

LaRouche Vows To Reopen D.C. General As Capital's Health Crisis Deepens

by Edward Spannaus

In preparation for his Oct. 22 campaign webcast, Democratic Presidential candidate Lyndon LaRouche issued an outline of the actions he will take within the first hour after he is inaugurated in January 2005. "First, to let the nation and world know I mean business on the issue of health care, I shall act not only to restore the D.C. General Hospital as a full-service public hospital, but set into motion steps to make that hospital a leading edge of our improved national security capabilities, and a leading national hospital-institution of its type in the world," the candidate declared.

LaRouche's announcement, subsequently broadcast in radio ads for Washington, D.C.'s Jan. 13 Presidential primary election, has given new hope to the nation's capital—where the hospital and health-care crisis is deepening weekly, and will soon reach catastrophic proportions.

Death Toll Still Rising

Since the criminal shutdown of D.C. General Hospital and the privatization of the city's health-care system dictated by Wall Street's Financial Control Board in 2001, the city's hospitals have been in acute crisis.

The shutdown accelerated the shrinkage of the number of hospital beds in the District. Since 1994, the number of acute care beds has been cut by 27%—from 3,776 in 1994, to 2,765 today. At the same time, since the D.C. General shutdown, almost every private hospital in the city has experienced an increase in emergency room usage, some as high as 40%. Emergency room diversions ("by-pass") are commonplace, as are lines of ambulances waiting to discharge patients. A recent nationwide survey of the outcomes for patients in cardiac arrest, found the District to be near the bottom of large U.S. cities, with only 4% of lives saved by emergency services, as compared to 40-50% saved for the top-ranking cities.

In the months after the closing of D.C. General's top-flight Trauma Center, this news service documented dozens of lives lost, due to longer ambulance runs required to transport patients from Southeast D.C. cross-town to hospitals in the Northwest part of the city. That death toll is doubtless in the hundreds by now, almost two and one-half years later.

Finally, even the *Washington Post* discovered that the closing of D.C. General which it had backed in 2001, costs lives—after having denied that reality for two years. On Nov. 16, in a front-page story, the *Post* reported on the preventable

death of a 16-year old Anacostia High School student and football player, Devin Fowkes, who was shot by a bullet intended for someone else. Although the school was only four minutes away from D.C. General, the student had to be taken to Howard University Hospital, which took 15 minutes; he was in cardiac arrest by the time he arrived at Howard, and died within the hour. "He was very viable," said one of the paramedics involved. "His life probably could have been saved."

The western, wealthier half of D.C. has three adult trauma centers, and one for children, while the poorer, more densely-populated eastern half has had none, since the shutdown of D.C. General. Under the 2001 privatization scheme, Greater Southeast Community Hospital—the so-called replacement for D.C. General—was obligated to establish a trauma center, but it never did.

Mayor Anthony Williams, the fair-haired boy of the *Post* and its Lazard Frères banker backers, says it is "outrageous" to suggest that the Fowkes case showed that a trauma center is needed in the eastern half of the city. Even though Howard University has put forth a proposal to build a new hospital in 3-5 years from now on the D.C. General site, one which would supposedly include a trauma center, Williams says he isn't convinced that a trauma center is needed!

After all, Williams may think to himself: What's a few more preventable black deaths, where real estate values are concerned?

