

fic—now estimated at at least 13—and the devastation that the privatization is wreaking on public health in the District. Coalition leader Dr. Abdul Alim Muhammad emphasized that D.C. General has always been the keystone of Washington’s entire health-care system. He said, for example, that many of the patients he sees at his clinic, need blood tests, CAT scans, dental work, and other procedures, for which they can’t pay, and in the past, he has been able to refer them to D.C. General, and also get the immediate cooperation of D.C. General’s doctors, who will fax him the results for follow-up on these patients. “I don’t know what I will do now. These are people who can’t pay \$1,200 for a CAT scan.”

The meeting was also addressed by two renowned veterans of the 1960s civil rights struggles. Amelia Boynton Robinson, the voting rights heroine of Selma, Alabama, who has been lobbying the Congress and the D.C. Council all week, said the enthusiasm and optimism of the Coalition gatherings, reminded her of the meetings of civil rights activists in Selma over 35 years ago.

The Rev. James Bevel, who was the head of Direct Action for the Rev. Martin Luther King, Jr. in the early 1960s, presented an incisive discussion of organizing, which literally had the whole audience on the edge of their chairs, including his account of things he had learned from King. He compared his experiences from the intense fights of the 1960s for voting rights, with the problem now facing the nation over D.C. General and related issues of the general welfare.

Lawsuit Heard in Federal Court

As well as being fought on the streets, and in the halls of Congress, the battle to save D.C. General is also being fought out in Federal court, where two members of the D.C. City Council—Kevin Chavous (D) and David Catania (R)—have brought a lawsuit seeking to overturn the Control Board’s illegal and unconstitutional actions when it privatized D.C.’s public health system on April 30.

Over 100 activists and observers filled the courtroom at a June 8 hearing on the lawsuit, with dozens more in line outside. Judge Richard Robertson had scheduled an hour and one-half for the oral arguments, but in fact they extended for two and one-half hours. Attorneys for the two Councilmen told the court that “people are not getting health care, and ambulances are roaming the city because of rolling blackouts of emergency rooms.”

The Councilmen’s attorneys argued that the Control Board acted unlawfully in two respects: First, that it cannot enter into a contract of this magnitude (some \$100 million), and second, that since February, the Control Board has been in its “sunset” phase, as a result of the District having met all of its financial objectives, as set by Congress; therefore, the Control Board can only carry out “winding down” activities. They also contend that the Control Board’s action violated the Constitutional rights of the Council members themselves.

The Councilmen asked the judge to void the contract for the takeover of D.C. General, to void the enabling legislation

enacted by the Control Board, to reopen D.C. General Hospital, and to appoint a Special Master to oversee a 30-day transition, handing D.C. General back to the Public Benefit Corp. which formerly ran D.C. General and the city’s public health system.

The judge took the motions under advisement, and did not indicate when he will issue a ruling. However, he did issue an order on June 13 officially accepting the *amicus curiae* brief filed last week on behalf of 131 elected officials, religious and civil rights leaders, and other prominent citizens (see *EIR* June 15, 2001). The plaintiffs in the case (D.C. Council members Kevin Chavous and David Catania) had consented to the filing of the *amicus* brief, but the defendants (the Control Board, the D.C. Government, and Greater Southeast Community Hospital) had refused to consent to its filing.

As of this writing, the court has not ruled.

The Case of James Gibson

by Dennis Speed

From the new broadsheet being circulated in Washington, D.C. by the LaRouche in 2004 Presidential campaign.

D.C. Agenda’s “mission statement” proudly boasts that “D.C. Agenda was launched in 1994 by the Federal City Council as a way to help the District of Columbia confront its fiscal, political, social, and economic crises.” The Federal City Council was founded in the 1950s by Philip Graham to control every aspect of political life in D.C., and is composed of 150 of the most powerful real estate “developers, banks, law firms, and corporations” in the District. D.C. Agenda, simply put, is a servants’ shack on KKK-Katie Graham’s plantation. Funders of D.C. Agenda include the Philip Graham Foundation, the Rockefeller Foundation, the Eugene and Agnes Meyer Foundation, etc.

James Gibson was the Deputy Administrator of the Office of Planning for the [Mayor] Marion Barry administration in the late ’70s and ’80s, and, as such, was a collaborator with, if not an architect of, Negro Removal. His idea was to “get in on the action” of the redesign of Washington, not fight it. “You accept the political transaction as legitimate. Let the developers build, and use the commercial tax revenues for social purposes.” As a result of his real estate triumphs, Gibson was appointed to head the Eugene and Agnes Meyer Foundation, 1982-86. Eugene Meyer, was of course, the father of Katharine Graham.

