

September 24, 2018

TESTIMONY
OF
CHARLES JOHNSON IV
HUSBAND OF THE LATE KIRA JOHNSON
FOUNDER OF 4KIRA4MOMS
ADVOCATE FOR IMPROVED MATERNAL HEALTH POLICIES

BEFORE THE
SUBCOMMITTEE ON HEALTH
COMMITTEE ON ENERGY AND COMMERCE
U.S. HOUSE OF REPRESENTATIVES

“BETTER DATA AND BETTER OUTCOMES: REDUCING MATERNAL MORTALITY IN
THE U.S.”

9:15 a.m., THURSDAY, SEPTEMBER 27th, 2018

Testimony of Charles Johnson IV, Founder of 4Kira4Moms
in Support of H.R. 1318: Preventing Maternal Mortality Act of 2017

“BETTER DATA AND BETTER OUTCOMES: REDUCING MATERNAL MORTALITY IN
THE U.S.”

U.S. House Energy and Commerce Subcommittee on Health

September 27th, 2018

Good Morning Mr. Chairman, Ranking Member Green, members of the committee: my name is Charles Johnson the IV. I'd like to thank the committee for inviting me to testify today on H.R. 1318: Preventing Maternal Deaths Act of 2017. I have envisioned the opportunity to speak before this committee for sometime now and could not be more grateful than to share my family's story with you today.

I have just introduced myself to you in my opening statement as Charles Johnson the IV, however, these days I am known as “Charles and Langston's Dad.” Following the esteemed title of Dad, is that of “Kira's husband.”

I met Kira several times before we connected. Trying to catch Kira's attention was like trying to catch a butterfly. Kira was the most amazing person I have ever met. She spoke four different languages, lived in China and had run several companies. Her idea of a relaxing date

was skydiving...her idea of a romantic date was drag racing. I was smitten with her zest for life- her enthusiasm- I couldn't wait to see what was going to happen next. We got married in a surprise destination wedding, one which I took pains to make sure I made an impressive impact on my bride, like she made on me everyday. It was a dream come true: our wedding, our honeymoon, our new life as a married couple, the start of our new family. We had the rest of our lives in front of us! Nothing could stop us.

On April 12, 2016 my life partner, my best friend and amazing Mom, Kira lost her life after a routine scheduled c-section at Cedars Sinai delivering our 2nd son, Langston Johnson. Kira had delivered our first son, Charles V, via cesarean section, so we were both prepared for the process, procedure and recovery. After delivering another perfect baby, I was sitting next to Kira by her bedside in the recovery room. That is when I first noticed blood in her catheter. I notified staff immediately. A series of tests were ordered. Along with a CT scan to be performed "STAT". I understood "STAT" to mean the CT scan would be performed immediately. Hours passed and Kira's symptoms escalated throughout the rest of the afternoon and into the evening. We were told by the medical staff at Cedars Sinai Kira was not a priority and we waited for her CT scan to be done...we waited for the hospital to act so she could begin her recovery. Kira kept telling me, "Charles, I'm so cold; Charles, I don't feel right." She repeated these same words to me for several hours. After more than 10 hours of waiting. After 10 hours of watching my wife's condition deteriorate. After 10 hours of watching Kira suffer in excruciating pain needlessly. After 10 hours of begging and pleading them to help her. The medical staff at Cedars Sinai finally took action. As they prepared Kira for surgery, I was holding her hand as we walked down the hall to the operating room. Kira looked at me and

said, "Baby, I'm scared." I told her, without doubt, everything was going to be fine. The doctor told me I would see her in 15 minutes. Kira was wheeled into surgery and it was discovered that she had massive internal bleeding caused by horrible medical negligence that occurred during her routine C-section. She had approximately 3 liters of blood in her abdomen. Kira died at 2:22 a.m. April 17, 2016. Langston was 11 hours old.

As someone who experienced first hand what it is like to have your spouse die in front of you, I do not have the words to describe the loss my family has suffered. My boys no longer have their Mother. Kira was the most amazing role model and Mother any boy could ever wish to have. I no longer have the love of my life; my best friend.

