

## Fight To Save D.C. Hospital From Trent Lott's Executioners

by Paul Gallagher

Rarely have so many lives and souls been at stake in one local, social struggle, as in the battle to stop the closing of Washington's D.C. General Hospital. Accordingly, that on-going battle spread rapidly over the first week in March, and has growing national and international support.

March 8, the day following the City Council's unanimous vote against the shutdown, saw an entire day of rallies, press conferences, and intensive Congressional lobbying by hundreds of activists mobilized by the LaRouche movement, to take the knife out of the Congressional leadership's hand. Three hundred had attended a town meeting the night before at Union Temple Baptist Church—the fifth such large protest meeting in two weeks. Some 150 activists rallied at the Mayor's office—three times the size of the rally two days earlier—and then were joined by delegations from Pennsylvania, Virginia, and Maryland in a march to Capitol Hill to descend on members of Congress. The crowd included 50 members of the staff from D.C. General.

Surrounded by television crews and radio and press journalists, the rally was exhorted by Dr. Abdul Alim Muhammad to “represent ourselves: our Congressional delegation in ‘missing in action’ ” (a reference to Eleanor Holmes Norton). Anton Chaitkin of *EIR*, speaking a few minutes later, presented dramatic new, documented revelations on the possible involvement of Doctors Community Healthcare Cooperative in racketeering and fraud. The delegations marched to Congress in a determined mood, while journalists went looking for responses from, in particular, Mayor Williams.

The nation's capital has already lost one-quarter of its hospital beds in just five years (see *EIR*, March 9, 2001). The shutdown of this highly rated full-service hospital, with its long-developed medical outreach programs and trauma units which uniquely serve a large part of the city, would devastate public health in the whole region.

Hospital services in surrounding Maryland and Virginia, already bending, would break under the load of D.C. General's 53,000 Emergency Room visits, 10,000 in-patient commitments, and 60,000 clinic-doctor visits a year. Congressional Republicans, who are forcing the shutdown through the D.C. Financial Control Board, plan to offer other hospitals only \$5,900 per inpatient stay, when the average cost of one is now \$7-8,000. D.C. General's neo-natal and other trauma capabilities are unmatched in the region. Most of the capital's indigent, elderly, and its 100,000 uninsured patients have long been cared for at D.C. General: 55% of its care is “uncompensated.”

Closing the hospital will shorten lives and spread death in widening circles, especially among the old and the young. “Inadequate provision of surgical and medical services” was one of the defining conditions for the crime of *genocide* at the Nuremberg trials. Already, four known deaths in February are known to have resulted from the first stage of the D.C. General shutdown, when 500 doctors and staff were fired. As Pennsylvania state Representative Harold James (D), who travelled to Washington on March 7-8 to lead lobbying groups against the shutdown, told Congressmen: “The standard says that any public official who ‘knew, or should have known’ that his official acts would lead to the death of innocent people, is guilty of a crime against humanity.”

### LaRouche Called for Mobilization

In the face of this grim reality, and recent, growing popular protests against the closing, the complete silence of Washington's sole Congressional Representative, Eleanor Holmes Norton, has surprised other members of the Congressional Black Caucus. This is even more the case, now that the smell of financial corruption is rising around the Arizona-based company, selected by the D.C. Financial Control Board to



*Some of the Washington leaders of the "Save D.C. General" mobilization speak to a March 3 emergency meeting held at the hospital. Clockwise from upper left: Dr. Michal Young of Pediatrics at D.C. General; Rev. Willie Wilson at podium, with meeting chairman Dr. Abdul Alim Muhammad of the Nation of Islam; a rally bus gets ready to tour the city; LaRouche representative Lynne Speed.*



close D.C. General down, and around the intended use of the real estate the hospital now occupies.

