

On America,” the human-scrapheap approach to budget-balancing brought about courtesy of the Newt Gingrich-led Congress. The District of Columbia, home to that Congress, received, and continues to receive, a lion’s share of the Contract’s “medicine.” In 1995, Congress effectively dismantled District home rule, giving authority over public spending to the Financial Responsibility and Management Assistance Authority, known locally as the Control Board.

That Control Board, which answers both to Congress and, more importantly, to Wall Street, is now working hand in glove with its figurehead Mayor since 1999, Anthony Williams, to shut down D.C. General and hand over its patients to managed care. Fairman, as PBC’s CEO, attempted to stop the shutdown of D.C. General and drew down on his own head the wrath of these powerful forces. He is accused of running up a \$90 million deficit over three years, despite the fact, as he makes clear in the interview below, that it was the illegal operations of the Mayor’s office and the Congress which forced him to rely on borrowing from the District to meet day-to-day operating expenses, a practice now outlawed but which was standard operating procedure for more than 100 years.

Note, in the interview with Loretta Owens, that her remarks about Fairman reflect the intensity of the operations being waged to demonize him, as well as to stop her own efforts to halt the shutdown.

The same financial and political elite which is now recommending that African HIV/AIDS victims “die quickly” (see *EIR*, July 28, 2000, p. 4), are pushing the shutdown of the one hospital in the nation’s capital that serves the majority of poor, black, and HIV-infected residents. This must be stopped, here, as well as in Africa.

Interview: Loretta Owens

‘This Hospital Is Family’

Loretta Owens is President of the American Federation of State, County and Municipal Employees (AFSCME) Local 1033, representing approximately 800 professional and technical workers at D.C. General Hospital in Washington, D.C. Ms. Owens is a faith and community HIV and AIDS prevention outreach specialist. Her job entails going out and speaking to youth and high schools, doing health fairs in the community, as well as throughout the faith community. She is a native Washingtonian and has worked at D.C. General for almost 28 years. The following interview with Marianna Wertz occurred on July 24.

EIR: It’s been said, by Rep. Ernest Jim Istook (R-Okla.), chairman of the House Appropriations Subcommittee overseeing the District of Columbia budget, that it’s quite possible that D.C. General will be shut down in the near future. Has AFSCME had anything to say about that?

Owens: We’re trying to do everything we can to keep the hospital open, because we strongly disagree with closing the hospital. The hospital is a landmark. It’s here for those who cannot afford to go anywhere else. Many of the people that work here actually were born here, at this hospital, I being one of them.

We have worked for a long time without all the necessary equipment that we need. Many of the people that work here can do more than one thing, and it’s because we’ve had to work without for so long, that we’ve learned to improvise.

EIR: I spoke with John Fairman last week about his firing and his charges that there is a plan to shut down the hospital and blame it on mis-administration. Have you seen anything of that?

Owens: I haven’t seen it. I feel strongly there are decision-makers and rule-makers and there are rule-followers, and the workers here, along with the patients that we serve, did not make any of these decisions to overspend the budget or to spend the monies the way they were spent. It concerns us that this went on for so long, not only with John Fairman, but those who allowed him to spend. They see the budget. They know what he’s spending.

EIR: As to the question of the poor, who are served by D.C. General: I understand that 60% of the uninsured in Washington, D.C. go to D.C. General Hospital.

Owens: They have been coming for years and years and years, because they know that they cannot get treatment or care the way that we serve here at this hospital. When we do things, we treat our clients as if they were family. Many of these people that we service are our neighbors, or people that took care of us or looked after us when we were coming up, and we know them from the neighborhood, we know them from the schools. When our clients come in here, particularly in the clinics that I work in, we hug our clients, we care about our clients. When we lose a client, we send cards to their families, because we feel like family.

EIR: What’s going to happen to them if they shut down D.C. General?

Owens: What concerns me is that you have other institutions that say they do, and are prepared to take on the clients that D.C. General now services. But what happens when there is no money? Will they still be willing to treat them? What happens when they run into someone who is a drug addict, or alcohol abuser, and these people really, really need help? They need somebody to care about them. What happens? Will they mistreat them?

All these years, they have refused to see these people.