I vowed that I would take this tragedy and turn it into a mission fueled by the memory of Kira and the passion she brought to life every day. I have taken my grief and found peace by tirelessly working on maternal health and maternal outcomes. I am the founder of 4Kira4Moms. 4Kira4Moms mission to advocate for improved maternal health policies and regulations, to educate the public about the impact of maternal mortality in communities, provide peer support to the victim's family, friends, and promote the idea that maternal mortality should be viewed, and discussed, as a human rights issue. My Kira lost her life, and I simply could not believe that her death, my family's experience, was not an anomaly. My situation and my family are not unique. The maternal mortality rate is rising in the United States. According to the Lancet, 26.7 women out of 100,000 die directly as a direct result of maternal mortality. Maternal mortality figures have been rising exponentially in the United States over the past 2 decades.. In 1990, the US had 674 recorded maternal mortality deaths

per 100K; by 2015, the number had risen to 1063 women per 100K. Women color, regardless of income or education, are dying at a rate of 3 to 4 times higher. My wife is now a 2017 maternal mortality rate statistic.

Each maternal death is equal to approximately 70 mothers experience a “near miss”, meaning they almost die. Based on CDC figures, approximately 50K mothers almost died from childbirth as recent as 2014. This has to stop!

I’m here today because the committee wanted to hear my story, Kira’s story, Charles and Langston’s story. The importance of passing H.R. 1318: Preventing Maternal Mortality Act of 2017 is part of that story. This country deserves to know why our Mother’s are dying. Women and families who want to bear children should know what leads to maternal mortality, and “near misses.” I want to help everyone out there who wishes to someday become a parent, the most blessed gift in the world, and every provider who helps those amazing women bring life into the world, to understand what to look for; how to help, when to listen.

Thank you for the opportunity to hear my testimony today. The time is now for political will to address a situation that chose me without any knowledge. HR 1318: Preventing Maternal Mortality Act of 2017 will assist states to give us the knowledge on why our country’s Mothers are dying and how to help put an end to such tragedy. That knowledge may have saved Kira’s life.

ADDENDUM:

[4Moms4Kira Campaign](#)

[How Judge Hatchett's Son Is Coping After His Wife's Childbirth Death: 'I Take It Day by Day'](#)

[Maternal Mortality: an American Crisis](#)

[Too many mothers are dying after childbirth. A hospital hopes to save them.](#)

[Charles Johnson shares Kira's story at the March for Moms Washinton DC](#)

<https://www.youtube.com/watch?v=05uBCBfrY4g>

Attached :copy of Johnson family complaint for damages. Outlining the timeline of the events that lead to Kira Johnson's death.

Attached: photos of Kira Dixon

1 Michael L. Oran, Esq. (SBN: 110970)
2 LAW OFFICES OF MICHAEL L. ORAN
3 801 South Grand Avenue
4 11th Floor
5 Los Angeles, California 90071
6 TEL: (213) 624-1177
7 FAX: (213) 624-1161
8 EMAIL: miloran@mloesq.com

CONFIRMED COPY
ORIGINAL FILED
Superior Court of California
County of Los Angeles

MAR 22 2017

Sherri R. Carter, Executive Officer/Clerk
By: M. Soto, Deputy
Moses Soto

Attorneys for Plaintiffs

8 SUPERIOR COURT OF THE STATE OF CALIFORNIA
9 FOR THE COUNTY OF LOS ANGELES

11 CHARLES JOHNSON, IV; CHARLES) CASE NO. BC 655107
12 JOHNSON, V, a minor, by and)
13 through his Guardian ad Litem,)
14 CHARLES JOHNSON, IV; LANGSTON) COMPLAINT FOR DAMAGES:
15 JOHNSON, a minor, by and) (1) Wrongful Death
16 through his Guardian ad Litem,) (2) Negligent Infliction of
17 CHARLES JOHNSON, IV,) Emotional Distress
18 Plaintiffs,)
19 vs.)
20 CEDARS-SINAI MEDICAL CENTER, a)
21 business organization, form)
22 unknown; ARJANG NAIM, M.D.;)
23 KATHRYN SHARMA, M.D.; SARA)
24 CHURCHILL, M.D.; STUART MARTIN,)
25 M.D.; BENHAM KASHANCHI, M.D.;)
26 and DOES 1 to 100, Inclusive,)
27 Defendants.)

23 Plaintiffs Charles Johnson, IV, Charles Johnson, V, a minor,
24 by and through his Guardian ad Litem, Charles Johnson, IV, and
25 Langston Johnson, a minor, by and through his Guardian ad Litem,
26 Charles Johnson, IV, allege as follows:

27 ///
28 ///

1 FIRST CAUSE OF ACTION FOR WRONGFUL DEATH BY
2 PLAINTIFFS CHARLES JOHNSON, IV, CHARLES JOHNSON, V
3 and LANGSTON JOHNSON AGAINST ALL DEFENDANTS

4 1. Kyira Adele Dixon was born on June 26, 1976. Kyira was
5 married to Charles Johnson, IV. Their first son, Charles
6 Johnson, V, was born on September 18, 2014 by primary cesarean
7 section delivery. Plaintiff Charles Johnson, IV had been present
8 at the cesarean section delivery of his first son. Kyira Adele
9 Dixon was a healthy, vibrant, fun, loving wife and mother.