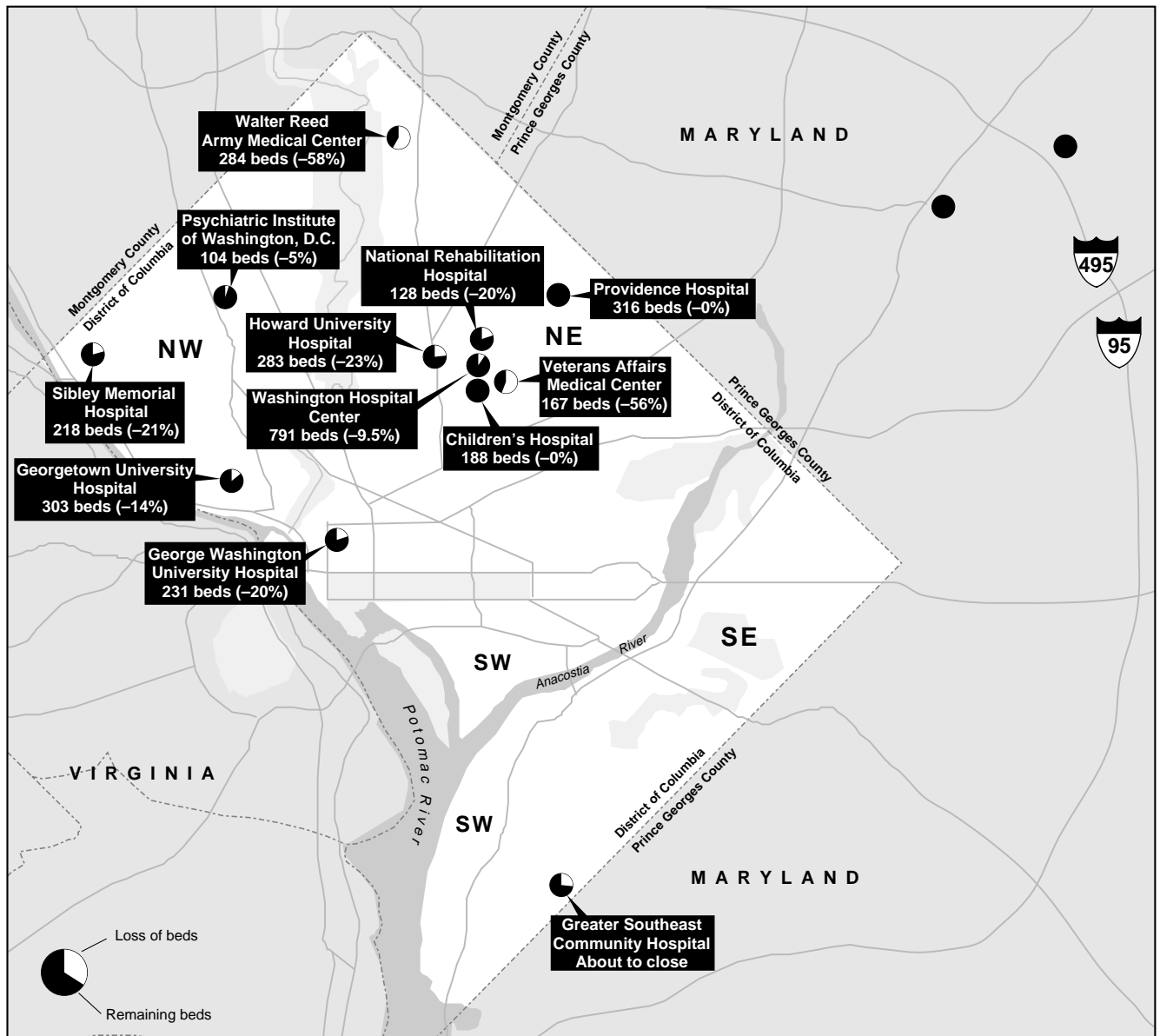
On the Auction Block

Meanwhile, Greater Southeast Community Hospital, the only one left in the eastern half of the District of Columbia, was driven into bankruptcy by the gangster financial practices of its bankrupt owners, and could be shut down permanently in December. Even though the D.C. Health Department has restored its provisional license, the hospital is up for auction in Federal bankruptcy court on Dec. 10.

Greater Southeast lost its city license in January, and in August was given 60 days to improve conditions in a number of areas, such as the emergency room, fire safety, staffing, and record-keeping. This was after the D.C. Health Department had found that there had been at least six preventable deaths at the hospital this year. Simultaneously, Greater Southeast lost its final appeal of the loss of its national accredi-

Remaining Hospitals in Washington, D.C.

(With Beds and Beds Lost, 1995-1999)



Map of the area within the Washington, D.C. Beltway shows the entire southeast quadrant of the area without hospitals or emergency rooms when the bankrupt and about-to-close Greater Southeast Hospital shuts down. This is the result of the disastrous May 2001 closing of D.C. General Hospital; candidate LaRouche's announcement that he will re-open the hospital has set off waves.

tation. The immediate effect was that some private insurers and HMOs, such as Aetna, will no longer pay for services there.

With the bankruptcy sale scheduled for Dec. 10, the only bid on the table is from a group comprised of the same gang of thieves from the Arizona-based Doctors Community Healthcare Corp. (DCHC) who drove Greater Southeast into bankruptcy in the first place. DCHC went into bankruptcy a

year ago, shortly after its financial partner National Century Financial Enterprises (NCFE) was raided by the FBI, and itself filed for bankruptcy. NCFE is under criminal investigation by Federal authorities, and one of its officers has already pled guilty to conspiring to defraud investors, in what Federal prosecutors describe as a "financial shell game" and a "Ponzi scheme" run by NCFE officials. DCHC was one of the related firms to which NCFE had advanced far more cash than was

justified by the collateral provided.

