

Death Toll Hits Already, in D.C. Public Hospital Closing

by Paul Gallagher

Within the first days after the fascist-like D.C. Financial Control Board ordered the “privatization” and shutdown of the only public hospital in the nation’s capital, unnecessary deaths are already occurring; they are on the hands of members of Congress until it reverses the closing, and funds the hospital.

The toll, already at least two outright deaths within the first week of the shutdown, is resulting from “medical rolling blackouts” spreading through the capital area, as overloaded hospital emergency rooms become closed to ambulances.

At the same time, Lyndon LaRouche’s movement and leaders of the Coalition to Save D.C. General Hospital have dramatically increased, and internationalized, the pressure on individual members of Congress to act. Congress can reverse the deadly privatization plan imposed by the Control Board, with a vote this month on the capital’s budget.

Doctors and Emergency Medical Service (EMS) personnel said the situation will get much more chaotic and much worse, unless Congress takes action. That action must come during May, to reverse the move the Control Board rammed through on April 30, on behalf of Wall Street and *Washington Post* owner Katharine Graham’s private financiers’ group, the Federal City Council of Washington.

The closing was temporarily, illegally imposed on the elected Washing-

ton City Council, by emergency laws privatizing the city’s entire public health system: a Control Board fiat opposed unanimously by the Council and by the great majority of medical societies and ordinary citizens. The Control Board usurped the Council’s authority, and signed a contract with a private consortium of “health-care providers,” led by a firm—Doctors Community Healthcare Corp. (DCHC)—which is already subject to racketeering lawsuits in three states.

The Control Board did its April 30 contract-signing at a card-table in the basement of a public library, whence they



Her foot broken by police who slammed the doors on hundreds trying to enter the D.C. Financial Control Board’s “public meeting,” this woman demonstrates the whole movement’s refusal to stop fighting.

had fled from hundreds of protesting citizens who were being excluded from this “public meeting” by phalanxes of police and SWAT teams.

Medical ‘Rolling Blackouts’

City Councilman Kevin Chavous, speaking to the Coalition to Save D.C. General’s 14th town meeting on May 9, graphically described how the situation appears from inside EMS ambulances in the city, in which he had been overnight during May 8-9. During one 15-hour period of the previous weekend of May 5-6, Chavous reported, *every hospital in the city* was turning away ambulances and patients from its emergency room. Ambulances with seriously ill patients were being put in “holding patterns” like aircraft, and sent to Prince Georges County, Maryland, and as far away as Baltimore. Chavous issued a challenge to all officials—members of Congress, the Control Board, and Mayor An-

thony Williams—to “ride the ambulances before you vote, before you make any statements about how this is supposed to be working.”

Mayor Williams, who discredited himself by promoting and lying about the privatization scheme on behalf of KKK-Katie Graham and her privateer cronies, made a shocking admission on May 8: The ambulance response time in the Southeast quadrant and suburbs of the capital, which usually averages four minutes, had increased to an average of 22 minutes. Chavous reported that 125 patients were turned away from D.C. General Hospital’s emergency room that weekend: Under the control of the privatizer-firm DCHC, the hospital’s first-rank trauma center was closed, and its emergency room stopped accepting patients without insurance.

The emergency room of Greater Southeast Hospital, which was supposedly taking over D.C. General’s operations, was overwhelmed, and had a severe shortage of doctors: Half-

Bishop Gumbleton: ‘Set Congress on Damascus Road’

This call to Congress by the Most Rev. Thomas J. Gumbleton, Roman Catholic Auxiliary Bishop of Detroit, was read to the 14th Town Meeting of the Coalition to Save D.C. General Hospital, on May 8.

Since I cannot be with you tonight at your meeting at Union Temple Baptist Church, I wish to send this message of solidarity to you. Your fight to save D.C. General Hospital has become a symbol of the struggle for the dignity of all of God’s children, and especially for the poor. For, after all, didn’t Jesus come to bring Good News to the poor?

When Pope John Paul II visited our country, he said, “Is present-day America becoming less sensitive, less caring toward the poor, the weak, the stranger, the needy? It must not!” And as a pilgrim in the footsteps of St. Paul this last week, he said, “It is our task to say ‘yes’ to God’s saving will and accept his mysterious plan with our whole being.” Well, God has certainly given The Coalition to Save D.C. General a big plan! Is the fight to save D.C. General Hospital over? I would say, along with you: No, it has just begun! It has just begun, because, now, all of us must take up the cross which you have been so far carrying alone.

