY AND LONG BEACH STATE BEFORE ATTENDING HASTINGS
3 COLLEGE OF LAW. HE'S SURVIVED BY HIS WIFE, PERRI, SON, PETER
4 AND CHRIS, AND HIS MOM AND HIS SISTER. ALSO THAT WE ADJOURN IN
5 MEMORY OF RICHARD STENZEL, WHO PASSED AWAY RECENTLY AFTER A
6 LONG FIGHT WITH CANCER. HE IS SURVIVED BY HIS WIFE, MARILYN,
7 AND CHILDREN AND GRANDCHILDREN. ALSO THAT WE ADJOURN IN MEMORY
8 OF LEONARD RUBENSTEIN, WHO PASSED AWAY RECENTLY AT HIS HOME IN
9 RANCHO PALOS VERDES. HE BEGAN HIS PROFESSIONAL CAREER IN
10 CHICAGO IN THE WORLD OF ADVERTISING. HE QUICKLY ACHIEVED
11 NATIONAL AND INTERNATIONAL RECOGNITION AS A CERAMICIST AND HE
12 IS SURVIVED BY HIS WIFE, ANN, DAUGHTER, CAROLINDA, SONS ERIC
13 AND HARLEY AND THREE GRANDCHILDREN. ALSO THAT WE ADJOURN IN
14 MEMORY OF STAN JACOBSMA, A LONG-TIME RESIDENT OF CERRITOS AND
15 SOMEONE THAT I ATTENDED CHURCH WITH OUT THERE AT NEW LIFE. HE
16 WAS VERY INVOLVED IN THE CHURCH, HE WAS A LIFELONG EDUCATOR,
17 TEACHER, ADMINISTRATOR, COACH. HE IS SURVIVED BY HIS WIFE OF
18 55 YEARS, BARBARA, HIS CHILDREN, REX, PAM, KIM, SUZETTE,
19 SHERYL LYNN, HIS GRANDCHILDREN AND GREAT GRANDCHILDREN. ALSO
20 THAT WE ADJOURN IN MEMORY OF WILLIAM HILL, LOVING HUSBAND AND
21 DEVOTED FATHER, PASSED AWAY AT HIS RANCHO PALOS VERDES HOME
22 RECENTLY. HE IS SURVIVED BY HIS WIFE OF 57 YEARS, CAROL, THEIR
23 CHILDREN, JIM, BOB, DIANE, LINDA, HIS BROTHER, ALAN, AND 15
24 GRANDCHILDREN. FINALLY, THAT WE ADJOURN IN MEMORY OF VARTKES
25 BARSAM, A LONG-TIME RESIDENT OF RANCHO PALOS VERDES. HE PASSED



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1 AWAY RECENTLY AFTER A LONG BATTLE WITH CANCER. HE IS SURVIVED
2 BY HIS WIFE OF 52 YEARS, JEAN, FOUR CHILDREN, CHARLES, LINDA,
3 DIANE, JANINE, EIGHT GRANDCHILDREN, BROTHER, DICKRAN, AND
4 SISTER, FAY. THOSE ARE MY ADJOURNMENTS.

5

6 **SUP. ANTONOVICH, MAYOR:** SECONDED. WITHOUT OBJECTION, SO
7 ORDERED.

8

9 **SUP. KNABE:** I HELD ITEM 18. IF I COULD HAVE THE DIRECTOR COME
10 OUT, PLEASE.

11

12 **SUP. ANTONOVICH, MAYOR:** OKAY. STAN? STAN. HERE HE COMES.

13

14 **SUP. KNABE:** YES, STAN, GOOD MORNING. A COUPLE OF ISSUES AS IT
15 RELATES TO THIS PARTICULAR PROJECT. ONE IS THAT I UNDERSTAND,
16 AFTER GOING THROUGH IN SOME GREAT DETAIL, THAT THERE WILL BE
17 NO RESTAURANT ON SITE. IS THAT TRUE? RIGHT ON THE BEACH?

18

19 **STAN:** THAT IS CORRECT.

20

21 **SUP. KNABE:** WILL THERE BE A SNACK SHOP, ANY ACCESS, SINCE IT'S
22 RIGHT THERE NEXT TO MOTHER'S BEACH?

23

24 **STAN:** THEY'RE ACTUALLY GOING TO HAVE AN EQUIPMENT RENTAL
25 FACILITY THAT WILL CATER TO THE BEACH PATRONS. THIS IS A



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1 RESTAURANT THAT IS GOING TO BE ONE THAT WILL FILL A VOID THAT
2 WE HAVE IN THAT AREA. RESORT AREAS DEVELOP HAVING HOTELS THAT
3 HAVE DIFFERENT SERVICE LEVELS, DIFFERENT PRICE POINTS,
4 DIFFERENT LENGTHS OF STAY. THIS IS GOING TO BE A RESIDENCE INN
5 UNDER A MARRIOTT FRANCHISE, AND WE DO NOT HAVE-- THEY OPERATE
6 A RESIDENCE INN, IT'S A LONGER-TERM STAY FOR FAMILIES. THEY
7 NEVER PROVIDE RESTAURANT USES. HOWEVER, THE SITE IS FLANKED BY
8 RESTAURANTS WITH A COUPLE OF ADDITIONAL ONES PROPOSED WITHIN A
9 BLOCK.

10

11 **SUP. KNABE:** BUT THE FACT THAT WE'RE TRYING TO CREATE A RESORT
12 KIND OF SITUATION OUT THERE TO PUT A RESIDENCY ON THE BEACH
13 WITH NO RESTAURANT OR NO FACILITIES, ACCESS THAT BASICALLY
14 LOOKS LIKE IT'S A PRIVATE VERSUS PUBLIC, I MEAN, THOSE ARE THE
15 ISSUES I HAVE. I MEAN, I THINK THAT'S A VERY SIGNIFICANT
16 CHANGE. I MEAN, I UNDERSTAND WHAT A RESIDENCE INN IS ALL
17 ABOUT, LONG-TERM AND THOSE KINDS OF THINGS, BUT DO YOU THINK
18 IT'S APPROPRIATE TO PUT IT ON THE BEACH LIKE THIS? I MEAN...

19

20 **STAN:** ABSOLUTELY. ABSOLUTELY. IT'S PROBABLY THE BEST PLACE FOR
21 A RESIDENCE INN BECAUSE THEY CATER TO FAMILIES, LONGER-TERM
22 STAY VACATIONS AND THEY'RE A MID PRICE POINT AND WE DON'T HAVE
23 ANYTHING THAT'S THE LONGER-TERM STAY FOR FAMILIES, AND
24 ESPECIALLY BEING AT THE BEACH WHERE THE KIDS CAN JUST RUN
25 RIGHT OUTSIDE ONTO THE BEACH. IT WILL BE A WONDERFUL



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1 OPPORTUNITY. THE HOTEL DOES PROVIDE, YOU KNOW, CONTINENTAL
2 BREAKFAST FOR THE RESIDENTS BUT IT ALSO GIVES THE FAMILIES AN
3 OPPORTUNITY TO GO OUT. WE'RE GOING TO HAVE A LARGE 28-FOOT
4 PUBLIC PROMENADE THROUGH THAT ENTIRE REGION, WHICH WILL HAVE
5 NUMEROUS RESTAURANTS ALONG IT, SO IT WILL GET THE FAMILIES OUT
6 WALKING ON THE PROMENADE AND ENJOYING THE RESTAURANT
7 EXPERIENCE.

8

9 **SUP. KNABE:** BUT IN THE ANALYSIS THAT YOU PRESENTED TO US AS
10 WELL, IT WASN'T SO MUCH A FAMILY ORIENTED FACILITY, MORE SO
11 FOR LONG-TERM BUSINESS STAYS, AS WELL, TOO, SO...

12

13 **STAN:** WELL, IT WILL CATER TO BOTH BUT WHAT TYPICALLY HAPPENS
14 WITH A RESIDENCE INN IS THERE MAY BE BUSINESS PEOPLE THERE BUT
15 THEY'LL BRING THEIR FAMILIES ALONG, WHEREAS THEY REALLY DIDN'T
16 HAVE THAT ABILITY AT THE MARINA IN THE PAST. THIS IS THE
17 RESULT OF TWO R.F.P. EFFORTS. THE FIRST R.F.P. EFFORT ALSO
18 YIELDED A MARRIOTT RESIDENCE INN AND, AS YOU MAY REMEMBER, THE
19 MARRIOTT PULLED OUT OF THAT PROPOSAL WHEN THE RESTAURANT-- OR,
20 EXCUSE ME, WHEN THE HOTEL INDUSTRY TOOK A HIT WITH THE
21 ECONOMY. WE WENT BACK OUT AND, FORTUNATELY, THE RESIDENCE INN
22 CAME BACK IN. WE'VE ALWAYS BELIEVED THAT IT WAS A PERFECT USE
23 FOR THAT PARTICULAR AREA.

24



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1 **SUP. KNABE:** WHAT'S THE STATUS OF THAT PROPOSED PARKING
2 STRUCTURE THAT'S GOING TO REPLACE THE PUBLIC PARKING ON SITE?

3

4 **STAN:** WE ACTUALLY HAVE A DESIGN FIRM THAT'S BEEN ENGAGED AND
5 IS ACTUALLY DESIGNING THAT. WE'VE COME UP WITH A PRELIMINARY
6 THAT WE'LL BE ABLE TO PUT IN RATHER THAN ORIGINALLY PROPOSED,
7 IT WAS GOING TO BE A RATHER LARGE 40 TO 45-FOOT-HIGH
8 STRUCTURE. IT'S NOW GOING TO BE SOMETHING ON THE ORDER OF 15
9 FEET HIGH AND WE'VE BEEN ABLE TO MAKE A TREMENDOUS
10 FACILITATION FOR THE PARKING OF THE CHEESE CAKE FACTOR, WHICH
11 USES OVERFLOW PARKING AT OUR BEACHES. SO WE'VE REALLY MADE
12 ACCOMMODATION FOR THEM, WHICH IS A-- IT IS OUR HIGHEST
13 GROSSING RESTAURANT. IT IS ALSO ADJACENT TO WHERE THIS
14 RESIDENCE INN IS GOING TO BE.

15

16 **SUP. KNABE:** OKAY. THANK YOU.

17

18 **SUP. ANTONOVICH, MAYOR:** ANY OTHER QUESTIONS?

19

20 **SUP. KNABE:** NO.

21

22 **SUP. BURKE:** I'D JUST LIKE TO MAKE A STATEMENT. I REALLY
23 APPRECIATE THE HARD WORK OF EVERYONE, THE LIFEGUARDS AND
24 EVERYONE ON SATURDAY FOR OUR FOSTER CHILDREN. WE HAD 200
25 FOSTER AND HOMELESS CHILDREN OUT THERE AT MOTHER'S BEACH.



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1

2 **STAN:** I THINK, SUPERVISOR BURKE, YOU'VE HAD 11 EVENTS THERE
3 AND THAT WAS PROBABLY THE MOST FUN. IT WAS GREAT.

4

5 **SUP. BURKE:** THANK YOU.

6

7 **SUP. KNABE:** I WANT TO BE RECORDED AS A "NO" VOTE.

8

9 **SUP. ANTONOVICH, MAYOR:** OKAY. WE HAVE A MOTION BY BURKE,
10 SECONDED BY YAROSLAVSKY, WITHOUT OBJECTION, SO ORDERED, WITH
11 SUPERVISOR KNABE VOTING "NO".

12

13 **SUP. KNABE:** THAT'S THE ONLY ITEM I HELD, IF WE WANT TO MOVE UP
14 TO THE M.L.K. HOSPITAL, I CAN CALL THAT UP. IS EVERYBODY HERE?
15 OKAY. I WOULD CALL THAT UP, THEN.

16

17 **SUP. ANTONOVICH, MAYOR:** DR. CHERNOF.

18

19 **SUP. YAROSLAVSKY:** CAN I JUST, WHILE HE'S COMING UP, ASK A
20 QUESTION. WHY WAS THE LAST ITEM A 4-VOTE ITEM, THE MARINA
21 ITEM? WHAT IS THE LEGAL REASON FOR BEING A 4-VOTE ITEM? ALL
22 RIGHT, I WON'T-- I THOUGHT YOU KNEW. JUST LET ME KNOW. ALL
23 RIGHT. JUST LET ME KNOW. I WON'T HOLD UP THE BOARD.

24



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1 **SUP. ANTONOVICH, MAYOR:** DR. CHERNOF, THANK YOU FOR THE
2 CONSTRUCTIVE, SUPERB REPORT THAT YOU ARE PRESENTING TO THE
3 BOARD THIS MORNING AND FOR YOUR DECISIVE LEADERSHIP IN BEING
4 ABLE TO TAKE AN ISSUE AND COME UP WITH A WORKABLE SOLUTION IN
5 A VERY SHORT TIMEFRAME THAT WILL CORRECT THE DEPLORABLE
6 CONDITIONS THAT HAD EXISTED AT THIS FACILITY AND WITH A PLAN
7 OF ACTION THAT WILL CORRECT THAT INABILITY TO PROVIDE QUALITY
8 MEDICAL SERVICE TO THE COMMUNITY. AND, THROUGH YOUR LEADERSHIP
9 AND DIRECTION, WE NOW HAVE A COURSE OF ACTION THAT WILL
10 ADDRESS THOSE MEDICAL NEEDS TO THE COMMUNITY AND RESTORE THE
11 CREDIBILITY OF A FACILITY THAT NEEDS TO BE RESTORED TO ENSURE
12 THAT THE PUBLIC RETURNS-- RECEIVES THE MEDICAL CARE THAT THEY
13 ARE ENTITLED TO.

14

15 **DR. BRUCE CHERNOF:** THANK YOU VERY MUCH, MAYOR, I APPRECIATE
16 THE COMMENTS. THANK YOU, SUPERVISORS, FOR YOUR SUPPORT DURING
17 THIS VERY CHALLENGING WEEK FOR MY DEPARTMENT. I'D LIKE TO MAKE
18 A FEW OPENING COMMENTS, JUST TO PROVIDE A FRAMEWORK BEHIND THE
19 PLAN THAT I'VE SUBMITTED TO YOU TODAY. FIRST, I WANT TO SPEND
20 A MOMENT TALKING ABOUT HOW DID WE GET TO THIS POINT BECAUSE I
21 THINK IT IS VERY IMPORTANT. IT'S CLEAR TO ME THAT THE BOARD OF
22 SUPERVISORS AND THE DEPARTMENT OF HEALTH SERVICES HAVE WORKED,
23 OVER THE PAST THREE YEARS, TO ADDRESS LONGSTANDING PROBLEMS AT
24 KING/DREW MEDICAL CENTER AND I MUST SAY THAT TRYING TO FIX AND
25 RUN AN OPERATION AT THE SAME TIME IS A HIGH-RISK ENDEAVOR BUT



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1 I TRULY BELIEVE IT WAS WORTH THE RISK. WE'VE BEEN DOWN A HARD
2 ROAD HERE BUT IT WAS DEFINITELY WORTH THE EFFORT. D.H.S. IS
3 DISAPPOINTED WITH THE RESULTS AND, WHILE WE RECOGNIZE THE
4 STAFF AT K.D.M.C. WORKED TIRELESSLY, AT THE END OF THE DAY, IT
5 JUST WAS NOT ENOUGH. BASED ON YOUR BOARD'S DIRECTIVE LAST
6 WEEK, WE ARE COMPLETING A COMPREHENSIVE RESPONSE TO THE C.M.S.
7 FINDINGS AND YOUR BOARD HAS DEFERRED AN APPEAL DECISION UNTIL
8 WE HAVE COMPLETED THAT REVIEW. MANY MAY QUESTION THE FAIRNESS
9 OF THE SURVEY BUT THE BOTTOM LINE IS, WE'RE OUT ON NINE OF THE
10 23 CONDITIONS. THE C.M.S. LETTER MAKES IT VERY CLEAR THAT THE
11 CONTRACT IS TERMINATED, EFFECTIVE NOVEMBER 30TH, WITH A 30-DAY
12 RUN OUT FOR THOSE PATIENTS IN THE HOSPITAL ON THE LAST DAY OF
13 NOVEMBER. AT THAT POINT, THERE IS NO CONTINUED FUNDING FROM
14 THE FEDERAL GOVERNMENT. IT WILL BE IMPOSSIBLE TO SUSTAIN THIS
15 HOSPITAL WITHOUT THIS FUNDING AND THE HOSPITAL WILL HAVE TO
16 CLOSE IF AN ALTERNATIVE IS NOT FOUND AND IMPLEMENTED THAT
17 ALLOWS US TO REGAIN THIS \$200 MILLION. D.H.S. HAS DONE
18 THOROUGH CONTINGENCY PLANNING BUT THE ACTUAL OPTIONS AVAILABLE
19 WERE ONLY FORMALLY PRESENTED FOR THE FIRST TIME IN THE C.M.S.
20 LETTER, WHICH WAS DELIVERED AT THE TIME OF THE EXIT INTERVIEW.
21 THAT LETTER SPELLS OUT THREE OPTIONS FOR THE COUNTY AND I WANT
22 TO SPEND A MOMENT ON EACH. THE FIRST OPTION IS ONE THAT WE
23 REALLY CANNOT ACCESS. THAT OPTION IS TO TRY AND FIX WHILE WE
24 CONTINUE TO OPERATE THE HOSPITAL AND C.M.S. HAS MADE IT QUITE
25 CLEAR, IN THEIR LETTER TO US, THAT, AFTER 32 MONTHS AND 15



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1 SURVEYS WITH A VARIETY OF INTERVENTIONS, WE'RE STILL OUT OF
2 COMPLIANCE. THAT ONLY LEAVES TWO PRACTICAL OPTIONS FOR
3 CONSIDERATION. THE FIRST IS TO TURN THE HOSPITAL OVER TO A
4 PRIVATE HOSPITAL SYSTEM. LAST YEAR, BASED ON YOUR BOARD'S
5 DIRECTION, THE DEPARTMENT DID ENGAGE AN OUTSIDE CONSULTANT WHO
6 IDENTIFIED VERY FEW POTENTIAL CANDIDATES. TECHNICALLY, THIS IS
7 A VERY COMPLICATED PROCESS AND NEGOTIATING A CONTRACT WOULD
8 BASICALLY BE IMPOSSIBLE IN THE TIME REMAINING. THERE ARE ONLY
9 58 DAYS AT THIS POINT LEFT BETWEEN NOW AND NOVEMBER 30TH. IT
10 IS ALSO CLEAR, FROM OUR DISCUSSIONS, HOWEVER, THAT A PRIVATE
11 HOSPITAL SYSTEM WOULD OPERATE A MODEL THAT LOOKS VERY MUCH
12 LIKE WHAT WE'RE PROPOSING TO YOU TODAY. IT WOULD HAVE A
13 DRASTICALLY SIMPLIFIED CLINICAL PROGRAM, THEY WOULD EXPECT THE
14 COUNTY TO REASSIGN OR MANAGE ALL OF ITS EMPLOYEES, THE MEDICAL
15 EDUCATION WOULD HAVE A VERY LIMITED ROLE, IF ANY, AND THE
16 COUNTY WOULD BE REQUIRED TO MAINTAIN CURRENT FUNDING LEVELS
17 FOR SOME TIME INTO THE FUTURE. BEYOND JUST THE CHALLENGES OF
18 NEGOTIATING A CONTRACT, THIS MODEL COULD POTENTIALLY PUT THE
19 ENTIRE DEPARTMENT IN A VULNERABLE POSITION IN THE FUTURE,
20 DEPENDING ON WHAT HAPPENS WITH MY DEPARTMENT'S PROJECTED
21 DEFICIT. THE THIRD CHOICE, THEN, TO MERGE WITH ANOTHER FULLY
22 LICENSED AND ACCREDITED D.H.S. FACILITY, IS THE LAST OPTION
23 THAT THEY MADE AVAILABLE TO THE DEPARTMENT AND TO YOUR BOARD
24 AND THE ONE THAT WE THINK MAKES THE MOST SENSE. AMONG THE VERY
25 DIFFICULT AND RISKY CHOICES, THIS IS THE BEST OPTION BECAUSE



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1 IT'S ONE THAT WE CAN START TO IMPLEMENT NOW. THERE ARE ONLY
2 THREE POTENTIAL HOSPITAL PARTNERS WITHIN OUR SYSTEM THAT FIT
3 THE STATE'S MILE RADIUS. L.A.C./U.S.C., RANCHO LOS AMIGOS AND
4 HARBOR-U.C.L.A. RANCHO PRIMARILY PROVIDES COMPREHENSIVE
5 REHABILITATION SERVICES SO THEY'RE NOT REALLY A GREAT
6 CANDIDATE FOR THIS ROLE. AND L.A. COUNTY U.S.C. IS WORKING
7 VERY HARD TO REFINE THEIR CLINICAL SERVICES PROGRAM AS THEY
8 APPROACH THEIR MOVE INTO THE NEW HOSPITAL. SO THEIR PLATE IS
9 PRETTY FULL. IT MAKES HARBOR-U.C.L.A. THE LOGICAL CHOICE UNDER
10 THIS OPTION. AS D.H.S. HAS CONSIDERED THIS OPTION, THERE ARE
11 FIVE PRINCIPLES BEHIND A MERGER SCENARIO THAT I WANT YOU ALL
12 TO BE FAMILIAR WITH BECAUSE THEY DRIVE OUR DECISIONS. FIRST
13 AND FOREMOST, AS A DOCTOR, AS YOUR DIRECTOR OF THIS
14 DEPARTMENT, THE SINGLE MOST IMPORTANT THING THAT WE CAN DO IS
15 TO MAKE SURE THAT WE ASSURE QUALITY PATIENT CARE THAT MEETS
16 NATIONAL STANDARDS. THE SECOND THING IS THAT WE NEED TO MEET
17 THE CRITICAL SERVICE DELIVERY NEEDS OF THE COMMUNITY. THE
18 THIRD PRINCIPLE IS TO MAKE SURE THAT WE MEET THESE CRITICAL
19 SERVICE NEEDS IN THE COMMUNITY AND ON THE GROUNDS OF THE
20 CURRENT M.L.K. HOSPITAL, WHERE POSSIBLE. THE FOURTH PRINCIPLE
21 IS THAT THIS IS NOT SIMPLY A SOUTH LOS ANGELES CHALLENGE. A
22 SOLUTION NEEDS TO BE CREATED THAT BALANCES SERVICE DELIVERY
23 NEEDS ACROSS THE ENTIRE DEPARTMENT. AND THE FIFTH PRINCIPLE
24 HERE IS THAT WE NEED TO BUILD ON PROVEN INTEGRATION EFFORTS OF
25 THE DEPARTMENT IN THE PAST. I WOULD HOLD OUT FOR YOU THAT, IN



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1 1995, DURING THE MAJOR FISCAL CRISIS WHERE WE HAD TO PARTNER
2 WITH C.M.S. ON NEW AND INNOVATIVE SOLUTIONS, THE VALLEY CARE
3 MODEL, THE SAN FERNANDO VALLEY, GREW OUT OF THAT PARTNERSHIP
4 WITH C.M.S. BASED ON THIS BACKGROUND AND THE TOUGH SCENARIO
5 THAT WE FACE TODAY, THE DEPARTMENT RECOMMENDS TO YOU THAT WE
6 DEVELOP A MODEL THAT WILL ALLOW INTEGRATIVE SERVICE DELIVERY
7 IN THE SOUTH LOS ANGELES AND SOUTH BAY AREAS TO BE CALLED
8 METRO CARE. THIS IS AN IMPORTANT OPPORTUNITY TO IMPROVE CARE
9 WITHIN THE D.H.S. SYSTEM, FIRST AND FOREMOST. THIS WILL ALLOW
10 US TO TAKE THE CURRENTLY LOOSELY AFFILIATED HOSPITALS AND
11 CLINICS IN THESE REGIONS AND START TO INTEGRATE THEM IN A MORE
12 EFFICIENT WAY TO DELIVER BETTER SERVICES. HARBOR, M.L.K.
13 COMMUNITY HOSPITAL WILL BE THE HOSPITAL THAT WILL BE ON THE
14 GROUNDS AT THE CURRENT FACILITY. THIS HOSPITAL WILL DELIVER
15 CORE SERVICES TO MEET CRITICAL COMMUNITY NEEDS. WE EXPECT THIS
16 HOSPITAL TO HAVE A CENSUS OF ABOUT A HUNDRED PATIENTS AND THAT
17 IT WILL HAVE ABOUT 114 BEDS ONLINE THAT ALLOWS FOR THINGS LIKE
18 GENDER DIFFERENCES AND ISOLATIONS. THIS HOSPITAL WILL BE A
19 NONTEACHING COMMUNITY HOSPITAL UNDER THE MANAGEMENT OF HARBOR-
20 U.C.L.A. AND IT WILL HAVE A BASIC EMERGENCY ROOM, MUCH LIKE
21 THE EMERGENCY ROOM THAT'S THERE CURRENTLY. IT WILL DELIVER
22 GENERAL ADULT MEDICAL AND SURGICAL SERVICES WITH SOME ADULT
23 ICU CAPACITY. IT WILL PROVIDE GYNECOLOGY, POSSIBLY LOW-RISK
24 OBSTETRICS. THOSE WILL BE THE CORE SERVICES IN THIS HOSPITAL.
25 ON THE GROUNDS OF THE HOSPITAL, WE ARE ALSO PROPOSING TO YOU



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1 TODAY TO BUILD A-- TO USE THE CURRENT PHYSICAL PLANS TO BUILD
2 PROGRAMS THAT WILL OFFER A MULTI-SPECIALTY AMBULATORY CARE
3 CENTER VERY MUCH LIKE THE MAC MULTI-SPECIALTY AMBULATORY CARE
4 CENTER THAT WE HAVE UP IN THE HIGH DESERT AREA. THIS WILL
5 PROVIDE A COMPREHENSIVE SET OF SPECIALTY CARE SERVICES, A NEW
6 INFUSION CLINIC FOR PATIENTS THAT REQUIRE CHEMOTHERAPY AND
7 OTHER INTRAVENOUS DRUGS THAT CAN BE GIVEN ON A OUTPATIENT
8 BASIS, A COMPREHENSIVE AMBULATORY SURGERY AND PROCEDURES
9 CENTER, AS WELL AS AN EXTENDED HOUR URGENT CARE. HARBOR-
10 U.C.L.A. WILL REMAIN THE REGIONAL MEDICAL CENTER AND HUB FOR
11 THIS NEW DELIVERY SYSTEM, WITH THE FULL SCOPE OF MEDICAL
12 SPECIALTIES AND SUBSPECIALTIES. THE COMPREHENSIVE HEALTH
13 CENTERS, THE D.H.S. OPERATED PRIMARY CARE CLINICS AND OUR
14 PUBLIC/PRIVATE PARTNERS WILL BE ALL INTEGRATED INTO THIS
15 DELIVERY SYSTEM STRUCTURE. THIS MODEL PRESENTS AN IMPORTANT
16 OPPORTUNITY TO FUNDAMENTALLY CHANGE STAFFING, WHICH IS
17 CRITICAL TO THE SUCCESS OF THE NEW HOSPITAL GOING FORWARD.
18 REGARDLESS OF THE OPTION CHOSEN BY YOUR BOARD, EVEN IF WE WERE
19 TO GO IN THE DIRECTION OF CONTRACTING OUT, THE HOSPITAL WOULD
20 NEED TO BE RESTAFFED FROM THE GROUND UP. THAT'S VERY IMPORTANT
21 POINT HERE TODAY. AND, WHILE WE DID NOT GET ALL THE WAY HOME
22 IN THE C.M.S. AUDIT, THERE ARE COMPETENT STAFF AT K.D.M.C. WHO
23 DID TRY VERY HARD TO GET US OVER THE LINE. ANOTHER IMPORTANT
24 ELEMENT FOR MY DEPARTMENT IS TO ACKNOWLEDGE THAT ANY POTENTIAL
25 CASCADE WOULD DISRUPT STABLE SERVICE DELIVERY IN OUR OTHER



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1 HOSPITALS. BASED ON THOSE TWO KEY POINTS, D.H.S. IS GOING TO
2 RECOMMEND TO YOU TODAY THAT, GIVEN THE MORE THAN 5,000 CURRENT
3 FUNDED VACANCIES IN THE DEPARTMENT, THAT ALL CURRENT K.D.M.C.
4 STAFF WITH COMPETENT OR BETTER PERFORMANCE EVALUATIONS BE
5 REASSIGNED AT THE APPROPRIATE TIME INTO ONE OF THESE
6 VACANCIES, KEEPING THEIR SALARY AND JOB CLASSIFICATIONS, BUT
7 WORKING AT A DIFFERENT SITE. ALL D.H.S. EMPLOYEES, INCLUDING
8 TRANSFERRED K.D.M.C. EMPLOYEES WOULD HAVE THE OPPORTUNITY TO
9 INTERVIEW FOR THE POSITIONS AT BOTH THE NEW HOSPITAL AND THE
10 MAC THAT WE'RE PROPOSING TO DEVELOP HERE AND WE LOOK FORWARD
11 TO WORKING CLOSELY WITH OUR COLLEAGUES IN S.E.I.U. LOCAL 660
12 TO DEVELOP AND IMPLEMENT A SMOOTH TRANSITION. A SIMILAR
13 PROCESS WOULD BE DEVELOPED FOR PHYSICIANS AS WELL. WE BELIEVE
14 THAT THIS IS THE RIGHT EMPLOYMENT SOLUTION BECAUSE THIS WILL
15 PERMIT AN ORDERLY TRANSITION FROM THE OLD MODEL TO THE NEW,
16 HITTING ON THREE KEY GOALS: STABILITY AT THE HOSPITAL SO THAT
17 SERVICES CAN BE PROVIDED TO THE COMMUNITY; 2, TO RESPECT
18 EMPLOYEE RIGHTS; AND FINALLY TO DEVELOP AND IMPLEMENT THE NEW
19 MODEL SUCCESSFULLY. AS PART OF THIS NEW MODEL, WE WILL NEED TO
20 ADDRESS THE TRANSITION FOR DREW UNIVERSITY AND OUR CURRENT
21 RESIDENTS AT THE FACILITY. HARBOR M.L.K. COMMUNITY HOSPITAL
22 WILL NO LONGER SERVE AS A TEACHING HOSPITAL AND DREW
23 UNIVERSITY WILL NEED TO IMPLEMENT ITS STRATEGIC PLAN TO
24 TRANSITION ITS TRAINING PROGRAMS. D.H.S. STANDS READY TO HELP
25 DREW UNIVERSITY IMPLEMENT THIS PLAN AND D.H.S. AND DREW



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1 UNIVERSITY ARE COMMITTED TO CREATING A SMOOTH TRANSITION FOR
2 THE CURRENT RESIDENTS. AND TO ALL THE RESIDENTS, I WANT YOU TO
3 UNDERSTAND THAT THERE WILL BE NO CHANGES IMMEDIATELY. I WANT
4 TO MAKE IT VERY CLEAR TO YOUR BOARD THAT WE ARE AT A TURNING
5 POINT AND THAT THIS IS AN OPPORTUNITY FOR D.H.S. AND THE BOARD
6 OF SUPERVISORS TO WORK VERY CLOSELY WITH HARBOR LEADERSHIP TO
7 MAKE THIS A REALITY. D.H.S. IS A GREAT PUBLIC SYSTEM. WHAT
8 YOU'VE BUILT IS AMAZING AND I'M PROUD TO BE IN FRONT OF YOU
9 TODAY BUT IT HAS FACED MANY CHALLENGES OVER THE PAST 20 YEARS
10 AND, JUST LIKE THE PRIVATE SECTOR, IT'S ALSO A FRAGILE SYSTEM.
11 THIS ENDEAVOR WILL BE VERY DIFFICULT AND RISKY BUT THE OPTIONS
12 PRESENTED-- OTHER OPTIONS PRESENTED ARE ALSO RISKY, IF NOT
13 EQUALLY MORE DIFFICULT. THERE ARE NO SAFE OR EASY ANSWERS
14 HERE, THERE'S ONLY HARD WORK AND HARD CHOICES IN FRONT OF US
15 BUT WE'RE COMMITTED TO WORKING THROUGH THEM. SUCCESS WILL
16 REQUIRE ENORMOUS COMMITMENT FROM D.H.S. AS A WHOLE BUT MOST
17 ESPECIALLY FROM HARBOR LEADERSHIP AND I WANT TO ACKNOWLEDGE IN
18 FRONT OF ALL OF YOU TODAY THAT HARBOR WAS THREATENED WITH
19 CLOSURE SEVERAL YEARS AGO, SO MAKING THIS REQUEST OF HARBOR IS
20 TWICE AS HARD AND THE STAFF THERE FEEL THAT CHALLENGE. HARBOR
21 CANNOT DO THIS ALONE, AND A FUNDAMENTAL ONGOING COMMITMENT
22 FROM THE ALL COUNTY DEPARTMENTS AND THE BOARD ITSELF TO ASSIST
23 IN THIS DRAMATIC RECONFIGURATION WILL BE CRITICAL. MY
24 DEPARTMENT IS COMMITTED, AT EVERY LEVEL, TO WORKING WITH
25 HARBOR LEADERSHIP TO MAKE THIS SUCCESSFUL AND I LOOK FORWARD



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1 TO YOUR COMMITMENT HERE AS WELL. I WANT TO STATE VERY CLEARLY
2 AS WELL THAT THIS IS AN OPPORTUNITY FOR C.M.S. AND STATE
3 LICENSING TO IMPROVE THE PROCESS OF CARE DELIVERY THROUGH THE
4 APPROVAL OF THE METRO CARE PLAN WHEN WE SUBMIT IT TO THEM.
5 STATE AND FEDERAL OFFICIALS HAVE OFFERED THEIR HELP IN MAKING
6 SURE THAT A CREDIBLE PLAN IS IMPLEMENTAL AND WE LOOK FORWARD
7 TO THEIR HELP IN NUMEROUS WAYS, MOST IMPORTANTLY IN DEVELOPING
8 A MANAGEMENT STRUCTURE THAT DOESN'T PUT HARBOR-U.C.L.A.'S
9 LICENSE AND ACCREDITATION IN JEOPARDY. THIS MODEL WILL TAKE
10 TIME TO DEVELOP AND EVEN MORE TIME TO FULLY IMPLEMENT. WE
11 CANNOT ACCOMPLISH THIS TASK COMPLETELY BETWEEN NOW AND
12 NOVEMBER 30TH. WE INTEND TO HAVE THE METRO CARE PLAN FRAMEWORK
13 DEVELOPED WITHIN TWO WEEKS AND THE FIRST STEPS IMPLEMENTED BY
14 NOVEMBER 30TH, BUT IT'S GOING TO TAKE A GOOD 12 MONTHS, AT
15 LEAST, TO FULLY EXECUTE THIS TRANSITION AND WE WILL NOT BE
16 ABLE TO IMPLEMENT THIS TRANSITION WITHOUT FUNDING SUPPORT
17 DURING THE PROCESS. WE ARE SIGNALING NOW THAT WE INTEND TO
18 BRING FORWARD A CREDIBLE PLAN BUT WE WILL NOT BE ABLE TO
19 COMPLETE THIS DIFFICULT WORK WITHOUT STATE AND FEDERAL
20 SUPPORT. IN SUMMARY, I WANT TO ACKNOWLEDGE IN FRONT OF ALL OF
21 YOU TODAY THAT ONLY 11 DAYS HAVE PASSED SINCE C.M.S. HAS
22 PROVIDED THEIR FORMAL GUIDANCE TO US AND, WHILE THE C.M.S.
23 FINDINGS PRESENT REAL CHALLENGES, THEY ALSO OFFER VERY
24 IMPORTANT OPPORTUNITIES TO MY DEPARTMENT AND TO THE COUNTY AS
25 A WHOLE TO IMPROVE SERVICE DELIVERY. IMPLEMENTING ANY



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1 TRANSITION WILL BE DISRUPTIVE AND POTENTIALLY EXPENSIVE BUT
2 THE GOAL IS TO KEEP CORE HOSPITAL SERVICES WITH A BASIC E.R.
3 ON THE GROUNDS OF THE CURRENT HOSPITAL AND TO DO THAT IN AN AS
4 EFFECTIVE AND TIMELY FASHION AS WE CAN BRING FORWARD. THIS
5 PLAN STILL NEEDS EXTENSIVE WORK BECAUSE THERE ARE MANY
6 TECHNICAL QUESTIONS THAT NEED TO BE ANSWERED AND THOSE
7 TECHNICAL QUESTIONS WILL NEED STATE AND FEDERAL INPUT. BUT THE
8 DEPARTMENT, BASED ON ALL OF THE INFORMATION THAT WE HAVE AT
9 THIS TIME, DOES NOT RECOMMEND APPEALING OR PURSUING
10 CONTRACTING OUT BUT WE ALSO RECOMMEND TO YOU THAT WE CLOSE NO
11 DOORS UNTIL THIS PLAN IS COMPLETED, BROUGHT FORWARD BY YOUR
12 BOARD FOR APPROVAL BY C.M.S., SO WE NEED TO CONTINUE ALL OF
13 OUR WORK AT THIS POINT. WE RECOMMEND TO THIS BOARD THAT YOU
14 AUTHORIZE OUR DEPARTMENT TO UTILIZE THE METRO CARE PLAN OPTION
15 WITH HARBOR-U.C.L.A. AS THE MANAGEMENT AND MEDICAL LEADERSHIP
16 OF THE COMBINED TWO HOSPITAL CAMPUS, AS THE WORKING MODEL TO
17 RESPOND TO C.M.S.'S RECENT NOTICE OF TERMINATION AND TO
18 INSTRUCT MY DEPARTMENT TO REPORT BACK TO YOU IN TWO WEEKS WHEN
19 THE FRAMEWORK MODEL IS COMPLETED. SECOND, WE RECOMMEND THAT
20 YOU ASK OUR DEPARTMENT TO COMPLETE THE FRAMEWORK AND BRING IT
21 BACK IN TWO WEEKS FOR YOUR REVIEW BEFORE SUBMISSION AND,
22 FINALLY, THAT YOU INSTRUCT THE CHIEF ADMINISTRATIVE OFFICER,
23 THE DIRECTOR OF HUMAN RESOURCES, THE COUNTY COUNSEL AND MY
24 DEPARTMENT TO DEVELOP A COMPREHENSIVE PLAN TO ADDRESS THE
25 REASSIGNMENT OF EMPLOYEES AND PHYSICIANS THAT MITIGATES THE



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1 NEGATIVE IMPACT ON-- ANY POTENTIAL IMPACT ON CURRENT D.H.S.
2 FACILITIES OR SERVICES. THANK YOU FOR YOUR TIME. I'D BE GLAD
3 TO ANSWER ANY QUESTIONS.