10 2. In 2015, Kyira became pregnant again. She, her husband
11 and son relocated to Los Angeles to pursue business and other
12 opportunities. Once here, her pre-natal care was transferred to
13 Defendant Benham Kashanchi, M.D. Defendant Benham Kashanchi,
14 M.D. followed her through her pre-natal care. However, before
15 her planned elective cesarean section, her care was transferred
16 to Defendant Arjang Naim, M.D. Both Defendants Arjang Naim, M.D.
17 and Benham Kashanchi, M.D. were in the Defendant Cedars-Sinai
18 Medical Center's operative suite at the time of the delivery
19 described herein.

20 3. The facts leading up to the death of Kyira Adele Dixon
21 taken from the medical records, and with approximate times,
22 include, but are not limited to, the following:

23 (A) Kyira was 39 years-old;

24 (B) Kyira, accompanied by her husband, Plaintiff Charles
25 Johnson, IV, presented to Defendant Cedars-Sinai Hospital on
26 April 12, 2016 at approximately 12:30 p.m. for a repeat elective
27 cesarean delivery. The delivery was performed by Defendant
28 Arjang Naim, M.D. and assisted by Defendant Benham Kashanchi,

1 M.D. Plaintiff Charles Johnson, IV, was present in the operating
2 room;

3 (C) Kyira was taken to the operative suite at 2:00 p.m. A
4 foley catheter was inserted at 2:15 p.m. The delivery started at
5 2:31 p.m. Langston Johnson was born at 2:33 p.m. The procedure
6 was completed at or about 2:48 p.m. At 3:00 p.m., Kyira was out
7 of the operating room and taken to the Post Anesthesia Care Unit
8 (PACU). Plaintiff Charles Johnson, IV, continued to be present
9 with his wife. At 3:04 p.m. Kyira was "skin to skin" bonding
10 with their baby;

11 (D) At 4:45 p.m., Kyira's fundus¹ had risen from +2 to +4
12 cms above the umbilicus. This may be associated with failure of
13 the uterus to contract after delivery, a condition called uterine
14 atony. Atony can lead to or be a symptom of a potentially
15 life-threatening condition known as postpartum hemorrhage;

16 (E) Shortly before 5:00 p.m., blood tinged urine was seen
17 in Kyira's foley catheter;

18 (F) By 5:24 p.m., Kyira's foley catheter was draining bright
19 red blood. The records indicate that a resident physician was
20 called by a nurse "to evaluate the rising fundus and concern for
21 excessive bleeding.";

22 (G) Shortly thereafter, the foley catheter was removed for
23 "bloody urine." It was replaced at 5:30 p.m. Defendant Dr. Naim
24 was made aware of his patient Kyira's situation;

25 ///

26 ///

27

28 ¹ The fundus is the upper rounded extremity of the uterus
above the openings of the uterine tubes.

1 (H) At 5:38 p.m., Kyira's fundus continued to be at +4 and
2 frank red blood was still present and seen in Kyira's foley
3 catheter;

4 (I) 7 minutes later Kyira's foley catheter was draining
5 "complete red blood." A bedside ultrasound showed a 6 cm (2.3
6 inches) heterogenous fluid collection posterior to bladder/
7 anterior to uterus compressing the bladder suspicious for large
8 hematoma². Uterotonics, Pitocin and Cytotec, were ordered for
9 apparent uterine atony;

10 (J) Defendant Dr. Naim was again notified;

11 (K) Kyira was given Dilaudid for pain. She was also given
12 an intravenous fluid bolus of 500 ml.;

13 (L) At 6:12 p.m., labs were ordered. Kyira's results
14 showed:

- 15 ● White Blood Count abnormal at 19.1 (normal
16 range: 4-11 1000 UL);
- 17 ● Red Blood Count abnormal at 3.01 (normal
18 range: 3.6-5.11);
- 19 ● Hemoglobin abnormal at 9.2 (normal range
20 12-16.0 G/dl); and
- 21 ● Hematocrit abnormal at 27% (normal range 36-47%).