Many of these institutions have sent clients from their institutions over to D.C. General, because they don't have insurance, or because they just didn't want to be bothered with them. And now, all of a sudden, all these institutions are saying they're willing to take them. Where were they when they were needed?

EIR: They say they're willing to take them if they're given Medicaid by the District, but Medicaid has never guaranteed that the hospital or doctor is going to be paid.

Owens: This is what I'm saying. What will happen if they don't get the money? Will they be turned into the bitter streets? I look at the Reagan Administration, when they turned all those people from St. Elizabeth's [the District's main mental hospital] out into the streets. This city had never before seen such homelessness. But now, there's an abundance of the homeless all around us. There's nobody caring about these people, or caring for these people. Who cares for those who cannot care for themselves?

D.C. General has always done that. We've always been there. And those people who want to shut it down have no idea of the services that we offer.

We provide a service with love, because it's coming from the heart, and they don't understand that. This is not an institution that you want to shut down. This is an institution that you want to stay open. You want it to be part of the community, because we reach out to those whom others won't.

EIR: When you say "they" don't understand it, who is "they"?

Owens: Those that wish to close the hospital. I have not spoken to Representative Istook, but I've read his comments in the paper. When we have people that represent the nation, they should talk to the front-line workers. Find out where you can cut. Why would you continue to just be going to those who were in charge, who made the mess? They're not the ones who are working on the front lines. Some of the members that I represent, presented documentation to Mr. Fairman, showing how they could save money. It fell on deaf ears. Again, we are presenting things to this new Board of Directors, we are prepared to present it to them as well as the authority—ways to save money. Let's see who listens, or is it just the intent to shut the hospital down so they can build high-rise apartments or condominiums over here on Anacostia River-front? Is that the true intent? I wonder.

EIR: I didn't realize there was such a plan.

Owens: I don't know if there is a plan. I'm asking a question: What is the true intent? I'm not saying that that is the intent, but I'm asking. What would you do with this property, if you decide to tear the city hospital down, think about that. Who is going to take care of our inmates [in the D.C. jail]? Who really wants to take care of them?

EIR: What about the AIDS patients?

Owens: Oh, my God. All over the city they send them away. Our patients tell us how they are being treated in other places, and that's why they come back to D.C. General. My question is the same as yours: What about the patients that are infected with HIV and AIDS? Who will take care of them? Who is willing to take care of them? And I don't mean take care of them from a distance, but give them the love that they need as well.

EIR: One of our reporters interviewed a lead speaker at the New York Council on Foreign Relations last week [see *EIR*, July 28, 2000, p. 4], who was speaking about AIDS and the pandemic in Africa. His name is Peter Schwartz; he worked at Royal Dutch Shell. Our reporter asked him, what do you think should be done about the AIDS crisis in Africa. His response was, "They should die quickly."

Owens: Have mercy, Jesus.

EIR: We were quite shocked at this. Then, on further pursuit, he said, and this appears to be the thinking going on among top levels of this country, that these people are costly and they're taking up too much space, and we shouldn't spend money on making them better, because it's a waste of money. They think the world is run on the idea of the survival of the fittest.

Owens: But, you know why they say that? It's easy to say, when it's not you. It's easy to say, when someone that you love is not infected, or someone who's a good, close friend, someone you care about. But what about those that are infected? What about all of the things that can be done, that are not being done?

EIR: Have any of the Congressmen, or Mayor Williams, come down to D.C. General and talk to some of the patients?

Owens: I haven't seen any, but that's not to say it hasn't been done. It simply means I have not seen any come in and actually sit down by the bedside and carry on a conversation with these patients. But, if they had done it, there would have been media everywhere.

Think about it: How many times have they taken a minute out of their day, to care about someone who really needed care? It's easy to sit up on a pedestal and be at a great distance from where the problems lie, and make decisions. It's another thing to be in the trenches, knowing where the cuts should be made.

Everybody is entitled to the same opportunity. We all should be afforded the opportunity to work. We should all be afforded the opportunity to receive A-1 health care. D.C. General provides top health care, and if they didn't, you wouldn't have so many people surviving here.

EIR: As you may know, Mr. LaRouche is campaigning on a platform calling for an end to managed care, saying it's like a holocaust going on in this country. Has managed care affected D.C. General?

