

# Shutdown of D.C. General Looms In U.S. Public Health Collapse

by Marianna Wertz

As we go to print, on Nov. 22, top District of Columbia financial officials announced a plan to turn over D.C. General Hospital, the U.S. capital's only hospital which accepts all patients who need treatment, to private interests — which could be the worst possible decision. At the meeting where the plan was announced were the D.C. Financial Control Board, Mayor Anthony Williams, the D.C. Council, and the board of the Public Benefit Corp. (PBC), which runs the hospital. While some pro-hospital spokesmen are painting a hopeful picture, the privatization of D.C. General would undoubtedly be accompanied by mass layoffs, shutdown of the unions, and a drastic decline in health services available. In the next several days, a public mobilization will be required to stop implementation of this policy.

Before this decision was announced, leaders of the community and hospital unions of D.C. General Hospital, had already announced a town meeting on Dec. 6, to attempt to stop the imminent closing — scheduled for Jan. 15, if no restructuring plan has been adopted — or extreme downsizing of the hospital, which the privatization would implement. The threatened closing is one of scores striking the nation's shrinking health care system: More than 15% of all hospital beds in the United States have been eliminated since the late 1980s because of hospital shutdowns, and the pace is accelerating. More than one-third of the remaining hospitals are currently losing money, and they would be forced to close immediately, with the loss of many thousands more beds, if the reasoning of D.C.'s Control Board and Mayor were applied nationwide.

The emergency meeting to save D.C. General, at Eastern High School in Washington, escalates a community-union mobilization that began during the Summer, to keep the hospital open as a full-service facility. Pastor Mildred King, from the D.C. Department of Human Resources, is the meeting's organizer. The leading figures in the controversy over the hospital have been invited to speak, including Mayor Williams.

At the heart of the fight is the question of medical treatment for the District's 80,000 uninsured residents, most of whom live in the Southeast, and depend on D.C. General. In order to treat the 1,000 or more patients who come through its doors every week, D.C. General had been running millions of dollars in the red, borrowing from the city \$197 million

more than budgeted in recent years, based on promised Medicaid and Medicare reimbursements.

But for D.C. General, as for hundreds of failing hospitals across the nation, the reimbursements never materialized, as managed care and the Federal austerity-imposers delayed or refused payments. In September, Congress called a halt to future budget deficit spending, thereby prompting the shutdown or restructuring plans.

One of the plans under discussion, and supported by Mayor Williams, would convert the hospital into what is known as an "urgent care model," a 24-hour emergency and outpatient facility with no overnight beds.

But the PBC, the agency charged with running D.C. General, announced on Nov. 16 that it is backing away from this plan, and urged District political leaders to find the money and the political will to keep the full-service hospital operating.

PBC Board member Victor G. Freeman told *EIR* on Nov. 20: "I think the first issue, is that the politicians need to stop using the financial arguments as a reason to do something precipitously. That's probably the single most important issue," he said. "To do something precipitously, whether it is going to a downsized model, or closing the hospital, in the middle of flu season, over the holidays, makes absolutely no clinical sense."

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## Interview: Victor G. Freeman

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### 'Urgent Care' Model Can Kill People

*Victor G. Freeman, a practicing physician and D.C. resident, is a member of the board of the Public Benefit Corp. He spoke with EIR on Nov. 20.*

**EIR:** You said that the "urgent care model" will kill people, in your interview with the *Washington Post*.

**Freeman:** The only model I've seen — and the problem is, there are things being discussed that are not being presented



*The Washington, D.C. mayor's decision to privatize D.C. General Hospital, is likely to hasten the closing of the facility, a disaster unions and community groups are mobilizing to stop.*

to the PBC Board, so I can only speak to what's been presented to the full board—that model involved the transportation of patients to an emergency stabilization access center at the D.C. General site, for initial evaluation. Then, if they needed surgery, intensive care, or hospitalization, they were re-transported to another hospital. Being a physician, I understand that, at the other end, they're going to re-evaluate that patient. So, transportation and evaluation, followed by re-transportation and re-evaluation, can delay care in a dangerous way, and that, I believe, has the potential for killing people.

**EIR:** So you think this can be settled, if people will just stand back and try to settle it?

**Freeman:** Right. I think the great danger is in trying to balance the District budget at the expense of health care for the poor and under-served.

**EIR:** Do you think the District government or the Congress is going to do that?

**Freeman:** The failure to reach consensus will move us in that direction automatically. So, to the degree that they will not come together, and make a decision, we end up there anyway. [Citizens of Washington, D.C.] need to communicate with three groups: One is going to be [D.C. non-voting Congressional Representative] Eleanor Holmes Norton and her office, because a lot of this is coming down from above to the Congressional oversight committees. The next issue is, they need to be communicating with their City Council representatives, who, by the way, are strongly committed to preserving a full-service hospital. And, they need to be communicating with the Mayor's office, because that is where a lot of these downsized models are coming from.

**EIR:** From a budgetary standpoint?

**Freeman:** Yes. In all fairness, both the Department of Health and the Mayor have a strong commitment to better primary

care for the under-served in the city. However, you don't build your primary care system at the expense of your already-sick patients, who need hospital care.

The other part, that no one talks about, is, even if you're successful at building your primary care system, you really don't see the effects for five or ten years down the line, in terms of decreased heart attacks, decreased strokes, decreased cancer. So, you can't downsize your hospital, build up your primary care, all at the same time, and expect that it keeps people out of the hospital in significant numbers.

**EIR:** Particularly when there are no flu shots available and we have a cold winter coming on.

**Freeman:** Exactly.

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## Interview: Loretta Owens

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# Union Leader Says, Law May Be Violated

*Loretta Owens, president of the American Federation of State, County and Municipal Employees (AFSCME) Local 1033, representing more than 800 of D.C. General's 2,000 employees, told EIR on Nov. 21: "The unions have met with Mr. Michael Barch [the new CEO at D.C. General Hospital and an ex officio member of the Public Benefit Corp. (PBC)], and he seems to be sincere in what he's saying. Our concern is the rumor that we've heard, that there's a possibility that they would shut the institution down for a day and re-open it as a different institution, therefore cancelling all of the contracts."*

**EIR:** That's what the *Washington Post* reported.

**Owens:** Right, that's what I read. We asked him that, and we were wondering if it was for the purpose of disbanding the unions. He claimed it is not. But, our concern is, if this happens, then that would cancel not only the union contracts, it would cancel the PBC executive board, it would cancel all contracts in the hospital. There are some contractors that need to be gone, but in my opinion, that's not the way to do business, not in good faith. . . .

In the conception of the PBC, one of the regulations that they set was that they would consult the unions, or the unions would have a voice in any decision-making. But that has not been the case. They have left us out on every entity. When we come in, it's because they've already had the discussion. They've already decided the direction they're going to go in. Even with this new thing, it concerns me. How could you even think about doing this? There are labor laws on the