22 In addition, the records reflect that Dr. Kashanchi also
23 ordered a separate hemoglobin and hematocrit blood test. The
24 results showed:

- 25 ● Hemoglobin abnormal at 9.2; and
- 26 ● Hematocrit abnormal at 27%.

27 _____
28 ² A hematoma is a mass or abnormal collection of clotted blood
within the tissues.

1 A fibrinogen³ blood test at about the same time showed a result
2 of 228 which is on the low end of normal (normal range is 200-400
3 mg/dl);

4 (M) At 6:44 p.m., a "stat" CT of Kyira's abdomen and pelvis
5 and CT urogram were ordered by Stuart Martin, M.D. The records
6 indicate the "reason for stat/expedite: surgical emergency." The
7 records also document that Kyira had "intractable" abdominal pain
8 and frank blood per foley catheter. The order comments also
9 state: "Please add imaging, i.e. CT abd/pelvis with IV contrast
10 as needed to fully evaluate the patient's post op abdomen and
11 pelvis; high concern for pelvic hematoma but uncertain regarding
12 injury to bladder and ureters.";

13 (N) Kyira's bleeding continued. At 7:13 p.m., Dr. Sharma
14 noted that Kyira had not had any urine output after 5:00 p.m.
15 Dr. Sharma performed another ultrasound. It showed the hematoma
16 had enlarged. Kyira and her husband were told that although the
17 hematoma appeared "stable" there was concern regarding the "blood
18 in foley with little to no urine output. Will obtain STAT
19 imaging of pelvis and lower urinary tract to ensure
20 integrity...". Dr. Naim was made aware;

21 (O) More fluids were provided via IV infusion. Labs
22 reported between 7:35 and 8:01 showed:

- 23 ● White Blood Count abnormal at 21.5;
- 24 ● Red Blood Count abnormal at 2.58;

25 ///

26 _____
27 ³ Fibrinogen is a protein in the plasma that originates in the
28 liver. It is converted to fibrin during the blood clotting process
(coagulation).

- 1 ● Hemoglobin abnormal at 7.6;
- 2 ● Hematocrit abnormal at 23.7%; and
- 3 ● Fibrinogen abnormal at 186.

4 (P) At 8:00 p.m., Kyira was seen by Dr. Churchill. She had
5 still only produced little to no urine despite having been given
6 fluids. There was still blood in her foley catheter. Kyira's
7 hemoglobin and hematocrit were noted as continuing to drop and
8 her heart rate was tachycardic.⁴ The estimated blood loss was
9 about 1500 cc's. "This suggests symptomatic acute blood loss
10 anemia and decision made to proceed with 2 units of PRBC" [packed
11 red blood cells]. "Proceeding also with CT urogram to evaluate
12 kidneys/ureters/bladder given frank blood in foley"; Kyira's
13 situation was discussed with Dr. Naim and Dr. Sharma;

14 (Q) Although packed red blood cells were started at 8:41
15 p.m., plasma, which provides blood clotting proteins including
16 fibrinogen, was not ordered until 11:21 p.m.;

17 R) At 8:47 p.m. the records document that Dr. Naim was at
18 the bedside examining Kyira in the PACU. Dr. Naim knew at that
19 time that Kyira continued with "bloody urine," had an abnormal
20 hemoglobin of 7, that her heart rate was consistent with
21 tachycardia and that she had a "possible hematoma.";

22 (S) At just about 9:00 p.m., Kyira was holding her baby in
23 the PACU where she had remained and still had not been
24 transferred to post partum;

25 ///
26 ///

27 _____
28 ⁴ Tachycardia is a resting heart rate of at least 100 beats per
minute.

1 (T) At 10:44 p.m., that the CT scans that had been ordered
2 "stat" 4 hours earlier still had not been done. In fact the
3 records do not reflect these scans were ever performed;

4 (U) At 10:55 pm the nurse notified the doctors that Kyira's
5 blood pressures were in the 70's/50's. Dr. Churchill and another
6 doctor were at the bedside to assess Kyira. Even after changing
7 the blood pressure cuff, Kyira's blood pressure was 82/53;

8 (V) At approximately 11:25 p.m., Dr. Naim was notified with
9 a concern "for active internal bleeding." Despite blood in the
10 foley, no urine output, abnormal labs, symptoms suggesting acute
11 blood loss, enlarging hematoma, it was not until approximately
12 11:30 p.m. and thereafter that a surgical discussion was held and
13 consent provided for surgery;