4

5 **SUP. ANTONOVICH, MAYOR:** SUPERVISOR KNABE.

6

7 **SUP. KNABE:** WELL, LET ME, DR. CHERNOF, JUST BEGIN BY SAYING WE
8 APPRECIATE, AS THE MAYOR INDICATED, YOUR STRONG EFFORT AND,
9 WHILE THERE'S BEEN A LOT OF ACTIVITY IN THE PRESS, WE ALSO
10 REALIZE THAT IT HAS ONLY BEEN 10 DAYS SINCE WE RECEIVED THE
11 REPORT, SO WE'RE WORKING FEVERISHLY TO TRY TO WORK WITH YOU
12 AND WE APPRECIATE THAT EFFORT. ONE OF THE ISSUES AS IT RELATES
13 TO THIS MODEL. ON THE MEDICAL STAFF SIDE OF THIS RECONFIGURED
14 M.L.K. HOSPITAL, COMMUNITY HOSPITAL, WILL THAT BE A TOTALLY
15 SEPARATE MEDICAL STAFF AS IT RELATES TO THE FOLKS AT, YOU
16 KNOW, AT THE HARBOR-U.C.L.A. I KNOW THERE'S CONCERN ABOUT, YOU
17 KNOW, STRETCHING THEM OUT TOO THIN AND, YOU KNOW, THAT
18 PARTICULAR THING. COULD YOU SORT OF COMMENT ON THAT TECHNICAL
19 SIDE OF THIS WORKING RELATIONSHIP?

20

21 **DR. BRUCE CHERNOF:** I'D BE GLAD TO. THIS IS A QUESTION WHERE I
22 LOOK FORWARD TO WORKING CLOSELY WITH THE HARBOR-U.C.L.A.
23 MEDICAL LEADERSHIP TO DEVELOP THE RIGHT MEDICAL STAFF MODEL.
24 THERE ARE A NUMBER OF WAYS TO ADDRESS THE MEDICAL STAFF ISSUE
25 AND SOME COULD INVOLVE WORKING-- HAVING THEM WORK CLOSELY



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1 TOGETHER, SOME IN A MORE INDEPENDENT FASHION AND, AS WE WORK
2 THROUGH THE LICENSING AND ACCREDITATION ISSUES, IT WILL BECOME
3 CLEAR THE BEST WAY TO HIRE AND RETAIN THE PHYSICIAN STAFF, SO
4 I LOOK FORWARD TO WORKING WITH HARBOR TO ANSWER THAT QUESTION.
5 MY GUT TODAY TELLS ME THAT SEPARATE IS PROBABLY BETTER, BUT
6 THAT WILL-- THAT IS REALLY IN THE HANDS OF HARBOR LEADERSHIP
7 AND WE COULD COME BACK TO YOU WITH A MORE MERGED MODEL IN TWO
8 WEEKS.

9

10 **SUP. KNABE:** I THINK SOME OF THE FEAR OUT THERE OR SOME OF THE
11 CONCERNS ARE RUNNING BACK AND FORTH BETWEEN, YOU KNOW, THE
12 EIGHT MILES BETWEEN THE TWO HOSPITALS AND THE SAME AS IT
13 RELATES TO THE LEADERSHIP, ANTOINETTE IS AN EXAMPLE, HOW THAT
14 ALL FIGURES IN FROM A TECHNICAL STANDPOINT AND MOVING DOWN AND
15 THAT DAY-TO-DAY RESPONSIBILITY, IS THAT GOING TO BE
16 INDEPENDENT ON SITE OR WOULD THAT BE A MERGED RELATIONSHIP AS
17 WELL?

18

19 **DR. BRUCE CHERNOF:** AGAIN, WE CANNOT ASK HARBOR TO STEP INTO
20 THIS ROLE WITHOUT GIVING THEM A FULL OPPORTUNITY TO DEVELOP
21 THE DETAILS OF THIS FRAMEWORK WITH US. I THINK THAT ANY
22 SEPARATE HOSPITAL DOES NEED ON-SITE LEADERSHIP EVERY DAY AND
23 SO THIS NEW COMMUNITY HOSPITAL WOULD CERTAINLY HAVE ON-SITE
24 LEADERSHIP. THE BEST WAY TO STRUCTURE THAT WITHIN THE METRO
25 CARE MODEL, HOW THAT INDIVIDUAL WOULD LINK TO THE HARBOR-



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1 U.C.L.A. LEADERSHIP, THOSE ARE SOME OF THE DETAILS WE WILL
2 RETURN TO YOU WITH IN TWO WEEKS ONCE WE'VE HAD THE FULL INPUT
3 OF THE HARBOR STAFF.

4

5 **SUP. KNABE:** THANK YOU.

6

7 **SUP. ANTONOVICH, MAYOR:** SUPERVISOR BURKE.

8

9 **SUP. BURKE:** WELL, I WANT TO THANK YOU FOR ALL OF YOUR HARD
10 WORK AND THIS IS A RECORD TIME TO RESPOND TO THIS KIND OF A
11 LETTER. I DID PULL SOME OF THE ARTICLES, NEWSPAPER ARTICLES
12 FROM SOMETHING LIKE 20 YEARS AGO AND, APPARENTLY, WE'VE HAD TO
13 RESPOND TO THE FEDERAL GOVERNMENT THIS WAY BEFORE IN THE
14 HISTORY OF IT BEFORE I ARRIVED HERE. I WASN'T AWARE THAT WE
15 HAD HAD THIS CHALLENGE PREVIOUSLY BUT I BELIEVE THAT YOU'RE
16 GOING ABOUT IT THE RIGHT WAY. I DO HAVE A NUMBER OF QUESTIONS
17 I WOULD LIKE TO ASK. I WANT TO BE SURE THAT THERE IS AN
18 EMERGENCY ROOM THERE, THAT THAT FACILITY WILL HAVE A HOSPITAL
19 AND IT PROVIDES A QUALITY OF HEALTHCARE TO THE PEOPLE THERE.
20 THEY DESERVE IT. AND I DON'T SEE A CHOICE FOR US OTHER THAN
21 GOING IN THIS DIRECTION BECAUSE WE HAVE TO HAVE A HOSPITAL
22 THERE AND NO PRIVATE COMPANY IS GOING TO TAKE ON THESE
23 UNINSURED PATIENTS, WHICH MAKE UP SUCH A LARGE PERCENTAGE OF
24 THE PATIENTS. I WOULD LIKE TO GET SOME IDEA IN TERMS OF THE
25 TIMETABLE. WHEN YOU SAY THAT, WITHIN TWO WEEKS, YOU SHOULD BE



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1 ABLE TO PUT TOGETHER THE PROPOSAL, HOW DETAILED WILL THAT
2 PROPOSAL BE? WILL IT HAVE SOME KIND OF IDEA OF HOW VARIOUS
3 DEPARTMENTS WILL BE STRUCTURED, THE USE OF THE FACILITY, THE
4 BUILDINGS, WILL THAT ALL BE DONE WITHIN THIS TIME FRAME OR DO
5 YOU SEE THAT AS PART OF THE LONGER TIME FRAME?

6

7 **DR. BRUCE CHERNOF:** SUPERVISOR, I THINK THAT WE WILL HAVE A LOT
8 MORE DETAIL IN EACH OF THOSE AREAS AND WHAT WILL COME FORWARD
9 IN THE PLAN IS A CLEAR TIMETABLE FOR THE NEXT YEAR. TO THE
10 EXTENT THAT THOSE QUESTIONS CAN BE SPECIFICALLY ANSWERED
11 WITHIN THE TWO WEEKS, WE WILL HAVE THEM. TO THE EXTENT THAT WE
12 ARE EXPLORING A COUPLE OF OPTIONS OR THREE OPTIONS, WE WILL
13 LAY OUT THOSE OPTIONS AS WE UNDERSTAND THEM. PART OF WHY SOME
14 OF THESE QUESTIONS ARE DIFFICULT TO ANSWER IS THAT WE NEED
15 BOTH THE SUPPORT OF STATE LICENSING AND THE FEDERAL GOVERNMENT
16 TO DETERMINE HOW SOME OF THESE OPTIONS WORK. SO, IN SHORT, I
17 THINK WE WILL BE ABLE TO PROVIDE A LOT MORE DETAIL TO YOU ON
18 THE STRUCTURE AND STAFFING, THE OPTIONS IN FRONT OF US AND THE
19 TIME TO IMPLEMENT THOSE OPTIONS BECAUSE C.M.S. WILL EXPECT US
20 TO PROVIDE THAT LEVEL OF DETAIL.

21

22 **SUP. BURKE:** I SHOULD, BEFORE I DO ANYTHING ELSE, SAY THAT I
23 REALLY DO APPRECIATE ALL THE HARD WORK OF OUR CONGRESSIONAL
24 DELEGATION AND ALSO THE LEGISLATIVE REPRESENTATIVES OF THE
25 AREA WHERE THE HOSPITAL IS LOCATED. EVERYONE HAS COME TOGETHER



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1 AS I'VE NEVER SEEN IT BEFORE. COMMUNITY CAME TOGETHER, ELECTED
2 OFFICIALS CAME TOGETHER BECAUSE THEY HAD ONE THING IN MIND:
3 THEY WANTED TO SAVE A HOSPITAL AND EVERYONE, OF COURSE, ALWAYS
4 HAS THEIR IDEAS OF WHAT WOULD BE THE PERFECT SOLUTION BUT
5 EVERYONE HAS RECOGNIZED THAT YOU HAVE TO HAVE A SOLUTION
6 THAT'S GOING TO BE ABLE TO BE ACCEPTED BY C.M.S. AND I AM
7 PARTICULARLY APPRECIATIVE OF OUR CONGRESSIONAL DELEGATION AND
8 THEIR INNER RELATIONS WITH THE C.M.S. AND FROM WASHINGTON AND
9 FROM THE REGIONAL AREA TO MAKE IT POSSIBLE FOR US TO MOVE
10 FORWARD. NOW, LET ME ASK ABOUT MOVING FORWARD. WHEN YOU SAY
11 THERE WILL BE A TRANSITION, WILL THERE BE A DAY WHERE PERHAPS
12 THE WHOLE HOSPITAL CLOSES? AND IF IT DOES CLOSE IN THIS
13 TRANSITION, WHAT DO YOU SEE AS THE TIME FRAME OF WHAT IT WOULD
14 TAKE TO BRING THIS NEW ORGANIZATION IN?

15

16 **DR. BRUCE CHERNOF:** SUPERVISOR, AT THIS POINT, THE ABILITY TO
17 TRANSITION FROM ONE MODEL TO ANOTHER, A LOT OF THE QUESTIONS
18 RELATED TO THAT TRANSITION HAVE TO DO WITH STATE LICENSING
19 ITSELF AND WHAT THEY WILL OR WON'T PERMIT WITHIN THE CONFINES
20 OF STATE REGULATIONS ABOUT THE OVERSIGHT OF HOSPITALS. IT IS
21 POSSIBLE THAT WE COULD HAVE A PERIOD OF TIME WITH THE
22 DISRUPTION OF INPATIENT SERVICE. CLEARLY, OUR GOAL IS TO
23 MINIMIZE THAT OR TO PREVENT IT, IF POSSIBLE, AND THAT WE WILL
24 NEED TO MAKE ALTERNATIVE ARRANGEMENTS SHOULD WE BE REQUESTED
25 OR NEED TO HAVE A DISRUPTION IN SERVICE. THAT DOES NOT



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1 NECESSARILY MEAN THAT THE OUTPATIENT SERVICES WOULD NOT BE
2 AVAILABLE DURING THAT PERIOD OF TIME. AN IMPORTANT PART OF THE
3 TRANSITION WILL BE MAKING SURE THAT WE CAN BRING UP ADDITIONAL
4 BEDS ACROSS OUR SYSTEM. AND TO THE EXTENT THAT THERE IS A
5 SERVICE DELIVERY NEED IN THE TRANSITION THAT WE CAN'T MEET
6 OURSELVES, THAT WE WOULD WORK WITH THE PRIVATE SECTOR TO
7 ADDRESS THAT ON A TEMPORARY BASIS, SO THAT WE ARE COMMITTED TO
8 BEING ABLE TO MAP THE CURRENT SERVICES TO ONE OF OUR OTHER
9 HOSPITALS, PREFERABLY, OR ELSEWHERE WITHIN THE COMMUNITY
10 HOSPITALS, IF NECESSARY, ON A TEMPORARY BASIS, IF NEED BE, TO
11 EFFECT THIS TRANSITION.

12

13 **SUP. BURKE:** NOW, THE CLINICS, HUMPHREY, FOR INSTANCE, IT IS
14 NOW AFFECTED BY THIS BECAUSE, OF COURSE, IT DID GET AN
15 ACCREDITATION FAIRLY RECENTLY. SO HUMPHREY WOULD CONTINUE IN
16 OPERATION DURING THIS ENTIRE TIME?

17

18 **DR. BRUCE CHERNOF:** ABSOLUTELY. WE'RE VERY PROUD OF HUBERT
19 HUMPHREY. THEY DID GREAT IN THEIR J.C.H.O. ACCREDITATION. I
20 WAS SO PROUD TO HEAR HOW WELL THEY DID, SO THEY WILL BE PART
21 OF THE METRO-- THE OVERALL METRO CARE DELIVERY SYSTEM BUT,
22 RELATIVE TO THIS VERY FOCUSED DISCUSSION ABOUT THE HOSPITAL
23 TRANSITION, THEY REMAIN OUTSIDE OF IT. THEIR OPERATIONS WILL
24 REMAIN STABLE AND UNCHANGED.

25



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1 **SUP. BURKE:** AND THAT'S TRUE OF DOLLAR HEIGHT AS WELL...

2

3 **DR. BRUCE CHERNOF:** CORRECT.

4

5 **SUP. BURKE:** ...WHICH IS PART OF THIS WHOLE AREA. NOW THE
6 PHYSICIANS WHO ARE AT DOLLAR HEIGHT AND HUMPHREY AND THE STAFF
7 THERE, WILL THEY CONTINUE OR WILL THEY ALSO BE INVOLVED IN
8 THIS REASSIGNMENT?

9

10 **DR. BRUCE CHERNOF:** THE CURRENT PLAN IS FOR THEM TO CONTINUE.
11 THE REAL-- THE FOCUS ON REASSIGNING THE WHOLE STAFFING ISSUE
12 IS FOCUSED ON THE HOSPITAL ITSELF, BRINGING UP THE NEW
13 COMMUNITY HOSPITAL.

14

15 **SUP. BURKE:** NOW, IN THE HOSPITAL, 68% OF THE NURSES ARE
16 CONTRACT NURSES AT MARTIN LUTHER KING.

17

18 **DR. BRUCE CHERNOF:** THAT'S CORRECT, SUPERVISOR.

19

20 **SUP. BURKE:** AND ALSO THERE'S A LOT OF PART-TIME EMPLOYEES.
21 THOSE CONTRACT NURSES, WHAT WILL HAPPEN TO THEM? IS THEIR
22 CONTRACT TERMINATED?

23

24 **DR. BRUCE CHERNOF:** WITH EACH OF OUR CONTRACTS, WE WILL HAVE TO
25 PLAY THROUGH WHATEVER OUR NOTIFICATION PERIOD IS AND



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1 REQUIREMENTS ABOUT CHANGING STAFFING MODELS BUT WE HAVE NO
2 ONGOING OBLIGATION IN THOSE CONTRACTS TO CONTINUE WITH THAT
3 STAFF IF WE NO LONGER NEED THEM.

4

5 **SUP. BURKE:** NOW, THE PHYSICIANS AT KING, SOME ARE EMPLOYED BUT
6 A LOT OF THE SERVICES ARE BY RESIDENTS AND YOU INDICATED THAT,
7 IN THIS PLAN, DREW MEDICAL SCHOOL, WE HAVE NO INDICATION OF
8 WHAT THEIR RELATIONSHIP WOULD BE BUT EVERY INDICATION IS THAT
9 THEY WOULD NOT BE PART OF THIS TRANSITION GOING FORWARD. WHERE
10 WILL WE GET THE DOCTORS OR HOW WILL WE SUBSTITUTE FOR THOSE
11 DOCTORS? I KNOW THAT YOU SAY THAT THERE WILL BE SOME
12 REINTERVIEWING OF SOME STAFF. THOSE PHYSICIANS WHO ARE
13 ACCEPTED WOULD REMAIN AT THE HOSPITAL BUT OTHER PHYSICIAN
14 POSITIONS, HOW WOULD WE PROVIDE FOR THOSE RESIDENTS WHO WILL
15 NO LONGER BE THERE IF IT'S NOT A TEACHING HOSPITAL?

16

17 **DR. BRUCE CHERNOF:** THIS IS THE GREAT CHALLENGE AND ONE OF THE
18 AREAS WHERE WE'LL BE FOCUSING CLOSELY WITH THE HARBOR STAFF TO
19 BUILD THE RIGHT MEDICAL STAFF MODEL GOING FORWARD. WE ALREADY
20 HAVE, IN THE CURRENT HOSPITAL, CERTAIN DEPARTMENTS THAT NO
21 LONGER HAVE RESIDENTS IN THEM. IT'S A VERY IMPORTANT THING TO
22 ACKNOWLEDGE, YOU KNOW, THE FACILITY LOST ITS GENERAL SURGERY
23 RESIDENCY TRAINING PROGRAM, SO GENERAL SURGERY RIGHT NOW IS
24 DONE COMPLETELY BY ATTENDINGS. AND THERE ARE OTHER AREAS OF
25 THE HOSPITAL LIKE THAT WHERE WE HAVE ATTENDINGS DELIVERING



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1 SERVICE WITHOUT RESIDENCY TRAINING INTERPOSED IN THE DELIVERY
2 OF CARE. WE WILL SIT DOWN WITH THE HARBOR LEADERSHIP,
3 DEPARTMENT BY DEPARTMENT, TO FIND THE BEST SOLUTION TO MEETING
4 THE SERVICE DELIVERY NEEDS BUT, WHATEVER COMES OF THIS,
5 WHETHER WE HIRE THE DOCTORS OURSELVES, WHETHER WE USE
6 INDIVIDUAL CONTRACTS FOR CERTAIN SERVICES, WHETHER WE WOULD
7 CONTRACT WITH CERTAIN ENTITIES LIKE MOST PHYSICIAN EMERGENCY
8 ROOM PHYSICIAN SERVICES ARE PROVIDED BY MEDICAL GROUPS IN
9 PRIVATE HOSPITALS THAT JUST DO NOTHING BUT EMERGENCY SERVICES.
10 WHATEVER IS THE RIGHT SOLUTION, DEPARTMENT BY DEPARTMENT,
11 WE'LL WORK THROUGH BUT WE'RE GOING TO DEVELOP A MODEL THAT HAS
12 ATTENDINGS PROVIDING A LOT MORE SERVICE DIRECTLY WITHOUT
13 RESIDENTS.

14

15 **SUP. BURKE:** THE PRESENT EMPLOYEES THERE, IS THE MESSAGE TO
16 THEM THAT THEY SHOULD NOT QUIT ABRUPTLY BECAUSE THEY ARE GOING
17 TO BE GIVEN EVERY CONSIDERATION IN TERMS OF BEING REASSIGNED
18 TO OTHER POSITIONS, AS LONG AS THEY HAVE FAVORABLE ATTENDANCE
19 AND FAVORABLE REPORTS IN THEIR FILE, PERSONNEL FILE? IS THAT
20 THE MESSAGE? THAT THERE IS NO CLOSING DOWN THIS WEEK OR NEXT
21 WEEK, THERE WILL BE ADEQUATE NOTICE GIVEN TO ALL THE EMPLOYEES
22 THERE?

23

24 **DR. BRUCE CHERNOF:** ABSOLUTELY, SUPERVISOR. MY MESSAGE TO ALL
25 OF YOU AND THE MESSAGE I WOULD ASK YOU TO CARRY TO STAFF IS



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1 THE SINGLE MOST IMPORTANT THING THAT FOLKS CAN DO IS COME TO
2 WORK EVERY DAY AND CONTINUE TO PROVIDE GOOD QUALITY CARE TO
3 OUR PATIENTS BECAUSE WHAT WE WANT TO DO IS IMPLEMENT A STABLE
4 TRANSITION. WE WILL MAKE SURE THAT ALL THE STAFF ARE
5 APPROPRIATELY NOTIFIED. STAFF WILL HAVE THE OPPORTUNITY TO
6 REINTERVIEW FOR THESE POSITIONS, AS WILL ANY D.H.S. EMPLOYEE,
7 BUT THE ONE THING THAT WOULD MAKE THIS MODEL MORE CHALLENGING
8 THAN IT ALREADY IS WOULD BE FOR STAFF TO LEAVE OR NOT COME TO
9 WORK AND THAT THE HOSPITAL WERE NOT ABLE TO CONTINUE AS WE
10 MOVE THROUGH THE TRANSITION. SO ABSOLUTELY, SUPERVISOR.

11

12 **SUP. KNABE:** SUPERVISOR BURKE, JUST A FOLLOW-UP QUESTION ON
13 THAT, WHO IS GOING TO BE RESPONSIBLE FOR THAT? WILL THAT BE
14 YOU, THE DEPARTMENT, OR WILL THAT BE HARBOR FOR THIS ENTIRE--
15 THIS MASS TRANSITION OF THE NOTIFICATION, THE REINTERVIEWING?
16 IS IT GOING TO BE HANDLED OUT OF DOWNTOWN OR IS HARBOR-
17 U.C.L.A. GOING TO BE RESPONSIBLE FOR THAT?

18

19 **DR. BRUCE CHERNOF:** YOU KNOW, I THINK WE'RE LOOKING TO HARBOR
20 LEADERSHIP TO HELP BUILD THE RIGHT MODEL GOING FORWARD SO--
21 AND I RESPECT THAT LEADERSHIP AND I'M GOING TO WANT THEM TO
22 LEAD THE PROCESS BUT THIS IS AN ENORMOUS AMOUNT OF WORK,
23 SUPERVISOR, AND I DON'T THINK THERE'S ENOUGH STAFF ON SITE TO
24 DO THIS THEMSELVES AND SO I INTEND TO HAVE MY ENTIRE
25 LEADERSHIP TEAM AND THE RESOURCES AVAILABLE AND HEALTH



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1 SERVICES ADMINISTRATION TO GET THE KIND OF SCUT WORK DONE
2 THAT'S NECESSARY TO IMPLEMENT THIS.

3

4 **SUP. KNABE:** OKAY. THANK YOU.

5

6 **SUP. BURKE:** I KNOW ONE OF THE THINGS THAT PEOPLE KEEP ASKING
7 ME IS WHETHER OR NOT HARBOR IS A HOSPITAL THAT'S RUN BY
8 U.C.L.A. OR IS IT RUN BY THE COUNTY OF LOS ANGELES. AND I
9 WOULD LIKE FOR YOU TO BE VERY CLEAR IN SAYING HARBOR HOSPITAL
10 IS A LOS ANGELES COUNTY HOSPITAL. U.C.L.A. IS THE TRAINING
11 INSTITUTE AND THE EDUCATIONAL INSTITUTION THAT PROVIDES THE
12 RESIDENTS AND ALSO THE INTERNS THERE WITH THEIR TRAINING, SO
13 THAT ACTUALLY THIS IS-- HARBOR IS A COUNTY HOSPITAL, AND IT
14 SHOULD BE VERY CLEAR. AND ONE OF THE THINGS I'D REALLY LIKE TO
15 FIND OUT IS WHETHER OR NOT ALL OF THE STAFF AT HARBOR, AND
16 PARTICULARLY THOSE PEOPLE IN THE ADMINISTRATION, THE MEDICAL
17 STAFF, WHETHER OR NOT IT'S YOUR INTENTION TO BRING THEM IN IN
18 A VERY REAL WAY IN TERMS OF DISCUSSIONS AND HOW THIS GOES
19 FORWARD SO THAT WE CAN HAVE THE GREATEST COOPERATION. AND THE
20 ONLY WAY WE CAN DO THAT IS IF THEY GET ALL OF THE INFORMATION
21 PRIOR TO READING IT IN THE PAPER, THAT THEY ARE FULLY INFORMED
22 AND THEY ARE PART OF THIS WHOLE DECISION AND PART OF THE
23 TRANSITION AND MOVING FORWARD.

24



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1 **DR. BRUCE CHERNOF:** SUPERVISOR, HARBOR-U.C.L.A. MEDICAL CENTER,
2 LIKE ALL OF OUR FINE MEDICAL CENTERS, IS A COUNTY FACILITY,
3 FIRST AND FOREMOST. WE ARE BLESSED TO HAVE A RELATIONSHIP WITH
4 U.C.L.A. THEY'RE A FINE UNIVERSITY AND PART OF WHAT DRIVES THE
5 QUALITY OF CARE IN OUR OTHER HOSPITALS IS THAT ACADEMIC
6 RELATIONSHIP. IT ALLOWS US TO ATTRACT AND RETAIN WORLD CLASS
7 FACULTY MEMBERS, DOCTORS. WE CREATE AN ENVIRONMENT WHERE THE
8 DOCTORS THAT WE TRAIN PRACTICE IN OUR COMMUNITIES, THEY ARE
9 THE DOCTORS THAT TAKE CARE OF ALL OF THE US, INSURED OR
10 UNDERINSURED. SO WHILE ABSOLUTELY HARBOR IS FIRST AND FOREMOST
11 A COUNTY HOSPITAL, THE LINKAGE TO U.C.L.A., THE VALUE THAT
12 THAT RELATIONSHIP BRINGS TO THE HOSPITAL, IN ASSURING QUALITY,
13 PROVIDING WORKFORCE, HEALTH WORKFORCE FOR LOS ANGELES COUNTY,
14 THAT JUST CAN'T BE UNDERESTIMATED. I FEEL BADLY, I REALLY DO,
15 THAT THE DISCUSSIONS HAVE MOVED SO QUICKLY OVER THE PAST WEEK.
16 THE MERGER OPTION WAS ONE THAT COULD NOT HAVE BEEN
17 CONTEMPLATED PRIOR TO THE RECEIPT OF THE LETTER FRIDAY
18 EVENING, 6:30, 7:30 IN THE EVENING FROM C.M.S., NOT EVEN TWO
19 WEEKS AGO AND THE DELIBERATION OVER THE MEANING OF THE LETTER,
20 THE OPPORTUNITY TO IMPLEMENT THE POTENTIAL SOLUTIONS, THEIR
21 RELEVANCE TO STATE AND FEDERAL OFFICIALS. THIS HAS MOVED AT
22 LIGHTNING SPEED. THIS IS SOMETHING WHERE THE HARBOR
23 LEADERSHIP, THE OUTSTANDING FOLKS AT HARBOR, BOTH ON THE
24 ADMINISTRATIVE AND CLINICAL SIDE, HAVE GOT TO HAVE THE
25 OPPORTUNITY TO WEIGH IN AND BUILD THIS MODEL. LET ME SAY



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1 CLEARLY TO ALL OF YOU THAT, WHETHER WE CHOSE TO DO THIS OR
2 EVEN IF WE COULD FIND A PRIVATE CONTRACTOR TO DO THIS, THIS IS
3 UNWRITTEN TERRITORY. THERE IS NO SIMPLE ROAD MAP, AND NO
4 ORGANIZATION HAS THE COMPETENCIES, OUT OF THE BOX, TO JUST DO
5 THIS AND IMPLEMENT THIS. IT WILL BE RISKY, IT WILL BE
6 CHALLENGING BUT IT IS SUCH A GREAT OPPORTUNITY TO IMPROVE AND
7 REFORM THE WAY WE DELIVER CARE AND TO THINK ABOUT NEW MODELS
8 GOING FORWARD THAT COULD BE MORE SUSTAINABLE IN SOME WAYS THAN
9 THE MODELS THAT WE HAVE NOW. SO I UNDERSTAND WHAT A CHALLENGE
10 IT'S BEEN FOR THE FOLKS AT HARBOR AND, AS A DOCTOR, EYE TO EYE
11 WITH OTHER DOCTORS, I REALLY FEEL THAT CHALLENGE BUT I ALSO
12 VALUE THEIR LEADERSHIP AND I VALUE THEIR KNOWLEDGE AND I'M
13 CONFIDENT THAT WE HAVE WAYS TO MOVE FORWARD.

14

15 **SUP. BURKE:** I AM VERY SUPPORTIVE OF THE IDEA OF US HAVING A
16 SYSTEM OF COUNTY HOSPITALS. YOU KNOW, I-- AGAIN AND AGAIN,
17 WE'VE BEEN TOLD THAT, ULTIMATELY, WE'RE NOT GOING TO HAVE THIS
18 HOSPITAL OVER HERE AND THIS HOSPITAL OVER THERE, KNOWING HOW
19 EXPENSIVE IT IS TO HAVE SOME OF THE SPECIALTY CARE, HAVE THE
20 BEST OF EQUIPMENT, IT'S VERY TOUGH FOR THIS COUNTY TO BE ABLE
21 TO PROVIDE THE TOP-NOTCH EQUIPMENT AND THE SPECIALTY
22 PHYSICIANS IN EACH ONE OF THESE HOSPITALS INDIVIDUALLY. AND,
23 YOU KNOW, I HOPE THAT WE COME TO A POINT OF WHERE WE DO HAVE A
24 SYSTEM WHERE VARIOUS HOSPITALS HAVE TOP-NOTCH, STATE-OF-THE-
25 ART, UP-TO-DATE EQUIPMENT, THE BEST, WHICH IS THE MOST



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1 EXPENSIVE, WE KNOW, AND THOSE SPECIALTY PHYSICIANS, EVEN IF WE
2 DON'T DUPLICATE THEM IN EVERY PLACE. BUT EVERYONE KNOWS, THAT
3 WITHIN THIS SYSTEM, YOU'RE ABLE TO GET FULL CARE, AND I DON'T
4 THINK YOU CAN DO THAT WITHOUT LOOKING AT IT AS A TOTAL SYSTEM
5 BECAUSE IT'S AWFULLY DIFFICULT FOR US TO PROVIDE THAT QUALITY
6 IN EACH HOSPITAL INDIVIDUALLY AND EVERY SPECIALTY AND
7 SUBSPECIALTY IN EACH HOSPITAL. SO, EVEN THOUGH THIS IS COMING
8 THROUGH A CRISIS, I BELIEVE IN A SENSE WE'RE COMING UP AND
9 MOVING IN A DIRECTION THAT IS POSITIVE FOR THE PEOPLE OF LOS
10 ANGELES COUNTY AND WILL PROVIDE THEM WITH THE BEST CARE AND,
11 MOST OF ALL, CARE THAT'S AVAILABLE TO THOSE PEOPLE WHO HAVE NO
12 INSURANCE BECAUSE THE UNINSURED, WE HAVE TO SERVE. WE'RE THE
13 SAFETY NET AND, AS MUCH AS I WISH THIS HADN'T COME ABOUT THIS
14 WAY, I BELIEVE WE'RE MOVING FORWARD IN A STEP TO PROVIDE THAT
15 SAFETY NET TO THE PEOPLE OF LOS ANGELES.

16

17 **SUP. ANTONOVICH, MAYOR:** SUPERVISOR YAROSLAVSKY.

