

The Scourge of Skid Row



Written by CHRISTINE PELISEK

A staph infection threatens the lives of cops, firefighters and homeless people. But don't expect any help from county health officials **Detective Tricia Hauck finished a burglary investigation** at Pete's Café and returned to the Central



Division station near Skid Row. Her left foot started to feel uncomfortably warm. She wondered if it had anything to do with an ankle fracture she suffered on vacation in Mexico a few months earlier. Within a half hour, the warm feeling turned into pain so excruciating that her leg went numb. Unable to walk, the 39-year-old burglary-investigations supervisor was carried to a patrol car and rushed by her partner to an emergency room.

An MRI detected fluid around her bone. Later that day, a surgeon cut into her foot and removed an abscess. The diagnosis: Skid Row staph, or, more technically, a strain of methicillin-resistant *Staphylococcus aureus* that is sickening dozens of police officers, firefighters, health-care workers and homeless people. These cases pose a new challenge to county health officials, who so far have refused appeals by Skid Row care providers to step up help to the city's most down-and-out population. Cops are so accustomed to seeing people with oozing boils that they call them Skid Row cooties.

Doctors inserted tiny tubes in Hauck's foot to drain the curdled white pus. But the infection proved resistant to six antibiotics. Finally, on September 27, doctors prescribed the antibiotic of last resort — vancomycin, which she takes intravenously at home, where she spends most of the day in bed.

Twice a week, Hauck's nurses come to her home to change her IV lines. Doctors fear the infection is eating at her bones, and that her ankle may become so overtaken with bacteria that they will be forced to fuse together the bones in her ankle, rendering her unable to walk without help. Right now, the least of her worries are the medical bills; drugs and supplies alone total around \$2,000.

Hauck believes that she caught the highly contagious bug at her station on Skid Row, which has become a giant petri dish for Skid Row staph. Nearly 1,500 homeless people living and sleeping on the streets, with little or no access to proper hygiene, soap or warm water, make it an ideal breeding ground for the bacteria.

"We work in a filthy environment with people who don't practice good hygiene and are in and out of jail," Hauck says. "Officers use each other's computers all night long. I have my hands on the tables in the interview rooms. Our floors are filthy. It is a huge thoroughfare. These wounds were exposed to my environment, which is as dirty as it could be."

In 2005, staph infections hit at least 20 Los Angeles city firefighters, many of whom work on Skid Row. A staph infection landed a deputy city attorney, who works out of the Central Division police station, in the hospital for two weeks. An LAPD helicopter pilot, who helped a homeless man across the street, almost had to have his leg amputated. Two doctors working at a wound-care clinic got infected. A chaplain and a night manager working at the Union Rescue Mission got it. So did the director of public affairs and two other employees at Midnight Mission. Besides Hauck, a deputy chief and a rookie officer at LAPD's Central Division have been diagnosed with Skid Row staph.



A giant petri dish full of Skid Row staph

"It is very seldom discussed down here, but it is a big fear for my officers every day," says Captain Andrew Smith. "There are a lot of things that have been swept under the table, and we are really trying to shine a light on what is happening in Skid Row. I don't think there is a lot of public awareness of this infection. We convened a meeting with the county one year ago and told them what our concerns are with the virus. I don't think they were as concerned as we are."

The Los Angeles County Department of Health Services is doing little to address Skid Row staph. Health officials rejected Midnight Mission's request for a mobile health unit to monitor and treat homeless people. Instead, the health department gave homeless advocates fliers to pass out. "The response was nowhere near what we expected," says Orlando Ward, Midnight Mission's director of public affairs, who contracted Skid Row staph, along with his wife and a co-worker. "We are talking about the streets. People who are sleeping outside — wearing the same clothes with untreated wounds. We need people to be educated across the board."

Staph came on the scene in the 1960s, infecting nursing homes and hospitals, where some 12,000 people nationwide die from infections every year. Health officials do not track the number of staph-related deaths in L.A. County because, like the flu, cases do not need to be reported. The hospital version mutated into a community version that the Centers for Disease Control calls USA 300, dubbed Skid Row staph in this story.

In the mid-1990s, the community strain started creeping into nurseries, correctional facilities, homeless shelters, locker rooms and military bases. It was also popping up among drug users, gay men and children under 2. It was generally affecting people living in crowded conditions and dirty environments who had no access to good cleaning supplies.

