D.C. General 'Body Count' Is Taken to Congress

by Edward Spannaus

Body bags, representing the 17 known victims of the closing of D.C. General Hospital—the last public hospital in the nation's capital—were taken to Congress's doorstep, by a June 28 rally and press conference held outside the House office buildings on Capitol Hill.

Meanwhile, Congress, blocked by the turncoat "New Democrats," grouped around the Democratic Party's Gore wing, has refused to act to reverse the illegal privatization of D.C.'s public-health system. The demonstration's spokesmen told Congress told that "the blood of the victims is on your hands, and their bodies are on your doorstep."

Lynne Speed, a leader of the Coalition to Save D.C. General, and of the LaRouche movement in the District of Columbia, read off the names of the victims and the circumstances under which they died, all attributable to the closing of D.C. General Hospital's top-flight trauma center, and the closing of its emergency room to ambulance traffic, forcing emergency services personnel to negotiate their way to other more distant, and now very overcrowded hospitals in the District, or in neighboring Maryland.

The Poison 'Privatization Success Stories'

An *EIR* representative at the press conference denounced a fraudulent report being circulated around Congress by D.C. Mayor Anthony Williams, which cites the "success" of privatization of public hospitals in other cities. The Williams report is largely based on a study, conducted by the Urban Institute, of five cities where public hospitals were closed or privatized. In fact, the Urban Institute report lends no support whatsover to the scheme being carried out in D.C., where the public hospital was closed without any replacement, and where indigent care was turned over to a private, for-profit "health-care" corporation. In the other cities for which proponents of privatization claimed a modicum of success—and even the Urban Institute admits that the future is uncertain for all of the privatization efforts studied—the public hospital was replaced by a major not-for-profit teaching hospital, which had already been working with and staffing the public hospital.

Another city cited as a "success story" by oligarch Katharine Graham's *Washington Post,* in a gloating feature on the closing of D.C. General published on June 24, is St. Louis. But state legislators in Missouri, when informed about the *Washington Post* story, expressed shock that the city's disastrous experiment in privatization could be cited as a model. Missouri State Rep. Quincy Troupe said that citing St. Louis as a model is "throwing away a lantern, to chase the darkness." And another Missouri legislator, Rep. Esther Haywood, said that she was "shocked and amazed that anyone could cite St. Louis as a model."

The crisis unfolding in D.C., as a result of the dismantling of D.C. General Hospital, was also exposed in dramatic fashion at a day-long hearing held by the Washington, D.C. City Council on June 22.

Three days later, on June 25, the new management of D.C. General threw out its last patient, closing the 200-year-old institution as a full-service hospital. But, as the Council hearing and subsequent events have shown, the crisis created by the shutdown and privatization deal is not going away, and already, demands are being heard for reopening the hospital.

City Council Hearings

D.C. Council members, all of whom had been backing away from the fight in recent weeks, were in unusually combative states of mind during the hearing, in which five Council members participated.

The hearing also featured testimony from two leaders of the District's private hospitals, who testified that the private hospitals are being overwhelmed by overcrowded emergency rooms and a sharp increase in uninsured admissions.

LaRouche in 2004 Presidential campaign spokeswoman

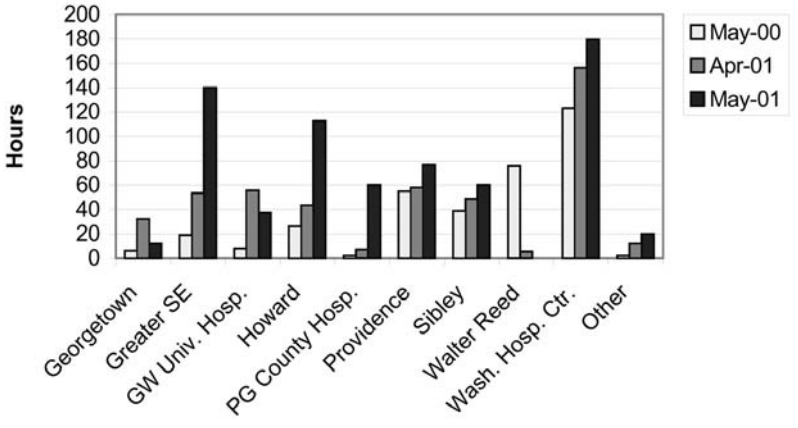
Early in June, seven crosses were planted across from Washington's Financial Control Board office, to remind them of their victims in the closing of D.C. General Hospital. On June 28, the death count had grown, and 17 body bags were taken to Congress's doorstep.