18

19 **SUP. YAROSLAVSKY:** THANK YOU, MR. ANTONOVICH. AND I JUST WANT
20 TO ADD MY COMMENTS TO THOSE OF MY COLLEAGUES. NOT ONLY
21 COMPLIMENT YOU ON THE WORK YOU'VE DONE IN THE LAST 11 DAYS BUT
22 THE WORK YOU'VE DONE OVER THE LAST SEVERAL MONTHS BECAUSE THIS
23 PLAN, WHILE IT MAY HAVE BEEN REDUCED TO PAPER IN THE LAST 11
24 DAYS, IN THE LAST THREE DAYS, HAS BEEN IN THE WORKS FOR SOME
25 TIME AND I KNOW THAT YOU AND EVEN YOUR PREDECESSOR, ALONG WITH



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1 YOU, HAD WORKED ON VARIOUS ELEMENTS OF THIS AND YOU HAVE
2 PIECED IT TOGETHER IN THE WAY YOU HAVE, AND I THINK IT'S
3 RESPONSIVE TO, FIRST AND FOREMOST, TO THE NEEDS OF THE
4 COMMUNITY WE SERVE. IT'S AS RESPONSIVE AS IT CAN BE, IN YOUR
5 JUDGMENT, I THINK IN OUR JUDGMENT, WHILE AT THE SAME TIME
6 BEING ABLE TO MEET THE STANDARDS AND THE REQUIREMENTS THAT
7 WE'RE REQUIRED TO MEET. SO I'M PLEASED WITH THE SWIFTNESS AND
8 THE CLARITY OF YOUR RECOMMENDATION. I THINK THAT'S GOOD AND I
9 THINK THIS BOARD RESPONDS WELL TO CLARITY AND NOT AMBIGUITY
10 AND I THINK YOU'VE LEARNED THAT REAL WELL IN THE JOB YOU HAD
11 PREVIOUSLY AND IT HELPS US DO OUR JOB BETTER COLLECTIVELY. SO,
12 BRUCE, I JUST WANT TO COMPLIMENT YOU ON THE JOB YOU'VE DONE,
13 THE MANNER IN WHICH YOU'VE HANDLED IT. IT'S TREMENDOUS,
14 TREMENDOUS PRESSURE. THERE'S A LOT AT STAKE, AN AWFUL LOT AT
15 STAKE, AND I FRANKLY DON'T KNOW HOW YOU'VE MANAGED TO JUGGLE
16 IT ALL BUT THANK YOU FOR THAT, AS OF TODAY. [LAUGHTER]

17

18 **SUP. YAROSLAVSKY:** DIDN'T MEAN TO MAKE IT SOUND THE WAY IT CAME
19 OUT BUT I KNOW YOU HAVE MORE WORK TO DO AND WE'RE GOING TO BE
20 WITH YOU AND BEHIND YOU IN THE DAYS AND WEEKS TO COME. THERE
21 ARE A COUPLE OF COMMENTS I WANTED TO MAKE AND I WON'T REPEAT
22 WHAT OTHERS HAVE SAID BECAUSE I AGREE WITH EVERYTHING THAT'S
23 BEEN SAID. I HAVE A COUPLE OF COMMENTS THEN I HAVE ONE
24 QUESTION. NUMBER ONE, I THINK IT IS IMPORTANT THAT-- TO
25 REITERATE THAT, EVEN THOUGH YOUR PLAN CALLS FOR A COMPLETE



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1 WIPING THE SLATE CLEAN, SO TO SPEAK, OF THE STAFFING FROM TOP
2 TO BOTTOM AT KING/DREW, THAT DOES NOT MEAN THAT PEOPLE WILL
3 NOT BE, WHEN THEY APPLY, REASSIGNED TO KING/DREW IF THEY MEET
4 YOUR STANDARDS AND YOUR REQUIREMENTS. I BELIEVE, I STILL
5 BELIEVE THAT THE MAJORITY OF THE EMPLOYEES AT MARTIN LUTHER
6 KING HOSPITAL ARE SOLID, GOOD WORKERS AND EVEN SOME WHO HAVE
7 BEEN MARGINAL I THINK HAVE BEEN MARGINAL BECAUSE THEY HAVEN'T
8 REALLY HAD GOOD SUPERVISION AND TOLD WHAT IS EXPECTED OF THEM.
9 AND I THINK A SIGNIFICANT PERCENTAGE OF THOSE WHO HAVE BEEN ON
10 THE MARGINS WOULD PERFORM WELL IF THEY ONLY KNEW THEY HAD
11 SOMEBODY, YOU KNOW, THEIR SUPERIOR, THEIR SUPERVISOR, THEIR
12 COACH TELLING THEM THIS IS HOW IT'S DONE, NOT THAT WAY, THIS
13 IS WHAT WE'RE EXPECTING OF YOU, NOT THAT. EVERY ONE OF US, IN
14 WHATEVER WALK OF LIFE WE ARE, HAS THAT NEED AND, OBVIOUSLY,
15 THAT NEED HAS BEEN LACKING. SO I DIDN'T WANT TO JUST REITERATE
16 THAT THERE ARE A LOT OF PEOPLE WHO HAVE DONE A LOT OF HARD
17 WORK AND PROGRESS WAS MADE, EVEN THOUGH WE FELL SHORT, FAR
18 SHORT IN THIS LAST C.M.S. REVIEW BUT I THINK EVERYONE
19 RECOGNIZES THE PROGRESS THAT'S BEEN MADE. AND, IF THIS HAD
20 BEEN THE FIRST TIME AT KING/DREW WHERE WE HAD THIS INSPECTION,
21 WE WOULD HAVE BEEN GIVEN MORE TIME AND WE WOULD HAVE BEEN ON
22 OUR WAY TO TURNING IT AROUND BUT IT WASN'T THE FIRST TIME, IT
23 WASN'T THE SECOND TIME, IT WAS THE UMPTEENTH TIME AND THE
24 FEDERAL GOVERNMENT CANNOT BE TOTALLY FAULTED FOR SAYING "WE'VE
25 GIVEN YOU CHANCE AFTER CHANCE AND WE CAN'T WAIT ANY LONGER."



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1 I'VE SAID TO YOU AND I'VE SAID IT ELSEWHERE, THAT I'M NOT
2 SURE, IF I HAD BEEN IN CHARGE OF C.M.S., THAT I WOULD HAVE
3 GIVEN THIS MUCH TIME TO THE COUNTY OF LOS ANGELES AS IT
4 RELATED TO THIS HOSPITAL. THEY GAVE US A LOT OF TIME AND WE
5 TOOK AS MUCH ADVANTAGE OF IT AS WE COULD BUT WE JUST DIDN'T
6 GET FAR ENOUGH FAST ENOUGH. THE SECOND THING I WANT TO SAY IS,
7 ASIDE FROM GETTING THIS HOSPITAL-- ASIDE FROM GETTING THE
8 SERVICES THAT THIS HOSPITAL PROVIDES ASSURED IN A VARIETY OF
9 ITERATIONS FOR THIS PART OF OUR COUNTY, THERE'S ANOTHER
10 COROLLARY BENEFIT TO WHAT'S HAPPENING HERE. THE OPPORTUNITY
11 THAT YOU-- THE OPPORTUNITIES THAT YOU ADDRESS AND OUTLINE IS
12 ONE OTHER OPPORTUNITY THAT IS BEING CREATED HERE AND THAT IS,
13 AND MS. BURKE ALLUDED TO IT A MINUTE AGO, AND THAT IS TO LOOK
14 AT THIS COUNTY HEALTH SYSTEM AS ONE SYSTEM. IT'S NOT FIVE
15 SYSTEMS. IT'S NOT FIVE HOSPITALS. IT'S ONE SYSTEM WITH FIVE
16 HOSPITALS AS PART OF ONE SYSTEM. SO I WANT TO JUST SAY TO THE--
17 - TO THOSE WHO HAVE EXPRESSED SOME CONCERN, I UNDERSTAND WHY
18 SOME OF THE FOLKS AT HARBOR MAY HAVE A RETICENCE TO OVEREXTEND
19 THEMSELVES. WE ALL HAVE A COMFORT ZONE, WE ALL LIKE TO BE IN
20 OUR COMFORT ZONE AND, WHEN SOMEBODY COMES ALONG AND SAYS, "WE
21 WANT YOU TO WORK HARDER, WORK LONGER, GET OUT OF THE COMFORT
22 ZONE," WE RESIST, MOST PEOPLE RESIST, AND THIS IS NOT A TIME
23 TO RESIST. THIS IS A TIME TO STEP UP. LEADERS, WHETHER THEY'RE
24 GENERALS IN THE ARMED FORCES OR WHETHER THEY'RE DOCTORS OR
25 NURSES OR ORDERLIES OR CUSTODIANS, WHEN THE CHALLENGE IS PUT



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1 BEFORE THEM, LEADERS STEP UP. THEY DON'T GO INTO THEIR FETAL
2 POSITION, THEY STEP UP. AND ESSENTIALLY YOU, THROUGH YOUR
3 REPORT AND THIS BOARD, IF IT APPROVES YOUR REPORT, IS SAYING
4 TO ALL OF THE PEOPLE IN OUR DEPARTMENT, NOT JUST HARBOR, WE
5 NEED YOU NOW MORE THAN EVER, WE NEED YOU NOW BECAUSE THIS IS
6 NOT A HARBOR-U.C.L.A. PROBLEM, THIS IS NOT AN L.A.
7 COUNTY/U.S.C. PROBLEM, THIS IS NOT AN OLIVE VIEW PROBLEM, THIS
8 IS A COUNTY OF LOS ANGELES PROBLEM AND, IF THIS HOSPITAL AT
9 KING/DREW GOES DOWN, THE IMPLICATIONS FOR THE ENTIRE SYSTEM
10 ARE SELF-EVIDENT AND THEY'RE NOT PRETTY, NOT JUST OUR SYSTEM
11 BUT THE PRIVATE SECTOR SYSTEM AS WELL. SO WE'RE ASKING OUR
12 FOLKS, OUR STAFFS THROUGHOUT THE COUNTY SYSTEM, IF THEY'RE
13 CALLED UPON BY YOU, TO LEND A HELPING HAND TO GET THIS
14 HOSPITAL BACK ON ITS FEET AND TO GET THE FUNDING ASSURED AND
15 THE SERVICES ASSURED FOR THE PEOPLE WHO WE SERVE THAT THEY
16 WILL, WITH A SMILE ON THEIR FACE, SAY, "WE DON'T LIKE IT, WE
17 MAY NOT LIKE IT, BUT WE'RE HERE FOR YOU, WHATEVER YOU NEED."
18 THIS IS NOT GOING TO BE AN EASY THING FOR ANYBODY TO DO. WE
19 KNOW THAT. I DON'T WANT A PHONE CALL OR AN EMAIL OR AN
20 ANONYMOUS LETTER THAT TELLS ME WHAT A TERRIBLE THING THIS IS.
21 OF COURSE IT'S A TERRIBLE THING. WE'D MUCH RATHER HAVE
22 EVERYTHING GO SMOOTHLY BUT IT DOESN'T GO SMOOTHLY AND I WAS--
23 IT'S NOT JUST A HARBOR ISSUE, YOU HAVE BROUGHT MELINDA
24 ANDERSON IN TO HELP YOU IN THIS TRANSITION FROM OLIVE VIEW.
25 SHE HAS STEPPED UP, SHE HAS COME DOWN, "WHATEVER I CAN DO, I'M



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1 THERE FOR YOU," AND THERE ARE MANY, MANY OTHERS WHO YOU ARE
2 PULLING IN FROM ALL OVER THE DEPARTMENT WHO ARE THERE TO HELP.
3 THIS IS NOT A PERMANENT DISLOCATION FOR EVERYBODY BUT IT'S
4 GOING TO BE SOME TIME WHERE WE'RE GOING TO ASK PEOPLE TO DO
5 STUFF THAT THEY'RE NOT USED TO DOING AND I HOPE THAT THEY WILL
6 WORK WITH IT AND, MORE IMPORTANTLY OR EQUALLY AS IMPORTANTLY,
7 WE WANT CONSTRUCTIVE SUGGESTIONS. YOU, I KNOW, WILL WANT
8 CONSTRUCTIVE SUGGESTIONS ON HOW TO MAKE THIS WORK MOST
9 EFFECTIVELY AND MOST EFFICIENTLY AND MOST SMOOTHLY, BUT IT
10 MUST WORK AND, IN ORDER FOR IT TO WORK IN THE SHORT TERM, WE
11 MUST HAVE THE SUPPORT, THE POSITIVE, AFFIRMATIVE SUPPORT OF
12 OUR ENTIRE HEALTH DEPARTMENT FAMILY, AS YOU WILL GET FROM
13 OTHER DEPARTMENTS AS WELL. I THINK THAT'S VERY CRITICAL. I HAD
14 ONE QUESTION AND IT'S BEEN ASKED OF YOU TWICE BY SUPERVISOR
15 KNABE AND SUPERVISOR BURKE BUT I WANT TO ASK YOU, IF YOU CAN,
16 TO BE MORE SPECIFIC ON THE DOCTOR ISSUE. OVER THE LONG HAUL,
17 IF I'M A DOCTOR AT HARBOR, I ASSUME THAT I'VE GOT A FULL LOAD
18 ON MY PLATE. WHAT IS THE ROLE-- LET ME BACK UP. FORGET DOCTOR
19 FOR A SECOND. WHAT IS THE ROLE, MORE SPECIFICALLY, THAT YOU
20 ENVISION, EVEN IF YOU DON'T HAVE THE PLAN DETAILED,
21 HYPOTHETICALLY, WHAT IS THE ROLE THAT HARBOR-U.C.L.A. WILL
22 PLAY IN THIS NEW ARRANGEMENT FROM AN ADMINISTRATIVE-- FROM AN
23 ADMINISTRATION POINT OF VIEW AS WELL AS FROM A MEDICAL CARE
24 DELIVERY POINT OF VIEW? DO WE EXPECT DOCTORS TO SPEND ONE DAY



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1 A WEEK OVER HERE AT KING/DREW, DO WE EXPECT-- WHAT CAN-- WHAT
2 ARE THE KINDS OF THINGS THAT WE AND THEY CAN EXPECT?

3

4 **DR. BRUCE CHERNOF:** SUPERVISOR, I HEARD TWO QUESTIONS, SO LET
5 ME TAKE THEM IN ORDER. FIRST, LET'S START WITH THE MANAGEMENT
6 STRUCTURE. IF WE'RE SERIOUS ABOUT DEVELOPING AN ORGANIZED
7 SYSTEM OF CARE, THEN YOU NEED AN ORGANIZED SYSTEM OF
8 MANAGEMENT THAT ALLOWS A SYSTEM TO ACT LIKE A SYSTEM. SO, AT
9 THE END OF THE DAY, THE C.E.O. FOR HARBOR-U.C.L.A. MEDICAL
10 CENTER WILL HAVE RESPONSIBILITIES OVER THE LEAD ADMINISTRATOR
11 OF THE HOSPITAL AND THERE WILL BE A MEASURE OF OVERSIGHT AND A
12 MEASURE OF PROGRAM INTEGRATION AND A MEASURE OF
13 STANDARDIZATION FOR HOW WE DO THINGS AND WHEN WE DO THINGS AND
14 THE SAME GOES FOR THE MEDICAL DEPARTMENTS. AT THE END OF THE
15 DAY, YOU NEED TO HAVE A MEDICAL LEADERSHIP INFRASTRUCTURE THAT
16 ALLOWS FOR THE PROGRAM, THE CLINICAL PROGRAM TO MAKE SENSE,
17 REGARDLESS OF WHERE IT'S BEING DELIVERED. SO THE MANAGEMENT
18 QUESTION IS ONE THAT, WHILE IT DOES NEED MORE DEVELOPMENT,
19 WHAT WE'RE NOT GOING TO HAVE IS A BUNCH OF INDEPENDENT PIECES
20 JUST FLOATING AROUND IN SOME LOOSELY CONFIGURED WAY BECAUSE
21 THAT'S SORT OF WHAT WE HAVE RIGHT NOW. SO THERE WILL BE A
22 TIGHTENING AND A LINKING OF LEADERSHIP ACROSS THE SYSTEM, SO
23 YOU GET MORE VERTICAL INTEGRATION. THE DOCTOR QUESTION, AS HAS
24 BEEN ASKED BEFORE, IS A TOUGH ONE AND ONE ON A DEPARTMENT BY
25 DEPARTMENT BASIS. WE NEED TO WORK WITH HARBOR LEADERSHIP TO



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1 ADDRESS THE BEST WAY TO DELIVER SERVICES. IT MAY BE, FOR
2 EXAMPLE, THAT, IN THE EMERGENCY DEPARTMENT, THE BEST SOLUTION
3 NOW WOULD BE TO CONTRACT THOSE SERVICES OUT WITH ONE OF THE
4 LARGE PHYSICIAN GROUPS, KIND OF MY NICKEL IS, IF IT'S GOOD
5 ENOUGH AT, YOU KNOW, GOOD SAM OR GOOD ENOUGH AT CEDARS OR GOOD
6 ENOUGH AT XYZ HOSPITAL, WHY WOULDN'T THAT GROUP BE JUST AS
7 ADEQUATE FOR SOUTH LOS ANGELES? SO THAT MAY BE A VERY GOOD
8 SOLUTION FOR THE ED. THAT MAY BE THE WRONG KIND OF SOLUTION TO
9 DO BASIC GENERAL SURGERY. WE MAY JUST WANT TO HIRE GENERAL
10 SURGEONS WHO DO THAT WORK DIRECTLY. AND DEPARTMENT OF
11 MEDICINE, IT MAY FEEL DIFFERENTLY ABOUT HOW IT DOES THEIR
12 BASIC ATTENDING WORK, PEOPLE LIKE ME, A PRIMARY CARE PROVIDER,
13 GENERAL INTERN, IS TO DO MOST OF THE DAY-TO-DAY WORK IN THE
14 HOSPITAL. THAT SOLUTION MAY BE SLIGHTLY DIFFERENT THAN HOW YOU
15 GET SPECIALISTS AND THE OTHER THING THAT'S WORTH SAYING HERE
16 IS THERE ARE THE SOLUTIONS THAT THE DEPARTMENT AND THE
17 FACILITY NEED NOW TO PROVIDE SERVICES, AND THEN THERE IS THE
18 WHAT IS THE LONGER TERM SOLUTION THAT HARBOR ENVISIONS FOR THE
19 DELIVERY SYSTEM? SO I COULD SEE, IN SPECIFIC CIRCUMSTANCES,
20 CONTRACTING FOR SERVICES IN THE SHORT-TERM, WHILE HARBOR IS
21 GIVEN THE CHANCE TO GROW ITS DEPARTMENTAL, CLINICAL FOOTPRINT
22 IN SPECIFIC PLACES, NEW FTE TO DO SOME OF THIS WORK. AND
23 WHETHER A DEPARTMENT WOULD CHOOSE...
24



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1 **SUP. YAROSLAVSKY:** AT HARBOR, ARE YOU-- TO GROW IT AT HARBOR
2 OR...?

3

4 **DR. BRUCE CHERNOF:** WHETHER A HARBOR DEPARTMENT WOULD CHOOSE TO
5 ROTATE THEIR PEOPLE, WHETHER THEY WOULD CHOOSE TO HIRE
6 SPECIFIC STAFF WHO WOULD BE PERMANENTLY STATIONED AND LET'S
7 SAY WORK AT THE MAC AND ALSO DO SOME HOSPITAL WORK, THAT SORT
8 OF LEVEL OF DEVELOPMENT IS CRITICAL AND I NEED TO DO THAT,
9 HAND IN HAND, WITH THE DOCTORS AND SO I THINK THERE WILL BE
10 UNIQUE SOLUTIONS BY-- DEPARTMENT BY DEPARTMENT, THERE WILL
11 NEED TO BE SOME SHORTER-TERM SOLUTIONS THAT PROVIDE SERVICE
12 AND LONGER-TERM SOLUTIONS THAT MAKE SENSE FOR ONGOING DELIVERY
13 BUT THE ONE THING THAT IS CLEAR IS THAT WE WILL NEED NEW
14 ITEMS. THERE AREN'T ENOUGH HARBOR DOCTORS TO DO THAT WORK NOW.
15 SO WE ARE TALKING ABOUT PUTTING NEW PEOPLE ON THE LINE, ONE
16 WAY OR ANOTHER, TO DO THIS WORK.

17

18 **SUP. YAROSLAVSKY:** OKAY. LAST THING, ONE LAST THING I WANTED TO
19 ASK IS ON THE ISSUE OF THE 12 MONTHS OR WHATEVER PERIOD OF
20 TIME IT TAKES TO TRANSITION FROM THE CURRENT SITUATION TO THE
21 NEW MODEL, WHAT IS YOUR EXPECTATION AND WHAT WILL YOU TO
22 REPORT TO US-- WHAT DO YOU EXPECT TO REPORT TO US IN THE DAYS
23 AHEAD ON THE EXPECTATION WE WILL HAVE IN TERMS OF CONTINUATION
24 OF FUNDING? ARE WE HOPING, EXPECTING, ARE WE GOING TO ASK THE
25 FEDERAL GOVERNMENT TO GIVE US TRADITIONAL FUNDING FOR THIS--



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1 SAY IT IS 12 MONTHS, JUST FOR THE SAKE OF ARGUMENT, TO GET
2 FROM HERE TO THERE? THEIR CURRENT LETTER SAYS FUNDING EXPIRES
3 ON NOVEMBER 30TH AND OUR CONGRESSIONAL DELEGATION, AND I
4 APPRECIATED THE LETTER THEY SENT, AND CONGRESSWOMAN IS HERE
5 AND SHE HAD A LOT TO DO WITH THAT LETTER, CONGRESSWOMAN WATERS
6 ASKED FOR AN EXTENSION OF TIME. WE'RE GOING TO NEED TIME. IF
7 WE HAVE-- IF, ON NOVEMBER 30TH, WE HAVE A CESSATION OF FUNDING
8 BUT WE HAVE A MODEL THAT THEY LIKE AND THAT THEY HAVE
9 CONFIDENCE IN, WHAT IS OUR EXPECTATION IN TERMS OF-- FROM
10 NOVEMBER TO NEXT SEPTEMBER?

11

12 **DR. BRUCE CHERNOF:** SUPERVISOR, I CAN ONLY SPEAK FOR MYSELF
13 HERE AND I CAN'T SPEAK FOR C.M.S. OR PUT THEM ON THE SPOT BUT
14 MY EXPECTATION IS THAT WE ARE IN A PLACE OF CRISIS HERE. MAKE
15 NO MISTAKE ABOUT IT. AND WE CANNOT DO THIS WITHOUT ONGOING
16 SUPPORT. AND SUPPORT, TO ME, MEANS NOT JUST THE TECHNICAL
17 ASPECTS OF THE LICENSE OR SOME OTHER THINGS BUT IT MEANS
18 FUNDING AND, WHILE THE PLAN HAS TO BE CREDIBLE, C.M.S. HAS TO
19 VIEW IT AS CREDIBLE, I DO EXPECT TO LOOK TO THEM TO BE
20 SUPPORTIVE THROUGH THIS PROCESS. I MEAN, NOT ONLY IS THERE THE
21 ONGOING FUNDING NEEDS OF CARE FOR THE INDIVIDUALS WHO ARE
22 GETTING SERVICE BUT THIS GOING TO COST US SOMETHING TO GET
23 FROM "A" TO "B" ON A ONE-TIME BASIS, LET ALONE THE ONGOING
24 OPERATIONS. SO WE PLAN TO COME BACK TO YOUR BOARD IN TWO
25 WEEKS. IN TWO WEEKS, WE WILL HAVE A LOT MORE DETAIL THAN WE



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1 HAVE ON THE BONE AT THIS POINT. YOU KNOW, THERE WON'T BE EVERY
2 SINGLE QUESTION ANSWERED, THERE WILL BE PLACES WHERE THERE ARE
3 OPTIONS AND SOME PLACE HOLDERS, BECAUSE WE'LL EITHER BE
4 WAITING FOR FEEDBACK OR WE'LL NEED TO EXPLORE THOSE OPTIONS.
5 WE'LL HAVE A BETTER SENSE OF TIME FRAME SO I CAN LOOK C.M.S.
6 AND OTHERS IN THE EYE AND SAY, "HERE ARE THE MILESTONES WE
7 THINK WE WILL BE ACCOMPLISHING IN THE SPECIFIC TIME AHEAD OF
8 US" SO THAT THEY HAVE A WAY OF HOLDING US ACCOUNTABLE, ARE WE
9 MOVING DOWN THE PATH? IF I WAS C.M.S., THAT WOULD BE THE
10 QUESTION I WOULD ASK SO-- BUT WE'RE GOING TO NEED FUNDING. I
11 MEAN, THIS-- AND I...

12

13 **SUP. YAROSLAVSKY:** IT WOULD NOT BE A CREDIBLE-- YOUR PLAN--
14 THIS IS A QUESTION. WOULD YOUR PLAN BE A CREDIBLE PLAN IF YOU
15 KNEW TODAY THAT, AS OF NOVEMBER 30TH, DECEMBER 1ST, YOU WOULD
16 HAVE NO MORE FUNDING FROM THE FEDERAL GOVERNMENT?

17

18 **DR. BRUCE CHERNOF:** ABSOLUTELY NOT.

19

20 **SUP. YAROSLAVSKY:** OKAY. AND I THINK THAT'S REALLY CRITICAL FOR
21 US TO COMMUNICATE AND FOR THE FEDS AND THE STATE, OUR
22 PARTNERS, TO UNDERSTAND. THIS IS-- IT WON'T BE WORTH THE PAPER
23 IT'S WRITTEN ON, THIS PLAN WILL NOT BE WORTH THE PAPER IT'S
24 WRITTEN ON IF THE CESSATION OF FUNDING IS A NONNEGOTIABLE
25 ITEM. IF WE COME BACK WITH A PLAN THAT THEY ENDORSE AND THEY



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1 HAVE CLEARLY ENDORSED YOU'RE PURSUING THIS, I THINK THAT'S
2 BEEN MADE ABUNDANTLY CLEAR AND THEY FIRST RAISED THIS OPTION
3 TO YOU AND TO ME AND TO DAVID JANSSEN AND THE REST OF THE
4 BOARD MEMBERS IN ONE ITERATION OR ANOTHER BACK IN JULY, SO
5 WE KNOW THIS IS A PLAN THAT THEY-- THE FRAMEWORK OF WHICH THEY
6 ENDORSE. BUT IF THEY PULL THE FUNDING, IF THEY MAKE GOOD ON
7 THEIR FUNDING WITHOUT REGARD TO ANY PLAN YOU'VE PUT FORWARD
8 AND PROGRESS YOU'VE MADE BETWEEN NOW AND NOVEMBER 30TH, THIS
9 PLAN WON'T BE WORTH THE PAPER IT'S WRITTEN ON AND I THINK WE
10 NEED TO MAKE SURE THAT THAT ISSUE IS FRONT AND CENTER AT ALL
11 TIMES. I MEAN, THE PRESSURE ON US IS TO COME FORWARD WITH A
12 CREDIBLE AND SUSTAINABLE PLAN BUT THE PRESSURE IS ON THE
13 FEDERAL GOVERNMENT IS, IF WE DO COME UP WITH A CREDIBLE AND
14 SUSTAINABLE PLAN, THAT THEY WILL NOT PULL THE RUG OUT FROM
15 UNDER THE PLAN.

16

17 **DR. BRUCE CHERNOF:** THAT'S ABSOLUTELY CORRECT.

18

19 **SUP. YAROSLAVSKY:** OKAY. BRUCE, THANK YOU FOR, AGAIN, FOR WHAT
20 YOU'RE DOING AND I THINK WE ALL APPRECIATE IT.

21

22 **SUP. ANTONOVICH, MAYOR:** COULD YOU EXPLAIN THE LAST DAY THE
23 CURRENT EMPLOYEE WILL BE AT KING/DREW AND THE FIRST DAY THE
24 NEW EMPLOYEES WILL ASSUME RESPONSIBILITY AT KING/DREW?

25



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1 **DR. BRUCE CHERNOF:** THAT'S A GREAT QUESTION, MAYOR, AND ONE
2 THAT WE CAN'T ANSWER YET UNTIL WE SIT DOWN AND TALK WITH STATE
3 LICENSING CLEARLY ABOUT WHAT THEIR EXPECTATIONS ARE AROUND
4 THIS TRANSITION. YOU KNOW, WHAT I CAN SHARE WITH YOU IS THAT
5 WE WANT TO DO THIS IN AN ORGANIZED FASHION. WE WANT AS LITTLE
6 CARE DISRUPTION AS POSSIBLE AND WE ALWAYS COME BACK TO WANTING
7 TO PROVIDE HIGH QUALITY CARE TO THE COMMUNITY, FIRST AND
8 FOREMOST. MY SENSE IS IT WILL TAKE SEVERAL MONTHS TO GET TO
9 THE POINT WHERE WE KNOW, BEFORE WE COULD BE READY TO ACTUALLY
10 IMPLEMENT THE TRANSITION. AND, AS I SAID EARLIER, IT IS
11 UNKNOWN AT THIS POINT WHETHER WE WOULD BE EXPECTED TO HAVE A
12 PERIOD OF CLOSURE OR WHETHER WE WOULD BE ALLOWED TO TRANSITION
13 FROM ONE MODEL TO ANOTHER. I BELIEVE, MAYOR, THAT, WHEN I COME
14 BACK IN TWO WEEKS, WE WILL HAVE A LOT MORE CLARITY ON THAT
15 QUESTION.

16

17 **SUP. ANTONOVICH, MAYOR:** AND YOU INDICATED THAT ONE OF THE
18 PRIVATE SECTOR FACILITIES WANTED-- IF THEY ASSUME THAT
19 POSITION OF RUNNING THE HOSPITAL, WOULD EXPECT THE COUNTY TO
20 ASSUME ALL OF THE COSTS?

21

22 **DR. BRUCE CHERNOF:** WELL, I THINK WHAT'S CLEAR FROM THE VERY
23 EXTREMELY LIMITED NUMBER OF PRIVATE SECTOR ENTITIES THAT
24 EXPRESSED ANY INTEREST AT ALL, THEY HAVE NO IDEA WHAT THIS IS
25 GOING TO COST TO RUN. IT'S, TO THEM-- WE WERE ALL THE PRIVATE



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1 SECTOR, THIS IS SORT OF AN UNKNOWN BOX TO BE MANAGED AND THEIR
2 EXPECTATION REASONABLY WOULD BE THAT, YOU KNOW, THAT WHATEVER
3 IT'S COSTING TO RUN THE OPERATION TODAY, WE'RE GOING TO NEED
4 THAT KIND OF SUPPORT GOING FORWARD BECAUSE, ONE, THAT'S WHAT
5 IT COSTS TODAY TO RUN THE OPERATION AND, TWO, THEY HAVE NO
6 IDEA WHAT THE TRANSITION WOULD ACTUALLY LOOK LIKE. IT COULD
7 EVEN COST POTENTIALLY MORE THAN THE CURRENT OPERATION. SO THIS
8 IS A VERY, VERY RISKY VENTURE FOR A PRIVATE SECTOR ENTITY AND,
9 TO MY MIND, THEIR EXPECTATION-- I CAN SEE WHAT WOULD DRIVE
10 THAT EXPECTATION, TO-- THAT THERE WOULD BE FUNDING COMMITMENT,
11 A STABLE FUNDING COMMITMENT GOING FORWARD.

12

13 **SUP. ANTONOVICH, MAYOR:** BUT THE CONSORTIUM THAT WOULD BE--
14 THAT WAS BEING PROPOSED WITH FOUR OR FIVE HOSPITALS, THE
15 COUNTY WOULD STILL BE LIABLE FOR ALL LIABILITIES?

16

17 **DR. BRUCE CHERNOF:** WELL, I THINK THAT, YOU KNOW, ANY-- IT
18 WOULD BE VERY HARD FOR ANY PRIVATE SECTOR ENTITY TO APPROACH
19 THE BOARD OF SUPERVISORS AND VIEW THIS AS A SINGLE HOSPITAL
20 ISSUE ONLY. I WANT TO MAKE IT VERY CLEAR TO ALL OF YOU THAT
21 THE PRIVATE SECTORS, AS YOU ALL KNOW, WHICH WE'RE SPENDING A
22 MOMENT ON THIS, IS ITSELF CHALLENGED AND FRAGILE. THE SAME
23 CHALLENGES THAT WE FACE RUNNING OUR DELIVERY SYSTEM, THE
24 PRIVATE DELIVERY SYSTEMS FACE. ISSUES OF LACK OF COVERAGE IN
25 CALIFORNIA FOR INDIVIDUALS IS A MAJOR PROBLEM. WE ALL FUNCTION



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1 UNDER MTALA LAWS THAT REQUIRE US TO SEE EVERYONE WHO COMES
2 INTO OUR EMERGENCY DEPARTMENTS. SO ANY ENTITY THAT CAME
3 FORWARD TO WORK WITH YOUR BOARD WOULD HAVE A BROADER SET OF
4 EXPECTATIONS ABOUT PARTICIPATING IN SOLUTIONS THAT STABILIZE
5 THE LARGER DELIVERY SYSTEM. AND I THINK, REGARDLESS OF WHO THE
6 INDIVIDUAL ENTITY OR ORGANIZATION MIGHT BE, THOSE SORTS OF
7 EXPECTATIONS WOULD BE THERE.

8

9 **SUP. ANTONOVICH, MAYOR:** THE NUMBER OF BEDS THAT YOU'RE
10 RECOMMENDING IS 142? WHAT IS THE NUMBER?

11

12 **DR. BRUCE CHERNOF:** AND I APOLOGIZE FOR ANY CONFUSION. WE TRIED
13 TO PUT AS MUCH INFORMATION OUT TO HELP PEOPLE UNDERSTAND THE
14 PLAN AND SOMETIMES, THE MORE NUMBERS YOU GET OUT THERE, THE
15 MORE CHALLENGES YOU CREATE. LET ME BE CLEAR. WE ARE PROPOSING
16 A HOSPITAL THAT WOULD HAVE A CENSUS OF ABOUT 100. WE WOULD
17 NEED ABOUT 114, 115 BEDS, BECAUSE YOU GET INTO ISSUES OF
18 MALE/FEMALE AND SOMETIMES WE NEED TO ISOLATE A PATIENT AND SO
19 THAT'S THE BASIC FOOTPRINT. WE MIGHT, DEPENDING ON WHAT THE
20 STATE REQUIRES US TO DO OR ALLOWS US TO DO, IF WE HAD TO START
21 WITH A SMALLER NUMBER, IF WE HAD TO START WITH A TRANSITION OF
22 ONLY 40 OR 50 BEDS, WHICH IS THAT SMALLER NUMBER THAT WAS
23 REPORTED, THAT WOULD BE A BASE TO WORK FROM. OBVIOUSLY, WE
24 WOULD PREFER A TRANSITION THAT KEEPS AS MANY BEDS OPEN AS
25 POSSIBLE BUT, UNTIL WE DO THE WORK OF THE NEXT TWO WEEKS, IT'S



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1 A LITTLE HARD TO TELL YOU DEFINITELY WHAT THAT TRANSITION
2 MIGHT LOOK LIKE.

3

4 **SUP. ANTONOVICH, MAYOR:** THE DREW MEDICAL SCHOOL CONTRACT
5 EXPIRES IN JUNE OR WE ARE NOT BOUND BY...

6

7 **DR. BRUCE CHERNOF:** OUR CURRENT AGREEMENT WITH THE DREW
8 UNIVERSITY EXPIRES AT THE END OF JUNE IN 2007, SUPERVISOR.

9

10 **SUP. ANTONOVICH, MAYOR:** BUT THAT DOES NOT PRECLUDE YOU FROM
11 TAKING ACTIONS PRIOR TO JUNE OF 2007?

12

13 **DR. BRUCE CHERNOF:** WELL, WE HAVE-- WE HAVE A CONTRACTUAL
14 COMMITMENT TO WORK WITH THE UNIVERSITY THROUGH THAT TIME. WE
15 UNDERSTAND THAT THE UNIVERSITY IS DEVELOPING AND IMPLEMENTING
16 ITS OWN STRATEGIC PLAN AND WE LOOK FORWARD TO HEARING THAT
17 STRATEGIC PLAN. WE HAVE A COMMITMENT TO WORK WITH THE
18 RESIDENTS TO MAKE SURE THAT THEY GET TRANSITIONED
19 APPROPRIATELY TO THE EXTENT THAT DREW UNIVERSITY SEES A NEED
20 TO MAKE TRANSITIONS BEFORE THE END OF THAT JUNE-- END OF JUNE
21 WINDOW. I CERTAINLY WOULD BE BACK IN FRONT OF YOUR BOARD TO
22 TALK ABOUT THOSE OPTIONS SO THAT WE CAN KEEP OUR COMMITMENTS
23 TO MEDICAL EDUCATION THE BEST WAY POSSIBLE. I JUST WANT TO SAY
24 IT'S VERY IMPORTANT FOR US TO LOOK AFTER THOSE RESIDENTS
25 BECAUSE MEDICAL EDUCATION IS A LARGE PART OF WHAT WE DO IN ALL



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1 OF OUR HOSPITALS AND OUR COMMITMENT TO THEIR TRAINING AND
2 THEIR FUTURE AND THEIR CAREERS IS IMPORTANT BUT, UNTIL DREW
3 UNIVERSITY COMES FORWARD, IT'S A LITTLE HARD TO KNOW WHAT THE
4 NEXT STEPS WILL BE THERE.

5

6 **SUP. ANTONOVICH, MAYOR:** THANK YOU. SUPERVISOR MOLINA.

