

D.C. General Fight Exposes Elites' 'Negro Removal' Plan

by Nancy Spannaus

During the week of March 12-16, the directors of two leading hospitals in Washington, D.C. came forward to report that the closure of the capital's only public hospital, District of Columbia General Hospital, would lead to an unmanageable situation for victims of trauma in the city. What these medical professionals were saying, is what leaders of the Coalition to Save D.C. General have been emphasizing: The shutdown of D.C. General will mean *genocide* for the poor and non-white citizens of the nation's capital.

Dr. James Howard of the Washington Hospital Center's Med-Star trauma unit issued his statement on March 15, saying that his facility is currently at 100% occupancy, and that he would be forced to *close* it, rather than let the operation be flooded with new trauma patients, which would happen if D.C. General closed. Providence Hospital, another facility that the city's financial authorities are allegedly counting on to replace shutdown facilities at D.C. General, also reported that the influx of patients to his facility, given only the rumors of the imminent shutdown of D.C. General, is already "straining" the hospital's capacity.

These statements will help build the already-growing movement, against the Congressionally mandated plan to sell D.C. General to the Doctors Community Healthcare Corporation (DCHC), and "replace" it with 100 for-profit clinics throughout the city. The movement to stop the shutdown is building up steam: Two rallies of 75-100 people have been held outside the office of the Mayor and the D.C. Financial Control Board in mid-March, and the initiation of a process of candlelight vigils in front of churches around the city, dedicated to rallying support for maintaining a full-service hospital, in the interest of the general welfare of the population.

Documentation that the hospital shutdown is further implementation of the long-standing "Negro removal" propos-

als of the city's elite and financial controllers, was presented at the weekly meeting of the coalition on March 14 by EIR researcher Anton Chaitkin. It is also guaranteed to bring a dramatic expansion of the fight.

Where Will the Poor Go?

In their public, official presentations, D.C. Mayor Anthony Williams and his financial officers have insisted that the "comprehensive health-care reform" represented by the shutting of the city's only public hospital, will be of benefit to the city's population. They have claimed that the city has too many hospital beds, and that it's only necessary to increase what amounts to primary and preventive care, in order to reduce the horrendous health-care situation in D.C., which has Third World levels of infant mortality and death rates among African-American males from diseases like AIDS and diabetes.

No one knows more what *lies* these are, than the employees of D.C. General themselves, who are now taking an active, leading part in the mobilization to save the hospital. Moralized by the role which the LaRouche movement has played, along with the city's clergy, hospital union leaders and others have begun to attend rallies, speak to church congregations, and lobby on Capitol Hill, in order to press the point home, that the hospital must not be closed.

The announcement by other hospital officials about their inability to replace trauma services given at D.C. General, confirms what the leaders of the Coalition to Save D.C. General have repeatedly said. As Dr. Michael Young, President of the Medical Staff at the hospital, reported at the mass meeting held on March 3, traumatic injuries and accidents are the most common cause of death among individuals between 1 and 34 years throughout the United States, and the danger of young

people being *shot* in Washington, D.C. is much higher than in the rest of the country.

D.C. General is a top-notch rated facility for treating trauma, the facility closest to the Capitol, and the only hospital for the uninsured. If its trauma center is closed, allegedly to be replaced by other hospitals and Greater Southeast Hospital, victims will have to be transported farther to get help. The fact that this will lead to more deaths has actually been admitted by Dr. Ivan Walks, the medical adviser to Mayor Williams; he considers it a cost that should be borne, in the interest of the alleged *fiscal* and *social* benefits to be gained by shutting the hospital.

At present, the fate of the transfer of D.C. General to the Doctors Community Healthcare Corporation, the same group that owns Greater Southeast, appears up in the air. D.C. General was supposed to run out of money at the end of March. The Mayor's office has approved the sale, but there has been no official announcement of a contract having been signed. The City Council has indicated its unanimous opposition to the plan, the D.C. Financial Control Board, which can overrule anything the City Council does, has indicated that it intends to go ahead with the plan. The fact that the Coalition has put out the word that DCHC, and its partner company, National Century Financial Enterprises (NCFE), have been sued for malfeasance and racketeering in Massachusetts, North Carolina, and Kentucky, and gotten broad media coverage, has created a certain stumbling block to the genocidal plan.

But it is clear that unless the public pressure and mobilization against the shutdown escalates, and the citizens of Washington, D.C. refuse to accept this privatization and scaledown, the city's financial officers, and the Stone Age Congressional officials who gave them their orders, will go ahead with their plans at the first chance they get.

Who Are the Liquidators?

It is the hope of the financial elite who want to rid Washington, D.C. of those they consider "undesirable," that the predominance of black faces among the city's bureaucracy will ease their task. After all, who would suspect that African-Americans would preside over the murder of their own?

Ah, that shows the fallacy of looking only skin-deep. In fact, the black public officials who have demanded this genocidal austerity, have been the equivalent of dark-skinned Adolf Eichmanns, banally bloodless financial accountants, who are just concentrated on balancing the books, no matter how many lives it takes.

Exemplary is Mayor Anthony Williams, who came into the mayoralty after spending 1995-98 as the city's Chief Financial Officer, cutting services en masse in order to create a budget surplus. Even when faced with passionate stories of suffering, as a result of his actions, Williams can blandly blather on about the hospital closure being a matter of balancing "supply and demand."

But Williams isn't the only one. The first head of the city's Financial Control Board, set up by Congress, was Andrew Brimmer, a former member of the Federal Reserve Board and the Trilateral Commission. Then there are Williams's current assistants, Chief of Staff Dr. Abdusalam H. Omer, and Chief Financial Officer Natwar M. Gandhi. Gandhi comes from the U.S. General Accounting Office, with a specialty in tax policy. Omer, a native of Somalia, formerly held a position as a consultant to the World Bank on civil service reform. The World Bank is notorious for committing murder with a pencil—simply axing the funds required for the investments Third World countries need in order to stay alive.