Nothing unifies the economic profiles of virtually all nations in the era of globalization, more than the closing down of hospital beds, the neglect and decline of public health, and the new proliferation of disease. Therefore, in early February, Lyndon LaRouche, at a meeting with public health professionals and activists in the area, declared that his movement would "draw the line against this genocide," at this hospital in Southeast Washington, D.C. He declared it "an issue of national and international importance."

LaRouche activists had already begun mobilizing forces to save the hospital. Now, as of early March, rallies and emergency town meetings of hundreds of people, to save the hospital, are taking place almost daily in the city. Mayor Anthony Williams and the Public Benefit Corporation, who had committed themselves to sell D.C. General to a "hospital raider" corporation which will shut it down immediately, have been thrown onto the defensive, publicly and behind the scenes.

But U.S. Senate Majority Leader Trent Lott (R-Miss.) and the Republican leadership in Congress, which have controlled Washington's finances since 1995, are determined to eliminate D.C. General early this Spring, and have already cut off its funds. Lott is a professed enthusiast of Confederate President Jefferson Davis, and shares his animus toward Washington, D.C.'s population. Pennsylvania Representa-

tive James called Lott, and Reps. Tom DeLay (R-Tex.), Ernest Istook (R-Okla.), and company, "mean-spirited Confederate racists," at a town meeting the night before the lobbying blitz. But James, who had travelled to Germany and met the democracy activists of eastern Germany, reminded that mass meeting of "the power of the candlelight vigil" in bringing down the Berlin Wall in 1989.

### **Constitutional Principle at Stake**

The U.S. Constitutional principle of the General Welfare, as governing public health policy, was put into national legislation more than 50 years ago. The Hill-Burton Act of 1946 mandated that nationwide, Federal, state, and county authorities act to ensure that counties maintained four to five hospital beds per 1,000 residents, specifying the most important *types* of specialized hospital care that must be included. But this principle was abandoned, consciously, with the Nixon Administration's adoption of legislation in 1974, of the health maintenance organization (HMO) model of healthcare. Over 25 years, that "HMO" model, in the hands of Wall Street, has scrapped the General Welfare principle, and replaced it with the principle of "shareholder value" and private profit, not public health. Today the national average of counties is well under three hospital beds per 1,000 residents, and falling fast. Some 35% of all hospitals in the country are losing money, and several in Washington, D.C. are losing money much more

rapidly than D.C. General, which is an established and effective institution.

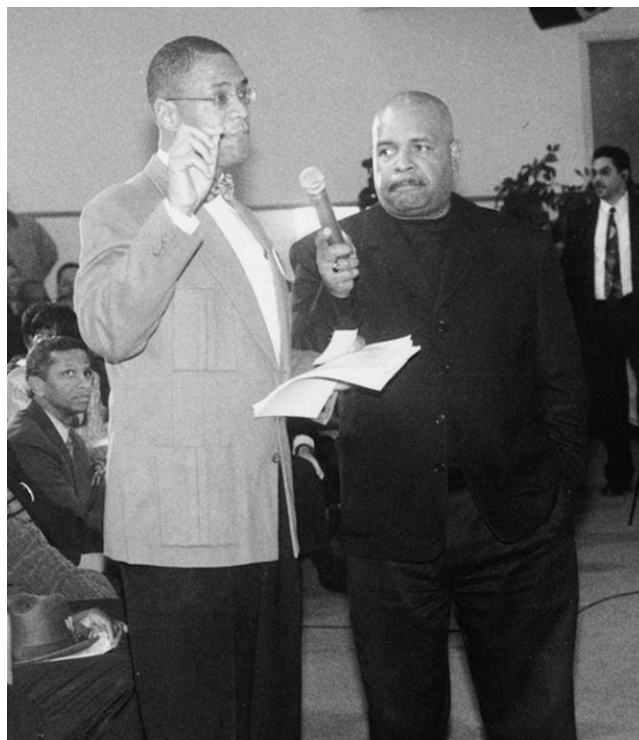
Thus, the reason claimed by Senator Lott and Representative Istook and company for the closing of D.C. General—that it has been operating in the red—is clearly spurious. The Congressional death sentence, transmitted through the D.C. Financial Control Board, was clearly part of a conscious policy of reducing Washington’s largely black population. LaRouche activist Lynne Speed told Mayor Williams, before an audience of 2,000 at Washington’s Union Temple Church on Feb. 28, “It is a Nazi policy, a policy of genocide.”