Owens: I personally don't like managed care. The reason for that, and it's just my opinion, is that they treat patients as if they were on an assembly line. In 15 minutes, and out. Well, if you were infected with HIV, you couldn't be seen like that, and I thank God that these doctors here, that work in Phoenix Health Center, don't treat patients like that. They take the time, and give the patients the time that they need to be serviced. I can't tell you anywhere else in the hospital how they're seeing other clients, but I do know that you want to treat people as if you were treating your mother, or your father, or someone you cared about. You take the time, all the time that's needed.

EIR: Your job is probably in question now, isn't it?

Owens: Let me tell you something. God gave me this job and man cannot take it from me. All the things that they are putting me through, because of my speaking out, no weapon formed against me shall prosper, not one.

EIR: Anything else you'd like to say?

Owens: I would like for somebody to listen to the front-line workers. I would like for someone to listen to the labor leaders, because we're getting our information from those persons that have elected us to represent them. If somebody would just take the time and listen, there can be a turnaround here, without shutting down the hospital.

Interview: John Fairman

Who Is To Blame for Health-Care Crisis?

John Fairman, former CEO of D.C. Health and Hospitals Public Benefit Corp., grew up in a family of twelve in rural Mississippi, where his father was a minister and his mother a school teacher. Mr. Fairman worked in Houston's public hospital system for almost 14 years, rising to the number-two spot there when he was 24 years old. He was then recruited to Denver's public hospital system, where he worked for nearly four years, before being hired in Washington, D.C. in 1992, to head up the PBC. He has a graduate degree in hospital and health care administration from Trinity University in San Antonio. He spoke with Marianna Wertz, on July 21.



John Fairman

EIR: You charged in an interview last week with Washington's *The Common Denominator* newspaper, that your removal and the developments around D.C. General Hospital in recent weeks, are a first step in an effort, by the D.C. Financial Control Board and the Mayor's administration, to shut down the D.C. General Hospital. Could you elaborate on that?

Fairman: Yes. From 1995 through August of 1996, the D.C. Health and Hospitals Public Benefit Corporation was formed, to oversee D.C. General, ten clinics, and the nurses in 147 public schools, to build one integrated delivery system, so people, the most vulnerable, wouldn't fall through the cracks. At that time, the Control Board had just come in.

That was done after 37 different reports over 17 years, all recommending that you build one, community-based system connected to D.C. General. Report after report had consistently recommended that. When this was done, the new regime [the Control Board] came in and they started all over again, about whether or not you should close the hospital and contract out the care. I presented numerous pieces of information to the Control Board, the [City] Council, and the Mayor, Marion Barry at that time, that that was *not* a sound idea, that managed care was something that had holes in it, and that those of us in health care knew that this was going to eventually blow up, like a lot of other things purported to be ultra-conservative and also life-giving, in terms of expanding care.

So the PBC was formed. The new Chief Financial Officer law had been passed, and Anthony Williams took over as the CFO. Immediately, he started discussions about—these were in budget meetings with the Control Board, the City Council, and himself—“If you want to go against national trends and keep a public hospital, then this is what it will cost,” he said.

In concert with Paul Offner, who was the Medicaid director at the time, they did all kinds of things, trying to cut our appropriations, slow up our payments, question our claims at the Medicaid office. Ironically enough, this is all part of the same family, the D.C. government, yet our biggest fights were within this family with the Medicaid office.

I guess everybody was embattled in their own ways, and thought that this was too complicated to understand, and we never got any real support. Every time I appealed to the Federal government, over being mistreated, and demanded that they honor their fiduciary responsibility and make sure that we were treated according to what's called the State Health Plan, which is the bible that governs how Medicaid operates, we were *systematically* not paid according to what was in law then, and what is in law now.

EIR: Rep. Ernest Jim Istook (R-Okla.), who is in charge of the House Appropriations subcommittee relevant to this, has written to Mayor Williams, saying that the hospital could soon close, because of the lack of funds.

Fairman: That is tied to something different. The law that created oversight over the hospital, said that we were legislated authority to go to the banking market and the bond market, to secure funds, on our own, independent of the D.C.