7

8 **SUP. MOLINA:** WHEN WE RECEIVED THIS NEWS A COUPLE OF WEEKS AGO,
9 FOR THE FIRST TIME, I WAS NOT ANGRY. I WAS DISAPPOINTED. IT
10 SEEMED TO ME THAT WE HAD MADE EVERY SINGLE EFFORT, INCLUDING
11 EVERY EMPLOYEE WHO WAS THERE, TO TRY AND DO ALL THAT WE COULD
12 TO STEP UP TO THE RESPONSIBILITY AND THE CHALLENGE OF TRYING
13 TO MEET THE C.M.S. RESPONSIBILITY AND DUTY. AND,
14 UNFORTUNATELY, WE DIDN'T PASS, WE FAILED. BUT I FELT
15 COMFORTABLE ENOUGH TO SAY THAT I THOUGHT WE HAD MADE EVERY
16 SINGLE EFFORT POSSIBLE AND WE WANT TO, YOU KNOW, I THANK YOU
17 AS WELL AS ANTOINETTE AND AS WELL AS ALL OF THE EMPLOYEES WHO
18 MADE AN EFFORT, A VALIANT ONE, TO TRY AND SAVE THE HOSPITAL AS
19 IS, WHICH I THINK WAS REALLY AN ESSENTIAL PART OF WHAT WE ARE
20 ALL TRYING TO DO. SO, IN THE PAST, WE HAD ALWAYS MADE AN
21 EFFORT BUT IT SEEMED AT THIS TIME IT WAS AS COMPREHENSIVE AS
22 IT COULD BE. THE SCRUTINY WE WERE UNDER WAS UNBELIEVABLY
23 AMAZING. I'M SURE IF YOU TRIED TO TAKE THE SAME KIND OF REVIEW
24 OF ANY OTHER FACILITY AT THAT TIME WITH THE KIND OF SCRUTINY
25 THAT WE HAD, IT WOULD BE TOUGH FOR ANY FACILITY TO PASS BUT



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1 THAT IS ALL BEHIND US NOW. THERE'S NO ARGUMENT THAT CAN BE
2 MADE ABOUT IT AND, UNFORTUNATELY, WHAT IT SAID TO THE
3 COMMUNITY, THEY DIDN'T VALIDATE THE PATIENT CARE IN OUR
4 COMMUNITY AND IN OUR HOSPITAL AND THAT IS A CONCERN. SO NOW WE
5 HAVE AN OPPORTUNITY TO SORT OF STEP UP AND LOOK FORWARD AS TO
6 WHAT WE CAN DO AND THERE ARE SOME VERY POSITIVE ASPECTS OF IT.
7 I DON'T KNOW WHY I FEEL THAT. I'M SURE THERE ARE SOME IN THE
8 COMMUNITY THAT FEEL VERY DISAPPOINTED AND HOSTILE TOWARD US IN
9 THAT EFFORT BUT, FOR ME, IT IS FINALLY, I'M IN A POSITION TO
10 FEEL MORE HOPEFUL THAN EVER BEFORE. NOW, ONE OF THE REASONS
11 IS, IS THE KIND OF UNITY THAT IT'S BROUGHT TO THE BOARD. THIS
12 NO LONGER IS A HOSPITAL THAT IS THE OVERSIGHT BY ONE
13 SUPERVISOR. NOW I THINK ALL OF US ARE ON THE SAME PLACE,
14 TRYING TO DO THE SAME THING, TRYING TO SORT IT OUT
15 COLLECTIVELY. AND THAT IS IMPRESSIVE BECAUSE WE ALL WANT TO
16 ASSURE ONE THING, WE WANT TO CONTINUE PATIENT CARE THERE, WE
17 WANT TO CONTINUE TO HAVE A HOSPITAL THERE, WE WANT TO CONTINUE
18 TO HAVE AN EMERGENCY ROOM THERE. ALL OF US UNDERSTAND HOW
19 VITALLY IMPORTANT THIS FACILITY IS TO THE ENTIRE COMMUNITY AND
20 TO THE WELLBEING OF THE REGION. SO THAT-- THOSE ARE GOOD
21 THINGS THAT WE'VE BEEN ABLE TO COME OUT OF IT. THE OTHER PART
22 OF IT THAT HAS BEEN IMPRESSIVE TO ME IN THIS EFFORT IS THE
23 DIRECTNESS AND THE COMMANDING PRESENCE THAT THE DEPARTMENT OF
24 HEALTH SERVICES, ALONG WITH THE C.A.O., HAVE TAKEN IN
25 FORMULATING A PLAN, AN OPTION THAT'S VIABLE. I MEAN, THERE ARE



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1 VARIOUS OPTIONS AVAILABLE BUT THIS ONE HAS THE MOST VIABILITY
2 THAT YOU PRESENTED UNDER THE METRO CARE MODEL. IT GIVES US A
3 CLEAR OPPORTUNITY TO KNOW EXACTLY WHERE WE'RE GOING. IT
4 ENSURES PATIENT CARE BECAUSE WE KNOW THAT HARBOR HAS A
5 STERLING RECORD IN THAT REGARD. IT GIVES US AN OPPORTUNITY TO
6 HAVE A FRESH START WITH A WHOLE NEW TEAM THAT THE DEPARTMENT
7 CAN SELECT. IT PROTECTS THE EMPLOYEES THAT ARE THERE, THEY'RE
8 GOING TO HAVE OPPORTUNITIES TO HAVE JOBS IN OUR OTHER
9 HOSPITALS AND IN OUR OTHER FACILITIES AND HOPEFULLY THEY'RE
10 GOING TO TAKE ADVANTAGE OF THAT. AND WE DON'T THINK, THERE ARE
11 SOME PEOPLE WHO HAVE SAID, "WELL, AREN'T YOU SPREADING THE
12 CANCER?" AND I THINK THAT'S NOT CORRECT. I THINK THERE ARE A
13 LOT OF EMPLOYEES THAT WORKED VERY, VERY HARD ON THIS AND THEY
14 HAVE VALUE AND THEY'RE GOING TO GO INTO HOPEFULLY SOME OF OUR
15 OTHER FACILITIES AND HAVE THE KIND OF SUPERVISION THAT MAYBE
16 THEY DIDN'T HAVE FOR A LONG, LONG TIME, AS WE FOUND OUT AS WE
17 WENT THROUGH MANY OF THE ISSUES THAT CAME UP UNDER OUR HUMAN
18 RESOURCES ISSUES, THAT PEOPLE HAD NOT BEEN EVALUATED, THERE
19 HAD NOT BEEN APPROPRIATE SUPERVISION, THERE HADN'T BEEN
20 POLICIES AND PROTOCOLS THAT HAD BEEN UPDATED AND SO ON. SO
21 THOSE ARE GOING TO BE GREAT OPPORTUNITIES FOR OTHER EMPLOYEES
22 TO HOPEFULLY CONTINUE TO PROVIDE THEIR SKILLS AND THEIR WORK
23 FOR US IN OTHER FACILITIES. AND WE'LL HAVE AN OPPORTUNITY TO
24 SELECT A BRAND-NEW TEAM AND HOPEFULLY MANY OF THOSE CONTRACTS,
25 LIKE THE NURSES AND OTHERS, HOPEFULLY WE'RE GOING TO BE ABLE



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1 TO ATTRACT A GROUP OF NURSES THAT ARE GOING TO BRING STABILITY
2 TO THIS ORGANIZATION AS WELL. AND IT IS GOING TO BE TOUGH FOR
3 THE PHYSICIANS BUT I THINK THAT IT IS ALSO GOING TO BE A GREAT
4 OPPORTUNITY FOR PHYSICIANS TO COME AND BE A PART. I THINK THEY
5 WANT TO PROVIDE SERVICE IN THE COMMUNITY BUT THERE HAS BEEN
6 THIS MANAGEMENT INSTABILITY FOR WHATEVER REASON AND, YOU KNOW,
7 OUR REPUTATION WASN'T ALL THAT GREAT. SO WE HAVE GREAT
8 OPPORTUNITIES THAT WE SHOULD TAKE ADVANTAGE OF AND I'M GLAD
9 THAT WE'RE HERE AND I FEEL SO CONFIDENT THIS TIME THAT WE ARE
10 GOING IN A GOOD DIRECTION BUT THERE ARE ISSUES THAT NEED TO BE
11 ADDRESSED AND I THINK-- AND I'VE MET WITH YOU, I'VE MET WITH
12 THE C.A.O., WE'VE TALKED ABOUT VARIOUS ASPECTS OF IT. FIRST OF
13 ALL, WE KNOW THAT WE'RE GOING TO BE ABLE TO TURN AROUND AND
14 TELL THE COMMUNITY THAT WE HAVE A PLAN IN PLACE THAT'S GOING
15 TO ASSURE HOSPITAL PATIENT CARE AND A MORE COMPREHENSIVE
16 APPROACH TO UTILIZING OUR SYSTEM BY CREATING THE ENTIRE MODEL
17 AND CREATING ALL THE SERVICES. SOME OF THEM ARE GOING TO BE
18 TRANSFERRED TO DIFFERENT LOCATIONS BUT, FOR THE MOST PART,
19 WE'RE GOING TO HAVE THE STABILITY OF MOST OF THOSE SERVICES
20 AVAILABLE THERE AT MARTIN LUTHER KING CAMPUS. AND WE'RE GOING
21 TO HAVE AN EMERGENCY ROOM THAT IS GOING TO BE STAFFED, AS ANY
22 OTHER PRIVATE HOSPITAL WOULD BE STAFFED, WITH THE EXPECTATIONS
23 OF THE HIGHEST OF QUALITY OF CARE. THE ISSUE THAT, TO ME, IS
24 THE MOST UNSTABLE AND UNSURE ONE IS THE ONE THAT I'M VERY
25 CONCERNED ABOUT, BECAUSE WE KNOW THAT, WHATEVER MODEL WE



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1 UNDERTAKE, IT'S GOING TO COST US MONEY. THIS IS GOING TO COST
2 US MORE MONEY THAN WE THOUGHT, WHETHER WE TRANSITION EMPLOYEES
3 AND ALL OF THOSE ISSUES, BUT, IN ORDER TO ADDRESS THE ISSUE OF
4 C.M.S., AND THAT IS THE 200 MILLION OR SO THAT WE'RE GOING TO
5 NEED TO CONTINUE TO OPERATE THIS FACILITY, THAT IS THE PART
6 THAT TROUBLES ME THE MOST. THAT IS THE PART THAT I DON'T FEEL
7 SECURE ABOUT. IT SEEMS AS THOUGH WE HAVE BEEN FOLLOWING
8 C.M.S.'S LEAD ON A REGULAR BASIS WHETHER, YOU KNOW, WE DID IT
9 EXACTLY OR NOT. THEY TELL US, YOU NEED TO GO AND GET AN
10 OUTSIDE PERSON TO MANAGE THIS AND BRING IT BACK IN ORDER. WE
11 DID THAT. THAT WAS A FAILURE. YOU NEED TO DO THIS, YOU NEED TO
12 DO THAT. WE TRIED TO LISTEN TO THEM AND TRY AND FOLLOW THEIR
13 LEAD. I MEAN, THEY'RE THE BIG GORILLA WITH ALL OF THE MONEY
14 AND SO, CONSEQUENTLY, WE NEED TO BE ATTENTIVE AND IT HASN'T
15 JUST BEEN ABOUT PATIENT QUALITY ISSUES. THEY'VE BEEN CONCERNED
16 WITH MANY ISSUES FROM GOVERNANCE ALL THE WAY THROUGH. WHAT I
17 WOULD LIKE TO SEE YOU DO IN THE NEXT TWO WEEKS, AS YOU DEVISE
18 THIS PLAN, WORK OUT ALL OF THE DETAILS, LET US KNOW EXACTLY
19 HOW IT'S GOING TO TRANSITION, HOW LONG IT'S GOING TO TAKE, I
20 REALLY NEED ASSURANCES FROM C.M.S., SOME KIND OF A LETTER,
21 SOME KIND OF A CLEAR DIRECTION THAT WHAT WE ARE DOING IS GOING
22 TO BE ACCEPTABLE TO THEM. NOW, GRANTED, I KNOW THAT THEY ARE
23 GOING TO BE CONCERNED ABOUT LICENSING AND HOW WE'RE GOING TO
24 DO IT AND WHO ARE GOING TO BE THE DOCS AND WHO IS GOING TO
25 MANAGE AND ALL OF THOSE KINDS OF THINGS. BUT WHAT TROUBLES ME



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1 THE MOST IS WE'LL GO OFF AND RUN OFF, CREATE ASSURANCES TO THE
2 COMMUNITY, WHICH I THINK WE NEED TO DO, AND THEN BE SHOT DOWN
3 BY C.M.S. FOR ONE REASON OR ANOTHER AND THAT'S UNACCEPTABLE.
4 WE NEED A LETTER, WHETHER IT BE FROM MR. FLICK, HIS BOSS OR
5 HIS BOSS'S BOSS, THAT TELLS ME THAT THE MODEL THAT HAS BEEN
6 PRESENTED TO US, WHICH IS BY FAR THE BEST OPTION AVAILABLE OF
7 THE THREE, UNDER METRO CARE, IS A MODEL THAT'S GOING TO BE
8 ACCEPTABLE TO THEM. AND WHATEVER CONDITIONS THEY WANT TO PLACE
9 ON IT, THEY NEED TO LET US KNOW NOW. AND THAT IS THE-- THAT'S
10 WHERE I FEEL MOST INSECURE. SO I THINK THAT, WITHIN THE NEXT
11 TWO WEEKS, AND I THINK I'M CONDITIONING MY CONTINUED SUPPORT
12 OF THIS, IS I NEED THAT LETTER. I NEED THAT ASSURANCE, NOT A
13 MEMO FROM THEIR LAWYERS, NOT A EMAIL "IT LOOKS GOOD," A REAL
14 CLEAR DEFINED, BECAUSE WE CAN-- WHILE WE CAN'T GIVE C.M.S. ALL
15 THE DETAILS, BECAUSE WE DON'T HAVE ALL THE DETAILS, WE CAN
16 TELL THEM WHAT THIS MODEL IS GOING TO LOOK LIKE AND LET THEM
17 KNOW WHAT ARE THE THINGS THAT ARE OUTSTANDING AND THE THINGS
18 THAT WE NEED TO SORT OUT. THEY NEED TO TURN AROUND AND TELL
19 US, "THIS IS ACCEPTABLE. IF YOU GO IN THIS DIRECTION, IT IS AN
20 APPROPRIATE DIRECTION, WE WILL BE ABLE NOT ONLY TO CERTIFY
21 YOU" OR WHATEVER THEY NEED TO DO BUT, MORE IMPORTANTLY,
22 THEY'RE GOING TO KEEP THE FUNDING COMING IN BECAUSE THEY HAVE
23 TO PROVIDE IS THAT, IF WE KEEP GOING IN A DIRECTION WHERE WE
24 PROVIDE ASSURANCES TO A COMMUNITY, WE KEEP TELLING THEM WE'RE
25 DOING THIS. YOU KNOW, I STOOD HERE AND SAID TO THIS COMMUNITY,



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1 "WE ARE GOING TO BRING BACK TRAUMA" WHEN WE TOOK IT AWAY. WE
2 SAID, "WE'RE GOING TO, YOU KNOW, DOWNSIZE IT SOMEWHAT,
3 ELIMINATE THE HIGH END OF TRAUMA, BRING BACK SO WE CAN
4 MAINTAIN OUR EMERGENCY ROOM AND OUR HOSPITAL BEDS", THOSE ARE
5 ASSURANCES THAT WE PROVIDED THE COMMUNITY AND YET HERE WE ARE
6 TODAY WITH THE POSSIBILITY THAT WE MAY LOSE THE ENTIRE
7 HOSPITAL. SO IF I'M GOING TO PROVIDE ASSURANCES TO A COMMUNITY
8 AND I KNOW THAT IT'S GOING TO COST ME MONEY BEYOND WHAT C.M.S.
9 IS GOING TO FUND US FOR, I NEED THEM TO TELL ME THAT I'M ON
10 THE RIGHT TRACK. I DON'T WANT TO GO DOWN THE LINE ON THIS,
11 PROVIDE ASSURANCES TO ANYONE AND THEN, AT THE END OF THE DAY,
12 THEY'RE GOING TO SIT THERE AND SAY, "WELL, LET US LOOK AT IT
13 AGAIN, MAYBE DOWN THE LINE WE MIGHT APPROVE IT." THAT IS NOT
14 ACCEPTABLE. I KNOW THAT'S TOUGH TO GET. YOU KNOW, THEY DON'T
15 WANT TO SIGN ON THE DOTTED LINE FOR ANYTHING. BUT I NEED THAT
16 AND I HOPE THAT, WHEN YOU COME BACK IN TWO WEEKS, THAT WE HAVE
17 A LETTER OF SOME SORT THAT CLEARLY DEFINES THAT WE ARE GOING
18 IN THE APPROPRIATE DIRECTION AND, SHOULD WE BE ABLE TO
19 SUCCESSFULLY COMPLETE ALL THE CHALLENGES HERE, BECAUSE THERE
20 ARE MANY UNDER THIS MODEL, THAT WE ARE GOING TO GET REINSTATED
21 FOR THE KIND OF FUNDING THAT WE NEED TO MAINTAIN THIS FACILITY
22 WITHIN THE COMMUNITY. AND THAT WE HAVE THE OPPORTUNITY TO GROW
23 SO THAT WE CAN EXPAND THE BED CAPACITY AS WE BRING ON
24 PERSONNEL, AS WE HAVE THE OPPORTUNITY TO DO SO; THAT WE HAVE
25 THE OPPORTUNITY TO EXPAND THE SPECIALTY SERVICES, AS WE BRING



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1 MORE RELIABILITY AND SO ON; WHENEVER IT IS, THAT WE'RE GOING
2 TO HAVE THE OPPORTUNITY TO GO BACK AND BE TELLING THE
3 COMMUNITY THAT WE'LL START, IT IS SMALLER AND THAT'S GOING TO
4 DISAPPOINT MANY, BUT IF WE CAN START WITH THAT, GET THE
5 FUNDING THAT WE NEED, PROVIDE THE ASSURANCES THAT WE ARE GOING
6 TO HAVE, CONTINUE TO GROW IN A PATTERN THAT'S GOING TO BE NOT
7 ONLY HEALTHY FOR OUR DEPARTMENT WITHIN THE FRAMEWORK OF OUR
8 FINANCES AND OUR RESPONSIBILITY, BUT, MORE IMPORTANTLY, THAT
9 IT'S GOING TO CONTINUE TO MEET THE NEEDS OF THE COMMUNITY. SO,
10 DR. CHERNOF, WITH ALL OF THAT, PLEASE TELL ME HOW YOU'RE GOING
11 TO SECURE SUCH A LETTER. [LAUGHTER]

12

13 **SUP. ANTONOVICH, MAYOR:** IN 60 SECONDS.

14

15 **SUP. MOLINA:** NO, HE CAN TAKE LONGER, IF HE'D LIKE.

16

17 **DR. BRUCE CHERNOF:** SUPERVISOR, WHAT I'D BE GLAD TO DO TODAY,
18 ASSUMING THAT YOUR BOARD CHOOSES TO PUSH THIS MODEL FORWARD, I
19 WILL COVER IT WITH A LETTER TO C.M.S. TODAY ASKING FOR A
20 RESPONSE IN THE NEXT TWO WEEKS AND I WILL PERSONALLY PUT IN A
21 CALL BECAUSE I THINK THAT THAT'S A REASONABLE REQUEST AND
22 WE'LL SEE WHERE IT TAKES US.

23

24 **C.A.O. JANSSEN:** AND I THINK THE BOARD HAS A ROLE IN THIS AS
25 WELL, OBVIOUSLY, AND OUR CONGRESSIONAL DELEGATION IN



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1 WASHINGTON. IF EVERYONE IS ON BOARD, FROM ELECTED OFFICIALS TO
2 THE APPOINTED OFFICIALS, WE HAVE A MUCH BETTER CHANCE OF
3 SECURING THAT. AND NOT TO FORGET THAT, NEXT FISCAL YEAR, WE
4 ALWAYS SEEM TO BE FACING ONE CHALLENGE OR ANOTHER IN THE
5 DEPARTMENT. IF THE DEFICIT IS AT LEAST 100, IF NOT \$200
6 MILLION NEXT YEAR, FORGET THIS ISSUE...

7

8 **SUP. MOLINA:** SEPARATE AND APART.

9

10 **C.A.O. JANSSEN:** IT HASN'T GONE AWAY. IT IS ALWAYS THERE AND
11 THE FEDERAL FUNDING IS ABSOLUTELY CRITICAL. IT CANNOT WORK
12 WITHOUT IT. LICENSING WAS MENTIONED AND, NOT TO LEAVE THE
13 STATE OUT OF THIS, BUT LICENSING HAS BEEN MENTIONED. THIS
14 DOESN'T WORK WITHOUT THE STATE INVOLVEMENT, EITHER. AND THE
15 GOVERNOR YESTERDAY INDICATED SUPPORT OF THE MODEL AND
16 COMMITTED HIS ADMINISTRATION TO FULLY SUPPORTING US. WE NEED
17 THAT HELP IMMEDIATELY IN LICENSING, FROM KIM BALL-SHAY AND THE
18 DIRECTOR OF THE DEPARTMENT. SO BOTH FUNDING AND LICENSING ARE
19 CRITICAL COMPONENTS IN THE NEXT TWO WEEKS.

20

21 **SUP. MOLINA:** AND, ON THE LICENSING ISSUE, I WANT TO ASK THAT,
22 BECAUSE I'VE ASKED YOU CERTAINLY IN CLOSED SESSION WHEN WE
23 WERE LOOKING AT ALL THE LEGAL OPTIONS AND RESPONSIBILITIES
24 THAT WE HAD, THAT, SHOULD WE MOVE TO A MODEL OF THIS TYPE, WE
25 NEED TO PROVIDE ASSURANCES AS WELL. I'M NOT SAYING THAT



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1 THERE'S AN INHERENT DANGER IN RUNNING MARTIN LUTHER KING
2 HOSPITAL BUT THERE HAS TO BE ASSURANCES TO THE ENTIRE HARBOR
3 COMMUNITY, AS WELL, THAT THIS IS IN NO WAY GOING TO JEOPARDIZE
4 AT ALL THEIR ABILITY TO CONTINUE TO DO THE WORK THAT THEY DO
5 EVERY SINGLE DAY. SO LICENSING ALSO IS GOING TO HAVE TO BE A
6 CRITICAL COMPONENT TO PROVIDE THOSE KINDS OF ASSURANCES TO US
7 AS WELL BECAUSE WE DON'T WANT TO BE JEOPARDIZING ANYTHING
8 ELSE. WE SHOULDN'T, IT SHOULDN'T BUT, INHERENTLY, YOU HAVE TO
9 ASK THAT QUESTION BECAUSE IT COMES TO MIND. I MEAN, ARE WE
10 CREATING A SECONDARY PROBLEM FOR OURSELVES, WHICH WE DON'T
11 WANT TO DO, BECAUSE WE CAN'T AFFORD TO LOSE THESE HOSPITAL
12 BEDS, AND PARTICULARLY IN THAT ENTIRE QUARTER BECAUSE WE ARE
13 IN QUITE A DISARRAY WITH OTHER ISSUES THAT WE HAVE NO CONTROL
14 OVER THAT ARE GOING ON AS FAR AS CLOSING OF EMERGENCY ROOMS
15 AND CLOSING OF HOSPITAL BEDS, THAT THAT IS A REAL DANGER FOR
16 US. SO THAT'S AN IMPORTANT ONE AS WELL AND HOPEFULLY YOU'RE
17 GOING TO HAVE A BETTER IDEA IN TWO WEEKS, AS YOU SAY, AS TO
18 WHERE WE ARE ON THE LICENSING, WHAT KIND OF LICENSE, HOW LONG
19 IT'S GOING TO TAKE US TO GET IT, WHAT IS THAT GOING TO MEAN
20 FOR THE CLOSE DAY, THE OPEN DAY, HOW DOES THAT WORK AND HOW DO
21 WE TRANSITION TO THAT? AND THEN THE OTHER THING THAT IS
22 IMPORTANT IS-- AND I KNOW YOU MAY NOT HAVE THESE DETAILS AND I
23 DON'T KNOW WHAT THEY ARE, WHAT IT IS BUT WE NEED THE ABILITY
24 FOR-- WHILE HARBOR-- IT'S GOING TO BE UNDER HARBOR'S LICENSE
25 AND HARBOR, AT THE END OF THE DAY, IS GOING TO BE CONTROLLING



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1 OR MANAGING THOSE SERVICES, FOR THE MOST PART. THERE STILL
2 NEEDS TO BE AN EFFORT TO BUILD TOWARD KIND OF AN AUTONOMY FOR
3 MARTIN LUTHER KING HOSPITAL AS WELL. I THINK THAT HAS TO BE
4 PART OF THE PLAN, THAT, EVENTUALLY, WE WANT TO HAVE THAT THAT
5 CAMPUS, AS WELL, WELL, I KNOW IT'S A COMBINED THING, THAT
6 THEY'RE GOING TO BE THE ABILITY FOR-- TO MAKE INDEPENDENT
7 DECISIONS, MAYBE NOT INITIALLY BUT AS WE PROGRESS THROUGH THIS
8 MODEL, IF EVERYTHING IS ACCEPTABLE.

9

10 **DR. BRUCE CHERNOF:** MAYBE JUST TO COMMENT THERE. YOU KNOW, I
11 THINK I WOULD GO BACK TO THE WORK THAT WAS DONE NOT MID-'90S
12 AROUND VALLEY CARE. YOU KNOW, I HAD OFFERED TO YOU THAT THAT
13 IS PROBABLY THE MOST INTEGRATED SET OF SERVICES WITHIN THE
14 DEPARTMENT CURRENTLY. IT GREW OUT OF A TIME OF CRISIS. IT
15 OPERATES IN A WAY WHERE THERE IS VERY STRONG LEADERSHIP OF THE
16 COMPREHENSIVE HEALTH CENTER, STRONG LEADERSHIP AT THE MULTI-
17 SPECIALTY AMBULATORY CARE CENTER UP IN THE HIGH DESERT AREA,
18 THAT THEY WORK WITHIN A SYSTEM FRAMEWORK. SO THE IDEA THAT YOU
19 HAVE THE ABILITY TO OPERATIONALIZE A SET OF SERVICES ACROSS A
20 GEOGRAPHY, HAVE APPROPRIATE INDEPENDENT DECISION MAKING AT THE
21 APPROPRIATE LEVEL BUT ALSO THAT THERE IS A COHERENT AND
22 STANDARDIZED APPROACH TO CARE, THOSE BASIC ELEMENTS EXIST IN
23 THE VALLEY CARE MODEL. WE'RE NOW PROPOSING, IN EQUALLY IF NOT
24 MUCH MORE DIFFICULT CIRCUMSTANCES, FRANKLY, TO TAKE THOSE
25 IDEAS AND CONCEPTS AND BRING THEM INTO THE SOUTH LOS ANGELES



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1 AND SOUTH BAY AREAS. SO, YES, THERE NEEDS TO BE-- IN EVERY
2 PLACE IN MY ORGANIZATION, SUPERVISOR, WE WANT MANAGERS MAKING
3 APPROPRIATE DECISIONS AS CLOSE TO THE LINE AS POSSIBLE. YOU
4 KNOW, THE BEST DECISIONS DON'T COME OUT OF MY BUILDING AND
5 313. THERE ARE NO PATIENTS IN MY BUILDING IN 313, SO THAT WE
6 WANT TO MAKE SURE THAT MANAGERS ARE MANAGING, THAT THERE'S
7 APPROPRIATE LEADERSHIP AT EACH LEVEL BUT THAT WE MOVE TOWARDS
8 A MORE STANDARDIZED AND INTEGRATED APPROACH TO CARE, AND I
9 THINK THAT'S THE BIGGEST OPPORTUNITY THAT THIS OFFERS TO US IS
10 A CHANCE, IN VERY TOUGH TIMES, TO REVISIT HOW THOSE ELEMENTS
11 FIT TOGETHER AND TO TRY TO IMPROVE COMMUNICATION, MAYBE TO
12 PUSH THROUGH SOME OF THE I.T. SOLUTIONS WE'VE BEEN LOOKING AT
13 SO THAT WE ARE MORE UNIFIED AND CAN SHARE MORE INFORMATION.
14 SO, YOU KNOW, FROM CRISIS COMES CHALLENGE AND FROM CHALLENGE
15 COMES OPPORTUNITY AND I REALLY SEE THIS AS A GREAT OPPORTUNITY
16 FOR MY DEPARTMENT AS A WHOLE, NOT JUST THIS REGION. SO I THINK
17 YOUR POINT THERE IS VERY WELL TAKEN. I THINK WHAT THE
18 LICENSING STRUCTURE ACTUALLY LOOKS LIKE, IT MAY BE THAT
19 ULTIMATELY WHAT THE STATE SAYS TO US IS THAT THIS IS A NEW
20 SEPARATE LICENSE BUT UNDER THE SAME MANAGEMENT, ORGANIZATIONAL
21 MANAGEMENT, AS HARBOR. THAT METRO CARE, WHICH HARBOR
22 LEADERSHIP PROVIDES THE MANAGEMENT BUT IT MAY TECHNICALLY, AT
23 THE END OF THE DAY, BE A SEPARATE, DIFFERENT UNIQUE LICENSE
24 BECAUSE THAT'S WHERE THE PROTECTION LIES. THAT THIS ARE THE
25 KINDS OF QUESTIONS WHICH I CAN'T ANSWER FOR YOU TODAY BUT, AS



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1 WE KIND OF GO DOWN THE ROAD WITH HARBOR LEADERSHIP AND STATE
2 LICENSING AND THE FEDERAL GOVERNMENT, C.M.S., WE WILL
3 CERTAINLY HAVE MUCH BETTER ANSWERS FOR YOU IN TWO WEEKS.

4

5 **SUP. MOLINA:** BUT, AT THE SAME TIME, MARTIN LUTHER KING ONCE,
6 HOWEVER WE PUT IT BACK TOGETHER AGAIN, IT IS GOING TO HAVE THE
7 ABILITY TO MAKE THOSE KIND OF DECISIONS AND HAVE THAT KIND OF
8 COMMANDING PRESENCE ON ITS OWN, EVEN THOUGH IT'S UNDER THE
9 LICENSE AND UNDER SOME BASIC SUPERVISION AND MANAGEMENT?
10 YOU'RE TALKING ABOUT INTEGRATED SYSTEM BUT WITH THE ABILITY TO
11 MAKE THE KINDS OF DECISIONS THAT ARE IMPORTANT, THAT REFLECT
12 SOME OF THE NEEDS OF THE COMMUNITY AND THE INTERESTS OF THE
13 COMMUNITY? I THINK THAT'S AN IMPORTANT COMPONENT.

14

15 **DR. BRUCE CHERNOF:** ABSOLUTELY. THE MORE THAT WE CAN ENGAGE THE
16 COMMUNITY, ADDRESS ITS NEEDS AND KIND OF REFLECT THAT IN THE
17 DAY-TO-DAY OPERATIONS, THAT'S CRITICAL, SUPERVISOR. BUT ALSO,
18 IN AN INTEGRATED SYSTEM, ONE OF THE CHALLENGES HAS BEEN IS
19 THAT, IN A SYSTEM THAT'S NOT INTEGRATED, ONE OF THE CHALLENGES
20 IS YOU HAVE VARIOUS ELEMENTS MAKING DECISIONS INDEPENDENTLY,
21 AS OPPOSED TO SAYING, YOU KNOW, HERE'S AN OPPORTUNITY TO
22 CREATE A CENTER OF EXCELLENCE AND WHAT WE NEED TO DO IS MAKE
23 SURE THAT WE SUPPORT THAT CENTER OF EXCELLENCE AND GET FOLKS
24 TO THAT SERVICE. SO, WHILE I DO THINK THAT THERE IS A NEED FOR
25 THAT HOSPITAL TO BE LOCALLY RESPONSIVE, I DO, BUT I ALSO THINK



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1 THAT, IF WE'RE SERIOUS ABOUT AN INTEGRATED SYSTEM, IT DOESN'T
2 MEAN THAT YOU CONTINUE TO REPLICATE EVERYTHING AT EVERY
3 HOSPITAL, THAT THERE IS CLEAR, SOLID LEADERSHIP FOR THE METRO
4 CARE MODEL, THAT THERE IS GOOD PLANNING ACROSS THAT MODEL AND
5 THAT SERVICES ARE ARRAYED APPROPRIATELY.

6

7 **SUP. MOLINA:** AND SO THAT-- THOSE ISSUES, IN THE NEXT TWO
8 WEEKS, YOU'RE GOING TO BRING US ACTUALLY A MORE DETAILED PLAN
9 OF THAT KIND OF OVERSIGHT AND THAT KIND OF MANAGEMENT SO WE
10 HAVE A CLEAR UNDERSTANDING OF HOW HARBOR WILL OPERATE AND
11 CERTAINLY HOW MARTIN LUTHER KING WILL OPERATE, IS THAT
12 CORRECT?

13

14 **DR. BRUCE CHERNOF:** YES, SUPERVISOR.

15

16 **SUP. MOLINA:** VERY GOOD. THANK YOU.

17

18 **SUP. ANTONOVICH, MAYOR:** WE HAVE SOME SPEAKERS. FIRST, I'D LIKE
19 TO CALL UP CONGRESSWOMAN MAXINE WATERS, DR. SUSAN KELLY, KATHY
20 OCHOA, DR. CLAVREUL.

21

22 **SUP. KNABE:** WHILE THEY'RE COMING UP, I WANTED TO FOLLOW UP ON
23 A COMMENT THAT DAVID MADE AS IT RELATED TO THE IMPORTANCE OF
24 THE STATE. I MEAN, BASICALLY, THE STATE IS THE AGENT OF C.M.S.
25 AND, IN MY CONVERSATION WITH C.M.S., OBVIOUSLY, STATE SUPPORT



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1 WOULD BE ABSOLUTELY CRITICAL IN HOW THEY PURVIEW THIS WHOLE
2 MODEL THAT WE'RE DOING AND HOW WE PUT IT TOGETHER AS WELL,
3 TOO. SO IT WAS NICE TO HAVE THAT SUPPORT OFFERED YESTERDAY AND
4 WILLINGNESS TO WORK WITH US BECAUSE IT'S GOING TO BE CRITICAL
5 DOWN THE ROAD AS WELL.

6

7 **SUP. ANTONOVICH, MAYOR:** GOOD MORNING.