Speed’s charge aroused the audience, convened to hear the Mayor explain his approval of the sale of the hospital; the truth of the charge galled Williams, and their confrontation was widely reported through the city’s media. Three days later, at an emergency meeting at D.C. General attended by 300 activists and hospital employees, Speed proved her charge with a powerful presentation citing mortality and morbidity rates in the city and nationally. She quoted LaRouche’s warning that such policies, if not reversed, will lead to a global collapse of population down to 1-2 billion over the next generation, as leading Malthusians publicly desire. She showed graphs of the fall of life-expectancy already going on in more than 50 nations worldwide, the wipeout of hospital beds in New York City and across the United States, and warned of a “genocide 100 times worse than Hitler’s,” already begun in Africa. Her speech was greeted with a standing ovation and filmed by crews from three Washington TV stations.

### Corrupt Motives of the Shutdown

The corruption of the shutdown is evidenced by the company which the Control Board and the Mayor are bringing in to oversee the closing of most of D.C. General (while the Congress has eliminated its funding), and supposedly to absorb its caseload at Greater Southeast Hospital. The company is Doctors Community Healthcare Corporation (DCHC), an Arizona-based corporate raider of hospitals, headed by an Ohio lawyer and a former Walmart chief executive. DCHC and its Ohio-based partner-company face racketeering lawsuits in Massachusetts, Kentucky, and North Carolina for fraudulently looting hospital revenues. It has already eliminated 27% of Greater Southeast’s beds.

The details of this corporate corruption, and the possibility that elected officials in D.C. may have been paid off, to turn the D.C. General campus into waterfront recreational real estate, are dealt with in a companion article. But now that all D.C. residents are aware that a growing movement is organizing against the shutdown, and Mayor Williams’s public efforts to “explain” it have added fuel to the fire, the takeover company is becoming a major issue. The *Washington Post* on March 6 reported that members of the Public Benefit Corporation, which operates D.C. General under Congressional *diktat*, were getting worried. The immediate layoffs of 1,700 of D.C. General’s remaining 2,200 employees may be illegal, and DCHC is such a slash-and-burn operator,



*Dr. Abdul Alim Muhammad, at a mass meeting Feb. 28, challenges Mayor Anthony Williams, who is executing the death sentence on D.C. General.*

that if it has to retain those employees for even 60 days, it will be unable to pay them! In a separate editorial, the *Post* announced that it, too, is now “worried” about all the indigent and uninsured patients, and questioned whether the takeover should go through. The signing of the new contract—the final death stroke—has now been repeatedly postponed by the Control Board, for a few days each time, as the “Save D.C. General” movement grew and broke into the media. But Control Board members and Republican leaders continue to insist, “It’s a done deal.”

### A Movement With ‘Bite’

The reason for these “worries” wrinkling the brow of genocide, was shown at a mass meeting held at D.C. General on March 3, which showed a revolutionary movement appearing to fight peacefully for public health. Some 300 activists and hospital employees jammed the hospital’s auditorium for nearly three hours on a Saturday afternoon, planning a full week of rallies, protests, prayer vigils, and hard Congressional lobbying. Some 40,000 broadsides entitled “General Welfare, or Genocide” were taken from that meeting, and more than 200,000 in toto are to be circulated in a city of 700,000; these broadsides are also being distributed nationwide by the LaRouche movement. D.C. General employees came out of the wards and stood packed in the aisles around the auditorium, many realizing for the first time the size and spirit of the movement “out there” to save the hospital.