14 (W) At 11:42 p.m., Dr. Churchill and Dr. Sharma were at the
15 bedside. Kyira felt "a little more groggy then before", her heart
16 rate was 120 at rest and her blood pressure was 90/70. Dr. Sharma
17 performed a repeat ultrasound. The ultrasound "found expanding
18 hematoma and now free fluid." Dr. Sharma and Dr. Churchill
19 recommended taking Kyira to surgery to identify the source of the
20 bleeding. Yet Dr. Naim, who was also at the bedside at this
21 time, and in the face of these abnormal findings as previously
22 set forth, wished "to continue expectant management at this
23 time.";

24 (X) Shortly thereafter, the massive transfusion protocol was
25 initiated on Kyira. Massive Transfusion Protocol means packed
26 red blood cells, platelets and plasma given in "massive"
27 quantities to support circulation and coagulation during massive
28 hemorrhage;

1 (Y) Kyira was taken to surgery around 12:30 a.m. on April
2 13, 2016. During surgery Kyira was found to have 3 liters of
3 blood in her abdomen;

4 (Z) Kyira did not survive the ongoing massive blood loss.
5 Kyira was pronounced dead at 2:22 a.m. on April 13, 2016; and

6 (AA) The autopsy stated that the cause of "death was due to
7 hemorrhagic shock, due to acute hemoperitoneum," status post
8 cesarean section.

9 4. The surviving heirs of Kyira Adele Dixon, deceased
10 (hereinafter referred to as "decedent") are Charles Johnson, IV
11 (husband), Charles Johnson, V (son) and Langston Johnson (son).
12 There are no other heirs that Plaintiffs are aware of.

13 5. Defendants DOES 1 through 10, inclusive, are potential
14 heirs of decedent and entitled to bring this action pursuant to
15 C.C.P. Section 377.60, and they are named as Defendants in this
16 action as their true names and capacities as potential heirs are
17 presently unknown to Plaintiffs herein.

18 6. The true names, identities or capacities, whether
19 individual, associate, corporate or otherwise of Defendants DOES
20 11 through 100, inclusive, are unknown to plaintiffs who
21 therefore sue said defendants by such fictitious names. When the
22 true names, identities, or capacities of such fictitiously
23 designated defendants are ascertained, Plaintiffs will ask leave
24 of court to amend this Complaint to insert the true names,
25 identities and capacities together with the charging allegations.

26 7. At all times herein mentioned, Defendants and each of
27 them, were the agents, servants, employees and joint venturers of
28 each other and of their said codefendants, and were acting within

1 the purpose and scope of their employment, agency or joint
2 venture.

3 8. Plaintiffs are informed and believe and thereon allege
4 that each of the Defendants sued herein as a DOE (except DOES 1
5 through 10, inclusive) is responsible in some manner for the
6 events or happenings herein referred to, thereby proximately
7 causing the injuries and damages to their decedent Kyira as
8 herein alleged.

9 9. That all of the facts, acts, events and circumstances
10 herein mentioned and described occurred in the County of Los
11 Angeles, State of California.

12 10. That at all times herein mentioned, Defendants Arjang
13 Naim, M.D., Kathryn Sharma, M.D., Sara Churchill, M.D., Stuart
14 Martin, M.D., Benham Kashanchi, M.D. and DOES 11 through 30,
15 inclusive, were and now are physicians and surgeons, holding
16 themselves out as duly licensed to practice their professions
17 under and by virtue of the laws of the State of California, and
18 were and now are engaged in the practice of their professions in
19 the State of California.

20 11. At all times mentioned herein, Defendants Arjang Naim,
21 M.D., Kathryn Sharma, M.D., Sara Churchill, M.D., Stuart Martin,
22 M.D., Benham Kashanchi, M.D. and DOES 11 through 30, inclusive,
23 held themselves out to the public at large and to Plaintiffs
24 herein as qualified physicians and surgeons duly licensed to
25 practice their professions by virtue and under the laws of the
26 State of California, with expertise, specialized knowledge,
27 training, education, learning skill, techniques and expertise in
28 certain specialities of medicine.

1 12. That holding themselves out as experts and specialists
2 in specialized fields of surgery and medicine, possessing skills,
3 learning and experience in said specialties, Defendants herein,
4 at all times mentioned herein, represented to Plaintiffs that
5 they would, at all times, exercise and use skill, prudence,
6 learning and experience in said specialties. Defendants herein,
7 at all times mentioned herein, represented to Plaintiffs that
8 they would at all times exercise and use the skill, prudence,
9 learning, knowledge and expertise in the care and treatment of
10 decedent in accordance with the standard of practice among
11 competent, reputable and prudent physicians practicing their
12 specialties in the State of California.