8

9 **CONGRESSWOMAN MAXINE WATERS:** GOOD MORNING. I'D LIKE TO THANK
10 ALL OF THE MEMBERS OF THE BOARD FOR THE WORK THAT YOU HAVE
11 DONE TO THIS POINT. I'D LIKE TO THANK YOU FOR THE UNITY THAT
12 YOU HAVE SHOWN, THE CONSENSUS THAT APPEARS TO BE DEVELOPING
13 HERE. IT IS THAT KIND OF LEADERSHIP THAT SPILLS OVER INTO THE
14 COMMUNITY AND THUS WE ARE ABLE TO GET A CONSENSUS FROM THE
15 COMMUNITY THAT WE ARE ABSOLUTELY WILLING AND PLEASED TO FOLLOW
16 THE LEADERSHIP OF THIS BOARD AND THE CONSENSUS THAT YOU FORM.
17 WE ARE DEDICATED TO THE PROPOSITION THAT THE HOSPITAL MUST BE
18 SAVED. THIS IS NOT A TIME FOR DIVISION, THIS IS NOT A TIME FOR
19 FINGER POINTING, THIS IS A TIME FOR US TO WORK TOGETHER, TO
20 FOLLOW THE LEAD OF THE BOARD AND, LAST EVENING AT A MEETING
21 WITH ALMOST 500 PEOPLE, THEY AGREED THAT WE HAVE A CONSENSUS
22 TO SUPPORT YOUR LEADERSHIP AND I THINK THAT'S BECAUSE YOU
23 SHOWED UNITY EARLY ON IN THIS CRISIS. I ALSO WANT YOU TO KNOW
24 THAT I, TOO, WAS DISAPPOINTED WHEN WE DID NOT PASS THE SURVEY
25 AND I, TOO, AGREE WITH THE MEMBERS OF THIS BOARD THAT WE



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1 REALLY DID WORK VERY HARD, WE MEANING EVERYBODY, WORKED VERY
2 HARD AND SOME OF US WERE VERY PLEASED WITH SOME OF THE
3 PROGRESS THAT WE SAW AT THE HOSPITAL. HAVING SAID THAT, IT
4 REALLY IS TIME FOR US TO MOVE ON AND YOU'VE BEEN DOING IT VERY
5 QUICKLY. I AM ABSOLUTELY AMAZED AT WHAT HAS BEEN ACCOMPLISHED
6 IN 11 DAYS AND WE DO NEED TO THANK MR. CHERNOF FOR THE WORK
7 THAT HE HAS DONE. HE HAS BEEN ABSOLUTELY SUPERB IN PUTTING
8 TOGETHER THE SKELETAL VIEW OF THIS METRO PLAN AND SO I, TOO,
9 AM WORRIED A LITTLE BIT ABOUT THE FUNDING AND I WANT TO MAKE
10 SURE, FIRST OF ALL, THAT YOU HAVE TIME TO DEVELOP THE PLAN. IT
11 IS ABSOLUTELY UNREASONABLE, MR. YAROSLAVSKY, TO THINK THAT WE
12 SHOULD BE ABLE TO HAVE A FULLY DEVELOPED PLAN BY NOVEMBER
13 30TH. I JUST DON'T THINK THAT THEY SHOULD HOLD US TO THAT AND,
14 WHILE I KNOW THEY'RE PUSHING US AND PUSHING YOU TO COME UP
15 WITH THIS COMPREHENSIVE, VERY DIFFERENT KIND OF MANAGEMENT
16 PLAN, THE TIME THAT HAS BEEN ALLOTTED IN THE TERMINATION
17 NOTICE DOES NOT APPEAR TO BE ENOUGH. AND SO I MOVED VERY
18 QUICKLY TO ORGANIZE OUR DELEGATION BEHIND A 90-DAY EXTENSION
19 WITHOUT KNOWING EXACTLY HOW MUCH TIME IT WOULD TAKE BUT THAT
20 90 DAYS IS NOT IN ANTICIPATION THAT YOU WOULD BE INTO THE
21 TRANSITION BUT THAT SIMPLY WOULD HAVE DEVELOPED THE PLAN. SO
22 THAT I DON'T SEE THE FUNDING STOPPING AT ALL BECAUSE, IF YOU
23 HAVE 90 DAYS OR MORE, MAYBE EVEN YOU NEED TO DEVELOP THIS
24 PLAN, THAT SHOULD BE FUNDED RIGHT INTO ACTUALIZING THE
25 TRANSITION AND THE MOVEMENT THAT'S GOING TO BE NECESSARY. WHAT



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1 WORRIES ME A LITTLE BIT ABOUT THE TERMINATION NOTICE IS IT
2 TALKS ABOUT THE NEW ENTITY PROVING THAT IT CAN CURE THE
3 DEFICIENCIES BEFORE THEY CONTINUE FUNDING OR MAKE SURE THAT
4 THE FUNDING IS AVAILABLE. I DON'T KNOW WHAT THAT MEANS. IT
5 SEEMS TO ME THAT, IF THAT IS THE CASE, THERE CERTAINLY HAS TO
6 BE GAP FUNDING AND THE FEDERAL GOVERNMENT CERTAINLY MUST BE
7 RESPONSIBLE FOR GAP FUNDING. AT ONE POINT, I THOUGHT PERHAPS
8 WE SHOULD TALK ABOUT FEDERAL, COUNTY AND STATE FUND, STATE,
9 COUNTY AND FEDERAL FUNDING SO THAT EVERYBODY IS PITCHING IN TO
10 MAKE SURE THAT THE GAP FUNDING IS THERE IN CASE WE NEED IT TO
11 MOVE ON INTO THE TRANSITION. SO, AGAIN, SOME OF WHAT I SAW
12 PERHAPS NEEDS SOME CLARIFICATION BUT WE CANNOT BE LEFT, WE'RE
13 TALKING ABOUT COMING UP WITH NEW MANAGEMENT, AND THEN THE NEW
14 MANAGEMENT HAS TO UNDERTAKE THE JOB OF CURING THE DEFICIENCIES
15 WHILE THE FUNDING IS NOT FLOWING. THAT SIMPLY CANNOT HAPPEN
16 AND WE HAVE TO MAKE SURE THAT IT DOES NOT. YOU'RE ABSOLUTELY
17 CORRECT, WE HAVE MOST OF THE DELEGATION BEHIND US, WE ARE ON
18 RECESS AND WE DIDN'T HAVE AN OPPORTUNITY TO FINISH GETTING ALL
19 OF THE SIGNATURES. WE WANTED EVERYBODY SIGNED ON THE DOTTED
20 LINE. OUR STAFFS ARE CONTINUING TO WORK TO DO THAT AND WE WILL
21 HAVE THE FUNDING-- I MEAN THE SUPPORT, I BELIEVE, OF OUR
22 DELEGATION FROM BOTH SIDES OF THE AISLE. WE'VE HAD SOME
23 INDICATIONS FROM SOME PEOPLE ON THE OPPOSITE SIDE OF THE AISLE
24 FROM ME THAT THEY WANT TO BE HELPFUL, THEY WANTED TO HAVE A
25 LITTLE BIT MORE INFORMATION. WE'LL BE WORKING TOWARD THAT END.



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1 HAVING SAID THAT, I WANT TO MAKE SURE THAT, EVEN THOUGH WE'RE
2 TALKING ABOUT ONE COUNTY SYSTEM AND I THINK YOU'RE ABSOLUTELY
3 CORRECT, WHERE YOU HAVE SPECIALTIES THAT ARE DEVELOPED IN WAYS
4 THAT ALL OF THE PATIENTS COULD BENEFIT THAT, AS WE MOVE TOWARD
5 THIS NEW MODEL AND THIS MANAGEMENT BY HARBOR-U.C.L.A., THAT WE
6 DO EVERYTHING THAT WE CAN TO MAKE THEM COMFORTABLE, THAT THIS
7 HAS NOT BEEN SHOVED DOWN THEIR THROATS, THAT THE ROLES THAT
8 THEY'RE PLAYING NOW WILL NOT BE DISRESPECTED, THAT THEY WILL
9 HAVE CERTAIN KIND OF AUTHORITY THAT WILL ENSURE THAT THEY
10 DON'T FEEL THAT THEY'RE JEOPARDIZING HARBOR IN ANY WAY, AND
11 WORK TO MAKE SURE THAT THOSE PEOPLE ON THE KING SIDE AND THE
12 HARBOR SIDE COME TOGETHER AHEAD OF THE TRANSITION, GET TO KNOW
13 EACH OTHER AND WORK TOGETHER IN SOME WAYS THAT WILL MAKE THE
14 TRANSITION EVEN SMOOTHER. I THINK THAT IT IS SCARY TO TALK
15 ABOUT ASSUMING NEW RESPONSIBILITY WITHOUT UNDERSTANDING WHAT
16 KIND OF SUPPORT WILL BE THERE, WHAT KIND OF DOLLARS WILL BE
17 THERE, AND WHAT'S EXPECTED OF THEM. SO I THINK THAT COUNTY
18 HEALTH SERVICES WILL HAVE TO WORK VERY HARD TO GIVE THEM THOSE
19 KINDS OF ASSURANCES AND MAKE SURE THAT THEY DON'T FEEL THAT
20 THEY'RE JUST BEING THROWN THE RESPONSIBILITY WITHOUT ALL OF
21 THE THOUGHT HAVING GONE INTO IT. THE OTHER THING THAT I THINK
22 WOULD BE VERY GOOD, BECAUSE THE COMMUNITY UNDERSTANDS AND
23 THEY'RE GOING TO BE THERE, BUT I HOPE THAT WE CAN HAVE THE
24 KIND OF TRANSITION THAT DOES NOT CAUSE THE CLOSURE FOR ANY
25 PERIOD OF TIME, THAT SOMETHING MUST BE GOING ON AT THE



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1 HOSPITAL IN THE WAY OF OUTPATIENT AND EMERGENCY SERVICES AND--
2 AT LEAST UNTIL WE GET TO THE TRANSITION, IT WOULD BE A BAD
3 SIGNAL TO CLOSE IT DOWN AND HAVE A GAP UNTIL WE GET TO THE
4 POINT WHERE WE WANT TO HAVE A FULL TRANSITION AND I WOULD JUST
5 ASK THAT THAT BE GIVEN GREAT CONSIDERATION. OF COURSE, AS THE
6 PLAN IS DEVELOPED, MR. CHERNOF HAS SHOWN THAT HE IS WILLING TO
7 TALK TO PEOPLE, THAT HE IS TAKING CALLS, AND I THINK THERE
8 WILL BE AN OPPORTUNITY TO HAVE A LITTLE BIT OF INPUT HERE AND
9 THERE. THE CORE SERVICES SHOULD BE DEFINED AS WELL AS POSSIBLE
10 SO THAT THE COMMUNITY CAN UNDERSTAND WHAT THOSE CORE SERVICES
11 ARE AND THEY SHOULD BE SUPPORTED WITH THE RATIONALE AND SOME
12 KIND OF DATA THAT INDICATES THAT THESE ARE THE SERVICES THAT
13 ARE BEST PERFORMED AT HARBOR BECAUSE THESE ARE THE SERVICES
14 THAT EVERYBODY WOULD BENEFIT FROM, PERFORMED AT KING BECAUSE.
15 AND SO I THINK IF THEY GIVE THE RATIONALE AND THE KIND OF DATA
16 THAT PEOPLE CAN UNDERSTAND ABOUT WHY THEY CHOOSE TO KEEP
17 CERTAIN CORE SERVICES AND WHY CERTAIN SERVICES WILL NOT BE
18 THERE, THAT WILL BE VERY HELPFUL. LAST NIGHT, WE ASKED PEOPLE
19 WHO ATTENDED TO GIVE US THE KIND OF QUESTIONS THEY WOULD ASK.
20 SOME OF THEM DID AND SOME OF THEM WE WILL SUBMIT IN WRITING
21 BUT ONE THAT REALLY DID CATCH MY ATTENTION WAS A CANCER
22 PATIENT WHO RECEIVES SERVICES NOW, BOTH AT KING AND AT HARBOR,
23 AND THE DIFFICULTY THAT SHE'S HAVING IN THE COORDINATION OF
24 THE SCHEDULING ABOUT THOSE SERVICES. SO THOSE KINDS OF
25 CONCERNS CERTAINLY MUST BE TAKEN INTO CONSIDERATION. AND,



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1 FINALLY, WHEN WE FIRST STARTED OUT WITH THE DISCUSSION ABOUT
2 THE PROBLEMS AT KING RENEWED ABOUT 2-1/2 YEARS AGO, THE
3 NEONATAL UNIT WAS AT THE TOP OF THAT DISCUSSION, IF YOU
4 RECALL. I WOULD LIKE ALL OF THE CONSIDERATION POSSIBLE GIVEN
5 TO HOW THAT'S GOING TO WORK. WE THOUGHT WE HAD THE STATE-OF-
6 THE-ART NEONATAL SERVICES AT KING AT ONE TIME. WE KNOW THAT
7 HARBOR HAD DEVELOPED THEIRS. WE ALSO KNOW THAT, WITH SICK
8 BABIES, MOMMIES AND DADDIES HAVE TO GET UP AND DOWN THE
9 FREEWAY IN ORDER TO BE THERE WITH THEM OFTEN AS THEY'D LIKE TO
10 BE, SO WE'D LIKE A LOT OF CONSIDERATION GIVEN TO HOW THE
11 NEONATAL SERVICES WILL BE DEVELOPED. HAVING SAID THAT, I WOULD
12 LIKE TO PIGGYBACK A LITTLE BIT ON WHAT SUPERVISOR MOLINA SAID.
13 AS WE GO THROUGH DESCRIBING WHAT THIS HOSPITAL WILL BE IN THE
14 TRANSITION, WE MUST ALL KEEP IN MIND THAT THE COMMUNITY DOES
15 HAVE A VISION THAT SOME DAY IT WILL GET BACK TO OR WILL BE
16 WHERE IT'S NEVER BEEN, A COMPLETE ACUTE CARE HOSPITAL
17 PROVIDING ALL OF THE COMPREHENSIVE SERVICES WITH OUR TRAUMA
18 CENTER BACK IN OPERATION SOME DAY. IF THAT'S OUR COLLECTIVE
19 VISION, I THINK THAT WILL GIVE A LOT OF HOPE AND INSPIRATION
20 TO THE COMMUNITY TO STAND FIRM WITH YOU, WITH ALL OF US
21 HOLDING HANDS SO THAT WE CAN ADDRESS THE FUNDING NEEDS,
22 EVERYTHING THAT WE NEED TO ADDRESS TO SOME DAY GET TO WHERE WE
23 WANT TO BE. SO I THANK YOU AGAIN FOR MOVING SO EXPEDITIOUSLY
24 TO COME UP WITH A PLAN. I THANK YOU FOR THE WORK THAT HAS BEEN
25 DONE WITH COUNTY HEALTH SERVICES HEADED BY MR. CHERNOF AND I



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1 THANK YOU FOR NOT GIVING UP AND SAYING, DESPITE EVERYTHING
2 THAT WE HAVE DONE, WE ARE MEETING THIS NEW CHALLENGE AND IT IS
3 A CHALLENGE BUT WE ARE GOING TO DO IT. THANK YOU VERY MUCH.

4

5 **SUP. ANTONOVICH, MAYOR:** THANK YOU. DR. KELLY?

6

7 **SUP. BURKE:** MAY I JUST SAY A WORD? WE WANT TO SAY TO
8 CONGRESSWOMAN WATERS, WE APPRECIATE THE FACT THAT SHE HAS COME
9 FORWARD IN TERMS OF-- IN MANY FACETS OF IT, NOT ONLY
10 COMMUNICATING WITH HER COLLEAGUES AND EXPRESSING THE CONCERNS
11 OF THE COMMUNITY AND OF THIS BOARD TO HER COLLEAGUES THAT WE
12 ARE PUSHED FOR TIME AND WE DO NEED EVERY CONSIDERATION BUT
13 ALSO HER ABILITY TO EXPRESS TO THE COMMUNITY AND TRANSLATE TO
14 THE COMMUNITY THE NEED FOR THE HOSPITAL AND ALSO THE NEED FOR
15 US TO COME UP WITH A PROPOSAL THAT'S ACCEPTABLE AND SO I WANT
16 TO THANK YOU VERY MUCH.

17

18 **CONGRESSWOMAN MAXINE WATERS:** YOU'RE WELCOME. THANK YOU.

19

20 **SUP. ANTONOVICH, MAYOR:** DR. KELLEY.

21

22 **DR. SUSAN KELLY:** WELL, SPEAK INTO THE MICROPHONE AND GIVE MY
23 FULL NAME SO I MIGHT DO THAT. DR. SUSAN KELLY...

24

25 **SUP. ANTONOVICH, MAYOR:** AND LET ME ALSO CALL UP CELES KING.



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1
2 **DR. SUSAN KELLY:** PRESIDENT OF CHARLES R. DREW UNIVERSITY OF
3 MEDICINE AND SCIENCE AND I DO UNDERSTAND AND APPLAUD YOU FOR
4 HAVING HAD YOUR WORK ON THIS DIFFICULT DECISION. IT IS NOT
5 EASY AND I DON'T ENVY YOU BUT I WILL TALK A LITTLE BIT IN A
6 MINUTE ABOUT THE IMPACT THAT IT'S GOING TO HAVE AND WHAT WORK
7 WE'RE DOING ACROSS THE ROAD AT THE UNIVERSITY. I DO WANT TO
8 THANK ALL OF THE SUPERVISORS AND THE HEALTH DEPUTIES FOR
9 MEETING ME IN THIS LAST-- IN MY FIRST FIVE MONTHS IN THIS
10 POSITION AND FOR BEING PREPARED TO TALK WITH ME IN THIS LAST
11 WEEK AND I THANK YOU FOR THE OPPORTUNITY TO SPEAK WITH YOU
12 TODAY ABOUT SOME OF THE BROAD IMPACTS ON THE CHARLES R. DREW
13 UNIVERSITY OF MEDICINE AND SCIENCE. OBVIOUSLY, OUR MAJOR FEAR
14 IS THAT WE WILL BE COLLATERAL DAMAGE. ROAD KILL, IN FACT. IT
15 WOULD BE A TRAGEDY IF, IN THE EFFORTS TO SAVE THE HOSPITAL AND
16 TO SAVE A HOSPITAL IN SOME FORM, THAT A PARTNER OF OVER 30
17 YEARS FOR IT BECAME HISTORY. WE HAVE BEEN A FORCE, FOR
18 ECONOMIC DEVELOPMENT, WORK FORCE DEVELOPMENT AND URBAN RENEWAL
19 AND WE HAVE BIG PLANS FOR EVEN MORE OF THAT IN THE NEXT FEW
20 YEARS AND WE HAVE BEEN PARTNERS WITH THE HOSPITAL FOR OVER 30
21 YEARS. I HAVE DESCRIBED OUR RELATIONSHIP AS SIAMESE TWINS.
22 AND, INTERESTINGLY ENOUGH, IT'S EVEN MORE SO NOW. IT'S MORE
23 THAN SKIN AND BONE THAT WE'RE CONNECTED BY. WE SHARE A
24 CIRCULATORY SYSTEM AND WE HAVE AN URGENT NEED FOR SURGICAL
25 SEPARATION. AND, INTERESTINGLY ENOUGH, THOSE OPERATIONS ARE



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1 VERY DANGEROUS AND THEY'RE USUALLY VERY EXPENSIVE BUT,
2 INCREASINGLY, THOSE OPERATIONS WORK AND IT WILL TAKE A LOT OF
3 PEOPLE TO MAKE IT WORK. I DO WANT TO TELL YOU THAT MY
4 COLLEAGUE, DR. NANCY HANNAH, INITIATED CONTACT WITH THE
5 A.C.G.M.E., WHO HAVE BEEN PARTNERS WITH US FOR MANY YEARS BUT
6 PARTICULARLY IN THIS LAST YEAR OR TWO WHILE WE RESTORED OUR
7 A.C.G.M.E. ACCREDITATION, LARGELY AS A RESULT OF HER WORK, SHE
8 CONTACTED THEM ON THE MONDAY MORNING AFTER SEPTEMBER 22ND AND
9 WE HAD A MEETING WITH THEM ON MONDAY. AND IF YOU WANT-- THE
10 WORDS THEY DESCRIBED AS A CATASTROPHIC CHANGE IN OUR
11 INFRASTRUCTURE, FACULTY, FACILITIES AND FUNDING. AND I THINK
12 THAT GIVES YOU A SENSE OF WHAT WE'RE FACING ACROSS THE ROAD.
13 WE HAVE DONE ALL THAT WAS REQUIRED OF US. WE HAVE RESTRUCTURED
14 THE BOARD SOME-- A YEAR OR SO AGO, RETRIEVED A.C.G.M.E.
15 WITHOUT QUALIFICATION AND WITH COMMENDATION, WE HAVE A NEW
16 PRESIDENT AND A NEW DEAN OF MEDICINE. WE HAVE IMPROVED BOARD
17 RATES, BOARD PASS RATES. WE'VE HAD FOUR OR FIVE YEARS, WE'RE
18 COMING UP FOR ANOTHER ONE, OF AN UNQUALIFIED AUDIT BUT WE NOW
19 HAD OUR LIFELINE CUT AND OUR CAPACITY TO DO BUSINESS AT ALL
20 FOR A TRANSITIONAL PERIOD IS FINISHED ON NOVEMBER 30TH, IF
21 THAT IS THE DATE THAT IT ALL COMES TOGETHER OR COMES APART. WE
22 HAVE BEEN PLANNING FOR A WORST-CASE SCENARIO. WE'D HAVE BEEN
23 IDIOTS IF WE HASN'T DONE THAT. WE HAD TO EXPECT THAT THIS
24 MIGHT BE ONE OF THE OUTCOMES. I THINK, LIKE EVERYBODY, THOUGH,
25 WE WERE SURPRISED THAT THIS WAS THE OUTCOME OF THE SURVEY



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1 BECAUSE EVERYONE TELLS ME, THOSE WHO HAVE BEEN HERE FOR YEARS,
2 THAT IT'S NIGHT AND DAY, THE HOSPITAL IS NIGHT AND DAY FROM
3 WHAT IT USED TO BE IN TERMS OF THE PEOPLE, THE SERVICES, THE
4 QUALITY AND EVERYTHING. I'VE SPENT A LOT OF TIME IN THE
5 HOSPITAL MYSELF. I WAS ONE OF THE FIRST DREW PRESIDENTS TO
6 EVER ACTUALLY TOUR THROUGH THE HOSPITAL AND MEET WITH
7 RESIDENTS AND STAFF AND PATIENTS. WE HAVE BEEN BUILDING OTHER
8 PARTNERSHIPS IN CASE RESIDENCY PROGRAM OPPORTUNITIES DRIED UP.
9 WE WILL JOIN THE 50% OF MEDICAL SCHOOLS AROUND THE COUNTRY
10 THAT DO NOT HAVE THEIR OWN HOSPITAL. WE CAN DO THAT. WE ARE
11 DEVELOPING NEW REVENUE SOURCES-- WE HAVE THE BOARD APPROVED
12 JUST ONE WEEK EARLIER ON-- IF I CAN GET THAT RIGHT, SOMETHING
13 LIKE SEPTEMBER THE 15TH, THE NEW BUILDING, THE N.I.H. FUNDED
14 OR SUPPORTED RESEARCH AND NURSING EDUCATION BUILDING, THE
15 FIRST BUILDING FOR 24 YEARS TO GO UP ON THE SITE. WE HAVE
16 BUILT A NURSING COLLABORATIVE PARTNERSHIP WITH COMMUNITY
17 COLLEGES FOR-- TO GRADE COMPLETION AND ALSO FOR GRADUATE
18 PROGRAMS WITH THE UNIVERSITY OF CALIFORNIA, LOS ANGELES. WE
19 ARE ALREADY WORKING CLOSELY WITH THE UNIVERSITY OF CALIFORNIA
20 PROVOST RORY HUME IN A NEW-- TO DEVELOP A NEW DIRECT AFFILIATE
21 STATUS FOR THE U.C. REGENT SYSTEM. WE'VE BEEN EXTENDING OUR
22 RELATIONSHIP WITH U.C.L.A., WHICH HAS BEEN A POWERFUL ONE OVER
23 MANY YEARS TO INCLUDE MORE TWO YEAR MEDICAL SCHOOL STUDENTS
24 AND GRADUATE NURSING PROGRAMS, AS I SAID. IT'S ALL VERY
25 EXCITING BUT IT'S ALSO VERY DANGEROUSLY POISED. SIGNIFICANT



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1 FUNDS ARE REQUIRED TO PRESERVE AND SUSTAIN AND FACILITATE THE
2 INDEPENDENT GROWTH OF THE UNIVERSITY AND THAT'S NOT JUST MSOI
3 STIPENDS, THAT'S ACTUALLY PROBABLY ONE OF THE LEAST OF OUR
4 WORRIES. WE NEED WHOLE NEW SALARIES OR FEWER DOCTORS,
5 ADMITTEDLY. MANY, MANY FEWER DOCTORS BUT THE BEST ONES, HOW
6 ARE WE GOING TO KEEP CURLY BONDS IN PSYCHIATRY, OR JIMMY BROWN
7 IN E.N.T. OR EVERETT LYNN, WHO SIGNED A CONTRACT TO START IN
8 THREE WEEKS' TIME, FROM HARVARD TO HEAD UP EMERGENCY MEDICINE,
9 ONE OF THE BEST IN THE COUNTRY? OR JOSEPH MCWERTA, IN
10 DENTISTRY? HOW ARE WE GOING TO KEEP THESE PEOPLE UNLESS WE PAY
11 SALARIES THAT KEEP THEM IN THE MIX FOR THE NEXT TWO YEARS
12 WHILE WE BUILD THE FACULTY PRACTICE PLAN WHICH WE, AS LUCK
13 WOULD HAVE IT AND GREAT-- ONE OF THE LAST GREAT IRONIES, WE
14 ALL BUT SIGNED OFF ON THE MORNING OF THE LETTER? ON SEPTEMBER
15 22ND, THE WILLOWBROOK MEDICAL CENTER, PREVIOUSLY KNOWN AS THE
16 L.A.I INSTITUTE, WHICH WILL PROBABLY-- THAT'S A WORKING TITLE
17 FOR IT, BUYS THE FACULTY PLAN THAT HAS BEEN IN THE MAKING FOR
18 SEVEN YEARS AND IT'S NEARLY THERE. WELL, IT'S NEARLY
19 SOMEWHERE. CANYON JOHNSON HAD BOARDING AS AN EQUITY PARTNER
20 AND WE NOW HAVE TO GO BACK TO THE DRAWING BOARD. PLACEMENT OF
21 RESIDENTS IS NOT EASY BUT IT'S DOABLE, WITH DR. CHERNOF'S
22 HELP, YOU KNOW, WE'VE DONE THAT WITH SURGERY AND RADIOLOGY.
23 IT'S MORE DIFFICULT. WE WILL HAVE TO CUT BACK THE NUMBER OF
24 RESIDENCY PROGRAMS FROM 15 OR 17 IN TOTAL BUT 15 MEDICAL
25 A.C.G.M.E. AND TWO IN DENTISTRY, TO GO BACK TO CORE SERVICES.



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1 WE HAVE TO CUT BACK THE NUMBER OF RESIDENTS ALMOST CERTAINLY
2 BY OVER 50%, FROM 251 TO ABOUT 120. THIS IS THE IMPACT OF THIS
3 DECISION ACROSS THE ROAD, THIS C.M.S. DECISION. AND THE PLAN,
4 AND I DON'T DISAGREE WITH THE PLAN, I DON'T DISAGREE WITH THE
5 IDEA OF A NETWORK, I JUST NEED PEOPLE TO UNDERSTAND YOU, AS
6 SUPERVISORS, THE SCOPE OF THE IMPACT ACROSS THE ROAD AND ON
7 THE NEXT GENERATION OF DOCTORS AND HEALTH PROFESSIONALS TO
8 SERVE THE COUNTY AND THE STATE AND THE COUNTRY AND THE WORLD.
9 WE WILL HAVE TO SOLVE THE PROBLEM OF ROTATING OUR STUDENTS
10 WHO, PREVIOUS TO NOW, CURRENTLY AT K.D.M.C. AND WE'LL WORK
11 WITH U.C.L.A. BUT WE NEED OTHER OPTIONS IF WE'RE GOING TO KEEP
12 THOSE NUMBERS STRONG. WE HAD A PLAN, UNTIL A FEW WEEKS AGO,
13 AND WE WILL CONTINUE WITH THAT PLAN, TO INCREASE THEIR TWO-
14 YEAR NUMBERS FROM 24 A YEAR TO 35, AND WE HAVE THE FIRST
15 MEETING OF THE FOUR-YEAR SCHOOL TASK FORCE, INCLUDING DR.
16 DAVID SATCHER AND MICHAEL JOHNS, FORMER DEAN OF MEDICINE AT
17 JOHNS HOPKINS AND HIGHLIGHTER BASS FROM U.C. SAN FRANCISCO AND
18 THE HEAD OF THE ROBERT WOOD FOUNDATION, RISA LA VITZA MOREY,
19 TO WORK WITH US ON A FOUR-YEAR PLAN. WE NEED A FACULTY
20 PRACTICE PLAN, AS I SAID. IF WE TURN DIRT IN JANUARY NEXT
21 YEAR, IT WILL TAKE TWO YEARS TO BUILD. WE HAVE TO BOTH SURVIVE
22 AND THRIVE AND WE CAN DO THAT BUT IT WILL COST MONEY AND IT
23 WILL TAKE TIME. MY MAJOR GOAL WHEN I GOT HERE WAS TO HAVE THE
24 UNIVERSITY BETTER SERVE THE COMMUNITY IT NOW OPERATES IN. THAT
25 COMMUNITY IS NOW LARGELY LATINO AND THAT'S A MAJOR CHANGE AND



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1 THE UNIVERSITY NEEDS TO RECOGNIZE THAT AND ACKNOWLEDGE THAT,
2 AT FACULTY, ADMINISTRATION AND STUDENT LEVEL. I BELIEVE
3 STRONGLY, AS DOES MY BOARD CHAIR, BART WILLIAMS, WHO IS UNABLE
4 TO BE HERE TODAY, THAT THE COUNTY HAS AN OBLIGATION UNDER
5 MSOA, OBVIOUSLY, WE HAVE AN OBLIGATION, YOU HAVE AN
6 OBLIGATION. WE HAVE DONE OUR SHARE AND WE WANT TO WORK WITH
7 YOU ON HOW THAT ROLLS OUT. WE ALSO BELIEVE THAT THE
8 SUPERVISORS AND THE COUNTY HAVE AN OBLIGATION, A MORAL
9 OBLIGATION TO THE UNIVERSITY THAT IT NOT DIE, THAT ITS WORK
10 AND ITS MISSION TO ADDRESS THE CHRONIC DOCTOR SHORTAGE IN THE
11 STATE OF CALIFORNIA, NURSING SHORTAGE, HEALTH PROFESSIONALS.
12 CALIFORNIA, AS YOU PROBABLY KNOW, RANKS BETWEEN 45 AND 50 ON
13 MOST OF THESE DIMENSIONS. IT IS THE MOST DIVERSE STATE IN THE
14 COUNTRY, I'M NOT TELLING YOU ANYTHING YOU DON'T KNOW, BUT
15 CALIFORNIA IS THE FACE OF THE AMERICA OF THE FUTURE AND ITS
16 HEALTHCARE CRISIS, WHICH IS MUCH DEEPER THAN THIS ONE, IS THE
17 FACE OF HEALTHCARE IN THIS COUNTRY. THE UNIVERSITY OF
18 CALIFORNIA RECOGNIZES THAT WE CAN PLAY A SIGNIFICANT PART IN
19 ADDRESSING THE HEALTHCARE DISPARITIES, THE NUMBERS OF DOCTORS
20 AND THE NUMBER OF NURSES AND THEY DID THIS BEFORE SEPTEMBER
21 THE 22ND. WE'VE ALSO HAD EXTENSIVE DISCUSSIONS WITH THE
22 LEGISLATURE. THE UNIVERSITY OF CALIFORNIA LOS ANGELES
23 RECOGNIZES THAT WE GRADUATE FABULOUS DOCTORS WHO ARE SNAPPED
24 UP FOR RESIDENCIES AROUND THE COUNTRY. WE ARE THE BIGGEST
25 PROVIDER OF DIVERSE DOCTORS PER HEAD OF POPULATION IN THE



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1 COUNTRY. WE ALSO ARE THE N.I.H. IN WASHINGTON RECOGNIZES US AS
2 ONE OF THE TOP RESEARCH INSTITUTIONS IN THE COUNTRY. WE PUNCH
3 WAY ABOVE OUR WEIGHT IN BOXING TERMS. WE DO AMAZING RESEARCH.
4 WE ARE ONE OF THE BIGGEST EARNERS OF N.I.H. DOLLARS OF ANY
5 INSTITUTION AND CERTAINLY THE BIGGEST BY HEAD OF POPULATION
6 AND NUMBERS OF RESEARCHERS. WE DO AMAZING RESEARCH THAT
7 CHANGES CLINICAL PRACTICE VERY QUICKLY, WHICH IS WHAT THE
8 N.I.H. REALLY WANTS DONE. WE HAVE PROVED OURSELVES LOCALLY,
9 NATIONALLY AND INTERNATIONALLY AND WE CAN BE THE SILVER LINING
10 OF THIS VERY DARK CLOUD. IT'S AN OPPORTUNITY FOR SUPERVISORS
11 TO PLAY A PIVOTAL ROLE IN THE DEVELOPMENT OF A MAJOR LOS
12 ANGELES AND CALIFORNIA ASSET. WE NEED YOUR HELP. I WILL WORK
13 WITH YOU ALL, I WILL WORK WITH MY FRIEND AND COLLEAGUE, DR.
14 BRUCE CHERNOF ON THE EXACT SCOPE OF THAT HELP AND WHEN IT'S
15 NEEDED. WE'LL PRESENT YOU WITH A PLAN AND A TIME LINE, A VERY
16 DETAILED PLAN AND I THANK THE SUPERVISORS WHO HAVE GIVEN ME
17 SOME TIME IN THIS LAST WEEK TO HEAR THE BEGINNINGS OF THAT
18 PLAN. THANK YOU. THIS MATTER IS URGENT AND EXTREMELY SERIOUS.
19 I'M NOT TELLING YOU AGAIN ANYTHING YOU DON'T KNOW. BRUCE
20 HIMSELF SAID WE CAN'T OVERSTRESS THE NATURE OF THE CRISIS. IT
21 IS A CATASTROPHE, A CATASTROPHIC CHANGE TO INFRASTRUCTURE OF
22 CHARLES R. DREW UNIVERSITY OF MEDICINE AND SCIENCE, OF
23 FACULTY, FACILITIES AND FUNDING. THE WORDS OF A.C.G.M.E. ON
24 MONDAY MORNING. I'VE LED SCARY TURNAROUNDS BEFORE. THIS WILL
25 BE MY FIFTH IF WE PULL IT OFF AND WE PLAN TO PULL IT OFF.



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1 THAT'S WHY I'M HERE. I CAME TO DO THIS BECAUSE IT'S GREAT
2 WORK, THERE IS NO BETTER WORK THAN TO SERVE AND WORK WITH
3 DOCTORS AND HEALTH PROFESSIONALS WHO SERVE THE POOREST PEOPLE,
4 PEOPLE WHO CAN'T PAY, PEOPLE IN THIS COUNTY, PEOPLE IN THIS
5 STATE, PEOPLE IN THIS COUNTRY, PEOPLE AROUND THE WORLD. WE
6 HAVE A MORAL OBLIGATION TO ENSURE THAT WE CONTINUE TO DO OUR
7 WORK AND WE GROW AND WE THRIVE AND WE CAN'T DO THIS WITHOUT
8 YOUR HELP. FRANKLY, THE IMPLICATIONS OF THIS ARE DEEPER THAN
9 WE IMAGINED BUT WE WILL WORK THROUGH IT, WITH YOUR HELP. THANK
10 YOU.

11

12 **SUP. ANTONOVICH, MAYOR:** THANK YOU. MISS OCHOA.