Around the county, a spot check of hospitals shows a half dozen or more cases being diagnosed in some emergency rooms every week. "It is now the single most common cause of skin infections, which is remarkable, because five years ago it was close to zero," says Dr. Gregory Moran, clinical professor of medicine in the department of emergency medicine and the Division of Infectious Diseases at Olive View-UCLA Medical Center. "It has quickly emerged as a cause of these infections in regular people out in the community. We now have showed that it is not



just limited to people in specific risk groups. Now potentially everyone in the community is at risk. Healthy young people are getting it.” Moran says he sees one or two fatal cases of Skid Row staph annually.

Health officials do not even keep track of staph cases — unless they amount to an outbreak, where many people are infected in a short amount of time. Such an epidemic rages in L.A. County’s seven jails, where up to 300 cases are diagnosed every month. Eleven months ago, the infection claimed its first known jail inmate, a 53-year-old Los Angeles man.

The bacterium that transmits staph can be passed through touch, shared surfaces and personal items like razors or towels. It can stay on clothes or bedding for five days. The infection often is dismissed as a large pimple, ingrown hair or a spider bite, but it comes on quickly and is extremely painful. In some cases, it looks more like a rash or cellulitis. Most cases are easily treatable with antibiotics; in rare instances, staph can cause blood, bone and lung infections.

The increase in cases acquired outside the jail has unsettled some city officials, who believe that the city and county are not doing enough to monitor it, and that they are downplaying its seriousness, especially on Skid Row. More and more of the cases seen in the jail system originated on the streets.

“It is hard to believe that nobody has died from it when I have two people in my station who are at death’s door because of it,” says Smith. “One of my officers has been fighting it for weeks now. If I have two people out of 335 who nearly died from it, and these are young, healthy people with health insurance, I shudder to think of the people who are living in cardboard boxes and on the street that may be dying because of it.”



Emma (not her real name), 24, is sitting on an old wooden school chair with her right arm propped up on a small exam table at Homeless Health Care L.A.’s needle exchange and wound-care clinic on Fourth Street in the heart of Skid Row. Her young face is streaked with dirt and peppered with impetigo, a highly contagious form of Skid Row staph that causes blisters and itchiness. She’s lived on Skid Row on and off for four years. Her home is a sidewalk at Fifth Street and Broadway. She is skittish from years of crack and heroin abuse.

Unlike most of the clients, Emma, who is wearing a filthy yellow hoodie, a tank top, jeans and slip-on slippers, has returned to have her bandages changed. She gets infections regularly, mainly around the marks left by needles. She

picks and pulls off the scabs. She whimpers and clutches the big red ski hat that covers her coarse yellow hair as Dr. Susan Partovi discards the dirty bandage from her wrist and drains the abscess that is bleeding and oozing pus. Partovi gently cleans the wound and chats amiably to Emma, who is getting more squeamish. In between gasps, Emma briefly talks about her husband, who is in jail, and her infant daughter, who is being taken care of by her mother. Partovi quickly tackles the wound on Emma’s left thigh, then gives her a brown paper bag full of Q-Tips, gauze, packing, bandages and a pair of scissors — just in case Emma doesn’t come back.

Partovi operates the wound-care clinic three days a week. It opened two years ago inside the needle exchange when doctors started seeing a large number of patients with staph infections. Partovi treats six patients a day. Ninety-five percent live on the street. Most of her patients, like Emma, are intravenous-drug users. Eighty percent get infected where the needle entered their skin.

“It is pretty bad,” says Partovi, who, along with another doctor, contracted the infection last year. “One of the issues we deal with at needle exchange is harm reduction, which includes decreasing the risk of getting infections. Using new needles, new filters and sterile water. We give them everything we can except for the heroin. That is one way we try and control it.”



A homeless man who developed a staph infection of the hair follicles when he came down with lice.

Other health-care clinics in Skid Row have also seen a rise in cases. Union Rescue Mission reports at least three new cases a week. The Weingart Center treats six new cases.

“At a certain point, we won’t think of it as an epidemic but a new normal,” says Dr. Elizabeth Bancroft, a medical epidemiologist with the L.A. County Department of Health Services’ Acute Communicable Disease Control Program. “Doctors will just take it for granted and assume it will be [Skid Row staph].”