13 13. At all times herein mentioned, Defendants Arjang Naim,
14 M.D., Kathryn Sharma, M.D., Sara Churchill, M.D., Stuart Martin,
15 M.D., Benham Kashanchi, M.D. and DOES 11 through 30, inclusive,
16 held themselves out to the public at large and to Plaintiffs as
17 duly qualified physicians and surgeons, duly licensed to practice
18 their profession by virtue of and under the laws of the State of
19 California, and exercising prudence, reasonable judgment and care
20 in the selection, employment and control of qualified, trained,
21 experienced nurses, nursing personnel, assistants, aides and
22 employees, performing services and caring for patients,
23 including, but limited to decedent, under their supervision,
24 control, direction, responsibility and authority.

25 14. At all times herein mentioned, Defendants Cedars-Sinai
26 Medical Center and DOES 31 through 50, inclusive, were business
27 organizations, form unknown, organized and existing under the
28 laws of the State of California.

1 15. At all times herein mentioned, Defendants Cedars-Sinai
2 Medical Center and DOES 31 through 50, inclusive, were and at all
3 times herein mentioned are, a partnership. Defendants DOES 11
4 through 20, inclusive, are, and at all times herein mentioned
5 were, members of the foregoing named partnership and are sued
6 herein individually and by said common name pursuant to the
7 provisions C.C.P. Section 369.5.

8 16. At all times herein mentioned, Defendants DOES 51
9 through 60, inclusive, were and are registered nurses, nurse
10 practitioners, licensed vocational nurses, practical nurses,
11 registered technicians and other paramedical personnel, holding
12 themselves out as duly licensed to practice their profession
13 under and by virtue of the law of the State of California, and
14 were and now are engaged in the practice of their profession
15 under and by virtue of the laws of the State of California.

16 17. At all times herein mentioned, Defendants DOES 61
17 through 70, inclusive, were aides, attendants, technicians,
18 nursing or medical students, acting as agents, employees or
19 servants of some or all of the other defendants, within the
20 course and scope of said agency or employment.

21 18. Defendants Cedars-Sinai Medical Center and DOES 71
22 through 80, inclusive, were at all times herein mentioned, duly
23 organized California corporations and partnerships existing under
24 and by virtue of the laws of the State of California. Said
25 defendants, and each of them, owned, operated, managed,
26 controlled and administered a general medical facility, hospital
27 or 24-hour care facility within said County, State of California,
28 and held themselves out to the public at large and to Plaintiffs

1 herein as properly equipped, fully accredited, competently
2 staffed by qualified and prudent personnel and operating in
3 compliance with the standard of care maintained in other properly
4 equipped and efficiently operated and administered accredited
5 general medical facilities, hospitals and outpatient clinics in
6 said community, offering full, competent and efficient hospital,
7 emergency, clinical, medical, surgical, laboratory, x-ray,
8 anesthesia, paramedical services and outpatient clinics to the
9 general public and to decedent herein. Plaintiffs are informed
10 and believe and thereon allege that said defendants, and each of
11 them, administered, governed, controlled, managed and directed
12 all the necessary functions, activities and operations of said
13 general medical facility, hospital or 24-hour care facility,
14 including its nursing care, intern, resident and house staff,
15 physicians and surgeons, medical staff, x-ray, intensive care,
16 recovery room and emergency room departments and clinics,
17 including but not limited to personnel, staff and supplies of
18 said facilities and clinics.

19 19. Plaintiffs are informed and believe and upon such
20 information and belief allege that at all times herein mentioned,
21 Defendants, and each of them, were the agents, servants,
22 employees and copartners of their said codefendants, and as such,
23 were acting within the course and scope of such agency,
24 partnership, and employment at all times herein mentioned; that
25 each and every defendant, as aforesaid, when acting as a
26 principal, was negligent in the selecting, hiring and maintaining
27 of each and every other defendant, as its agents, servants,
28 partners and employees.

1 20. At all times herein mentioned, Plaintiffs' decedent
2 Kyira was in the exclusive custody and control of Defendants, and
3 each of them.