13

14 **KATHY OCHOA:** GOOD MORNING, SUPERVISORS. MY NAME IS KATHY
15 LADESMA OCHOA, I'M SENIOR HEALTH POLICY FOR-- ANALYST FOR
16 S.E.I.U. LOCAL 660, BEEN HERE ON MANY OCCASIONS TO TALK IT
17 KING/DREW AND WOULD LIKE TO SHARE THESE THOUGHTS WITH YOU AND
18 CONTINUE MANY FUTURE DISCUSSIONS ABOUT THAT FACILITY.
19 SUPERVISORS, WE BELIEVE THAT LOS ANGELES COUNTY IS ON A ROAD
20 TO A FUTURE WITH VITAL SAFETY AND HEALTH SERVICES FOR OUR
21 COMMUNITIES, WITH JOBS FAMILIES CAN LIVE ON. S.E.I.U. LOCAL
22 660 IS PROUD OF THE ROLE WE HAVE PLAYED IN FIGHTING TO
23 PRESERVE ACCESS TO VITALLY NEEDED INPATIENT SERVICES FOR THE
24 KING/DREW COMMUNITY AND TO KEEP THE SERVICES PUBLIC. WE HAVE
25 DONE EVERYTHING IN OUR POWER AND WITHIN OUR IMAGINATION TO



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1 SUPPORT PASSAGE OF C.M.S. WITHIN THE HOSPITAL'S FOUR WALLS
2 DURING THE PAST YEARS. EVERY MEMBER IN EVERY DEPARTMENT OF
3 S.E.I.U. LOCAL 660 IS PROUD OF THE EFFORTS OF OUR SISTERS AND
4 BROTHER CAREGIVERS AT KING/DREW. WHILE WE HAVE DEMANDED THAT
5 INPATIENT SERVICES BE PRESERVED FOR PATIENTS AND THAT THE
6 HOSPITAL REMAIN PUBLIC, WE HAVE CONTINUED TO PLAY A LEADERSHIP
7 ROLE AND WE WILL CONTINUE TO PLAY A LEADERSHIP ROLE WITH
8 ELECTED OFFICIALS AND ADVOCATES TO UNIFY AROUND A SINGLE
9 SOLUTION FOR A FUTURE KING/DREW. THIS IS NOT THE TIME FOR
10 RECRIMINATIONS OR COMPETING PROPOSALS. THE TIME FOR ANALYZING
11 DOCTOR CHERNOF'S PROPOSAL IS IMMEDIATELY BEFORE US AND THERE
12 WILL BE PRINCIPLED INPUT, PARTICULARLY AROUND THE TRANSITION
13 TIME AND HOW WE MAINTAIN ACCESS TO PATIENTS DURING THIS
14 TRANSITION. AND, SUPERVISORS, NO ONE KNOWS BETTER THAN WE THE
15 IMPACT OF THE REGION'S HEALTHCARE SYSTEM THAT TODAY'S DECISION
16 WILL HAVE AND ALL PLANNING EFFORTS MUST ACCOUNT FOR THIS.
17 HOWEVER, WE RESPECTFULLY CALL FOR EFFORTS TO HAVE THE GOVERNOR
18 DECLARE A STATE OF EMERGENCY TO BE WITHDRAWN. THIS IS NOT THE
19 TIME FOR CONFLICTING MESSAGES OR FALSE EXPECTATIONS. WE NEED
20 TO FOCUS ON THE ALIGNMENT OF FEDERAL AND STATE POLICY AND
21 FINANCING TO SUPPORT THIS NEW CHAPTER IN KING/DREW'S HISTORY
22 AND TO FIGURE OUT HOW WE CONTINUE GRADUATE MEDICAL EDUCATION
23 IN OUR AREA. WHAT ABOUT OUR MEMBERS, SUPERVISOR? WE KNOW WE
24 LIVE IN A HEALTHCARE WORLD THAT IS IN TRANSITION AND LEARNED
25 LONG AGO TO GET AHEAD OF THE CURVE. THEREFORE, WE HAVE A



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1 HEALTHCARE RESTRUCTURING ARTICLE IN OUR COUNTY M.O.U. TO
2 ENSURE FAIR AND EQUITABLE TREATMENT OF ALL EMPLOYEES IMPACTED
3 BY CHANGES IN THEIR WORK STATUS OR LOCATION, PARTICULARLY WITH
4 RESPECT TO TRANSFERS. SUPERVISOR YAROSLAVSKY, YOU INDICATED
5 THAT ALL OF THE D.H.S. NEEDED TO SUPPORT THIS EFFORT AND THAT
6 OTHER COUNTY DEPARTMENTS WOULD BE HELPFUL AS WELL. THEREFORE,
7 TO MITIGATE THE IMPACT ON D.H.S. AND MAXIMIZE OPPORTUNITIES
8 FOR THE WORKERS AT KING/DREW, WE CALL FOR A FREEZE ON HIRING
9 IN ALL COUNTY DEPARTMENTS SO THAT OPPORTUNITIES FOR MEMBERS
10 WHO MAY BE IMPACTED BY THIS TRANSITION HAVE COUNTYWIDE
11 OPPORTUNITIES AVAILABLE TO THEM. THIS IS A POLICY CALL THAT I
12 URGE YOUR BOARD TO CONSIDER. OUR RESEARCH REVEALS THAT ONE OUT
13 OF EVERY 10 PERMANENT COUNTY POSITIONS ARE VACANT. HERE ARE
14 SOME OF THE NUMBERS. D.P.S.S., 846. CHILD SUPPORT, 239
15 POSITIONS. I.S.D., 391 POSITIONS. REG/RECORDER, 180 POSITIONS.
16 TREASURER AND TAX, 100 POSITIONS. PUBLIC WORKS, 800 POSITIONS.
17 SHERIFF, 1,327 POSITIONS. PARKS AND REC, 259 POSITIONS. PUBLIC
18 LIBRARIES, 625 POSITIONS. THESE ARE PERMANENT BUDGETED VACANT
19 POSITIONS THAT WE HOPE WILL BE EXTENDED AS OPPORTUNITIES FOR
20 OUR MEMBERS. SUPERVISORS, I HAVE THOUGHT A LOT IN THESE PAST
21 YEARS WORKING ON THIS ISSUE. I WAS APPOINTED AS A MEMBER OF
22 THE HOSPITAL ADVISORY BOARD AND ALWAYS TRIED TO ACT IN THE
23 BEST INTERESTS OF THE PATIENTS, THE COMMUNITY AND OUR MEMBERS
24 TO SERVE THIS COUNTY IN ANY WAY THAT YOU HAVE ASKED AND I HAVE
25 THOUGHT OFTEN, WHAT WOULD DR. MARTIN LUTHER KING WANT US TO



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1 DO? AND THAT HELPED INFORM THE DECISIONS THAT I MADE ON BEHALF
2 OF MY MEMBERS WHO TASKED ME WITH WORKING ON THIS VERY CRITICAL
3 ISSUE. AND I THOUGHT ABOUT THAT A LOT IN THESE PAST DAYS AND I
4 BELIEVE THAT DR. MARTIN LUTHER KING, JR. WOULD HAVE WANTED US
5 TO CLIMB THE MOUNTAIN. HE WOULD BE PROUD THAT WE DID. HE WOULD
6 HAVE WANTED US TO LOOK TO THE OTHER SIDE. HE WOULD BE PROUD
7 THAT WE WILL. SUPERVISORS, ONE CHAPTER IN THE KING/DREW LEGACY
8 HAS CLOSED. LET US BEGIN NOW TOGETHER TO CREATE A NEW FUTURE
9 FOR KING/DREW. THANK YOU.

10

11 **SUP. ANTONOVICH, MAYOR:** THANK YOU. LET ME ALSO CALL UP WADE
12 ROSE AND JAMES LOTT.

13

14 **DR. GENEVIEVE CLAVREUL:** GOOD AFTERNOON, BOARD OF SUPERVISORS,
15 THIS IS GENEVIEVE CLAVREUL. AND, AS USUAL, I AM NOT GOING TO
16 BE POLITICALLY CORRECT, BECAUSE I AM NOT A POLITICIAN AND I
17 SAY IT AS I SEE IT. AND, YOU KNOW, FROM THE BEGINNING OF THE
18 KING/DREW SAGA, I TOLD YOU THERE WAS A ACUTE PROBLEM GOING ON.
19 I TOLD YOU CAMDEN WAS NOT DOING THEIR JOB, I TOLD YOU NAVIGANT
20 WAS NOT DOING THEIR JOB. NOBODY LISTENED BECAUSE YOU DON'T
21 WANT ANY BAD NEWS. THE SAME LIKE TODAY, EVERYBODY SAID, OH,
22 LET'S BE NICE, LET'S NOT, YOU KNOW, LET BYGONES BE BYGONES.
23 THAT'S PART OF THE PROBLEM. WHEN YOU HAVE A PROBLEM AND YOU'RE
24 NOT LOOKING AT IT, AND YOU HAVE NOT BEEN LOOKING AT IT WHEN IT
25 COMES TO KING/DREW. ACTUALLY, DR. CHERNOF, WHO WAS HERE A FEW



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1 MINUTES AGO, GIVING YOU THAT BIG SPEECH, WAS THE ONE WHO WAS
2 IN CHARGE ORDERING ONE OF THE MAIN TURNAROUNDS IN KING/DREW,
3 WHERE HE FAILED MISERABLY AND EVEN SO, I AM IN SUPPORT OF
4 HAVING HARBOR-U.C.L.A. TAKING OVER. THIS IS PROBABLY ONE OF
5 THE MORE DIFFICULT TASKS YOU COULD TRY TO DO BECAUSE A MERGER
6 IS ONE OF THE MOST DIFFICULT THINGS TO ACCOMPLISH IN BUSINESS
7 AND EVEN MERGER OF TWO INSTITUTIONS WHO ARE PRISTINE IS A
8 TREMENDOUS CHALLENGE. HERE YOU HAVE A MERGER WITH A NOT SO
9 PRISTINE AND A HOSPITAL WHO IS COMING AHEAD NOW HARVARD
10 U.C.L.A. AND YOU'RE TAKING A GREAT CHANCE TO TOTALLY SCATTER
11 EVERYTHING. AND I WILL GO BACK TO THE THINGS I'VE SAID OVER
12 AND OVER AGAIN, L.A. COUNTY NEED A HEALTH AUTHORITY. WE NEED
13 IT FOR THE SAFETY OF THIS COUNTY, WE NEED IT FOR THE SAFETY OF
14 THE PEOPLE WHO ARE DEMANDING THE CARE AND NEEDING THE CARE
15 AND, AS USUAL, WE'RE GOING TO DO A HALFWAY SOLUTION. WHO IS
16 GOING TO BE IN CHARGE OF REALLY MERGING THOSE TWO HOSPITALS
17 TOGETHER? IT IS VERY OBVIOUS THAT THE PEOPLE WE HAVE HERE HAVE
18 NOT SHOWN SKILL IN MANAGING A HOSPITAL OR HEALTHCARE AND I
19 THINK IT'S TIME TO LOOK AT IT FROM THE BEGINNING AND SEE WHAT
20 WE CAN DO TO MAKE A DIFFERENCE. AND KIND OF, YOU KNOW, I'M
21 HEARING THE SAME THING, WELL, C.M.S., YOU KNOW, WE DID NOT
22 KNOW WE WERE GOING TO FAIL C.M.S. EXCUSE ME? WHERE HAVE YOU
23 BEEN? I MEAN, IT WAS SO STRAIGHTFORWARD. THINGS WERE NOT
24 CHANGING AT KING/DREW. YOU KNOW, YESTERDAY, I WAS AT THE
25 MEETING, YOU KNOW, CONGRESSWOMAN MAXINE WATERS IS, YOU KNOW,



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1 MENTIONING, AND I WAS TALKING TO SOME OF THE NURSES AND THEY
2 SAID, "WE DON'T KNOW WHY THE C.M.S. GOT SO UPSET BECAUSE THERE
3 WAS BLOOD ON THE TESTING MACHINE, YOU KNOW? THAT HAPPENS ALL
4 THE TIME." I'M SCARED. I'M SCARED FOR THE PEOPLE WHO NEED TO
5 RECEIVE CARE. THERE IS A MENTALITY OF NONPERFORMANCE AND I
6 THINK TODAY YOU SHOW IT VERY-- YOU KNOW, YOU ARE SO CLEAR, IT
7 WAS SUCH, YOU KNOW, "OH, THANK YOU, DR. CHERNOF, TO TAKE THIS
8 SOLUTION SO QUICKLY." HE'S THE ONE WHO DID THE MESS. I MEAN,
9 THERE'S SOMETHING WRONG IN THAT PICTURE. YOU KNOW, IT LOOKS
10 LIKE IN THIS COUNTY WE HAVE A FOLLY IN GENERAL. I THINK YOU
11 NEED TO MAKE THE FACTS...

12

13 **SUP. ANTONOVICH, MAYOR:** BUT YOU HAVE TO ADMIT, DOCTOR, THE
14 PLAN OF ACTION, THE LEADERSHIP THAT DR. CHERNOF HAS TAKEN IS
15 180 DEGREES FROM THE PREVIOUS LEADERSHIP AND ACTIONS THAT WERE
16 TAKEN AND THE PREVIOUS REPORT AND WORK EFFORT THAT NAVIGANT
17 HAD DONE.

18

19 **DR. GENEVIEVE CLAVREUL:** DR. CHERNOF WAS PART OF THE TEAM WHO
20 WAS THERE TO TURN AROUND...

21

22 **SUP. ANTONOVICH, MAYOR:** HE HAS STEPPED ASIDE AND PROVIDED
23 LEADERSHIP WHERE LEADERSHIP WAS IN A VACUUM AND WE HAVE TO
24 RECOGNIZE WHAT HE HAS DONE AND HE'S DONE IT IN A VERY
25 STRAIGHTFORWARD MANNER AND HE SPEAKS ENGLISH AND HE TELLS YOU



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1 IN A VERY UP-FRONT ARTICULATE WAY THE ACTIONS THAT WILL BE
2 TAKEN, THAT HAVE BEEN TAKEN AND THE POLICIES THAT NEED TO BE
3 IMPLEMENTED. AND WITH HIS-- I HAVE CONFIDENCE THE WILL BE ABLE
4 TO ACCOMPLISH THAT IF THE BOARD STAYS UNITED BEHIND HIM, WHICH
5 I KNOW WE WILL BUT WE THANK YOU FOR YOUR CONTINUED INVOLVEMENT
6 AND FOR CRYING OUT ON THE VARIOUS ISSUES THAT HAS LED TO THE
7 ACTIONS THAT ARE BEING TAKEN TODAY. THANK YOU. MR. KING. LARK
8 GALLOWAY GILLIAM. MR. KING?

9

10 **CELES KING IV:** AH, IT'S AFTERNOON, ISN'T IT? GOOD AFTERNOON,
11 SUPERVISORS. FIRST OF ALL, I WANT TO APPLAUD YOU FOR COMING
12 TOGETHER AND REACTING IN SUCH A DECISIVE KIND OF A MANNER IN
13 TERMS OF THE LAST FEW DAYS. I'M PLEASED TO HEAR THAT WE'RE
14 LOOKING AT A SITUATION THAT SEEMS TO BE SOMEWHAT EXTRA
15 FEASIBLE. HOWEVER, I DO THINK THAT THERE ARE A TREMENDOUS
16 NUMBER OF HURDLES INVOLVED IN THIS THING. WHATEVER THE
17 COMMUNITY CAN DO OR WHATEVER I CAN DO, BE REST ASSURED THAT
18 I'M AVAILABLE FOR ANY HELP THAT I CAN GIVE, ALONG WITH MANY
19 OTHERS. HOWEVER, I DO TEND TO THINK THAT, YOU KNOW, D.H.S. HAS
20 HAD A HISTORY OF TREMENDOUS FAILURES IN REGARD TO THIS
21 HOSPITAL OVER AND OVER AND OVER AND OVER. I DON'T KNOW IF THE
22 NEW LEADERSHIP IS, IN FACT, GOING TO REALLY CHANGE THAT
23 BECAUSE, WHEN WE LOOK AT WHAT'S HAPPENED, WE'VE GOT TO
24 UNDERSTAND THAT SYSTEMIC CHANGE IS THE ONLY THING THAT'S
25 REALLY GOING TO CHANGE SOMETHING HERE. AND WHEN WE SAY



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1 SYSTEMIC CHANGE, WE UNDERSTAND THAT WE'VE GOT TO DEAL WITH
2 CIVIL SERVICE EMPLOYEES AND A WHOLE LOT OF OTHER THINGS THAT
3 ARE EXISTENT THAT ARE VERY DIFFICULT SITUATIONS TO AMELIORATE.
4 I WAS VERY HAPPY TO HEAR THAT MS. MOLINA BROUGHT UP THE IDEA
5 IN TERMS OF THE FUNDING SITUATION BECAUSE THERE HAS TO BE A
6 TRANSITION OR GAP FUNDING SITUATION INVOLVED IN THIS THING
7 AND, IN THAT REGARD, IT'S NECESSARY THAT A LETTER OF AGREEMENT
8 IN PRINCIPAL THAT DELINEATES THE THINGS IN REGARD TO THE NINE
9 DEFICIENCIES THAT THEY SAY HAVE TO BE ADDRESSED BEFORE THEY'RE
10 GOING TO SAY OKAY BECAUSE, IF THEY'RE NOT GOING TO SAY OKAY
11 BEFORE THESE ARE ADDRESSED, THIS HOSPITAL IS GOING DOWN THE
12 TUBES AND NOT ONLY IS IT GOING TO GO DOWN THE TUBES BUT IT'S
13 GOING TO IMPACT THIS ENTIRE COUNTY SYSTEM, BOTH PRIVATE AND
14 PUBLIC. THE OTHER THING THAT I'D LIKE TO SAY IS SIMPLY THIS,
15 THE HEALTHCARE SITUATION IN TERMS OF A METROPOLITAN APPROACH
16 SEEMS TO ME THAT IT CLEARLY KIND OF SMACKS OF AN AUTHORITY
17 KIND OF A SITUATION, EVEN THOUGH "AUTHORITY" MAY NOT BE THE
18 CORRECT KIND OF A TERM TO USE BUT IT HAS THAT KIND OF AN
19 APPROACH. I THINK THAT THAT KIND OF AN APPROACH IS A VIABLE
20 ONE AND I THINK THAT IT WOULD WORK. I JUST DON'T KNOW WHETHER
21 IT SHOULD BE SEPARATED FROM THE COUNTY ITSELF IN TERMS OF A
22 SEPARATE ENTITY AND BODY OR THAT THE COUNTY CAN DEVISE A
23 SITUATION UNDERNEATH THE BANNER OF D.H.S. THAT WILL COMBINE
24 THE WHOLE COUNTY SYSTEM INTO A METROPOLITAN DELIVERY SERVICE,
25 AND I THINK IT'S SOMETHING THAT WE NEED TO LOOK AT. THE OTHER



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1 THING IS, IS I THINK IT NEEDS TO BE ON THE TABLE THAT MARTIN
2 LUTHER KING/DREW MEDICAL CENTER CANNOT BE CLOSED FOR ONE DAY,
3 NOT ONE DAY. IT'S UNACCEPTABLE AND, IN THE LONG RUN, THAT THE
4 TOTAL VISION SHOULD BE THAT THIS HOSPITAL IS RETURNED TO A
5 FULL SERVICE COMPREHENSIVE ACUTE CARE HOSPITAL WITH A TRAUMA
6 CENTER. THANK YOU.

7

8 **SUP. ANTONOVICH, MAYOR:** THANK YOU, CELES.

9

10 **WADE ROSE:** SUPERVISORS, MY NAME IS WADE ROSE, I'M VICE
11 PRESIDENT OF EXTERNAL AND GOVERNMENT RELATIONS FOR CATHOLIC
12 HEALTHCARE WEST. C.H.W. SPONSORS FIVE COMMUNITY HOSPITALS IN
13 LOS ANGELES COUNTY AND, AS DR. CHERNOF HAS INDICATED, WE HAVE
14 BEEN IN CONVERSATION WITH THE DEPARTMENT FOR SOME TIME
15 INFORMALLY, ALMOST TWO YEARS, ABOUT HOW WE MIGHT BE ABLE TO
16 WORK WITH THE COUNTY TO HELP STABILIZE THE SITUATION OF MARTIN
17 LUTHER KING. THOSE DISCUSSIONS HAVE, AT TIMES, LED TO SOME
18 CONCRETE ACTIONS, SUCH AS THE OPENING OF THE NEW TRAUMA CENTER
19 AT CALIFORNIA HOSPITAL, WHICH WAS DONE IN CONJUNCTION WITH THE
20 DEPARTMENT AND HELPED MAKE SURE THAT SERVICES FOR THE GREATER
21 COMMUNITY, AT LEAST IN THE TRAUMA SENSE, WERE MAINTAINED AS
22 MARTIN LUTHER KING ADJUSTED ITS CLINICAL PROGRAMS. OUR
23 POSITION IN THESE DISCUSSIONS WITH THE DEPARTMENT HAS ALWAYS
24 BEEN THAT WE WOULD HAVE AN INTEREST IN LIEU OF THE CLOSURE OF
25 THE HOSPITAL AND WHILE WE CLEARLY UNDERSTOOD THE DIFFICULTIES



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1 ASSOCIATED WITH A PRIVATE ENTITY SUCH AS OURSELVES BECOMING
2 INVOLVED WITH THE MANAGEMENT OF SUCH AN IMPORTANT HOSPITAL,
3 THE OPTION OF CLOSURE REPRESENTED A BIGGER DIFFICULTY FOR
4 EVERYONE INVOLVED. SO, IN RELATIONSHIP TO THE RECOMMENDATION
5 OF DR. CHERNOF REGARDING THE MERGER OF MARTIN LUTHER KING
6 HOSPITAL, WE SUPPORT THAT RECOMMENDATION, WE THINK IT IS A
7 VALID ONE, IT MAINTAINS CONTINUITY OF CARE WITHIN THE COUNTY
8 SYSTEM, CONTINUITY OF RELATIONSHIP OF PHYSICIANS, EVEN THOUGH
9 CHANGES NEED TO BE MADE THERE AND WE THINK IT IS AN IMPORTANT
10 THING TO DO. WE WILL CONTINUE TO WORK WITH THE DEPARTMENT IN
11 ASSURING THE AVAILABILITY OF HEALTHCARE SERVICES FOR ALL THE
12 RESIDENTS OF THE COUNTY AND STAND READY TO ENGAGE WITH THE
13 DEPARTMENT IN WHATEVER MANNER THEY WOULD LIKE TO IN
14 RELATIONSHIP TO STABILIZING SERVICES. THANK YOU.

15

16 **SUP. ANTONOVICH, MAYOR:** THANK YOU.

17

18 **JIM LOTT:** GOOD AFTERNOON, SUPERVISORS. I'M JIM LOTT, THE
19 EXECUTIVE VICE PRESIDENT OF THE HOSPITAL ASSOCIATION OF
20 SOUTHERN CALIFORNIA AND WE SUPPORT DR. CHERNOF'S APPROACH TO
21 DEALING WITH THIS MOST SERIOUS PROBLEM. WE HAVE JUST A TON OF
22 QUESTIONS AND TWO TONS OF DOUBT BUT HE HAS EARNED THE RIGHT TO
23 HAVE AN OPPORTUNITY TO ANSWER THOSE QUESTIONS AND TO RESOLVE
24 THAT DOUBT AND SO WE WILL TAKE THAT UP WITH HIM AT THE POINT
25 IN TIME WHEN HE'S PREPARED TO ROLL OUT MUCH MORE OF THE PLAN



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1 AND WE HOPE THAT, AT THAT TIME, WE'LL BE ABLE TO CONTINUE TO
2 SUPPORT WHAT'S BEING PROPOSED BUT WE THANK YOU FOR ALL OF YOUR
3 EFFORTS AND FOR YOUR DECISION TO MAINTAIN A FULL SERVICE
4 HOSPITAL WITH AN EMERGENCY DEPARTMENT SERVING THAT COMMUNITY.
5 THANK YOU VERY MUCH.

6

7 **LARK GILLIAM GALLOWAY:** GOOD AFTERNOON. I'M LARK GALLOWAY
8 GILLIAM WITH THE COMMUNITY HEALTH COUNCIL. I WOULD ECHO JIM'S
9 REMARKS. I, TOO, AM GRATEFUL TO THIS BOARD FOR ITS COMMITMENT
10 TO KEEP THE HOSPITAL OPEN. I REMEMBER THE CONVERSATION AT ONE
11 POINT REALLY CONTEMPLATING IF WE WOULD BE ABLE TO DO THAT, AND
12 SO THE STEP THAT YOU ARE TAKING TODAY AND DR. CHERNOF'S
13 PROPOSAL GIVES US GREAT HOPE, BUT I ALSO WOULD SAY I WOULD BE
14 REMISS IN MY DUTIES AS SOMEONE WHO COMES TO THIS TABLE, NOT
15 OUT OF A POLITICAL AGENDA OR ECONOMIC SELF-INTEREST, SOMEONE
16 WHO REALLY BELIEVES THAT WE'RE WORKING FROM THE HEART IN PLACE
17 OF COMMUNITIES AND THE FOLKS WHO DEPEND ON THIS, IF I DIDN'T
18 CHALLENGE YOU TO SEE THIS AS A SHORT-TERM SOLUTION TO A LONG-
19 TERM PROBLEM. AND I WOULD ASK THAT YOU, IN YOUR DECISION, TO
20 SEE THE NEED TO MAKE A COMMITMENT TO A LONG-TERM DECISION AND
21 A LONG-TERM SOLUTION THAT PROVIDED THIS COMMUNITY WITH MORE
22 THAN 100 BEDS. THIS IS JUST THE BEGINNING AND IT'S ONE, THAT I
23 CAN HEAR FROM EVERYONE, THAT WE ARE, YOU KNOW, WE HAVE TO SORT
24 OF JOIN THE PARTY LINE AND SUPPORT AND I'M PREPARED TO DO
25 THAT. BUT, IN THE ABSENCE OF REALLY HAVING AN OPPORTUNITY TO



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1 GET ACCESS TO THE DECISION MAKING, I COME HERE TODAY TO
2 PERHAPS LAY ON YOUR HEARTS AND MIND SOME OF MY CONCERNS. THE
3 FIRST IS THAT OF STAFFING, THE STAFFING STRATEGY. I ASK WHAT
4 HAS CHANGED? CLEARLY, 100 BEDS WILL REQUIRE LESS PERSONNEL BUT
5 THE COMMITMENT THAT YOU'RE MAKING TODAY IS ALSO FOR OUTPATIENT
6 AND WE WANT TO HOLD THAT UP HIGH BECAUSE THAT IS CRITICAL TO
7 HAVE THOSE SPECIALTY SERVICES IN THE COMMUNITY. AND SO WHERE
8 ARE THE DOCTORS AND NURSES COMING FROM? YOUR BIGGEST PROBLEM
9 AT KING SEEMS TO ME TO HAVE BEEN OVER THE YEARS THE NUMBER OF
10 TRAVELING NURSES. HOW IS THAT GOING TO CHANGE IN THIS SCENARIO
11 AND HOW ARE YOU GOING TO RECRUIT AND TO PROVIDE THAT KIND OF
12 STAFFING? I WOULD HAVE ASSUMED IT WOULD HAVE HAPPENED BEFORE
13 NOW AND SO YOU CAN UNDERSTAND MY CONCERN ABOUT WHAT HAS
14 CHANGED. THE PROPOSAL, AND I UNDERSTAND THAT IT'S ONLY A
15 SKELETON PROPOSAL, BUT MUST ADDRESS A TIME LINE, THERE MUST BE
16 A TIME LINE THAT CONTEMPLATES THAT THERE WILL BE NO CLOSURE OF
17 THE E.R. AND SERVICES. WE CANNOT AFFORD THAT MELTDOWN TO
18 HAPPEN. AS YOU KNOW, DANIEL FREEMAN WILL BE CLOSING ITS
19 EMERGENCY ROOM JUST ABOUT THE SAME TIME THAT THIS HOSPITAL
20 WILL BE GOING THROUGH PERHAPS ITS GREATEST PERIOD OF
21 CHALLENGE, AND TO LOSE THOSE TWO EMERGENCY ROOMS FOR A DAY I
22 THINK CAN BE CATASTROPHIC. AND SO THE PLAN MUST PROVIDE FOR
23 THAT KIND OF TIME LINE. THE DOWNSIZING OF THE HOSPITAL IN AN
24 AREA WHERE THERE ARE FEWER BEDS AGAIN, THERE MUST BE AN
25 ASSURANCE THAT THERE WILL BE AN EFFORT TO REBUILD THIS



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1 HOSPITAL TO A LEVEL THAT IS COMMENSURATE WITH THE NEEDS. I'M
2 CONCERNED ABOUT THE TRANSFER OF SERVICES AND, WHILE I
3 UNDERSTAND THE CONSOLIDATION, YOU HAVE TO UNDERSTAND, WHEN WE
4 LOOK AT THIS CHARGE DATA, MORE PATIENTS GO TO COUNTY U.S.C.
5 FROM THAT AREA THAN GO TO HARBOR. AND SO ALTHOUGH YOU MAY
6 THINK THAT THIS MAKES SENSE, PEOPLE'S FEET AND THEIR HEARTS
7 HAVE A DIFFERENT PATTERN AND THIS PLAN NEEDS TO RESPOND TO
8 THAT. WHAT IS GOING TO BE THE STRATEGY FOR WHEN PEOPLE SHOW UP
9 AT HARBOR-- I MEAN, I'M SORRY, AT BIG COUNTY AND ST. FRANCES?
10 THE PLAN HAS GOT TO INCORPORATE NOT JUST HARBOR BUT THE IMPACT
11 ON SURROUNDING HOSPITALS. THE SILENCE ON FUNDING, I UNDERSTAND
12 IT'S HARD TO DESCRIBE THAT NOW BUT IT WAS CLEAR FROM US FROM
13 OUR CONVERSATIONS WITH C.M.S. THAT THE FUNDING WOULD
14 TERMINATE, IT WOULD NOT BE AVAILABLE UNTIL SUCH TIME AS THEY
15 PASSED THE SURVEY. SO YOUR APPEAL TO THE FEDS FOR CONTINUATION
16 OF THAT FUNDING IS LAUDABLE AND I THINK IT'S THE RIGHT THING
17 TO DO BUT I ALSO THINK THE COMMUNITY NEEDS TO HEAR FROM THE
18 BOARD WHAT IS IT PREPARED TO DO FINANCIALLY IF, IN FACT, IT
19 COMES DOWN TO THIS BOARD OF SUPERVISORS PROVIDING THAT
20 FUNDING. AND THEN WE'RE SILENT ON THE ISSUES OF GOVERNANCE AND
21 I THINK THAT THAT REALLY SPEAKS TO THE COMMUNITY'S CONCERN,
22 THE CONFIDENCE LEVEL. I, UNLIKE THE CONGRESSWOMAN, DON'T FEEL
23 THAT THE CONFIDENCE IS THERE YET AND THAT HAS TO BE DEVELOPED,
24 THAT HAS TO BE RESTORED, AND I BELIEVE THAT IS DONE THROUGH
25 GOVERNANCE. MY RECOMMENDATIONS TO YOU ARE TO GO FURTHER, WE



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1 NEED TO TRANSPARENCY, WE NEED TO INCREASE THE CONFIDENCE THE
2 CONFIDENCE THE COMMUNITY HAS IN THIS PLAN AND THAT CAN ONLY
3 HAPPEN. I WOULD SAY GO FURTHER THAN ASKING C.M.S. TO GIVE YOU
4 A LETTER. I WOULD ASK THEM TO COME DOWN NOW AND BE A PART OF
5 THE PLANNING PROCESS. I WOULD LIKE TO SEE A PANEL OF EXPERTS
6 FROM THE C.M.S., FROM THE STATE, FROM STAKEHOLDERS AND FROM
7 THE COMMUNITY BE YOUR EYES AND EARS OVERSEEING THIS PROCESS.
8 FOR IT TO BE AN INTERNAL PROCESS TO THE DEPARTMENT'S TOP
9 LEADERSHIP IS NOT ENOUGH. THERE ARE TOO MANY PLACES IN WHICH
10 THIS PLAN CAN FAIL. I WOULD ALSO ASK YOU TO LOOK AT THE
11 CONCEPT OF STATE OF EMERGENCY. I KNOW IT SCARES PEOPLE BUT IT
12 GIVES YOU FLEXIBILITY. AND WHAT WE NEED RIGHT NOW IS TIME AND,
13 UNDER A STATE OF EMERGENCY, YOU DO HAVE THE OPTION OF WAIVING
14 SOME OF THE ENCUMBRANCES THAT YOU WOULD NOW HAVE ON YOU THAT
15 WOULD NOT GIVE YOU THE FLEXIBILITY TO TURN OVER THE RESOURCES
16 AND PERSONNEL AND DO THE KINDS OF CHANGES THAT YOU NEED. I
17 THINK IT'S SOMETHING THAT YOU NEED TO CONSIDER VERY CAREFULLY
18 BECAUSE WE ARE, IN FACT, IN A STATE OF EMERGENCY. AND THEN,
19 FINALLY, IT IS NOT ENOUGH FOR THE STATE TO BE DOING LICENSING.
20 THEY ARE IN A POSITION TO PROVIDING SOME GAP FUNDING AND I
21 THINK THE LETTER THAT YOU SEND TO C.M.S., THERE NEEDS TO BE A
22 LETTER TO THE GOVERNOR, TO THE STATE. THE GOVERNOR, UNDER
23 STATE OF EMERGENCY, COULD PROVIDE FUNDING TODAY AND THAT IS
24 WHAT NEEDS TO HAPPEN IN THE ABSENCE OF THE LEGISLATURE BEING



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1 THERE. THE STATE NEEDS TO ANTE UP AS WELL. THANK YOU FOR THIS
2 OPPORTUNITY.

3

4 **SUP. ANTONOVICH, MAYOR:** THANK YOU.

5

6 **SUP. YAROSLAVSKY:** MR. CHAIRMAN, CAN I ASK, COULD YOU PROVIDE
7 US WITH A, IF YOU HAVE IT, OF ANY LEGAL AUTHORITIES FOR WHAT A
8 STATE OF EMERGENCY, WHAT ADVANTAGES THEY WOULD PROVIDE US? I
9 HAVE NOT BEEN ABLE TO ASCERTAIN WHAT THE ADVANTAGES ARE OF
10 SUCH, WHAT THE NATURE OF THE EMERGENCY IS, WHO DECLARES IT,
11 AND THEN WHAT-- IF IT IS DECLARED, WHAT WE GET OUT OF IT. SO
12 IF YOU COULD GET THAT TO ALL OF US, IT WOULD BE HELPFUL.

13

14 **LARK GILLIAM GALLOWAY:** I WILL DO THAT. IT'S IN THE GOVERNMENT
15 CODE, AND IT'S PRETTY CLEAR.

16

17 **SUP. YAROSLAVSKY:** IF YOU COULD EMAIL IT TO US, THAT WOULD BE
18 GREAT. THE SECOND THING I JUST WANTED TO SAY SOMETHING BECAUSE
19 IT CAME UP TWICE, MISS GILLIAM JUST MENTIONED IT, IT WAS
20 MENTIONED EARLIER, WHAT THE COUNTY-- THAT THE COUNTY BE
21 PREPARED TO STEP UP IN ANY GAP FINANCING. I THINK IT'S VERY--
22 TO ME, IT'S CLEAR THAT THE COUNTY IS PREPARED TO CONTINUE
23 FUNDING ITS SHARE, WHICH IS CONSIDERABLE, OF KING/DREW MEDICAL
24 CENTER. WHEN WE TALK-- AT LEAST, WHEN I TALK ABOUT ONGOING
25 FINANCING OR BRIDGE FINANCING, WHATEVER WE WANT TO CALL IT, IT



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1 IS THAT, ASSUMING THAT THE FEDS ARE SATISFIED THAT THE PLAN WE
2 HAVE IS SUFFICIENTLY SERIOUS, CREDIBLE, AND SUSTAINABLE BUT IT
3 NEEDS TIME TO GET IMPLEMENTED, THAT THEY WILL NOT ALTER IN
4 ANY-- IN ANY MEANINGFUL WAY OR THEY WILL NOT FINANCIALLY
5 UNDERMINE THE GOALS OF THAT-- OF THAT PLAN BY STARVING US OF
6 MONEY. IN OTHER WORDS, FOR THE LACK OF-- JUST FOR THE SAKE OF
7 ARGUMENT, THAT THEY WOULD CONTINUE TO FUND, ONCE THEY'VE MADE
8 THAT DETERMINATION THAT IT WAS SERIOUS, CREDIBLE AND
9 SUSTAINABLE, THAT THEY WOULD CONTINUE TO FUND IT AS THEY HAD
10 PREVIOUSLY FUNDED IT AND, OBVIOUSLY, WE WOULD CONTINUE TO
11 CONTRIBUTE OUR LOCAL SHARE, WHICH IS QUITE CONSIDERABLE, BOTH
12 FROM THE GENERAL FUND, FROM THE PROP B FUND AND OTHER THINGS
13 THAT-- FROM THE GENERAL FUND FOR THE PHYSICAL IMPROVEMENTS AND
14 THE LIKE THAT WE HAVE MADE AT THE HOSPITAL, THAT WE WOULD
15 CONTINUE TO DO THAT UNABATED. THAT'S-- I DON'T THINK THERE'S
16 ANY INTENTION OF THE COUNTY STEPPING BACK BUT I THINK IT ALSO
17 OUGHT TO BE MADE CLEAR, AND THIS IS WHY WE REALLY DON'T HAVE
18 MUCH OF A CHOICE AND THAT IS THAT, IF THEY DON'T CONTINUE TO
19 FUND, WE WILL NOT BE ABLE TO BACKFILL AND SHOULD NOT BACKFILL,
20 WE JUST SIMPLY CAN'T BACKFILL \$200 MILLION. IT'S A NONSTARTER.
21 SO-- AND I THINK THERE MAY BE RECEPTIVITY TO THAT. I WOULD
22 HOPE SO. I DON'T THINK THAT THE FEDERAL AUTHORITIES HAVE AN
23 INTEREST IN SEEING THIS HOSPITAL CLOSE AND I DON'T THINK THAT
24 THE STATE HAS AN INTEREST IN SEEING IT CLOSED, CERTAINLY NOT
25 FROM THE STATEMENTS THAT WERE MADE BY THE GOVERNOR AND THE



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1 SECRETARY OF HEALTH AND HUMAN SERVICES ON DOWN. BUT I
2 CERTAINLY WILL SAY THAT, FOR ME, AND I THINK WE ALL SHARE THIS
3 VIEW, IS THAT WE WOULD EXPECT TO CONTINUE TO BEAR OUR FAIR
4 SHARE OF THE BURDEN AS LONG AS THE FEDERAL AND STATE PIECES
5 CONTINUE TO FLOW UNDER A MODEL THAT THEY ENDORSE AS CREDIBLE
6 AND SUSTAINABLE.

7

8 **LARK GILLIAM GALLOWAY:** CAN I ASK YOU A QUICK QUESTION? DOES
9 THAT MEAN-- WHEN YOU SAY YOUR FAIR SHARE, I MEAN, THERE'S A
10 DIFFERENCE BETWEEN PERCENTAGE AND ACTUAL DOLLARS, MY CONCERN
11 WOULD BE, IF THERE'S A PERIOD IN WHICH THERE IS NO FEDERAL
12 DOLLARS, OUR HOPE WOULD BE THAT THE COUNTY WOULD MAINTAIN ITS
13 DOLLAR COMMITMENT, AS OPPOSED TO A PERCENTAGE OF THE BUDGET SO
14 WHICH ARE YOU SPEAKING TO? THE PERCENTAGE?

15

16 **SUP. ANTONOVICH, MAYOR:** THAT'S VERY DIFFICULT.