LaRouche national spokeswoman Dr. Debra Freeman, movement leader Lynne Speed, and this writer were among more than a dozen speakers who presented, to the meeting, the grave threat of death and depopulation from the deliberate destruction of public health by “shareholder value.” Most of the speakers stressed to the fired-up gathering, that they were actually waging a national and global fight against genocide. The city trade unions, ward representatives, doctors’ and nurses’ leaders, religious leaders, and community groups were there, as were the major media.

The emergency meeting was run by Dr. Abdul Alim Muhammad, Minister of Health of the Nation of Islam, and a leader of the protests which began in January in the city. Rev. Willie Wilson, known until recently as an ally of Mayor Williams, opened with a strong denunciation of the Mayor’s actions, and took charge of a demonstration at the Mayoral offices the next day. Washington City Councilmen Sandy Allen (Ward 8) and David Catania (At-Large) supported and addressed the crowd; the City Council’s majority has turned against the D.C. General shutdown, during the mobilization, and voted unanimously against it on March 7.

Dr. Michal Young, head of D.C. General’s unique neonatal trauma unit, told the crowd that 19% of babies born in D.C. are premature, and that D.C. General is the only top-quality (“Level 1”) pediatric and emergency-pediatric facility. She directly attacked the “criminal” actions of the Control Board and the government, and scurrilous commentaries in the *Post* and *Washington Times* claiming that Washington residents should “change their behavior,” suffer less traumas, and therefore use fewer hospital beds. The leading cause of death for all Americans aged 1-34, Dr. Young showed, is traumatic injury, and this is particularly true of newborns. “We answer to a higher power,” she declared, “which on Reckoning Day, will ask us, ‘Where were you, when they were slaughtering the least of my brethren?’” Eighteen-year veteran nurse Charlene Gorton declared the D.C. Nurses Association fully in support of maintaining the full-service hospital, and said that the HMO budget-cutters “should stop stealing and killing and blaming us.” Gorton attacked the widening gap in health care, between the “upper 20% and the lower 80%,” as a cause of death in itself. Dr. Frederick Seymour, the just-laid-off head of Microbiology at D.C. General, described the many state-of-the-art labs and treatment clinics at the hospital, and proposed, “We should not just be a full-service hospital; we should be, in addition, a research center.”

These local leaders were backed up by Drs. Kildare Clark and Kenneth Yaboh of Kings County Hospital in New York City, who pronounced D.C. General “a five-star hotel,” compared to hospitals serving the lower-income areas of New York. They called on the D.C. General doctors to take out sound trucks and motorcades, and promised them support and media coverage in New York.

LaRouche spokeswoman Debra Freeman closed the meeting with a powerful indictment: “This is not a mistake, nor a misunderstanding. It is a calculated policy of genocide,

whose intent is to reduce the populations of color in the world. It was the foreign policy of the U.S. government already in 1974, with [Sir Henry] Kissinger. Now that policy has come home. . . . Let it be said that America confronted fascism and stopped it, at a hospital in the Southeast corner of Washington, D.C.”

Freeman announced the LaRouche movement was mobilizing national and international support for the Washington mass strike. And by the time of the March 8 lobbying day, state and local elected officials from all over the world, as well as leaders of trade unions and religious groups, had sent messages of support to the “Save D.C. General” movement, and of indignation to the Congressional leaders responsible for D.C. finances. From California, for example, this included the state’s Black American Political Association, the Baptist Ministers Conference, and the Congress on Racial Equality; from Alabama, seven leading members of the State Legislature. At the same time, Ohio Sens. Mike DeWine and George Voinovich were being deluged with calls from their constituents, demanding they act on their oaths to serve the General Welfare, and save the hospital. These Senators head the committees with responsibility for the nation’s capital; they are also on the hotseat over the Ohio-based hospital takeover company, National Capital Finance, involved in closing D.C. General and perhaps buying compliance from Washington elected officials.



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