

procedure might be adequate.

"I've postponed this treatment because I was hoping that some other procedure would be done, and the other thing, too, is that I have to use as much time as possible to get some money together to pay my rent, or else I'm going to be homeless in a month."

Interview with patient, Allegheny County:

Don and Barbara K. were told by DPW that they make too much to have a medical card—Don gets a \$625 a month social security check. She is 55, he is 62. She needs a hip replacement, has angina, and kidney stones. Don takes high blood pressure pills and high cholesterol pills.

"Oct. 31 is the last day that we have on this card, and that's the end of our medicine. We don't know what in the hell we're going to do. . . ."

"The lady down at the welfare office, said that she read some kind of new laws that Ridge wrote, something about working 100 hours a month, I didn't understand that. Well, I'm not going to qualify, because I can't work 100 hours a month."

Armstrong County Low Income Rights Organization:

A woman called to explain the predicament of her sister, who is in her 30s, and has cancer. She has had several lumps removed from her breast. "Well, they found another lump, and her sister is working, and her sister found out that she would not have an access card. She was told she had to go to the hospital and have some tests done. She says, 'I'm not going, because how am I going to pay it?' She was also informed by the hospital that she would have to pay \$150 co-pay."

Clarion County Welfare Rights Organization:

A 23-year-old woman on MA had a hysterectomy in April, after being diagnosed with cancer of the uterus. She now has a lump in her breast, and has delayed going to the hospital because of the \$150 deductible.

Philadelphia Inquirer, June 25, 1996:

Eagleville Hospital has announced that it will lay off about 60 employees—25% of its workforce—because of cuts in state medical benefits to welfare recipients. Eagleville and Valley Forge Medical Center, two Montgomery County hospitals certified to provide inpatient detoxification and drug-and alcohol-rehabilitation services for medical-assistance recipients, receive most of their patients from Philadelphia and, therefore, are preparing for drastic funding cuts.

Philadelphia Unemployment Project:

One gentleman went to the emergency room because he was having severe stomach pains. He was told that he needed to have an ultra-sound done immediately, in order to rule out that this was a kidney problem. The man only worked part-time, because of his pain. But instead of the hospital emergency room giving this man the ultrasound, letting [him] have the testing done right there in the hospital, they turned him away. He was not qualified for medical assistance under Act 35.

The child victims of Bush's crack epidemic

by Don Pilson

The author, a social worker with Child Protective Services in Washington, D.C., delivered the following testimony at Citizens' Court Hearings, held in the nation's capital on Oct. 5. Titled "Merchandizing Death," the hearings were called to present the evidence of George Bush's role in the spread of drugs and guns in U.S. inner cities. Other witnesses included Dennis Speed, Northeast Coordinator of the Schiller Institute, Gail Billington of EIR, and Dr. Abdul Alim Muhammad, MD, director of the Abundant Life Clinic in Washington, and Spokesman for the Hon. Minister Louis Farrakhan.

For the past six years I've worked as a licensed social worker in Child Protective Services for the District government. For the first three and a half years, I worked the 4 p.m. to midnight shift on the 24-hour hotline, receiving and investigating reports of child neglect, often having to take children away from their parents due to severe maltreatment. Over the recent two and a half years, I've worked extensively with children who are in foster care due to physical or sexual abuse. While I don't have official or exact figures, I think most of my colleagues would agree that more than 90% of the perpetrators in reported cases of child abuse and neglect in the District of Columbia are regular users of crack cocaine! In fact, should we succeed in eradicating the scourge of crack cocaine in the District, I and most of my colleagues would soon be out of work.

I was first confronted with the devastating impact of crack cocaine in D.C. one night during my first week in 24-Hour Intake six years ago. I was alerted that evening to the soon-to-become familiar crackling sound of police radios, as officers routinely entered our office with yet another victim of abuse or neglect to be turned over to Child Protective Services. The victim in this case was a three-week-old baby, whose mother had approached a stranger at the corner of 4th and Florida Avenue and asked her to hold the baby for a few minutes while she ducked into the Safeway for a few items. The mother then disappeared, and was not heard from again until she called me 10 days later, indignantly demanding her baby back. Needless to say, she had not gone for milk and bread, but to see the "crack man," after having moments earlier sold all of her monthly food stamp allotment at a bargain-basement price, with three weeks yet to go in the month.

I was shocked. Could it be, I wondered, that they had finally discovered a drug which could completely obliterate the strongest of human drives—the maternal instinct? I'm grieved to say that I have since witnessed this same scenario repeated far more times than I could begin to count. In fact, over the past six years, I have become absolutely convinced that the crack cocaine epidemic is an efficient and genocidally targeted attack, directed at the heart of the inner city population—the African-American family.