Debra Hanania-Freeman and Coalition leader Lynne Speed, both gave testimony pointing out the genocidal nature of the entire operation. Along with others, they documented the rising death toll resulting from the Control Board's Nazi-like action.

To open the hearing, Councilman David Catania (R) presented a chart entitled "Rolling Emergency Room Blackouts" **(Figure 1),** showing a sharp increase in closing of emergency rooms (ERs) and reroutes after May 1. "If you happen to live near a hospital, and you have insurance, if you think you'll get treated at that hospital, you are wrong," Catania said. "This privatization has been conducted haphazardly, stupidly, and incorrectly. . . . We see ambulances roaming the city, going from one hospital to another. ERs are packed to the gills.

"Prior to this contract, if you were uninsured, you would be treated," Catania said. "There was a safety net. This contract has destroyed the safety net."

FIGURE 1
Rolling Emergency Room Blackouts



Statistics provided by DC Fire and Emergency Medical Services Dept.

Council member Jim Graham (D) emphasized that under the previous public-health system, "No one was turned away." The working poor, the uninsured, and the underinsured were all served by D.C. General. "What's going to happen to these people?" he demanded to know.

The Death Toll

A major focus of the eight-hour hearing was the death toll compiled by the Coalition to Save D.C. General Hospital. Council member Graham started his questioning of D.C. Health Director Ivan Walks, by saying he wanted to asked about rising morbidity and mortality rates, and he read from a widely distributed flyer: "The death toll is rising as predicted by the D.C. City Council, medical professionals, and religious and community leaders, as a result of the dismantling of D.C. General Hospital. As many as 14 deaths, including one intrauterine death, may have already occurred."

Walks, clearly rattled, responding by claiming that "that is an undocumented flyer put out by a group opposed [sic] to D.C. General." He warned Graham that "if those are facts that you're relying upon . . . that seems to be a very dangerous way for us to provide facts to the public."

Graham persisted, telling Walks that since the hearing

was being broadcast, he wanted Walks to indicate for the public record "whether there has been any death associated with the lack of services at this hospital."

Walks answered: "We do not have any confirmed fact that supports an increase in deaths because of this transition. We don't have one death that has been reported by *credible* sources that is linked to this transition." He went on to claim that they had been "chasing rumors," and that "there are people who are sitting alive watching on television and listening to the radio and reading the paper about how they died yesterday."

During further questioning by Council member David Catania, Walks lied that it does not make any difference how long it takes to transport a severely injured or critically ill patient to an emergency room.

'What Gas Ovens?'

During a recess in the hearing, *EIR*'s Edward Spannaus showed Walks the death toll list, and asked him to specify "Which of these people on this list are sitting around watching television?" Walks acted as if he had never seen the list (about which he had just testified!), and refused to answer when Coalition leader Lynne Speed questioned him. Walks refused even to discuss the issue, insisting that "it does not make a difference" how long it takes to get someone to a hospital.

Spannaus also showed the list to Walks' assistant, Larry Siegel. "It's bulls--t," Siegel declared. "I don't care what people in the hospital say. . . . It's made up, made up."

However, in a later panel of the hearing, testimony was presented, documenting numerous cases, some in vivid detail.

Dr. Michal A. Young, the former president of the Medical and Dental Staff at D.C. General (DCGH), testified that "patients are getting lost in the shuffle," and that "several of the people that have died since April 30, received injury within minutes of DCGH, but were transported past DCGH because we were no longer allowed to take ambulance calls and they bled to death en route to other hospitals."

She pointed out that there are about 200 patients a year who must be in the operating room within 5-10 minutes of their arrival, or they will die.

Dr. Young also detailed a number of cases where people were denied treatment under the new privatization arrangements, and where patients were turned away from the private hospitals which should pick up the slack.

Lynne Speed delivered dramatic and hard-hitting testimony on the body count, holding up a color picture of one of the victims, Eric Etheridge.