4 21. Prior to April 13, 2016, decedent Kyira, who was
5 pregnant, consulted defendants, and each of them, for the purpose
6 of obtaining her medical care and treatment and employed
7 defendants to care and do all things necessary in caring for her.
8 Said Defendants undertook the employment and understood and
9 agreed to diagnose, care and treat decedent and do all things
10 necessary and proper in connection therewith, and said
11 defendants, and each of them, thereafter entered into such
12 employment, individually, and by and through their employees,
13 employers and agents.

14 22. At all times herein mentioned, and prior and subsequent
15 thereto Defendants Cedars-Sinai Medical Center and DOES 71
16 through 80, inclusive, and each of them, so negligently and
17 carelessly failed to properly ensure the character, quality,
18 ability and competence of individuals treating patients in said
19 centers, hospitals and clinics, that Plaintiffs were caused to
20 suffer and did suffer, the injuries and damages hereinafter
21 alleged.

22 23. Plaintiffs name the defendants herein, and each of
23 them, because plaintiffs are in doubt and do not know from which
24 of said defendants plaintiffs are entitled to redress and whether
25 the injuries and damages to the plaintiffs herein alleged were
26 caused by the combined negligence of all of the defendants, or
27 one or more of them. For that reason, Plaintiffs name all of
28 said defendants and ask that the Court determine liability of

1 each and all of the said defendants in this action as to what
2 extent and what responsibility falls upon each of said defendants
3 either jointly or severally as may be found liable.

4 24. From and after said times, defendants, and each of
5 them, so negligently examined decedent Kyira and diagnosed and
6 failed to diagnose her condition and so negligently treated and
7 cared for decedent while she was in the exclusive control of said
8 defendants, and so negligently operated, managed, maintained,
9 selected, designed, controlled and conducted their services,
10 activities and equipment in connection with the care and
11 treatment of decedent such that as a proximate result thereof,
12 decedent Kyira died on April 13, 2016. The negligence of the
13 Defendants, and each of them, includes, but is not limited to:

- 14 • Failing to appreciate and properly manage Kyira's post-
15 partum hemorrhage in a timely manner;
- 16 • Failing to return Kyira to surgery in a timely manner;
- 17 • Among other acts and omissions.

18 25. Plaintiff Charles Johnson, IV is the husband of
19 decedent Kyira and Plaintiffs Charles Johnson, V and Langston
20 Johnson, are the sons of decedent Kyira.

21 26. At or about the time of the filing of this complaint,
22 Charles Johnson, IV, the father of Plaintiffs Charles Johnson, V,
23 a minor (DOB: 09/18/2014) and Langston Johnson, a minor (DOB:
24 04/12/2016), was appointed to serve as the Guardian Ad Litem for
25 both Charles Johnson, V and Langston Johnson.

26 27. As a direct and proximate result of said negligence of
27 the defendants and the death of decedent, Plaintiffs have been
28 and will continue to be deprived of the love, companionship,

1 comfort, affection, society, solace, moral support, care,
2 counsel, physical assistance, services, financial support and
3 protection of decedent Kyira, and have thereby sustained
4 pecuniary loss in a sum according to proof in the jurisdiction of
5 this Court.

6 28. As a further, proximate result of the negligence of
7 Defendants, and each of them, and the death of decedent,
8 plaintiffs have incurred expenses for the funeral, cremation
9 and/or burial of decedent Kyira, in a sum to be proven at the
10 time of trial.

11 29. That prior to the filing of this action, three years
12 had not elapsed from the date of the death, and a period of less
13 than one calendar year had elapsed after Plaintiffs first
14 learned, or had a reasonable opportunity to learn, of the fact
15 that the injuries and death suffered and complained of herein
16 were a proximate result of the negligent acts or omissions to act
17 on the part of the Defendants.

18 **SECOND CAUSE OF ACTION BY PLAINTIFF CHARLES JOHNSON, IV**
19 **FOR NEGLIGENT INFLECTION OF EMOTIONAL DISTRESS**

20 30. Plaintiff repeats and realleges paragraphs 1, 2, 3, 6,
21 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 20, 21, 23, 24 and
22 29 of the allegations contained in the first cause of action as
23 though each were set forth and incorporated herein in full.

24 31. At all times herein mentioned, Plaintiff Charles
25 Johnson, IV was the lawfully wedded husband of decedent Kyira
26 Adele Dixon.

27 ///

28 ///

1 32. Plaintiff Charles Johnson, IV was present and with his
2 wife Kyira from the time she was admitted to give birth to their
3 son until Kyira was taken to surgery on April 13, 2016.