On the Golan Heights on Monday, the Pope prayed, “for civil leaders of this region, that they might strive to satisfy their people’s rightful aspirations,” and “inspire them to work generously for the common good.” If the

Pope can pray for these leaders to act for the commongood in their war-torn land, surely we can believe that our Members of Congress, including those from my own state of Michigan, will act on their Constitutional mandate to “promote the General Welfare,” to which they swore, “So help me God.”

This past Sunday, in his homily in Damascus, the Pope spoke of the conversion of St. Paul. Can the same Congress who set up the Financial Control Board act to rebuke the Financial Control Board, and restore this public hospital, this hospital of the poor, to those it has served so faithfully for two centuries? Your fight to save D.C. General is a fight for life, and through it, you have set the members of Congress on their own road to Damascus. We must all pray that they will obey God’s will, for didn’t Jesus call on us to care for the sick and the afflicted?

The Pope preached in Damascus, on Sunday, that the Lord called on the disciple Ananias to go to Saul, the persecutor of the church. When Ananias met him on the Damascus Road, Saul, who would become Paul, the Apostle of the Nations, was praying. “He was preparing to receive the mission which would bind him ever after to the cross,” the Pope said, and he quoted *Acts 9:16*, “I will show him how much he must suffer for the sake of my name.” In this spirit, we must remember the death of Robert Walker, who, in the throes of a fatal asthma attack in a D.C. courtroom, called out to the judge, “Get me to D.C. General! I need air!” The judge, who saw in front of him a homeless man, an exaggerating drunk, did not heed his call, and so, our brother Robert died. We, who see Christ in the image of the poor, the captive and the oppressed, send our blessings to you in your fight for life. We say with you, “Save D.C. General!”



Ambulance re-routing, starting when the D.C. General shutdown began May 1 and overwhelming other hospitals' emergency and trauma centers, led to chaos—and to at least two needless deaths by May 8.

a-dozen ambulances stood waiting in a line outside Greater Southeast at one point on the night of May 6. In fact, it has been learned that Greater Southeast signed bankruptcy papers on April 30, the same day it “took over” D.C. General. Many patients had to wait hours in ambulances for some emergency room to open up. At one point at George Washington University Hospital, elsewhere in the city, Chavous saw an elderly woman in a wheelchair, banging on the window of the ambulance which had brought her, trying to get back into the vehicle for treatment from the medics which she couldn’t get from the hospital.

The city’s ambulances were travelling further and further in search of a hospital assignment for their patients; therefore, taking longer to respond to their next call. Dr. Alyce Gullatee of Washington’s Anacostia district told the Coalition meeting that in recent periods, there has not been a single ambulance anywhere in this district of nearly 100,000 people; previously, it was normal for an ambulance to be stationed in every firehouse.

The Death Toll

Dr. Gullatee called the privatization “selective euthanasia;” LaRouche spokesman and Coalition leader Dennis Speed called it “a death-camp policy, marching ahead step by step.” The first two deaths were laid at Katharine Graham’s door that same weekend of May 5-6. A 19-year-old resident of A Street Southeast, suffering a gunshot wound only a few blocks from D.C. General, was taken to Prince Georges County Hospital in Maryland, where he was dead on arrival. A second gunshot victim, diverted from D.C. General and finally taken to Howard University Hospital, died on the way.

A tourist from New Jersey, not picked up by any ambulance for 45 minutes after suffering a heart attack at the FDR Memorial, was narrowly saved only by a Park Service Medi-vac helicopter.

And the Southeast district has the city’s highest incidence of low birth-weight babies: because D.C. General’s unique facility for caring for babies born before the eighth month of pregnancy will *not* be replaced elsewhere, more newborn infants will die.

LaRouche associates are investigating other reports of deaths said to have occurred—and nearly occurred—as a result of this direct denial of medical care. Causing deaths on a large scale, by denial of medical care, is a form of genocide, as defined by the Nuremberg Tribunal. City Council members Chavous, David Catania, Sandy Allen, and others are asking doctors and other medical professionals to keep careful diaries

and notes as the incidents multiply. In effect, the strategy is to “mobilize the citizenry to *get* the death count, in order to force Congress to *stop* the death count,” as Speed put it. Chavous said that any member of Congress, even a member of the Control Board, can be made accountable to their own conscience, if they directly observe the human suffering and loss of life the “privatization” is causing.