17

18 **SUP. YAROSLAVSKY:** I'M NOT GOING TO TELL YOU THAT I WOULD
19 SUPPORT THAT. I MEAN, I THINK, JUST AS THE FEDS NEED TO STEP
20 UP, WE WILL STEP UP, BUT I DON'T THINK IT CAN BE EXPECTED THAT
21 WE WILL STEP UP WHERE THE FEDS HAVE ABSENTED THEMSELVES
22 BECAUSE, IF THEY DO, THEY WILL NEVER BE BACK AND WE CANNOT
23 SUSTAIN IT. THIS PLAN HAS TO BE NOT ONLY CREDIBLE BUT
24 SUSTAINABLE. IT IS NOT SUSTAINABLE IF THE UNITED STATES
25 GOVERNMENT DECIDES TO TAKE A WALK AND THEY HAVE MADE IT CLEAR,



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1 THEY HAVE CHALLENGED US TO DO WHAT IT TAKES TO FIX THIS
2 HOSPITAL, THIS INSTITUTION. THEY HAVEN'T SAID IT THIS WAY, BUT
3 I ASSUME THAT THE OTHER SHOE IS THAT, IF YOU DO AND YOU PASS,
4 YES, IF YOU PASS, YOU WILL GET YOUR CONTRACT BACK, BUT I ALSO
5 ASSUME THAT, IF THERE'S A TIME THAT IS REQUIRED TO GET IT
6 DONE, TO GET FROM HERE TO-- FROM "A" TO "B", FROM HERE TO
7 THERE, THAT THEY WILL NOT CEASE FUNDING US BECAUSE THAT, AS I
8 ASKED DR. CHERNOF AND HE SAID IT VERY CLEARLY, YOU CAN'T
9 PURSUE A PLAN LIKE THAT IF THEY PULL THE FINANCIAL RUG OUT
10 FROM UNDER US. SO THEY'VE GOT TO STEP UP, WE'VE GOT TO STEP UP
11 AND THE KEY IS, IF THEY LIKE THE PLAN, IF THEY HAVE CONFIDENCE
12 IN THE PLAN IN THE DAYS AHEAD, THAT WILL BE DETERMINED, THEN
13 THEY'VE GOT TO GIVE US THE TIME TO IMPLEMENT THE PLAN. IT'S
14 NOT A PLAN IF THEY PULL THE FUNDING.

15

16 **SUP. BURKE:** I'LL MAKE AVAILABLE THE CODE SECTION TO SUPERVISOR
17 YAROSLAVSKY BUT, IN TERMS OF WHAT THE PROPOSAL IS AS FAR AS
18 THE UTILIZATION OF THAT AND, OF COURSE, WE REALLY NEED TO GET
19 THE COUNTY COUNSEL TO MAKE AN ANALYSIS OF IT AND WHETHER OR
20 NOT IT ONLY APPLIES TO STATE ACTION AS IT RELATES TO STATE
21 ISSUES OR WHETHER IT ALSO APPLIES TO LOCAL ISSUES.

22

23 **LARK GILLIAM GALLOWAY:** MY UNDERSTANDING IS LOCAL, YEAH.

24

25 **SUP. BURKE:** HAS IT BEEN APPLIED IN LOCAL...



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1

2 **LARK GILLIAM GALLOWAY:** NO. I'M SAY THE LAW IS WRITTEN SO THAT
3 A LOCAL MAY CALL A STATE OF EMERGENCY AND YOU MAY ELICIT THE
4 SUPPORT OF THE GOVERNOR, IF THAT'S NECESSARY. I THINK IT'S
5 REALLY IMPORTANT, SUPERVISORS, THAT, BECAUSE OF WHAT YOU'VE
6 JUST SAID, WE'VE GOT TO GET C.M.S. IN THE ROOM, THEY'VE GOT TO
7 BE NOT DOING THIS FROM ON HIGH, THEY'VE GOT TO BE IN THE ROOM
8 AND IN A DAILY CONVERSATION.

9

10 **SUP. YAROSLAVSKY:** THEY'RE IN THE ROOM AND WE'RE TALKING TO
11 THEM ALL THE TIME AND I WOULD NOT BE-- IF I WERE C.M.S., 11
12 DAYS OUT WITH THIS PLAN, I WOULD NOT BE TELLING US ANYTHING
13 THAT MAKES US FEEL WARM AND FUZZY RIGHT NOW, EITHER, BECAUSE
14 THEY'VE DONE IT BEFORE AND THE RESULTS ARE AS WE SEE THEM. SO
15 I WOULD EXPECT THAT WE'RE GOING TO BE SITTING ON PINS AND
16 NEEDLES AND ON THE EDGE BUT, AT SOME POINT, RELATIVELY SOON,
17 NOT ON NOVEMBER 29TH BUT I WOULD HOPE THIS MONTH, THAT WE WILL
18 HAVE SOME KIND OF SIGNAL BECAUSE, IF IT'S NOT, THEN WE CHUCK
19 THIS PLAN AND THEN WE GO TO PLAN "Z", WHICH NOBODY'S GOING TO
20 LIKE, INCLUDING THE C.M.S. SO I THINK-- I ASSUME THAT THERE'S--
21 - I KNOW THAT THERE'S ONGOING CONVERSATION BETWEEN US AND THE
22 FEDS AND A LOT OF THAT IS JUST GOING TO BE CONVERSATION, NOT
23 PUBLIC CONVERSATION FOR THE TIME BEING AND WE NEED TO CONVINC
24 THEM.

25



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1 **SUP. MOLINA:** SUPERVISOR YAROSLAVSKY, DON'T YOU AGREE THAT WE
2 SHOULD HAVE A LETTER WITHIN TWO WEEKS? SOME KIND OF A LETTER?
3 I THINK WE NEED TO SEND THE SIGNAL TO THEM THAT WE NEED
4 SOMETHING IN TWO WEEKS. WE'RE GOING TO GET THE DETAILS, DR.
5 CHERNOF IS WORKING VERY HARD TO PULL TOGETHER ALL OF THE
6 DETAILS. WE NEED SOMETHING FROM THEM.

7

8 **SUP. YAROSLAVSKY:** GLORIA, I DON'T DISAGREE...

9

10 **SUP. KNABE:** I DON'T THINK YOU'LL SEE A LETTER UNTIL SUCH TIME
11 AS HE'S GOT A VERY SPECIFIC PLAN.

12

13 **SUP. YAROSLAVSKY:** EXACTLY. AND, LOOK, LET'S START WITH WHERE
14 WE WERE 11 DAYS AGO. 11 DAYS AGO, FRIDAY NIGHT, DR. CHERNOF
15 WAS PRESENTED WITH A LETTER WHICH DID NOT-- DR. CHERNOF WAS
16 PRESENTED WITH A LETTER A WEEK AGO LAST FRIDAY THAT DID NOT
17 INCLUDE THE OPTION THAT HE IS PROPOSING HERE TODAY, EVEN
18 THOUGH, ON JULY 21ST, DR.-- THE C.M.S. REPRESENTATIVES ADVISED
19 ME, DAVID JANSSEN, BRUCE CHERNOF, AMONG OTHERS, THAT THAT
20 OPTION WOULD BE AN ALTERNATIVE TO CONTRACTING IT OUT. IN A
21 MATTER OF DAYS, WE RECEIVED A LETTER FROM C.M.S., AFTER A WEEK
22 AGO LAST FRIDAY, SOMETIME LAST WEEK, THAT REINSTATED THIS
23 OPTION AND THAT WAS THE FIRST THING. AND SO WE COULDN'T EVEN
24 GO THIS FAR UNLESS WE KNEW THAT THIS APPROACH WOULD BE
25 ACCEPTABLE, AND IT IS ACCEPTABLE, OBVIOUSLY SUBJECT TO THE



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1 DEVIL'S IN THE DETAILS AND THAT WILL BE FINE. BUT, UP UNTIL
2 THE MIDDLE OF LAST WEEK, WE WEREN'T EVEN SURE THAT THIS MERGER
3 APPROACH OR THIS METRO CARE APPROACH WAS GOING TO BE
4 ACCEPTABLE. THE ONLY TERMS-- THE ONLY ALTERNATIVE THAT WAS--
5 SEEMED ACCEPTABLE AT THE TIME WAS CONTRACTING IT OUT. THAT'S
6 CHANGED. SO WE GOT THAT NAILED DOWN. THE NEXT THING IS TO NAIL
7 DOWN WHAT, GLORIA, YOU'RE TALKING ABOUT AND THE SOONER THE
8 BETTER BUT I THINK THEY'RE GOING TO HAVE TO SEE SOMETHING AND
9 THIS IS GOING TO BE A WORK IN PROGRESS ALL THE WAY DOWN THE
10 LINE BUT I THINK EVERYBODY UNDERSTANDS THAT THE-- THE SHORT
11 FUSE WE'RE OPERATING UNDER. THIS CANNOT WAIT UNTIL NOVEMBER
12 29TH.

13

14 **SUP. ANTONOVICH, MAYOR:** BUT ALSO IN THE CONVERSATIONS AND
15 CORRESPONDENCE THAT WE'VE BEEN HAVING AND THE DIRECTOR HAS
16 BEEN HAVING AND COMMUNICATING TO THE BOARD, THIS IS THE PATH
17 THAT THEY'RE FOLLOWING AND THIS IS THE BEST WAY THAT WE CAN
18 MOVE FORWARD AND WE'LL HAVE THEIR SUPPORT BECAUSE THEY KNOW
19 THAT THE REFORMS AREN'T TAKING PLACE, IT'S THE END OF THE
20 FACILITY. WITH THESE REFORMS, THE TRANSFER OF THE LICENSE, THE
21 ACTIONS BEING TAKEN, THE FUNDING WILL BE IN PLACE.

22

23 **LARK GILLIAM GALLOWAY:** THE MILLION DOLLAR QUESTION IS THAT GAP
24 MONEY, YOU KNOW, AND MAKING SURE THERE IS NO DISRUPTION.

25



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1 **SUP. YAROSLAVSKY:** ACTUALLY, IT'S A \$200 MILLION QUESTION. [
2 LAUGHTER]

3

4 **SUP. BURKE:** WELL, I THINK, THAT, YOU KNOW, THE BRIDGE FUNDING
5 OBVIOUSLY IS KEY. I'M NOT SURE THAT WE CAN MAKE A JUMP ON
6 THAT. I WOULD HOPE THAT IT WOULD BE-- UNDER THE BEST OF ALL
7 POSSIBLE WORLDS, THEY WOULD TELL US YOU'RE GOING TO HAVE THIS
8 AMOUNT AVAILABLE AND THEN WE WOULD MOVE FORWARD BUT I THINK
9 THAT, REALISTICALLY, WE'RE GOING TO HAVE TO COME UP WITH A
10 PROPOSAL AND THEN, IF THAT PROPOSAL IS ACCEPTED, THAT WE
11 NEGOTIATE PROBABLY THE BRIDGE FUNDING BASED UPON WHAT THE COST
12 AND THE GAP IS. I THINK WE'RE GOING TO HAVE TO HAVE MONEY--
13 WE'RE GOING TO HAVE TO SAY EXACTLY WHAT IT'S GOING TO COST AND
14 WE'RE GOING TO HAVE TO SAY WHAT IS AVAILABLE AND THEN GO TO
15 FEDERAL AND STATE TO GET THAT BRIDGE MONEY BUT I DON'T THINK
16 THAT WE-- I THINK IT WOULD BE GREAT IF WE COULD JUST SAY,
17 WELL, GIVE US THE MONEY AND THEN WE'RE GOING TO COME UP WITH A
18 PROPOSAL. BUT, JUST FROM EVERYTHING I'VE READ, I DON'T GET THE
19 IMPRESSION THAT THAT IS WHAT'S BEFORE US AND I WOULD NOT WANT
20 US TO STOP MOVING FORWARD BASED UPON WAITING FOR THEM TO COME
21 UP WITH THE ABSOLUTE COMMITMENT IN TERMS OF THE DOLLARS. I
22 THINK WE CONTINUE TO PUSH FOR THE DOLLARS BUT WE ALSO KEEP
23 MOVING FORWARD SO THAT WE HAVE SOMETHING VERY SPECIFIC THAT
24 BACKS US UP WHEN WE GO THERE.

25



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1 **LARK GILLIAM GALLOWAY:** AND DON'T FORGET THE STATE IS 50% OF
2 THAT DOLLARS.

3

4 **SUP. BURKE:** THAT'S RIGHT.

5

6 **LARK GILLIAM GALLOWAY:** AND SO THEY COULD, UNEQUIVOCALLY, GIVE
7 US THAT 50%. THAT'S 50% OF THE SOLUTION COULD BE RIGHT THERE
8 TODAY IF THEY'RE WILLING TO DO SO.

9

10 **SUP. BURKE:** THERE'S NO QUESTION ABOUT THAT.

11

12 **SUP. ANTONOVICH, MAYOR:** THANK YOU VERY MUCH. SO THE ACTION IS
13 TO...

14

15 **SUP. YAROSLAVSKY:** I'LL MOVE THE RECOMMENDATION.

16

17 **SUP. ANTONOVICH, MAYOR:** SECOND TO MOVE FORWARD WITH THE ACTION
18 RECOMMENDED BY DR. CHERNOF AND THE DEPARTMENT OF HEALTH.
19 WITHOUT OBJECTION, SO ORDERED. SUPERVISOR KNABE.

20

21 **SUP. KNABE:** I DID MY ADJOURNMENTS AND THOSE WERE THE ONLY
22 ITEMS THAT I CALLED UP. I HELD ITEM 18, WE DID THAT, AND THE
23 OTHER ITEMS TODAY.

24



**The Meeting Transcript of
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1 **SUP. ANTONOVICH, MAYOR:** LET ME MOVE THAT WE MOVE IN
2 ADJOURNMENT TODAY WITH DR. HALDANE CUMMINS WHO WAS THE FIRST
3 DENTIST IN PALMDALE WHEN HE OPENED HIS OFFICE IN 1947. HE
4 SERVED IN THE UNITED STATES ARMY AND DURING WORLD WAR II. HE
5 WAS BORN IN ALASKA WHERE HIS FATHER WAS ALSO A MEMBER OF THE
6 UNITED STATES ARMY AND HE WAS A GRADUATE OF U.S.C.'S DENTAL
7 COLLEGE. LILY HAUETER, WHO IS THE MOTHER OF MY DEPUTY, BOB
8 HAUETER, WHO PASSED AWAY AT 3:00 A.M. THIS MORNING. ALL
9 MEMBERS ON THAT. KIRK KESSLER, FORMER BURBANK Y.M.C.A.
10 PRESIDENT WHOSE PIONEERING WORK AT THE WALT DISNEY COMPANY LED
11 TO THE ADVANCES AND THE BATTLE AGAINST FILM PRIVACY, DIED OF A
12 HEART ATTACK AT THE AGE OF 51. HE WAS THE DIRECTOR OF ANTI
13 PRIVACY FOR THE WALT DISNEY CORPORATION. MARY PESCE. SHE WAS
14 INVOLVED WITH THE ITALIAN WOMEN'S CLUB, ST. ANTHONY'S SOCIETY,
15 THE ORPHANS OF ITALY, HAD CARMELITE SISTERS GILD, WHO PASSED
16 AWAY ON SEPTEMBER 21ST. DAVID WALLIS, LONG-TIME GLENDALE
17 RESIDENT WHO WAS INVOLVED IN THE HOMEOWNERS ASSOCIATION AND
18 WAS A PAST CANDIDATE FOR THE CITY COUNCIL AND THE STATE
19 LEGISLATURE. DOUG ANDERSON, WHO WAS A WORLD WAR II, WAS THE
20 INFORMATION OFFICER FOR PAN AMERICAN AIRWAYS, WAS INVOLVED
21 WITH THE WHEELS FOR HUMANITY AND WAS A BELOVED ELDER AT THE
22 FIRST CHRISTIAN CHURCH OF HOLLYWOOD. JAMES WARREN BEEBE,
23 JURIST, LAWYER-- BARRISTER IN LOS ANGELES COUNTY, PASSED AWAY
24 WITH CANCER. HIS CLIENTS INCLUDED THE CITY OF INDUSTRY,
25 INGLEWOOD, CARSON AND THE CONSTRUCTION OF THE LOS ANGELES



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1 MUSIC CENTER. ROBERT SAMARZICH OF THE SAN GABRIEL VALLEY,
2 ACTIVE MEMBER OF THE ST. STEPHENS CHURCH, PASSED AWAY.
3 SECONDED BY BURKE, WITHOUT OBJECTION, SO ORDERED. WE HAVE ITEM
4 NUMBER 21 WAS THE LAST ITEM WE HAVE.

5

6 **CLERK SACHI HAMAI:** THERE WAS ALSO ITEM NUMBER 30 THAT'S BEING
7 HELD...

8

9 **SUP. ANTONOVICH, MAYOR:** ITEM 30 AND 21 WOULD BE THE LAST--
10 ITEM NUMBER 30? ITEM NUMBER 30, WE HAVE PETER BAXTER. GOOD
11 AFTERNOON, MR. BAXTER.

12

13 **PETER BAXTER:** THANK YOU, MR. CHAIRMAN, MEMBERS OF YOUR
14 HONORABLE BOARD, LADIES AND GENTLEMEN, MR. JANSSEN, I
15 ESPECIALLY ASK TO SPEAK TO YOU TODAY BECAUSE THE PUBLIC WORKS
16 DEPARTMENT SENT ME A LETTER SOME TIME AGO IN WHICH THEY
17 WHOLEHEARTEDLY SUPPORTED THE FIRE CHIEF, CHIEF P. MICHAEL
18 FREEMAN, IN THE POLICIES THAT HE FOLLOWS AND THE DEPARTMENT
19 WITH THE STATURE OF THE ENGINEERING PROFESSION WHICH SUPPORTS
20 THE DEPARTMENT OF-- THE DEPARTMENT PRETTY WELL CAN'T DO
21 ANYTHING WITHOUT AN ENGINEER. THAT DEPARTMENT IS DIFFERENT
22 FROM THE FIRE DEPARTMENT INsofar AS THEY RELY ON TECHNICAL--
23 ENTIRELY TECHNICAL TRAINING AND INFORMATION. THE FIRE
24 DEPARTMENT NOW THEY DEPEND A GREAT DEAL ON PERFORMANCE. WHEN
25 YOU JOIN THE FIRE DEPARTMENT, PERFORMANCE IS WHAT WE'RE



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1 LOOKING AT. WHEN YOU JOIN THE PUBLIC WORKS DEPARTMENT,
2 ENGINEERING SKILLS AND TRAINING IS WHAT IS BEING STUDIED. AND
3 SO, OUT OF ALL THE DEPARTMENTS IN THE COUNTY OF LOS ANGELES, I
4 THINK THERE MUST BE ABOUT 60 OF THEM, PUBLIC WORKS DEPARTMENT
5 PARTICULARLY RELIES ON ENGINEERING SKILLS, AND YET THIS
6 DEPARTMENT TURNS AROUND AND SAYS TO ME THAT THEY HAVE FULL
7 CONFIDENCE IN THE ENGINEERING SKILLS, I SUPPOSE, OF THE FIRE
8 DEPARTMENT. THEY WON'T EVEN DISCUSS IT PUBLICLY. I WON'T
9 DISCUSS IT PRIVATELY BECAUSE, AS SOON AS I DISCUSS ANYTHING
10 PRIVATELY, IT'S INTERPRETED WHATEVER WAY MAY BE-- WHICH MAY
11 NOT AGREE WITH MY INTERPRETATION, SO I'M SAYING TO YOU, MR.
12 CHAIRMAN, IS IT NOT STRANGE THAT THE ONE DEPARTMENT IN THE
13 WHOLE COUNTY DEPARTMENTS THAT WOULD SUPPORT THE FIRE
14 DEPARTMENT IS THE DEPARTMENT, WHICH IS-- WHICH IS ABSOLUTELY
15 ESSENTIAL FOR THEM TO HAVE ENGINEERING TRAINING? AND I THANK
16 YOU, MR. CHAIRMAN, ALL OF WHICH IS RESPECTFULLY SUBMITTED.

17

18 **SUP. ANTONOVICH, MAYOR:** THANK YOU, MR. BAXTER. OKAY. MOTION BY
19 KNABE, SECONDED. WITHOUT OBJECTION, SO ORDERED. AND THEN ITEM
20 21. SUPERVISOR MOLINA.

21

22 **SUP. MOLINA:** MR. CHAIRMAN, I HAD HELD THIS ITEM. IF I COULD
23 HAVE THE C.I.O. COME UP, I'D APPRECIATE IT. MAYBE SOMEBODY
24 COULD GET HIM IN THE BACK. SO THE C.I.O. IS NOT HERE?

25



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1 **SPEAKER:** NO, MA'AM. PRESENTLY HE IS OUT OF TOWN. HE HAD ASKED
2 IF HE NEEDED TO COME INTO TOWN AND HE WAS I GUESS...

3

4 **C.A.O. JANSSEN:** I WASN'T AWARE THAT HE WAS REQUIRED FOR THIS
5 MEETING, SUPERVISOR.

6

7 **SUP. MOLINA:** CAN YOU EXPLAIN WHAT HAPPENED THIS MORNING AT THE
8 EAST L.A. COMPLEX?

9

10 **SPEAKER:** WELL, IF I COULD, SUPERVISOR, I CAN ACTUALLY BRING
11 UP...

12

13 **C.A.O. JANSSEN:** I.S.D.

14

15 **SPEAKER:** I.S.D., WHO IS RESPONSIBLE FOR THAT FACILITY.

16

17 **TOM TINDLE:** SUPERVISOR, I'M TOM TINDLE, I'M THE CHIEF DEPUTY
18 DIRECTOR FOR INTERNAL SERVICES. YOUR QUESTION, WE HAD A POWER
19 OUTAGE THAT AFFECTED THE EAST L.A. CIVIC CENTER, WHICH
20 OBVIOUSLY AFFECTED THE COUNTY HALL WHERE YOUR OFFICE IS AND
21 ARE YOU ASKING ABOUT WHAT HAPPENED WITH THE PHONE SYSTEM?

22

23 **C.A.O. JANSSEN:** YES.

24

25 **SUP. MOLINA:** DUH.



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1

2 **C.A.O. JANSSEN:** SHE IS, THE PHONE SYSTEM, THE VOIP THAT WAS
3 AT...

4

5 **SUP. MOLINA:** THIS IS THE VOIP SYSTEM, WHICH IS WHAT? THE
6 VOICE...

7

8 **C.A.O. JANSSEN:** VOICE OVER INTERNET PROTOCOL.

9

10 **SUP. MOLINA:** THANK YOU. WHY DON'T YOU SHARE WITH US WHAT
11 HAPPENED THIS MORNING?

12

13 **TOM TINDLE:** OKAY. THE POWER DID GO OUT AND THE VOICE OVER IP
14 SYSTEM THAT'S INSTALLED IN YOUR OFFICE ACTUALLY PERFORMED AS
15 DESIGNED. UNFORTUNATELY, THERE'S...

16

17 **SUP. MOLINA:** JUST DIDN'T WORK.

18

19 **TOM TINDLE:** NO, IT WORKED TO AN EXTENT BUT WHAT HAD HAPPENED
20 WAS WE HAD-- WE HAD PUT IN THE SYSTEM AND HAD HOOKED THE
21 INSTRUMENTS, THE ENTIRE SYSTEM UP, TO A BACKUP POWER SUPPLY.
22 SO THE BACKUP POWER SUPPLY SHOULD HAVE PROVIDED POWER TO THE
23 ENTIRE SYSTEM FOR TWO HOURS. THE POWER, IN FACT, WAS RESTORED
24 WITHIN AN HOUR. HOWEVER, AFTER THE INITIAL INSTALLATION OF THE
25 SYSTEM, WE HAD GONE IN, I.S.D. HAD GONE IN AND INSTALLED



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1 EXTENSIONS, ADDITIONAL DEVICES THAT, UNFORTUNATELY, WE DID NOT
2 HOOK UP TO THE U.P.S. SYSTEM AND THOSE WERE THE DEVICES THAT
3 FAILED. AND WE INTEND TO FIX THAT.

4

5 **C.A.O. JANSSEN:** SO IT WAS THE BACKUP GENERATOR THAT FAILED,
6 NOT THE VOIP, I THINK IS WHAT HE'S SAYING.

7

8 **SUP. MOLINA:** LET ME SHARE WITH YOU WHY I'M RAISING THESE
9 ISSUES. WHEN THIS FIRST CAME TO US AND WHAT WE'RE TALKING
10 ABOUT IS INSTALLING THIS SYSTEM IN OUR NEW HOSPITAL AT L.A.
11 COUNTY U.S.C., AN ABSOLUTELY ESSENTIAL SYSTEM THAT CANNOT FAIL
12 US. THAT IS THE GUARANTEE THAT WE'RE SUPPOSED TO HAVE HERE,
13 RIGHT? BUT, ANYWAY, YOU DON'T NEED TO EXPLAIN THAT BECAUSE
14 THAT'S NOT WHAT THIS ISSUE IS ABOUT. SO WE NEEDED TO KNOW, IS
15 THIS A SYSTEM THAT IS CRACKED UP WHAT IT'S SUPPOSED TO BE?
16 THEY TELL US THIS IS WHAT IS IT AND WE'VE BOUGHT MANY A
17 SOFTWARE PROGRAM AROUND HERE THAT WE ARE TOLD ONE THING AND IT
18 DOES ANOTHER OR IT DOESN'T WHAT IT'S SUPPOSED TO DO. SO, AS WE
19 CHECKED THIS SYSTEM, THERE WERE ISSUES THAT MADE US NERVOUS.
20 NOW, IT'S MY UNDERSTANDING, SINCE MY LAST MOTION, AND, MR.
21 JANSSEN, CORRECT ME IF I AM WRONG ON THIS, YOU WENT OUT, YOU
22 LOOKED AT IT, YOU RECEIVED ALL THE ASSURANCES IN THE WORLD,
23 THIS IS THE BEST TECHNOLOGY AVAILABLE. YOU WENT OUT AND VIEWED
24 A SYSTEM IN OPERATION AND IN PLACE AND YOU WOULD RECOMMEND, AT
25 THIS POINT IN TIME, THAT WE WOULD MOVE FORWARD AND BEGIN THE



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1 INSTALLATION BECAUSE THIS IS A COMPONENT CONTRACT, THIS IS,
2 WHAT, 165-- 68,000-DOLLAR...

3

4 **C.A.O. JANSSEN:** RIGHT. IT'S GETTING THE BUILDING READY IS WHAT
5 THE MOTION IS.

6

7 **SUP. MOLINA:** TO BEGIN THE PROCESS OF INSTALLING THE VOIP
8 SYSTEM. AND PUBLIC WORKS IS GOING TO INSTALL IT, HUH?

9

10 **TOM TINDLE:** THAT'S CORRECT. WELL, THEY'RE GOING TO DO THE FIX
11 THAT WILL ACCOMMODATE THE SYSTEM.

12

13 **C.A.O. JANSSEN:** YOU HAVE A LETTER, SUPERVISOR, FROM-- SIGNED
14 BY JOHN FULLINWIDER, MYSELF, BRUCE LAMBERTSON, WOLFE, ALL
15 RECOMMENDING VOICE OVER INTERNET PROTOCOL. FROM MY LIMITED
16 TECHNICAL KNOWLEDGE, WE'RE TALKING ABOUT THE INDUSTRY HAS
17 DECIDED NOT TO SUPPORT OUR TRADITIONAL PBX PHONE SYSTEMS ANY
18 MORE, SO IT'S JUST A MATTER OF TIME THEY WILL BE OBSOLETE. WE
19 REALLY DON'T HAVE MUCH OF A CHOICE ABOUT THIS. THE DIFFICULTY
20 AT THE MED CENTER WAS, ALL THE YEARS OF PLANNING, THEY WERE
21 READY FOR A PBX AND THE TECHNOLOGY HAS OUTFRAN THE PLANNING,
22 BASICALLY. SO VOIP IS THE SOLUTION FOR THE MED CENTER AND WILL
23 BE FOR THE REST OF THE COUNTY AS WE GO FORWARD.

24



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1 **SUP. MOLINA:** ALL RIGHT. WELL, UNTIL THIS MORNING, WE WERE
2 ASSURED THAT TECHNOLOGY AND THAT THIS WAS A GOOD SOFTWARE
3 PROGRAM, THAT WE SHOULD MOVE FORWARD AND ALL OF THAT THEN THIS
4 MORNING WE HAD THIS DISRUPTION. SO, WITH ALL OF THAT, BUT MY
5 EMOTION ALSO THE LAST TIME SAID, GO BACK AND FIND OUT HOW THIS
6 CAME ABOUT.

7

8 **C.A.O. JANSSEN:** THE PROCESS.

9

10 **SUP. MOLINA:** AND THIS IS VERY TROUBLING AND, DAVID, I DON'T
11 KNOW WHERE YOU ARE ON THIS, BUT-- AND THAT'S WHY I GUESS I
12 WANTED THE C.I.O. HERE.

13

14 **C.A.O. JANSSEN:** AND HE WOULD HAVE BEEN, SUPERVISOR, AND THAT'S
15 MY RESPONSIBILITY. I DIDN'T REALIZE YOU WERE LOOKING FOR A
16 DISCUSSION TODAY. JOHN WOULD HAVE BEEN HERE.

17

18 **SUP. MOLINA:** BUT YOU'RE NOT SUPPORTING THE FACT THAT HE DIDN'T
19 GET COUNTY APPROVAL FOR THIS? YOU'RE NOT BACKING THIS UP, ARE
20 YOU?

21

22 **C.A.O. JANSSEN:** YOU KNOW, I'M TORN, FRANKLY, OVER THAT ISSUE.
23 THERE'S NO QUESTION THAT THE ORDINANCE ESTABLISHING THE C.I.O.
24 SAYS, ADOPT STANDARDS FOR COUNTYWIDE INFORMATION TECHNOLOGY,



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1 WHICH SHALL BE SUBJECT FOR APPROVAL BY THE BOARD OF
2 SUPERVISORS...

3

4 **SUP. MOLINA:** EXCEPT HE FORGOT THAT LAST PART.

5

6 **C.A.O. JANSSEN:** WELL, IF YOU CONSIDER MOVING TO VOIP AS
7 ESTABLISHING A STANDARD, THEN THE ANSWER IS "YES". IF THE
8 TECHNOLOGY IN THE INDUSTRY HAS MADE THAT DECISION, I'M NOT
9 SURE THE ANSWER IS SO CLEAR THAT IT NEEDED TO COME TO THE
10 BOARD. WE DON'T COME TO THE BOARD EVERY TIME A TECHNOLOGY
11 CHANGES IN THE PRIVATE SECTOR BUT THE ISSUE THAT SHOULD HAVE
12 COME TO THE BOARD PROBABLY IS THE ISSUE OF SELECTING A
13 PARTICULAR TECHNOLOGY OR ARCHITECTURE, IF YOU WILL. NOW, THE
14 SELECTION OF THAT TECHNOLOGY WAS DONE, WE TALK ABOUT THE
15 SCORING ISSUE AND I.S.D.'S PREPARED TO DO THAT, IT WAS A VERY
16 THOROUGH PROCESS THAT WAS VETTED BY THE PRIVATE SECTOR. IT WAS
17 AN R.F.I. THAT WAS VETTED BY THE GARDNER GROUP WE USE ALL THE
18 TIME. THERE WERE 19 DIFFERENT COUNTY EVALUATORS ON THE
19 PROCESS, SO THE PROCESS WAS NOT CONTROLLED BY THE C.I.O., IT
20 WAS MANY DEPARTMENTS INVOLVED, AND WE CAN, YOU KNOW, WE CAN
21 ARGUE ABOUT THE SCORING ISSUES, AND TOM CAN DO THAT, BUT NONE
22 OF THAT WOULD HAVE CHANGED THE OUTCOME IN TERMS OF THE SCORES
23 ITSELF. SO THERE ARE CERTAINLY ISSUES HERE BUT, FRANKLY, I
24 THINK YOU'RE LOOKING TO THE C.I.O. TO SET COUNTYWIDE



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1 STANDARDS. WE DO NOT WANT DEPARTMENTS OUT DOING THEIR OWN
2 THING AND WE'VE HAD THAT PROBLEM TRADITIONALLY.

3

4 **SUP. MOLINA:** I WOULD AGREE, DAVID, BUT, YOU KNOW, THE END
5 JUSTIFIES THE MEANS IS NOT APPROPRIATE HERE. I REALLY THINK WE
6 SET UP A POLICY AND A MECHANISM, THE C.I.O. IS TO COME TO US.
7 WE'RE SUPPOSED TO BE IN THIS LOOP. I MEAN, IT'S GREAT IS
8 EVERYTHING IS GOING WELL BUT, IF IT WERE GOING WRONG, GUESS
9 WHO WOULD BE STUCK WITH IT? THIS BOARD. AND SO WE HAVE THAT
10 KIND OF A MECHANISM IN PLACE. I MEAN, LAST WEEK, WE WERE
11 SCRUTINIZED UP THE KAZOO ABOUT PROTOCOLS ABOUT THE SKID ROW
12 POLICY FOR ONE SMALL SEGMENT OF A SMALL PROGRAM AND YET, IN
13 THIS INSTANCE, THE C.I.O. DID NOT COME TO US AND IT SAYS HE
14 VIOLATED THE PROTOCOL. AND THAT WAS IDENTIFIED CLEARLY BY THE
15 AUDITORS. NOW, AGAIN, I DON'T KNOW WHAT WE'RE GOING TO DO
16 ABOUT MR. FULLINWIDER WHO JUST, YOU KNOW, KIND OF THUMBS HIS
17 NOSE AT US ON A REGULAR BASIS ON THIS STUFF. MAYBE CISCO IS
18 THE BEST ONE, BUT THERE ARE QUESTIONS ABOUT WHETHER IT'S THE
19 MOST COST EFFECTIVE ONE.

20

21 **C.A.O. JANSSEN:** RIGHT.

22

23 **SUP. MOLINA:** RIGHT?

24

25 **C.A.O. JANSSEN:** YES.



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1

2 **SUP. MOLINA:** AND I'M TROUBLED BY THAT. I MEAN, WE PUT POLICIES
3 IN PLACE SO THAT PEOPLE WILL FOLLOW THEM AND I THINK A
4 DEPARTMENT HEAD WHO DECIDES OR EVEN THOUGH HE'S GOT OTHER
5 DEPARTMENT HEADS FOLLOWING HIS LEAD TO VIOLATE OR TO NOT COME
6 THROUGH THE COUNTY POLICY DESTROYS YOUR STRATEGIC PLAN, DAVID
7 JANSSEN. RIGHT? WE ARE PART OF IT.

8

9 **C.A.O. JANSSEN:** WELL, I DON'T BELIEVE THAT HE DELIBERATELY
10 DECIDED NOT TO TAKE THIS TO THE BOARD. THE BOARD WAS QUICKLY
11 NOTIFIED AFTER THE GROUP MET AND THEY DIDN'T BELIEVE THAT THEY
12 WERE SETTING A COUNTYWIDE STANDARD. I THINK THEY FELT THE
13 TECHNOLOGY WAS DRIVING THE VOIP ISSUE. THAT'S WHY YOU HAVE...

14

15 **SUP. MOLINA:** I UNDERSTAND BUT...

16

17 **C.A.O. JANSSEN:** THAT'S ALL.