And Carolyn Curtis, a nurse at D.C. General, presented documentation on the sharp increase in the number of walk-in patients coming into D.C. General's Emergency Room when ambulances were not permitted to come there. She also testified about the conditions in the Emergency Room while patients are awaiting transfer to Greater Southeast Hospital, and presented data from Police Department records on deaths of homicide victims and the hospitals to which they were transported.

Administrators Speak Up

Dr. James Howard, Medical Director of the Washington Hospital Center (WHC), testified as to a significant increase in Emergency Room arrivals and in-patient admissions, and he said that a significant proportion of the new patients at WHC report that they are former D.C. General patients.

Howard said that his Intensive Care Units are at full capacity, and that his clinics are being overrun. Our people "are being asked to do more with less. . . . My staff is at the breaking point," he told the hearing, citing fatigue. "Three months ago, I predicted gridlock, and now, we are there." He said that the overcrowding is affecting all aspects of the WHC, including aftercare. "We're operating at a capacity which is beyond sustainable."

Dr. Robert Malson, president of the D.C. Hospital Association, noted that he had reported last fall that the Association's main concern was the ability of the private, acute-care hospitals to absorb all the patients served by D.C. General and the Public Benefit Corporation. "Now we are seeing overcrowded emergency rooms, with ambulance diversions and rerouting becoming routine," Malson testified. He presented statistics on the increase in rerouting; the increase in utilization rates for all the other hospitals, as D.C. General closed; and the increase in uninsured patients being seen by the private hospitals.

Privateers Demand Tax Exemption

An almost comical side-show to the current crisis took place on the morning of June 28, when a committee of the D.C. City Council held a hearing on the application of Greater Southeast Community Hospital and its sister Hadley Hospital for a 20-year exemption from District property and sales taxes—which would amount to a $20 million subsidy over 20 years.

Greater Southeast is the hospital which is supposed to be taking over the functions—and the assets—of D.C. General, although in fact, it is turning patients away if they cannot pay, and it is sending patients whom it cannot or will not treat, to other private hospitals in the Distict—or even, in some cases, back to D.C. General!

Even though other private hospitals in the city pay taxes, Greater Southeast—a completely for-profit business corporation—is asking for an exemption. It also emerged during the hearing, that Greater Southeast and Hadley are both losing money, even though during the controversy over the privatization contract, the chief executive officer of Greater Southeast's parent company (Doctors Community Healthcare Corp., DCHC) had claimed the corporation had "turned the corner" and was now profitable.

The Arizona-based DCHC is largely owned and financed by the National Century Financial Enterprises. Both it and NCFE have been sued for fraud and racketeering in a number

of jurisdictions. The pattern is that NCFE takes control of the assets of targetted hospitals, including their accounts receivable, while DCHC assumes the liabilities. Council member David Catania characterized this as "a classic Arizona Keating case"—referring to the "Keating Five" savings-and-loan scandal, in which, he said, the architects of that scandal were from the same location, Scottsdale, Arizona, where DCHC is headquartered.

The Financial Control Board and the Mayor had all the evidence of DCHC/NCFE's financial instability and fraudulent practices before them, in the period leading up to the Control Board's illegal ramming-through of the privatization contract on April 30. This is one more reason why the Control Board's plan will fall apart, sooner or later.

It is largely out of fear that the entire plan will fall apart, and fear that they will be accused of undermining the new program, that members of the D.C. Council have been persuaded to support the tax-abatement rip-off. But on that score, former D.C. General employee and activist Carolyn Curtis, testifying at the June 28 hearing, said that it would be better to let the situation explode now, since lives are already being lost because of the privatization scheme now being carried out.

State Representatives

'Missouri Worst Model For D.C. Public Health'

Missouri State Representatives Charles Quincy Troupe and Esther Haywood made these statements to the press of Washington, D.C. on June 28, concerning the public health crisis caused by nationwide closing of public hospitals.