An International Fight

In the face of widespread media claims that “the fight was over” as of the Control Board action on April 30, the LaRouche movement, and other Coalition leaders, escalated, realizing that Graham, her *Post*, and the Control Board had taken openly corrupt actions which stank, before the whole country. The fight to save D.C. General has become the leading edge of the battle for the General Welfare in the United States, and intersects the battle for leadership of the widespread ranks of the Democratic Party nationally. Congressional offices have been bombarded with calls and resolutions from around the country (see box, for one of the most prominent of these). Local elected officials are notifying Congressmen that they want them to meet with Coalition leaders and D.C. City Council members; and scores of such meetings are taking place.

The question for members of Congress is a simple one: Are you in favor of killing people, or will you reverse the shutdown of public health in the capital?

In Washington, weekly town meetings, rallies, and marches have continued; one rally at the hospital, on May 9, was held to “re-instate” CEO Michael Barch and the other hospital directors fired for opposing the shutdown. Mean-

while, Coalition leaders Dennis Speed, Dr. Abdul Alim Muhammad, and nurse Charlene Gordon travelled to Germany to a Schiller Institute Eurasia-wide conference, to address a panel on the D.C. General fight.

Returning on the afternoon of May 9 to speak at the Coalition town meeting that night, Dr. Muhammad told a crowd of 200 that he had spoken in Germany to representatives of 40 nations; he had heard German doctors' descriptions of the shutdown of Berlin's famous Moabit Hospital, and recognized all the same "privateers'" techniques of deception and withholding of public funds, as with D.C. General. "Now that the Control Board have played their hand, and it is a weak hand," he said. "They will go down to ignoble defeat. . . . We are making history. . . . As Christ said, 'Even as you have done to the least of these my children, you have done unto me.' "

The Pressure Grows

At the town meeting, Chavous described two types of pressure he had received from the business community, to drop his and Catania's lawsuit and make peace with the

Mayor. But, Chavous said, he is also getting another kind of pressure—from his constituents: several calls every day, telling him of desperate medical situations, urging him to fight to reopen D.C. General. He described a call from an 82-year-old woman, who has heart problems and lives alone, and doesn't have a car. She asked what would happen, if she had heart problems and went to D.C. General. The Councilman could not give her a satisfactory answer.

Chavous also reported an anonymous call from an EMS technician, who wanted to tell him about the first weekend under the new system. "It's not going to work," the technician said. Chavous called the Mayor's office and told them about this, and the Mayor thereupon had the Health Department issue a statement saying that everything was going fine with the "transition," and that Greater Southeast Community Hospital was absorbing the load.

That was when Chavous made his decision to ride the ambulances himself. Even though the EMS technicians on duty weren't supposed to talk to him, he picked up from their conversation what was going on. "There's no way this is going

Largest Dem Organization Backs D.C. General

On May 8 the Los Angeles County Democratic Central Committee, leadership of the largest county Democratic organization in the nation, unanimously passed a resolution calling on California's members of Congress, and on D.C. Appropriations Committee Chairman Joseph Knollenberg (R) of Michigan, to intervene to re-open D.C. General Hospital and fully fund it.

Although 3,000 miles from Washington, D.C., the Los Angeles Democrats joined the Alabama House, and Democratic leaderships in Michigan, Missouri, and other states in recognizing the overriding importance of the General Welfare principle in the D.C. General fight. The Los Angeles County chairman, who himself had been hit by a car while in Washington and whose life was saved at D.C. General, told the May 8 meeting that D.C. is the city with the largest density of a black population in the nation; and as the capital, it is therefore under the control of Congress, and therefore "our city," is the responsibility of all Americans. "If they are allowed to ship away their health care, this is not only obnoxious and an abomination, but genocidal! . . . It behooves us not only to pass this resolution, but to pass it unanimously!"

The Resolution:

Whereas, Washington D.C. General Hospital is noted for providing life-saving services to the city's poor and stands as a symbol of the struggles and commitment of America's urban hospitals; and

Whereas, concerns over the possible closing of D.C. General Hospital have been expressed across the country by many city officials and policymakers who see this venerable institution as representing the nation's commitment to providing appropriate health care services to population groups that include many patients who are minorities, and many who are poor and uninsured, serving as a safety net for thousands with nowhere else to turn; and

Whereas, since every medical official in the Washington, D.C. area has testified that any current plans proposed by the Congressional House Appropriations Subcommittee and the D.C. Financial Control Board are not sufficient in providing necessary health care to the District's needy; and since the Washington, D.C. City Council, in a unanimous 13-0 vote, moved to provide \$21,000,000 to keep D.C. General Hospital open; this is a test-case by which a majority of the population will judge the Congress;

Therefore be it resolved, that the Los Angeles County Democratic Central Committee urges that Congress ensure the necessary resources to keep D.C. General Hospital publicly funded and open; and

Therefore be it resolved, that copies be sent to the California Congressional Delegation, Congressman Knollenberg who heads the House Appropriations Subcommittee, and the Washington, D.C. City Council.

to work,” they said. “Wait until Summer. People are going to be dying in the streets.” The technicians were spending a great deal of their time figuring out where they could take patients so they would be admitted for treatment.