Target: Congress

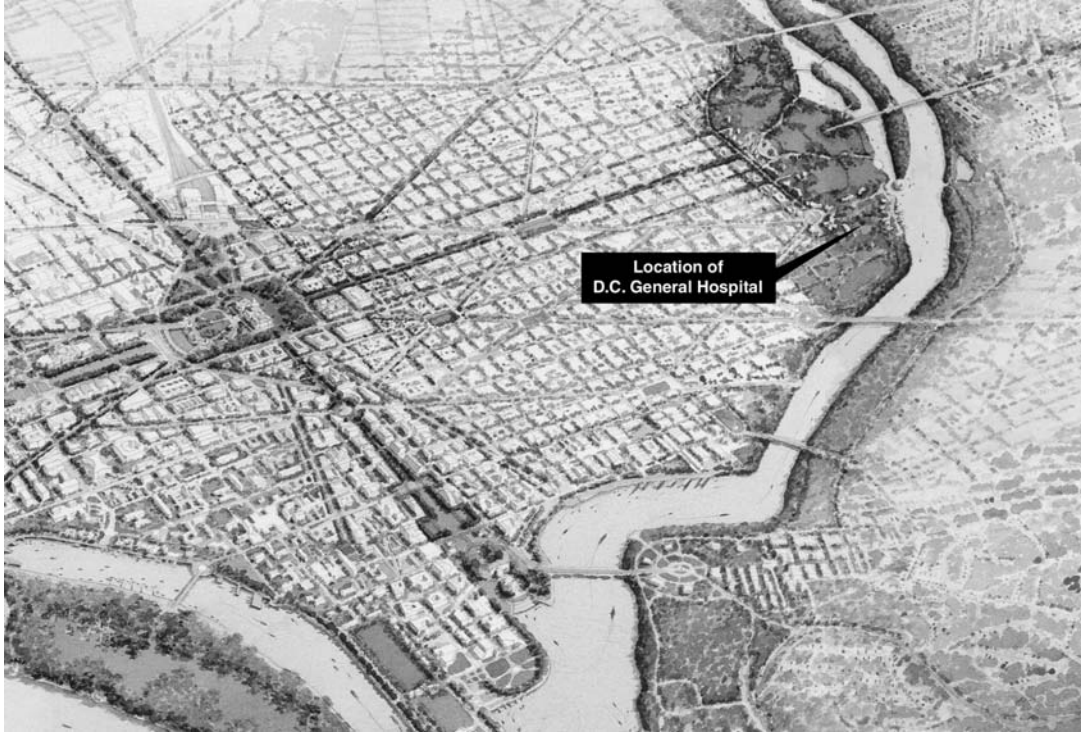
The Coalition to Save D.C. General Hospital is well aware that the power over these bureaucrats lies in the Congress. Thus, they have institutionalized a series of lobby days on Capitol Hill, in addition to rallies and vigils.

On March 14, a town meeting of 150 people was held at Union Temple Baptist Church, the Rev. Willie Wilson presiding. The main speakers were Lynne Speed of the LaRouche movement, Tony Chaitkin of *EIR*, and Roscow Ridley, director of labor relations from the Public Benefit Corporation, the corporation that now controls D.C. General and wants to save it. In the discussion, Reverend Wilson invited Delegate Eleanor Holmes Norton, the corrupted Congressional representative of Washington, D.C., to the next meeting. Dr. Abdul Alim Muhammad, of the Nation of Islam, who has chaired coalition meetings throughout, reported that Norton had actually sabotaged an invitation he had received to address the Congressional Black Caucus on Capitol Hill. A nurse at the hospital announced plans for a huge candlelight vigil on the hospital grounds on March 24, with the aim of getting 10 to 20,000 participants.

On March 15 about 60 people rallied again at the Control Board and Mayor's office, and headed off for Capitol Hill, which is still buzzing about the invasion of 150 well-informed citizens onto their turf on March 8, in an aggressive lobbying effort to keep D.C. General open. Against the backdrop of a huge banner, reading "LaRouche: Stop D.C. Negro Removal Scam: Save D.C. General Hospital," Lynne Speed, Dennis Cain of the Association of Federal Government Employees, a spokesman for AFSCME local 1099, a representative of the D.C. Democratic Party State Central Committee, and prominent D.C. School Board member Calvin Lockridge spoke to the crowd. Speed made a particular point out of Eleanor Holmes Norton's acceptance of \$1,000 from the CEO of DCHC—and her failure to defend the hospital and D.C. residents today.

Plans for even larger lobby days are being made for coming weeks, with the full determination to restore D.C. General as a full-service hospital, as the first step in reversing the drive toward Nazi economics in Washington, and worldwide.

National Capital Planning Commission's 'Negro Removal' Design



The area where D.C. General Hospital is now located, would contain high-rise commercial and residential buildings, according to the long-term plan for the Nation's Capital called "Extending the Legacy," developed by the National Capital Planning Commission (NCPC). (See EIR, March 16, p. 73.)

Above is a portion of the NCPC's depiction of their plans, showing the area from the Capitol (left) to the "East Capitol/Anacostia Waterfront" area (upper right). It shows a complete transformation of this area, which now contains RFK Stadium, the D.C. Armory, D.C. General Hospital and the D.C. Jail. All of those facilities are gone, replaced by an environmental park and recreational area, bordered by high-rise private development.



The other drawing is the NCPC's depiction of the area where DC General Hospital now sits, at the foot of Massachusetts Avenue, S.E., which is to be transformed into a marina surrounded by private high-rise buildings.