4 33. Plaintiff Charles Johnson, IV was seated on the side of
5 his wife where the bag collecting her urine was located.

6 Plaintiff Charles Johnson, IV saw Kyira's foley catheter bag
7 tinged with blood, saw the bag begin to turn red, called the red
8 colored foley catheter bag to the attention of Kyira's nurses,
9 saw the foley catheter bag get redder and redder with blood, saw
10 the heightened activity of the health care staff as they became
11 aware of the bright red blood in Kyira's foley catheter bag, saw
12 the foley changed, and then again saw bright red blood fill
13 Kyira's foley catheter bag, saw the health care staff perform an
14 ultrasound on Kyira and state that there appeared to be a
15 hematoma in her pelvis/abdomen, understood that a hematoma was a
16 collection of blood, saw the health care providers perform
17 another ultrasound and was advised that it still showed hematoma
18 or blood clot, discussed with Kyira and her health care providers
19 that the bright red blood in Kyira's foley catheter bag was
20 "concerning" and due to Kyira actively bleeding, advised by the
21 health care providers that a "stat" CT scans had been ordered and
22 understood it was needed and necessary to identify the source of
23 Kyira's bleeding, was advised by Kyira's health care providers
24 that further confirmation of the fact that Kyira was continuing
25 to actively bleed were her blood count values which were
26 continuing to decline, asked why the "stat" CT scans ordered for
27 Kyira and necessary to identify the source of her bleeding had
28 not been performed, observed Kyira continue to get pale and

1 understood that Kyira's pallor was due to the continuing loss of
2 blood, observed the health care providers provide Kyira with
3 fluids and blood and understood that such fluids and blood was
4 due to the Kyira's continuing loss of blood, repeatedly asked
5 again why the "stat" CT scans ordered for Kyira and necessary to
6 identify the source of her active bleeding, understood that
7 despite the passage of hours since the bright red blood he
8 observed in Kyira's foley catheter bag the health care providers
9 had still not done anything to identify the source of the active
10 bleeding and had not done anything to stop the active bleeding
11 which he knew was continuing and causing Kyira's condition to
12 continue to deteriorate, continued to express concern progressing
13 to demanding information why his wife was continuing to
14 deteriorate without any intervention improving her condition and
15 continued to ask and then demand why the "stat" CT scans ordered
16 for Kyira had not been done. The events described in this
17 paragraph took place over approximately seven (7) hours.

18 34. Because of what he observed, what he heard and what he
19 was told by the health care providers, Plaintiff Charles Johnson,
20 IV, knew that Kyira's continued active bleeding caused a serious
21 risk of harm to her. Because of what he observed, what he heard
22 and what he knew, Plaintiff Charles Johnson, IV, was
23 contemporaneously aware and understood that the inadequate
24 actions of the health care providers over a period of
25 approximately seven (7) hours were causing harm to Kyira because
26 the source of her active bleeding had not been identified, the
27 bleeding had not stopped, Kyira's condition was deteriorating to
28 the point where she was experiencing pain, Kyira was pale and

1 groggy, and Kyira had and was continuing to lose blood which the
2 health care providers were unable to sufficiently replace with
3 fluids and blood products.

4 35. As a direct and proximate result of the failure of the
5 Defendants to properly and timely respond to his wife's symptoms
6 and the inadequate treatment provided to her by defendants, and
7 each of them, Plaintiff Charles Johnson, IV did suffer serious
8 and severe emotional disturbance, distress and shock and injury
9 to his nervous system, all of which has caused, and continues to
10 cause, and will cause in the future, serious mental and emotional
11 suffering, in an amount in excess of the minimum jurisdiction of
12 this court.

13 WHEREFORE, Plaintiffs pray for judgment against the
14 Defendants, and each of them, as follows:

15 **FOR THE FIRST AND SECOND CAUSES OF ACTION:**

- 16 1. General damages according to proof;
- 17 2. Special damages according to proof;
- 18 3. Funeral and burial expenses according to proof;
- 19 4. Prejudgment interest;
- 20 5. For all costs of suit herein incurred; and
- 21 6. For such other and further relief as the Court may deem
22 just and proper.

23 DATED: March 20, 2017

LAW OFFICES OF MICHAEL L. ORAN

24
25 BY: 
26 MICHAEL L. ORAN, ESQ.
27 Attorneys for Plaintiffs
28 CHARLES JOHNSON, IV,
CHARLES JOHNSON, V and
LANGSTON JOHNSON