He said that he and his colleagues are agreed on three things. First, that they are going to keep fighting. “If we stop fighting, our people are going to suffer.” Second, that Congress has to stand up and be counted, and every member must feel the pressure. Third, “We are not dismissing our lawsuit,” and have issued subpoenas to take depositions from all the members of the Control Board, including Chairman Alice Rivlin. Chavous called for a turnout of hundreds at the next court hearing, on June 8.

D.C. Control Board’s Illegal ‘Emergency Laws’

by Edward Spannaus

The District of Columbia Financial Control Board acted in true Nazi fashion on April 30, when it unilaterally decreed the privatization of the Washington’s public health system and the closing of D.C. General Hospital.

Not only did the Control Board sign the contract and enact its measures under the protection of police SWAT squad storm troopers, who were keeping the public at bay, but the Control Board literally declared the existence of an “emergency,” in order to justify its enactment of an emergency law.

Even though Congress has given the Control Board sweeping, dictatorial authority over the financial management of the District of Columbia, the Board managed to exceed its lawful authority in two crucial respects: 1) by executing a contract of a magnitude and duration which only the elected District of Columbia City Council can do, and 2) by enacting *legislation*, which only the Council can do.

The Control Board’s illegal, emergency dictates can and should be overturned by both Congress and by the courts, on the grounds that we show here.

The Contract

The five-year, \$500 million contract for the privatization of the District’s health-care system, was signed by an official of the Control Board, not by the Mayor or any official of the District’s elected government.

But, as Council members Kevin Chavous (D) and David Catania (R) have shown in a lawsuit filed April 30 in U.S. District Court, the Control Board lacks the statutory authority to enter into a contract of this duration and magnitude; the powers to enter into such a contract are reserved to the Council under both Federal and District law.

The only types of “contracts” in which the Control Board can enter, are for services related to carrying out its own duties, i.e., hiring accountants, hiring a cleaning service, etc. But any contract over \$1 million, or over one year in duration, must be approved by the Council—and the Board has no authority under its authorizing legislation, to act in the stead of the Council.

The Chavous-Catania lawsuit also shows that:

- The Control Board has no authority to issue orders to the Council—such as ordering it to enact specific legislation (the privatization plan), or to repeal legislation (that which created the Public Benefit Corp., which has been operating D.C. General Hospital). Furthermore, while Congress has given the Control Board the authority to issue an order or regulation within the authority of the Mayor or an agency head (i.e., to stand in their shoes), Congress did *not* give the Control Board the power to stand in the shoes of the Council.

- By overriding the actions of the elected Council, the Control Board has violated the rights and duty of the Council “to protect the health and welfare of the citizens of the District of Columbia.”

- Doctors Community Healthcare Corporation (DCHC), the parent company of the prime contractor in the privatization scheme, “has well-documented and substantial financial difficulty . . . has posted large annual losses for the last three years,” and has a poor reputation in the business community. The Control Board has refused to make its “due diligence” investigation of DCHC available to the Council.

The Control Board Enacts ‘Law’

While media coverage has focussed on the contract signed by the Control Board, what is not generally recognized, is that the Control Board actually “enacted” laws on April 30.

The Board enacted three almost-identical versions of its “Health Care Privatization Amendment Act of 2001.” These three versions are styled as “emergency,” “temporary,” and an intended permanent version.

The Control Board claimed to be acting in the stead of the D.C. Council—which had unanimously rejected the privatization plan presented by the Control Board and the Mayor.

But when the Council enacts legislation, it cannot take immediate effect. Under the 1973 D.C. Home Rule Act, legislation can only take effect after a 30-day period (legislative days, not calendar days) after the proposed law has been sent to the Speaker of the House and the President of the Senate, and “unless during such 30-day period, there has been enacted into law a joint resolution disapproving such act.” In other words, Congress has 30 days to override any District law.

From their standpoint, the Control Board could not afford to wait 30 days. The popular movement against the privatization scheme and the corrupt DCHC contract was growing, and the Council had just held a day-long public hearing on