Bancroft says the county just doesn’t have the money to monitor the cases, because they are so widespread in L.A. County. “The most important thing is for them to get housing,” she says. “Right now, there are no plans to do surveillance studies in Skid Row... If we do a study on Skid Row, we have to give something else up that we are currently doing, and the health department leaders have decided, at this time, that there are other, more pressing priorities.”

Dena Carreyn is a deputy city attorney assigned to downtown L.A., including Skid Row, as part of a neighborhood prosecution program. In November 2004, the 32-year-old Carreyn hugged a homeless woman who had just found permanent housing. The woman had open sores on her arms, and within four days Carreyn noticed what she thought was an ingrown hair or spider bite on the back of her neck. Her doctor told her it was a spider bite and put her on antibiotics. The infection didn’t go away. She went back to the doctor, who prescribed another medication. By February, abscesses had formed under her arm, groin and toe. Her neck wound grew to the size of a tennis ball. A culture sample revealed Skid Row staph. She was immediately admitted to the hospital, where she had vancomycin, the highly potent antibiotic, directly pumped into her chest. It took her five months to get workers'-compensation benefits, which were initially denied, because the city didn’t consider her infection a work-related injury.



“Nobody from the CDC or the health department told us in law enforcement that there was an outbreak,” she says. “It made me rethink my job and the dangers that I am in down here. You don’t think you would be exposed to infectious bacteria that could kill you. It never crossed my mind.”

In May 2005, Carreyn participated in a roundtable discussion on Skid Row staph, convened at Parker Center, with law enforcement, health-care advocates and the county health department.

“The county officers infuriated me about their attitude that you can get it anywhere,” says Carreyn. “They basically told me I was a liar. They were totally downplaying what happened to me, and that it is an easily treatable infection and just wash your hands and you will be fine. There were people who knew it was a nasty infection, and the health department was making it out not to be a big deal.”

Carreyn believes the health department should do more than expect homeless people, some of whom suffer from mental illness, to seek help at walk-in clinics. Even worse is forcing jail officials to deal with the cases that begin on Skid Row. “To rely on the jail as their only resource of medical attention is irresponsible,” she says.

Four months later, 20 firefighters contracted Skid Row staph in one month. Instead of sending them home to heal, the city told the firefighters to report to duty. The firefighters union went to the City Council and argued that the city was putting the community at risk by keeping them on duty. Firefighters were also having their workers’-compensation claims rejected.

In October, the city’s personnel department recommended that Skid Row–staph training be part of the fire department’s protocol, but downplayed the threat. The department insisted that it was hard to tell where firefighters and officers contracted the infections, blaming them on “random outbreaks from unknown sources.” The report concluded: “We are confident that [Skid Row staph] does not currently represent a significant occupational risk factor for city employees.”

This theory, which was also echoed by county health officials, angered firefighters who believe the city was reluctant to admit that the infection is work related because they didn’t want to be saddled with costly workers’-compensation claims.

“We are like, ‘Are you kidding me?’ says Dave Pimentle, director of United Firefighters of Los Angeles. “Don’t tell us we are getting it from library books. You don’t need a rocket scientist to put two and two together. The public needs to understand and recognize it. These things can get pretty big quickly.”



Two recent cases show how workers who contract the infection have run into a dead end when they try to put responsibility on their employer.

- Herman Tibbs, a county repairman, claimed that he contracted Skid Row staph after he dropped a metal stair on his foot while fixing an escalator at Men’s Central Jail in June 2002. A few days later, Tibbs’ foot began to hurt and swell. He went to the hospital the following week and was treated for an infection. When the infection failed to respond to the antibiotic regimen, a culture test found it to be Skid Row staph. He was off work for several months. The lawsuit claimed that the county had an outbreak at the jail at the time and was negligent in failing to warn him. The county argued that it was immune from

liability. The jury returned a verdict in 2005 that the jail facility was not in a dangerous condition at the time of the incident.

- In 2005, Jenny Pastran, the wife of a deputy sheriff working at Men’s Central Jail, sued the county after Skid Row staph was detected in her 11-day-old son’s bloodstream. He spent nearly two weeks in intensive care. The lawsuit alleged that the jail failed to adequately inform their employees of the proper measures to take to prevent the spreading of the bacteria. Pastran believes that her husband, who was working in the jail infirmary, carried the bacteria home and gave it to their infant, Ryan. The family says the Sheriff’s Department offered \$15,000 to cover expenses, but they rejected it and filed the lawsuit.