This past fiscal year, there were 5,018 reports of physical or sexual abuse and neglect made to D.C. police and Child Protective Services. That's 14 per day for a seven-day week. These numbers would likely be far greater were it not for the incredible resiliency of the black family, particularly grandmothers, many of whom are now raising their third generation of children, as the drug culture claims yet another generation of parents.

We are daily confronted with the specter of incarcerated or deceased fathers, the frontline victims of the crack wars. The H Street corridor over here where I work, is littered with young fathers walking with canes, on crutches, or in wheelchairs, often missing one or both legs. Children live in mortal fear of not reaching their next birthday. Mothers cope with these horrors by turning finally to the crack cocaine which is relentlessly pushed at them day in and day out. Soon they are spending the rent money and selling the food stamps to support their habit, while the children go hungry. After a while, once demon crack has gotten his hold, they are hanging onto the children less out of love, than to keep the public assistance check and food stamps coming in. From there, it's a short trip to prostitution, and finally, once a victimized mother has hit crack's rock bottom of moral collapse, to looking the other way while a child is physically or sexually abused. Add to this monstrous condition, the fact that drug treatment for these parents is now a luxury in D.C. due to the budget cuts.

The 'crack babies'

The physical and psychological toll which crack cocaine has taken on the children directly is devastating and criminal beyond words. The infant mortality rate in the District is already legendary. Mothers consumed with their crack cocaine lifestyle tend to forgo prenatal care. They use the drug regularly right up to delivery time. Their children are often born 2-3 months prematurely and grossly underweight, with cocaine in their systems at birth, and with cardiopulmonary and other physical defects. As they grow up, these children manifest immune system deficiencies and are prone to extreme hyperactivity, asthma, learning disabilities, developmental delays and other severe physical, mental, and emotional dysfunctions. Many of these children are left unclaimed after birth, as the mothers skip out of the hospital at the first opportunity, often to chase down the crack man. Many are claimed and raised by relatives. Scores of them remain for 30 days, at

which time they are classified as "boarder babies" and placed with us for adoption, once we fail to identify parents or relatives to take them. Given the shrinking resources of the D.C. government and the severe shortage of adoptive homes, how long will it be before the "Contract on Americans" begins to openly sacrifice these most innocent children on the altar of cost effectiveness? Should we prevent such a euthanasia policy from taking effect, we are still faced with the awesome task of raising a generation of severely damaged children, due to the crack cocaine epidemic.

Let me sum up what crack cocaine has done to our families and children in the District by putting it into flesh-and-blood terms. I would like to tell you the story of nine-year-old Rawanda, a child I've been working with in foster care. Rawanda's mother has been HIV-positive for at least 10 years now. She has been crack- and alcohol-addicted for at least that long. During that time she has had a steady stream of HIV-positive or AIDS-infected paramours. Rawanda tested positive for HIV at birth, but later sero-reverted to HIV-negative status. Her five-year-old brother, Sam, is now in the Hospital for Sick Children, where he is dying of AIDS-related illnesses. Both children were born prematurely with drugs in their systems. Rawanda is mildly retarded, extremely hyperactive, and recently began having auditory hallucinations (hearing voices), which may have been caused by the drug Clonidine, which she was placed on to control her hyperactivity. In December 1995, her mother and her current live-in paramour tested positive for gonorrhea. In January, Rawanda tested positive for gonorrhea. Mother reported her HIV-positive live-in paramour to the Police Youth Division for having intercourse with her daughter. When a detective arrived at the home the next day, he found Rawanda and Sam once again left alone in this same man's care while mother had gone "to visit friends," as she said. St. Elizabeth's Hospital has now diagnosed Rawanda as "pervasively developmentally delayed," with a psychotic disorder and possible autism. She has been placed on Mellaril to control the voices and the hyperactivity. Rawanda now often sits zombie-like with her tongue hanging out, a likely effect of the Mellaril. And now, day after day, five-year-old Sam lies in his hospital bed, dying of AIDS, crying for his mother, who rarely shows up to visit anymore. Meanwhile, mother refuses drug treatment, even if it were available. She is now pregnant once again, and vows to keep having children as fast as Child Protective Services can take them away from her!

Let me just close by saying that, in all of my time in this business, I don't believe I've ever encountered a perpetrator of child abuse or neglect who is as coldly and pervasively evil as George Bush. Not only are these pathetic, victimized parents doing George Bush's time for him (whether in Lorton Prison or their own private hell), but he has methodically stolen their children—and made them his accomplices! George Bush must be locked up! And, I agree with Dr. Alim, a stake driven through his heart!