Greater Southeast's creditors are opposed to the DCHC bid, and they reportedly believe they would recover more, if the hospital were closed and its assets, including land, were sold, since it is losing \$2.65 million a month. If Greater Southeast is closed, that would mean that other hospitals in the District and neighboring Prince George's County would have to pick up the 100 or so patients that come to its emergency room daily, plus about 150 in-patients, and many out-patients who come there for kidney dialysis, pre-natal care, X-rays, and other treatment.

The D.C. Hospital Association, which strongly opposed the shutdown of D.C. General, has also spoken out in alarm about Greater Southeast's reduction of services and its threatened closing. In July, its chairman said: "The loss of Greater Southeast Hospital would leave one-quarter of the city without an acute care hospital for heart attacks and strokes, and that is unacceptable. . . . The loss of the hospital would be outrageous. Allowing them to continue at less than an acceptable quality level is equally outrageous."

Williams Faces Recall Drive

At the end of October, Mayor Williams suddenly appeared to do an about-face, and announced that the city was willing to finance the construction of a new hospital on the D.C. General site. What had prompted such unexpected utterances from the mouth of the Mayor? It seems that he had gotten wind of the recall drive against him, being organized by Democratic National Committee member Barbara Lett Simmons, the senior member of the State Democratic Committee for the District of Columbia. The Mayor's destruction of health care and education will be the central feature of the recall drive, which will begin after the first of the year.

The Mayor's bogus, "pie-in-the-sky" promise came in response to an announcement by Howard University Hospital that, after withdrawing its bid to buy Greater Southeast, it was considering a plan to build a new hospital on the D.C. General site. After Williams said that the city could finance a new hospital, City Council member Kevin Chavous exclaimed: "We're going to build a new public hospital. This is a very big deal."

Chavous had spoken too soon. A spokesman for Mayor Williams cautioned, "We are not proposing to build a new public hospital"; and it was also reported that the proposal involved Howard relocating its existing facilities to a new site, thus resulting in no net addition of hospital beds in the city.

And, true to profile, Williams vowed that this will not be a "poor people's hospital"—even though it would be located in the poorest section of the city. Then, he came out and opposed the establishment of a Trauma Center at such a new hospital. Furthermore, there is no indication of how the city—which remains in tight budgetary straits—would finance a new hospital.

No one expects Williams to follow through on his prom-

ises. "He just said that after he heard about the recall," activist Simmons said.

Real Estate Boondoggle

As we have documented (see *EIR*, March 29, 2002), the 67-acre site of D.C. General Hospital, known as Reservation 13, was set aside ("reserved") for public use in the 1790s, and was always intended to be used for public health purposes, having been designated as such by the designer of the plan for the City of Washington, Pierre L'Enfant—with which designation President George Washington explicitly concurred.

But, in violation of this original intent, the D.C. Department of Planning has come up with a "Master Plan" for Reservation 13, a travesty which provided for the site to be turned over to private developers for commercial and housing development.

The major change that the D.C. Council made, when it approved the plan a year ago, was to set aside two acres for "a new state-of-the-art, full-service hospital," which would have 200 beds, a trauma center, general pediatric care, etc. The Council, which had unanimously opposed the closing of D.C. General, also created a fund in which tax and other revenues from commercial development on the site would be set aside for a public hospital or public health purposes. With that proviso, the Master Plan was approved, and title to the land was transferred by the General Services Agency (GSA) from the Federal government to the District. The transfer was done in such a manner as to avoid the hearings on the land's historic use, which should have been part of the procedure of transferring the site.

However, *EIR* has determined that there still is a proviso in the transfer agreement, that the Federal government can take the property (or a portion of it) back, if a Federal need is identified for it.

So far, the D.C. General buildings are still intact—although they are scheduled to be razed as part of the Master Plan, and also as part of the Howard plan.

In May of 2002, Lyndon LaRouche issued a statement on "The Case for D.C. General," calling for reconstituting it as the leading edge of a national campaign to scrap the HMO system and revive the post-war Hill-Burton system. LaRouche called for reopening D.C. General as the centerpiece of a research and teaching complex dedicated to national health-care security, operating under the authority of the U.S. Surgeon-General and the U.S. Public Health Service.

The provision of health care in the nation's capital is a responsibility of the Federal government, LaRouche emphasized, and in this case, it complements the requirement for an expanded, strategically-oriented national health-care research program located in Washington, D.C. The urgency of restoring D.C. General grows greater by the day, and thus LaRouche has vowed that it will be done, no later than his first day in office.