“They denied it came from the facility,” says Pastran. “They say there is no way we could prove our son got it from

Men's Central. I felt that they had done us wrong from the start. I wanted them to admit they were responsible for what happened and take accountability. And they did nothing."

Pastran ended up dropping the lawsuit after the county claimed that the strain of staph her son contracted was not the one found in the jail.



A large abdominal abscess surrounded by cellulitis in a male IV drug user who injected drugs into his abdomen.

Fifty-three-year-old Michael Buford started his jail term for a drug-possession conviction on September 5, 2005. Six weeks later, he was dead. An autopsy determined pneumonia related to Skid Row staph contributed to his death. It was the first known death from the infection in a Los Angeles County jail.

Buford's brother Wesley says that his brother was not given proper medical care by jail staff and should have been taken to the hospital sooner.

"He had emphysema," says Wesley. "He contracted [staph] while he was in there, and it settled in the weakest part of his body. They were treating him for everything but that. He shouldn't have died. He was the lifeline of our family."

Buford's family plans to sue Los Angeles County. In 2004, three Los Angeles law firms filed a class-action lawsuit on behalf of other inmates infected. The lawsuit claims that jail conditions are unhygienic, overcrowded and unsanitary, and that inmates must sleep on the inmate-reception-area floors, sometimes for days, next to overflowing urinals and toilets or on unclean sleeping mattresses and bedding. One inmate alleged that he was denied medical care for a week after complaining about a bad rash and severe pain under his arm. The inmate was transferred to the California Correctional Institution at Tehachapi, where he was diagnosed with Skid Row staph.

"The county needs to adequately fund new programs that will be proactive so that [Skid Row staph] doesn't spread in jails," says attorney Cynthia Anderson Barker. "Inmates are considered to be a throwaway population. As inmates are released, many end up in Skid Row and with the public. There are no community programs to follow up . . . in the general population. It can re-emerge. It is a question of resources and putting money in prevention. There is a risk to

the greater community.”

UCLA researchers are planning to do a study to see whether or not the jail is contributing to the staph epidemic.

“We are trying to understand how people are getting [Skid Row staph] in jail,” says Dr. Loren Miller, associate professor of medicine at the David Geffen School of Medicine at UCLA. “There are people who believe that the jail might be contributing to the epidemic. I am not so sure.”

The first cases of staph infection proved puzzling to jail officials in 2001. The pinpoint-size infections were blamed on brown recluse spiders. Pesticides didn't stop the complaints. In spring 2002, several spiders were captured and identified as nonbiting spiders. At the same time, the inmates' lesions were tested and found to be staph infections.

The jail tried to eradicate staph by doubling the laundry exchange, cleaning cells more often, allowing daily showers and educating inmates through videos and posters. In 2005, an epidemiologist began tracking the bacteria. Inmates began using a highly potent bacterial soap but still were getting sick.

Regardless of the cleaning efforts, the number of infected inmates has continued to rise: 1,849 in 2003, 2,464 in 2004 and 3,214 in 2005. One way to show how prevalent Skid Row staph has become is this statistic: In 2002, 9 percent of inmates diagnosed with staph were believed to have contracted the infection in the community; now, it is up to one-third, with most of the infections seen in Central City East arrestees.

“There are a lot of sick people in the jail and people who are at risk of being infected. One-third of our inmates are on pill call,” says jail epidemiologist Dr. Nina Harawa. “I don't think there is a way of eradicating it. We book 14,000 to 20,000 inmates a month. Many of them have a lot of health issues and are at risk of infections.”

LAPD's Central Division has taken matters into its own hands. Officers will get training monthly on ways to avoid contracting it. The station plans to buy an industrial hand sanitizer, which will be placed next to the watch commander for all the officers to use when they enter the station. It sprays out a mist of pure alcohol. Wooden benches used by new arrestees will be replaced by stainless steel so they can be disinfected regularly.

It is a start, but Detective Hauck believes that the LAPD needs to step up its efforts to educate all officers about the risks associated with the bacteria.

“My whole career, I always worried about AIDS or hepatitis. I never thought about staph. There is no education on this whatsoever,” says Hauck. “We got tons of training about the African honeybee, and we have had no training on this.”

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