18

19 **SUP. MOLINA:** BUT THE AUDITOR FOUND, NUMBER ONE, DID NOT FOLLOW
20 COUNTY POLICY. NUMBER TWO, THE NUMBERS DON'T ADD UP, OKAY?
21 THOSE ARE CONCERNS THAT I THINK THIS BOARD NEEDS ASSURANCES.
22 WHAT I'VE DONE IS I PUT TOGETHER A MOTION. THIS IS NOT TO
23 PREVENT FROM THEM MOVING FORWARD BUT, HONESTLY, I MEAN, THESE
24 SOFTWARE SYSTEMS AND ALL, IT IS GREAT WHEN THEY'RE WORKING AND
25 EVERYTHING IS FUNCTIONING AND I'M SURE THERE'S A LOT OF, YOU



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1 KNOW, LOBBYING GOING ON BEHIND THE SCENES INSTEAD OF IN FRONT
2 OF US BUT THE NUMBERS SHOULD ADD UP AND THEY DON'T ADD UP NOW,
3 AND THAT'S TROUBLING. SO I HAVE AN AMENDMENT THAT I'D LIKE TO
4 OFFER AND HOPEFULLY THE C.I.O. MIGHT FOLLOW THAT THE BOARD
5 SHOULD ADOPT THIS POLICY. I MEAN, YOU GUYS AREN'T ABOVE IT
6 ALL. YOU JUST HAVE TO DEAL WITH US. WE ARE PART OF THE
7 DECISION MAKING AROUND HERE AND IF IT WOULD HAVE FAILED AND IF
8 IT DOESN'T WORK, PARTICULARLY FOR A HOSPITAL, I MEAN, WHO'S
9 RESPONSIBLE FOR IT? WE ARE. SO WE'D LIKE TO BE A PART OF THAT
10 PROCESS. SO MY AMENDMENT AND THIS IS ITEM 21, ON AUGUST 22ND,
11 2006, THE BOARD OF SUPERVISORS DIRECTED THE C.I.O. IN VARIOUS
12 DEPARTMENTS TO REPORT BACK ON THE ADVISABILITY OF UTILIZING A
13 NEW TECHNOLOGY CALLED VOICE OVER INTERNET PROTOCOL FOR THE
14 TELEPHONE SYSTEM AND FOR THE REPLACEMENT OF L.A. COUNTY,
15 U.S.C. MEDICAL CENTER. IN ADDITION, THE BOARD REQUESTED THE
16 AUDITOR-CONTROLLER TO REVIEW THE SELECTION PROCESS FOR BOTH
17 THE TECHNOLOGY AND FOR THE SELECTION OF CISCO ARCHITECTURE AS
18 THE COUNTYWIDE STANDARD FOR ALL FUTURE COUNTY PURCHASES OF THE
19 VOIP TELEPHONE SYSTEM, BOTH OF WHICH OCCURRED IN 2004 UNDER
20 THE DIRECTION OF THE C.I.O. THE C.A.O. AND THE C.I.O. HAVE
21 SINCE PROVIDED A REPORT DETAILING THE ADVANTAGES OF THE VOIP
22 TECHNOLOGY AND OUTLINED THE STEPS IT WOULD TAKE-- TO BE TAKEN
23 TO ENSURE THAT IT WILL FUNCTION WITH THE RELIABILITY REQUIRED
24 IN A CRITICAL HOSPITAL ENVIRONMENT. HOWEVER, THE AUDITOR-
25 CONTROLLER HAS REPORTED TO THE BOARD NUMEROUS PROBLEMS WITH



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1 THE SELECTION PROCESS. FIRST, THE SELECTION OF VOIP AS THE NEW
2 STANDARD FOR THE NEW TELEPHONE SYSTEMS IN ALL OUR NEW COUNTY
3 BUILDINGS WAS NOT SUBMITTED TO THE BOARD OF SUPERVISORS FOR
4 APPROVAL, AS REQUIRED BY OUR COUNTY CODE. SECOND, THE
5 SELECTION OF CISCO AS THE STANDARD FOR ALL SYSTEMS TO BE
6 LEASED OR PURCHASED WAS ALSO NOT SUBMITTED TO THE BOARD OF
7 SUPERVISORS FOR APPROVAL BY THE COUNTY CODE. FINALLY, THE
8 AUDITOR-CONTROLLER EXPRESSED CONCERN THAT THE EVALUATION
9 PROCESS CONFERRED VERY LITTLE WEIGHT TO THE COST CRITERIA. THE
10 AUDITOR CONCLUDED THAT GREATER CONSIDERATION TO COST COULD
11 HAVE ALTERED THE SELECTION TO A LOWER COST VENDOR. IN THE
12 THREE HYPOTHETICAL COST SCENARIOS EVALUATED, CISCO PROVIDED
13 COST ESTIMATES THAT RANGE FROM 30% TO NEARLY 70% MORE TO THE
14 SECOND PLACE FINISHER. GIVEN THAT THE COUNTY WILL BE SPENDING
15 MILLIONS OF DOLLARS ON TELEPHONE EQUIPMENT IN THE NEAR FUTURE,
16 IT WOULD BE PRUDENT TO EVALUATE THIS ISSUE TO DETERMINE IF
17 THIS DIFFERENTIAL IS COST-- THE COST IS JUSTIFIED. I THEREFORE
18 MOVE THAT THE BOARD OF SUPERVISORS INSTRUCT THE C.A.O., WITH
19 THE ASSISTANCE OF COUNTY COUNSEL AND THE AUDITOR-CONTROLLER,
20 TO EVALUATE THIS REPORT TO THE BOARD WITHIN 30 DAYS WHETHER A
21 NEW SELECTION PROCESS SHOULD BE CONDUCTED FOR THE SELECTION OF
22 A COUNTYWIDE VOIP, GIVEN THE FLAWS IN THE PREVIOUS SELECTION
23 AS OUTLINED BY THE AUDITOR-CONTROLLER AND GIVEN THE POTENTIAL
24 FOR INCREASED COSTS AND THE CURRENT SELECTION REMAINS IN
25 EFFECT. I FURTHER MOVE THAT THE BOARD ADOPT THE



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1 RECOMMENDATIONS AS OUTLINED IN THE SEPTEMBER 22ND AUDITOR-
2 CONTROLLER REPORT TO ASSURE PROPER PROCEDURES ARE FOLLOWED AND
3 INSTRUCT THE RELEVANT DEPARTMENTS TO PROVIDE THE BOARD WITH
4 IMPLEMENTATION REPORT WITHIN 30 DAYS. THIS MOVES FORWARD THE
5 RECOMMENDATION, AS I UNDERSTAND, BUT IT CLEARLY ASKS YOU TO
6 VALIDATE IT AND, AGAIN, I KNOW THAT, AT THE END OF THE DAY,
7 YOU SAID THAT COULD HAVE HAPPENED BUT I DO THINK IT REQUIRES A
8 VALIDATION TO MAKE SURE THAT WE'RE GETTING THE MOST COST
9 EFFECTIVE SYSTEM POSSIBLE AND, EVERY TIME WE ARE LOCKED INTO
10 ONE COMPANY, IT'S ALWAYS AN ISSUE AND THEN THERE'S ALWAYS THE
11 RESPONSIBILITY OF TRAINING OUR PEOPLE, THERE'S ALWAYS GOING TO
12 BE AN ISSUE. IN THIS INSTANCE, I UNDERSTAND OUR I.S.D. PEOPLE
13 DID NOT CONNECT THE PHONES TO THE RIGHT PLACE, SO CONSEQUENTLY
14 IT FAILED, SO THAT HAS TO BE A COMPONENT THAT NEEDS TO BE
15 EVALUATED. I'M NOT TRYING TO BE DESTRUCTIVE TO HOW WE HAVE TO
16 VENTURE INTO THIS NEW TECHNOLOGY BUT WE DO HAVE TO BE CAUTIOUS
17 AND WE DO HAVE TO UNDERSTAND A RESPONSIBILITY TO ALL OF THE
18 DEPARTMENTS TO MAKE IT FUNCTION. IT ISN'T JUST CISCO COMING IN
19 AND PUTTING IN THEIR SYSTEM AND CALLING IT A DAY. THEY'VE GOT
20 TO PROVIDE THE TRAINING AND THE BACKUP AND THE SYSTEMS CHECK
21 TO MAKE SURE THAT IT'S FUNCTIONING AND OPERATING, WHICH IS
22 ALSO THE C.I.O.'S RESPONSIBILITY AS WELL.

23



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1 **SUP. KNABE:** MR. MAYOR, I'LL SECOND THE MOTION BUT THE ONLY
2 CONCERN THAT I HAVE ABOUT IT, YOU'RE NOT ADVOCATING TO HAVE
3 TWO OR THREE DIFFERENT KINDS OF SOFTWARES.

4

5 **SUP. MOLINA:** WE CANNOT, NO. ABSOLUTELY NOT.

6

7 **SUP. KNABE:** OKAY. THANK YOU.

8

9 **SUP. MOLINA:** I WOULD UNDERSTAND-- BUT I ALSO UNDERSTAND THAT
10 WE HAVE TO HAVE A DUTY-- WE KNOW WHERE WE'RE GOING WITH THIS
11 BECAUSE...

12

13 **SUP. KNABE:** ALL RIGHT. I JUST WANTED TO MAKE SURE.

14

15 **C.A.O. JANSSEN:** THE MOTION, WE HAVE NO PROBLEM WITH THE
16 MOTION.

17

18 **SUP. ANTONOVICH, MAYOR:** WE HAVE A MOTION AND A SECOND. ANY
19 OPPOSITION? SO ORDERED. MOTION AS AMENDED, SO ORDERED. OKAY.
20 PUBLIC-- FIRST DISTRICT ADJOURNING MOTIONS. SUPERVISOR MOLINA?
21 ADJOURNMENT? OKAY. SUPERVISOR BURKE?

22

23 **SUP. BURKE:** I MOVE THAT WHEN WE ADJOURN TODAY, WE ADJOURN IN
24 MEMORY OF MINNIE PORTER. SHE WAS A LONG-TIME SECOND DISTRICT
25 RESIDENT WHO PASSED AWAY RECENTLY IN HER SLEEP AT THE AGE OF



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1 80. SHE LEAVES TO CHERISH HER MEMORY HER NIECE, BRENDA
2 LAWRENCE. AND EDWARD LAWRENCE ALBERT, THE SON OF THE LATE
3 GREEN ACRES ACTOR, EDDIE ALBERT, WHO PASSED AWAY ON SEPTEMBER
4 22ND AFTER A LONG BATTLE WITH LUNG CANCER. HE WAS A LONG-TIME
5 ACTIVIST ON BEHALF OF NATIVE AMERICAN RIGHTS AND A MEMBER OF
6 THE NATIVE AMERICAN HERITAGE AND CALIFORNIA COASTAL
7 COMMISSIONS. HE LEAVES TO CHERISH HIS MEMORY HIS WIFE,
8 KATHERINE WOODVILLE, ONE DAUGHTER, THAIS ALBERT, AND ONE
9 SISTER, MARIA.

10

11 **SUP. MOLINA:** MS. BURKE, COULD I JOIN YOU ON THAT?

12

13 **SUP. ANTONOVICH, MAYOR:** SECOND.

14

15 **SUP. BURKE:** EDWARD KINSALE, A LONG-TIME SECOND DISTRICT
16 RESIDENT WHO PASSED AWAY ON SEPTEMBER 25TH. HE LEAVES TO
17 CHERISH HIS MEMORY THREE DAUGHTERS AND ONE SON. BERNIE
18 BLANKENSHIP, A LONG-TIME SECOND DISTRICT RESIDENT WHO PASSED
19 AWAY RECENTLY. HE LEAVES TO CHERISH HIS MEMORY HIS WIFE
20 EARLENE, NICE, DR. CECILIA JEFFERSON FREEMAN...

21

22 **SUP. KNABE:** I'D LIKE TO JOIN IN THAT.

23

24 **SUP. BURKE:** HUH? YOU DID THAT ALREADY?

25



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1 **SUP. KNABE:** NO. I'D LIKE TO JOIN ON THAT ONE.

2

3 **SUP. BURKE:** OH, YOU WANT TO JOIN ON THIS ONE. ALL RIGHT. HE
4 LEAVES TO CHERISH HIS MEMORY HIS WIFE, EARLENE, NIECE, DR.
5 CECILIA JEFFERSON FREEMAN AND NEPHEW, FRED JEFFERSON HOLMES.
6 AND SAMMY LEE HARRIS, A LONG-TIME SECOND DISTRICT RESIDENT AND
7 32-YEAR EMPLOYEE OF I.S.D. CUSTODIAL SERVICES AT THE HALL OF
8 RECORDS WHO PASSED AWAY SUDDENLY ON FRIDAY, SEPTEMBER 29TH. HE
9 LEAVES TO CHERISH HIS MEMORY TWO SONS, MARLON AND MARK, ONE
10 DAUGHTER, SAMELLA SCOTT, AND ONE BROTHER, MILTON FRANKLIN.

11

12 **SUP. ANTONOVICH, MAYOR:** SECONDED. WITHOUT OBJECTION, SO
13 ORDERED.

14

15 **SUP. BURKE:** I'D LIKE TO ALSO MAKE A NOTE THAT ERNEST
16 HAMILTON'S MOTHER PASSED AWAY AND WE'RE WAITING TO GET ALL OF
17 THE INFORMATION FROM HIM. HE'S OUR COMMISSIONER, DISABILITY
18 COMMISSIONER.

19

20 **SUP. KNABE:** RIGHT.

21

22 **SUP. ANTONOVICH, MAYOR:** ANY ADJOURNMENTS, SUPERVISOR
23 YAROSLAVSKY?

24



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1 **SUP. YAROSLAVSKY:** I HAVE ONE. DORIS MEYER MORELL, MOTHER OF
2 FORMER GOVERNOR GRAY DAVIS, PASSED AWAY AT THE AGE OF 83,
3 ABOUT TWO DAYS AGO AFTER A LONG BATTLE WITH LUNG CANCER.

4
5 **SUP. ANTONOVICH, MAYOR:** ALL MEMBERS. SECONDED. WITHOUT
6 OBJECTION.

7
8 **SUP. YAROSLAVSKY:** SHE IS SURVIVED BY HER SECOND HUSBAND,
9 ARMAND MORELL, FIVE CHILDREN, INCLUDING HER SONS GRAY,
10 WILLIAM, AND BARRY AND DAUGHTERS, DORIS DAVIS ROSS AND ANNE
11 DAVIS PINKHAM, 12 GRANDCHILDREN AND FOUR GREAT GRANDCHILDREN.

12
13 **SUP. ANTONOVICH, MAYOR:** WE HAVE PUBLIC COMMENT. HARLEY
14 RUBENSTEIN, LEONARD SHAPIRO, NAOMI GREEN, NADINE DIAZ.

15
16 **HARLEY RUBENSTEIN:** I WANT TO FIRST SAY THANK YOU TO YOU GUYS,
17 YOU'VE BEEN REAL SUPPORTIVE TO THE COMMISSION ON DISABILITIES.
18 I'M REAL GOOD THAT I'M-- I ONLY HAVE THREE MINUTES BECAUSE I
19 AM USUALLY QUITE LOQUACIOUS, SO THEREFORE I'LL BE BRIEF. I'LL
20 REAL INTERESTED BY, AS I SAID, POLITICS 101, BECAUSE I'M JUST
21 BEGINNING. I REALLY LOOK AT PEOPLE WHO WALK THE WALK VERSUS
22 TALK THE TALK. I DON'T LIKE RHETORIC. I LIKE TO SEE THINGS
23 DONE. WHAT I'M FINDING OUT ABOUT PEOPLE AT THIS BUILDING,
24 AMONG OTHER THINGS, THERE'S A LOT OF BAD THOUGHTS ON PEOPLE
25 FOR THINGS THAT WERE DONE BEFORE AND THINGS THAT-- THERE'S A



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1 LACK OF TRUST ON BOTH PARTS, AND I'D LIKE TO JUST SORT OF AT
2 THIS POINT DRAW A LINE IN THE SAND AND SAY I'M SORRY FOR THE
3 THINGS PAST; HOWEVER, LOOK AHEAD TOWARDS-- NOT ONLY IN THE
4 FUTURE BUT ALSO FOR THE PRESENT SO THAT WE'RE ON THE SAME PAGE
5 AND THAT WE'RE MOVING IN THE SAME DIRECTION. I'D LIKE TO POINT
6 OUT SOME REALITIES. I'M SORRY THE L.A. TIME HAS NOT PICKED UP
7 ON THESE. I'M REALLY INCREDULOUS ABOUT THAT. FIRST OF ALL, THE
8 AMERICANS WITH DISABILITIES ACT WAS A 1990 LAW THAT WAS
9 PASSED, OKAY. IT'S MAKING US LOOK LIKE THE BAD GUYS WHEN
10 BUSINESSES DON'T COMPLY AND WE SAY, "WELL, YOU NEED TO BECAUSE
11 IT'S LIKE ON A QUESTION, IT'S LIKE, WHAT HAVE YOU GUYS BEEN
12 DOING THE LAST 16 YEARS?" OKAY? THE EDA IS THE MINIMUM
13 STANDARDS, OKAY, THE EDA IS A CIVIL RIGHTS BILL, OKAY. IT WAS
14 PATTERNED AFTER THE MARTIN LUTHER KING MOVEMENT, TRYING TO
15 GIVE US EQUAL RIGHTS. FOR INSTANCE, HAVE YOU EVER GONE PAST A
16 BUS OR SOME STAIRS, YOU KNOW, IT'S INACCESSIBLE TO US. IF
17 THERE'S NO ACCESS, YOU MIGHT AS WELL SAY WHITES ONLY OR, YOU
18 KNOW, IT'S THE SAME THING, JUST TOTAL DISCRIMINATION. ALSO, MY
19 THING IS, WHY NOT, SINCE WE'RE IN THE 21ST CENTURY, LET'S USE
20 THAT TECHNOLOGY. THERE'S 70% UNEMPLOYMENT RATE AMONG PEOPLE
21 WITH DISABILITIES. PEOPLE WITH DISABILITIES ARE NOT ONLY
22 PEOPLE IN WHEELCHAIRS, OF COURSE, IT'S THE MENTALLY ILL, WE'VE
23 GOT PEOPLE WHO HAVE M.S. AND OTHER SUCH THINGS ALSO. A LOT OF
24 PEOPLE WITH DISABILITIES WOULD LIKE TO GET OUT THERE AND DO
25 THINGS. THEY'RE NOT SATISFIED TO BE NOT PRODUCTIVE AND THEY'RE



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1 TIRED OF WATCHING MR. ED RERUNS AND, NO DISRESPECT TO OPRAH,
2 BUT A LOT OF PEOPLE DON'T WANT TO JUST STAY HOME AND WATCH
3 OPRAH. WHAT I FOUND OUT ALSO ABOUT THE FIELD OF LAW IS THAT
4 LEGALITIES MAY COINCIDE WITH MORALITY BUT THAT'S NOT ALWAYS
5 THE CASE. MY QUESTION IS, WITH THE 93-MILLION-DOLLAR PROJECT
6 WITH THE GRIFFITH PARK OBSERVATORY, IN TERMS OF ACCESS, IT'S
7 SUPPOSED TO OPEN NEXT MONTH AND MY QUESTION IS, LIKE, WHO ARE
8 THOSE ARCHITECTS? I WAS REALLY INFATUATED WITH THE
9 ARCHITECTURAL DESIGN THAT THEY DID AT UNION STATION TO BLEND
10 THE OLD WITH THE NEW, SO THE HISTORICAL PRESERVATION ACT THAT
11 THEY'RE CITING DOES NOT CARRY WITH ME.

12

13 **SUP. YAROSLAVSKY:** OKAY. ASK YOU TO MOVE-- TIME IS UP. THANK
14 YOU. WHO IS NEXT?

15

16 **SPEAKER:** YOU GO FIRST.

17

18 **SUP. YAROSLAVSKY:** WHO IS NEXT?

19

20 **SPEAKER:** SHE'S GOING TO GO WITH ME.

21

22 **SUP. YAROSLAVSKY:** ALL RIGHT. LET ME HAVE THIS. NANCY GREEN.
23 NAOMI GREEN, I MEAN.

24

25 **SPEAKER:** SHE WANTS TO SPEAK AFTER.



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1

2 **SUP. YAROSLAVSKY:** ARE YOU NADINE DIAZ?

3

4 **NADINE DIAZ:** YES.

5

6 **SUP. YAROSLAVSKY:** OKAY. GO AHEAD.

7

8 **NADINE DIAZ:** GOOD AFTERNOON, BOARD OF SUPERVISORS. MY NAME IS
9 NADINE DIAZ AND I AM A ASSOCIATE CLINICAL SOCIAL WORKER, AN
10 MSW. MY REQUISITE NUMBER WITH THE STATE IS 19671 AND I'M HERE
11 TO REPRESENT THE LOS ANGELES MISSION COMMUNITY CLINIC, WHICH
12 IS A CLINIC THAT WAS ESTABLISHED IN 1996. THE LOS ANGELES
13 MISSION IS A NONPROFIT FEDERALLY QUALIFIED HEALTH CENTER
14 PROVIDING QUALITY COMPREHENSIVE MEDICAL CARE TO THE HOMELESS
15 POPULATION IN THE HEART OF DOWNTOWN LOS ANGELES, AN AREA KNOWN
16 AS SKID ROW OR HOPE CENTRAL. MY JOB EVERY DAY, ALONG WITH THE
17 TEAM, WHICH IS CALLED THE L.A. MISSION COMMUNITY CLINIC
18 OUTREACH TEAM, WE START OUR DAY AT 6:30 A.M. IN THE MORNING
19 UNTIL 5:00 P.M. EVERY DAY OUT ON SKID ROW WALKING TO PROVIDE
20 MEDICAL SERVICES TO THE PEOPLE WHO ARE HOMELESS. AND I WOULD
21 LIKE TO STATE FOR THE RECORD THAT OFTENTIMES IT IS REPORTED
22 THAT ALL HOMELESS PEOPLE ARE ON DRUGS OR HAVE DRUG ABUSE
23 PROBLEMS. SOME DO. NOT ALL, HOWEVER. EVERY DAY AND EACH DAY,
24 WE ACTUALLY TARGET PEOPLE WHO ARE CHILDREN, SENIOR CITIZENS,
25 DISABLED, FAMILIES, MEN, WOMEN, ALL WITH DIFFERENT TYPES OF



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1 CONDITIONS SUCH AS MENTALLY ILL, DULY DIAGNOSED, BIPOLAR,
2 SCHIZOPHRENIC, PARANOID SCHIZOPHRENIA AND ALSO PEOPLE WHO HAVE
3 JUST LOST THEIR JOBS AND CANNOT AFFORD TO FEED THEIR FAMILIES
4 OR PROVIDE HOUSING FOR THEM. TODAY, I'M HERE TO ASK AND TO
5 WORK TOGETHER WITH YOU AS A TEAM OF THE L.A. MISSION COMMUNITY
6 CLINIC TO BUILD A PARTNERSHIP TO WORK TOWARD SOLVING PROBLEMS
7 ON SKID ROW AND TO CREATE A PLAN THAT IS MOST CONDUCTIVE TO THE
8 FAMILIES WHO ARE LIVING DOWNTOWN IN LOS ANGELES. THANK YOU.

9

10 **SUP. YAROSLAVSKY:** THANK YOU VERY MUCH.

11

12 **NADINE DIAZ:** ONE LAST THING. I WOULD LIKE TO PERSONALLY THANK
13 SUPERVISOR GLORIA MOLINA ON ANOTHER NOTE IN REGARD TO THE
14 HOLLYWOOD BOWL TICKETS THAT SHE PROVIDED TO MANY FAMILIES WHO
15 ARE UNABLE TO VISIT THE HOLLYWOOD BOWL AND ENJOYED THE
16 ENTERTAINMENT. THANK YOU.

17

18 **SUP. YAROSLAVSKY:** GREAT. THANKS. LEONARD SHAPIRO.

19

20 **LEONARD SHAPIRO:** OKAY. MEMBERS OF THE BOARD OF SUPERVISORS,
21 I'M HERE TO SPEAK TO YOU ON A TOPIC THAT'S OF DISTINCT CONCERN
22 TO EVERY MEMBER OF THE BOARD AS WELL TO AS EVERY MEMBER AND
23 RESIDENT OF THE COUNTY OF LOS ANGELES, 10 MILLION PEOPLE. I
24 WROTE A RESOLUTION THAT I WISH YOU WOULD USE IF YOU DECIDE
25 THAT YOU WANT TO IMPLEMENT THE IDEAS THAT I'M GOING TO SAY



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1 RIGHT NOW. DISCUSSION HAS BEEN TAKING PLACE ALL OVER THE
2 UNITED STATES ABOUT THE HARSH METHODS OF INTERROGATION OF
3 PRISONERS, INCLUDING THE USE OF TORTURE AND HAS PLACED BEFORE
4 ALL MEMBERS OF THIS COUNTY THAT WE BELIEVE YOU SHOULD ADOPT AN
5 OFFICIAL STAND ON THIS POINT. I DON'T BELIEVE YOU CAN RUN AWAY
6 FROM IT. AND THE RESOLUTION, AS PRESENTED, SAYS WHEREAS
7 CITIZENS OF LOS ANGELES ARE AND ALWAYS HAVE BEEN PROUD OF
8 THEIR AMERICAN HERITAGE AND PROUD TO STAND BEHIND ALL OFFICIAL
9 ACTS OF THEIR ELECTED AND APPOINTED OFFICIALS, WE ARE
10 CONCERNED WITH AN ATTITUDE THAT CHANGES THE WHOLE CONCEPT OF
11 WHAT AMERICANISM IS. I SERVED FIVE YEARS IN THE SERVICE AND
12 I'M PROUD OF THAT SERVICE AND I DID MY BEST TO MAKE SURE THIS
13 COUNTRY WOULD CONSIDER TO USE THE DEMOCRATIC METHODS AND
14 POINTS THAT WE ALWAYS HAVE BUT THE USE OF HARSH INTERROGATION
15 METHODS, INCLUDING THE USE OF TORTURE, HAS BEEN OFFICIALLY
16 USED IN THE IRAQ, AFGHANISTAN AND ADJACENT AREAS. I BELIEVE
17 EVERYBODY HERE SHOULD CONDEMN ALL USES OF METHODS THAT VIOLATE
18 INTERNATIONAL LAW EMBODIED IN THE GENEVA CONVENTIONS AS WELL
19 AS THE U.S. CONSTITUTION AND ITS CONCURRENT LAWS AND WE
20 PETITION THE BOARD OF SUPERVISORS TO USE ALL OF THEIR POWERS
21 TO NOTIFY OFFICIALS IN WASHINGTON, D.C. THAT THEY WILL NOT
22 TOLERATE THE BLACKENING OF THE HISTORY AND THE PRESENT
23 CONDITION OF THE WARS OVERSEAS. WHATEVER WE DID IN PREVIOUS
24 WARS, WE WERE NEVER, NEVER ASHAMED OF, I WAS NEVER ASHAMED OF,
25 I WAS PROUD ABOUT WHAT I WAS DOING BUT NOW I GOT TO HIDE IN



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1 CORNERS AND BE ASHAMED OF WHAT'S GOING ON IN MY NAME, IN THE
2 NAME OF THE AMERICAN PEOPLE AND I DON'T LIKE IT. TORTURE UN-
3 AMERICAN AND MUST BE STOPPED IN ALL FORMS IMMEDIATELY AND THIS
4 BOARD CANNOT HIDE FROM ITS POINT IN ADVISING CONGRESS AND THE
5 PRESIDENT OF THE UNITED STATES THAT YOU DON'T BELIEVE THAT
6 TORTURE SHOULD BE USED. WE KNOW, IN THE POLICE DEPARTMENT,
7 THIRD-DEGREE WAS USED FOR A LONG TIME AND THEN THE OFFICIALS
8 ALWAYS SWORE THAT THEY COULDN'T OPERATE WITHOUT IT, BUT
9 THEY'VE BEEN OPERATING WITHOUT IT FOR 50 YEARS. WE KNOW THAT
10 WE CAN OPERATE WITH OUR ARMED SERVICES...

11

12 **SUP. ANTONOVICH, MAYOR:** THANK YOU, MR. SHAPIRO.

13

14 **LEONARD SHAPIRO:** ...WITHOUT ANY USE OF TORTURE AND I IMPLOR
15 THE BOARD OF SUPERVISORS TO MAKE AN OFFICIAL STAND AGAINST
16 THIS AND SEND IT TO ALL PERTINENT AGENCIES.

17

18 **SUP. ANTONOVICH, MAYOR:** THANK YOU. LILY CHICOLA AND SOFIA
19 QUINONES.

20

21 **NAOMI GREEN:** MY NAME IS NAOMI GREEN. I BELIEVE THAT THE
22 TORTURE, AS DEFINED BY THE GENEVA CONVENTIONS AND THE
23 CONSTITUTION OF THE UNITED STATES, SHOULD BE ABOLISHED. THEY
24 CANNOT GET EXACT INFORMATION BY TORTURING PEOPLE. THEY WILL
25 GIVE ANY INFORMATION WHETHER IT'S CORRECT OR NOT. IT'S ALMOST



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1 BARBARIC, SOME OF THE TORTURE THAT THEY DO TO THESE PEOPLE.
2 I'VE ALWAYS BEEN PROUD TO BE AN AMERICAN AND I'M ASHAMED OF
3 THE WAY THEY TREAT OUR PRISONERS. I URGE YOU TO ADOPT THIS
4 RESOLUTION.

5

6 **SUP. ANTONOVICH, MAYOR:** THANK YOU. JUST GIVE YOUR NAME FOR THE
7 RECORD BEFORE YOU SPEAK.

8

9 **SOFIA QUINONES:** MY NAME IS SOFIA QUINONES. GOOD AFTERNOON. I
10 HAVE A COUPLE OF ITEMS I WANT TO TALK TO YOU ABOUT. FIRST, THE
11 LAST TIME I WAS HERE, I HAD SPOKEN ABOUT MY CONCERNS HAVING TO
12 DEAL WITH SYBIL BRAND AND SO I WENT AHEAD AND FILED A
13 COMPLAINT WITH THE UNITED STATES JUSTICE DEPARTMENT TO GO
14 AHEAD AND FOLLOW UP WITH THOSE CONCERNS THAT I HAD AND SO
15 THAT'S THAT. THE SECOND REASON I'M HERE IS BECAUSE I HAVE A
16 CONCERN WITH THE CRIMINALIZATION OF THE POOR IN DOWNTOWN. I'M
17 CONCERNED WITH THE SWEEPS AND SO I HAD TO JUST COME HERE AND--
18 THIS WAS BROUGHT UP IN A MEETING THIS SATURDAY WITH THOSE OF
19 US THAT WORKED ON PROPOSITION 66 TO AMEND THE CALIFORNIA THREE
20 STRIKES LAW. SO, YOU KNOW, WE STRONGLY ENCOURAGE THE BOARD NOT
21 TO-- WELL, TO WORK TOGETHER WITH THE CITY SO THAT WE DO NOT
22 PUT PEOPLE IN JAIL SIMPLY BECAUSE THEY'RE POOR. AND THE LAST
23 REASON I'M HERE IS MS. MOLINA, I DID SPEAK WITH YOUR CHIEF OF
24 STAFF, MR. NEIL SANTANA, REGARDING CONCERNS I HAVE WITH THE
25 INAPPROPRIATE BEHAVIOR OF ONE OF YOUR STAFF, WHICH IS NORMA



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1 GARCIA, SO I'M HOPING YOU CAN FOLLOW UP WITH THAT BECAUSE IT'S
2 JUST UNACCEPTABLE. THANK YOU.

3

4 **SUP. ANTONOVICH, MAYOR:** OKAY. THANK YOU. YES, MA'AM.

5

6 **LILY CHAGOLLA:** I'M LILY CHAGOLLA. I WANT TO ADDRESS THIS TO
7 GLORIA MOLINA. PLEASSED TO MEET YOU, GLORIA. SUPERVISOR, I'VE
8 GOTTEN LETTERS FROM YOU FOR FOUR YEARS. I'M LILY CHAGOLLA, THE
9 MOTHER OF NOEL CHAGOLLA. I'M SURE YOU KNOW. GLORIA, WHY CAN'T
10 I SEE MY GRANDDAUGHTER? (CRYING)

11

12 **SUP. MOLINA:** THE COURTS MAKE THAT DECISION, I DO NOT.

13

14 **LILY CHAGOLLA:** THEY TOLD ME TO COME HERE AND ASK YOU.

15

16 **SUP. MOLINA:** THEY DID NOT TELL YOU THAT.

17

18 **LILY CHAGOLLA:** YES...

19

20 **SUP. MOLINA:** THE COURT DID NOT TELL YOU TO COME HERE.

21

22 **LILY CHAGOLLA:** NO, THE COURT DID NOT, THE OFFICES OF GLORIA
23 MOLINA.

24



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1 **SUP. MOLINA:** NO, THEY DID NOT TELL YOU TO COME HERE, EITHER.
2 WE ASSISTED AS MUCH AS WE CAN DO. THIS IS IN THE HANDS OF THE
3 COURT NOW. WE CANNOT GIVE YOU THE CHILD BACK. IT IS A
4 DETERMINATION OF THE COURT.

5

6 **LILY CHAGOLLA:** I DON'T WANT MY GRANDDAUGHTER BACK, GLORIA, I
7 JUST WANT-- EVEN A FIVE-MINUTE VISITATION WITH HER UNDER
8 SUPERVISION...

9

10 **SUP. MOLINA:** WE CANNOT DO THAT.

11

12 **LILY CHAGOLLA:** LOOK AT THE WAY MY DAUGHTER WAS-- I HAVE NO
13 MONEY. I LOST MY JOB, I'M PARALYZED. I CAN'T AFFORD AN
14 ATTORNEY OR ANYTHING. (CRYING).

15

16 **SUP. MOLINA:** YOU'RE GOING TO HAVE TO MAKE A PETITION TO THE
17 COURT. WE CANNOT DO THAT.

18

19 **LILY CHAGOLLA:** HOW DO I GO ABOUT THAT? (CRYING).

20

21 **LILY CHAGOLLA:** WITH ALL THE DEATH THAT YOU'VE MENTIONED TODAY,
22 MY DAUGHTER WAS SO GRUESOMELY MURDERED. I'VE GOTTEN SO MANY
23 LETTERS FROM YOU OVER THE YEARS. I DON'T EVEN KNOW WHERE SHE'S
24 AT ANY MORE. (CRYING).

25



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1 **LILY CHAGOLLA:** MAYBE YOU KNOW HOW IT FEELS. YOU HAVE
2 GRANDCHILDREN. WHAT WILL I DO? WHAT DO I DO, HONESTLY?

3

4 **SUP. MOLINA:** IT'S NOT IN MY POWER. I'VE ALREADY TOLD YOU THAT.

5

6 **LILY CHAGOLLA:** NO, BUT I MEAN, CAN ANYBODY-- I MEAN, WHAT DO I
7 DO? (CRYING)

8

9 **SUP. ANTONOVICH, MAYOR:** THANK YOU.

10

11 **LILY CHAGOLLA:** I'VE BEEN TO EVERY COURT FOR FOUR YEARS.

12

13 **SUP. ANTONOVICH, MAYOR:** READ US INTO EXECUTIVE SESSION.

14

15 **CLERK SACHI HAMAI:** IN ACCORDANCE WITH BROWN ACT REQUIREMENTS,
16 NOTICE IS HEREBY GIVEN THAT THE BOARD OF SUPERVISORS WILL
17 CONVENE IN CLOSED SESSION TO DISCUSS ITEM NUMBER CS-2,
18 CONSIDERATION OF DEPARTMENT HEAD PERFORMANCE EVALUATION, AND
19 ITEM NUMBER CS-3, CONFERENCE WITH REAL PROPERTY NEGOTIATORS
20 DAVID E. JANSSEN, STAN WISNIEWSKI AND RICHARD VOLPERT WITH
21 RESPECT TO NEGOTIATIONS FOR PROPERTY WITHIN THE MARINA DEL REY
22 SMALL CRAFT HARBOR, AS INDICATED ON THE POSTED AGENDA. IT
23 SHOULD ALSO BE NOTED THAT THE BOARD OF SUPERVISORS MEETING FOR
24 OCTOBER 10TH, 2006, WILL BEGIN AT 1:00 P.M.

25



**The Meeting Transcript of
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1 I, JENNIFER A. HINES, Certified Shorthand Reporter
2 Number 6029/RPR/CRR qualified in and for the State of
3 California, do hereby certify:

4 That the transcripts of proceedings recorded by the
5 Los Angeles County Board of Supervisors October 3, 2006,
6 were thereafter transcribed into typewriting under my
7 direction and supervision;

8 That the transcript of recorded proceedings as
9 archived in the office of the reporter and which

10 have been provided to the Los Angeles County Board of
11 Supervisors as certified by me.

12 I further certify that I am neither counsel for, nor
13 related to any party to the said action; nor

14 in anywise interested in the outcome thereof.

15 IN WITNESS WHEREOF, I have hereunto set my hand this 5th
16 day of October 2006 for the County records to be used only for
17 authentication purposes of duly certified transcripts
18 as on file of the office of the reporter.

19

20 JENNIFER A. HINES

21 CSR No. 6029/RPR/CRR

22