After a seven-year stint at the Rockefeller Foundation, Gibson, together with former President and Trilateral Commission man-servant Jimmy Carter, causes “D.C. Agenda” to take shape. Great embarrassment was registered when it was discovered that the “empowerment” schemes of the 1980s had brought no benefits whatsoever to the general D.C. popu-

lation. Of 93,000 jobs created during the “real estate boom” of the 1980s, D.C. residents got only 2,700—less than 3%. It was concluded that about half the African-American population, and three-fourths of the Hispanic population, would not become qualified for “Third Wave” “dot.com” jobs. Therefore, the best thing would be to move them out of the Capital District. D.C. Agenda was thus born. The poor would not only be left out—they would be moved out.

Just prior to the founding of D.C. Agenda in 1994, Gibson was made a Senior Fellow at the Urban Institute in 1993 (Katharine Graham is its vice-chairman). There, Gibson works closely with G. Thomas Kingsley, formerly of the RAND Corporation, to create what is called the “National Neighborhood Indicators Project” (NNIP), a multi-city systems analysis intended to establish urban depopulation as a science. (If you live in Boston, Denver, Atlanta, Providence, or other major centers, you are a target.)

RAND, which ran the Strategic Bombing Survey at the close of World War II, and the “Strategic Hamlet”/“Operation Phoenix” policy in Vietnam, turned its expertise to the American “inner city” in the late ’60s to destroy the emerging civil rights/voting rights movements. The idea was to destroy African-American and other voting blocs, through “strategic urban planning,” including mass population relocation. (A former president of the Federal City Council, Anne McLaughlin, has been a RAND Corporation Board of Trustees member since 1995, and was recently appointed vice-chairman.)

Gibson formed a 300-person “focus group” at the D.C. Agenda, which looked at migration patterns in the District, the restructuring of the tax code, and how to mold “political consensus” in the D.C. population, which would cause them to *support* their own removal, rather than fight it. They formulated 75 “agendas,” whittled them down to 15, and began holding “sub-focus groups” to inform “the community” of *what it was about to think*. D.C. Agenda “got the agenda to the community” through the “Task Force on D.C. Governance.” This “was comprised of a broad-based group of approximately 150 leaders from the business, professional, labor, religious, philanthropic, governmental, educational and civic communities,” according to their “mission statement.” “The Task Force report was disseminated to approximately 450 community leaders.”

An upcoming pamphlet, being prepared by LaRouche in 2004, Lyndon LaRouche’s Presidential campaign committee, will amplify this outline. Suffice it to say, that virtually every policy you know, from the creation of the Control Board, to the closing of D.C. General Hospital, was authored, or advertised, through D.C. Agenda. It is a “fourth-level” operation, subordinate to 1) the financiers, like Graham’s family; 2) the foundations and law firms through which the financiers deploy their policy formulators; 3) the think-tanks and intelligence agencies. The fourth level is “the conditioning organizations” that teach the population what to think—how to grin, while you are being kicked in the teeth.

LaRouche Speaks on D.C. General Hospital

On June 11, Lyndon H. LaRouche, Jr., a Democratic Presidential pre-candidate for 2004, was interviewed on WOL Radio in Washington, D.C. Here is the transcript.

WOL: Mr. LaRouche, you have been involved in many of the movements or concerns about D.C. General Hospital. Why is D.C. General Hospital important to you?

LaRouche: Well, it’s important to all of us, if people understood what is important. First of all, we have a shutdown of the medical system of the United States, at an accelerating rate. It’s being essentially ripped off, as part of being shut down.

Now, the importance of Washington, D.C., is that it’s the nation’s capital, number one. Look, the D.C. General Hospital is the only full-service, public general hospital in Washington, D.C. It serves—what?—in the order of magnitude of 200,000 people a year. If you shut down the hospital, you do two things: You immediately take a whole group of people, especially in Southeast Washington, and you’re going to drive them out—because you’re going to threaten them with death. There’s no medical care for them. And this program which has been proposed, of course, is assinine, because this business about sitting in a cellar someplace, and qualifying to meet somebody else who you meet, then qualifies you again, to get immediate medical treatment—that is not exactly an honest deal.

So, the death rate will be increased by this. We have a growing worldwide disease problem. People talk about these special teams to deal with emergencies, like the FEMA, the Federal Emergency Management Agency. That will not work. The emergency agency depends upon the medical institutions which function to mobilize those resources for dealing with a medical emergency. Well, D.C. General Hospital happens to be the major emergency defense capability against disease in the Washington, D.C. area.

WOL: Mr. LaRouche, let me take a break. We’ll be right back here. We’re talking about D.C. General with Lyndon LaRouche. . . .

We’re talking to Presidential candidate Lyndon LaRouche on board. We’re talking about D.C. General Hospital. His organization has been working with many other community organizations, to do something about D.C. General. And Mr. LaRouche, I understand you’re in Europe right now. I don’t know if you know, because I haven’t heard yet, I know there was a hearing in court on Friday [June 8], and I don’t