Rep. Charles Quincy Troupe

Missouri State Rep. Charles Quincy Troupe, a 23-year legislator in the Missouri House of Representatives, and chairman of the Appropriations-Social Services Committee for the last nine years, originally wrote to Del. Eleanor Holmes Norton and the entire Congressional Black Caucus on May 29, asking that Congress act to secure access to health care for the poor, the indigent, and the uninsured, not only in Washington, D.C., but across the country. He listed five pages of hospital closures and loss of beds in Missouri, including all three St. Louis-area public hospitals.

"The question is, in looking at hospital closures nationally, it frightens me, because without the hospitals, there can be no access to health care, and if we allow the public hospitals to close, how do we demand care or quality health care from people who don't look like you, people who don't like you, or want to serve you in the first place? This is why many of the hospitals are moving out of the urban areas into the suburban communities. We must be very careful to not let it go unnoticed when a hospital closes anywhere that provides services to our people."

After the *Washington Post,* on June 24, cited the privatization of health care in St. Louis as a model for the District, Representative Troupe responded to the capital press:

"Using St. Louis as an example is throwing away a lantern and chasing the darkness. If you use St. Louis as an example, St. Louis is an example that *no* city should follow. The *worst* thing that could happen to *any* city is to experience the kind of unnecessary death that is occurring in St. Louis due to the lack of primary and secondary health care and access to a quality, available, Level I trauma center. The time period for critical trauma is the first four to seven minutes, and now in St. Louis, there are 600,000 people who do not have access to a critical trauma unit. Over two-thirds of the 1st Congressional district do not have access to a Level I trauma center.

"We have already closed the three hospitals that provided care to the African American community in the city of St. Louis: Homer G. Phillips, City Hospital, and Regional. As African Americans have migrated to the county, now county hospitals are being closed in the county. Last year, Northeast BJC (Barnes-Jewish Hospital) closed its trauma unit. Today, it is announced in the *St. Louis Post* that another hospital is closing; the Obstetrics Department at Christian Hospital is now closing, and it is being moved to DePaul. They are paying the Sisters of Mercy $400,000 to take over this hospital."

Rep. Esther Haywood

State Rep. Esther Haywood, also a Democratic state legislator from St. Louis, recently met, together with members of the Coalition to Save D.C. General, with the Missouri Congressional delegation and the Congressional Black Caucus, to urge Congress to stop the illegal actions of the Control Board. On June 28, she said:

"I completely concur with Representative Troupe. I am *shocked* and *amazed* that anyone would cite St. Louis as an example of what should be done with health care.

"There is *not one major medical facility left anywhere in the minority community—not one; everyone is at least 20 minutes away from a hospital.*

"We are in a crisis here in St. Louis. Now they are trying to shut down the Obstetrics Unit at DePaul—and force women to go all the way west to St. Louis County to deliver. The average young woman will have to travel 45 minutes to

one hour to deliver a baby—babies will be delivered on the highway—this means both mothers and babies may die. We are in a crisis, and this is devastating."

Dr. Michal A. Young

'Great Human Suffering'

From the June 22 testimony of Dr. Michal A. Young, MD, FAAP, president of the Medical and Dental Staff of the former Public Benefit Corp., to the Human Services Subcommittee of the D.C. City Council.

. . .The Control Board-led legislation of May 1 abolished the PBC. This left us unable to bill, our pharmaceutical licenses were void, all our vendors and contract agreements were void. . . .

Patients are getting lost in the shuffle—several of the people that have died since April 30, received injury within minutes of [D.C. General Hospital], but were transported past DCGH because we were no longer allowed to take ambulance calls and they bled to death en route to other hospitals. . . . [P]hysicians at DCGH . . . warned that approximately 200 patients arrive at our door annually who must be in the operating room within 5-10 minutes of their arrival or they would die. . . . [I]s it because they are poor and/or black that no one was listening and no one is doing anything about it now? GSCH [Greater Southeast Community Hospital] has never served as a verified trauma center and . . . has no intention of providing any level of trauma services to this community.

Hospital emergency rooms are backed up; ambulances are tied up waiting to put paitents in the hospital areas. This decreases ambulance availability and further increases the already-long arrival times for ambulance services—now at 24 minutes. Patients wait in the emergency room of DCGH for 1-3 days for transfer and wait for more than 24 hours for admission at GSCH.

GSCH is in a remote corner of the District, accessible from a public standpoint only by a bus line. . . . Plans by the so-called Alliance to guarantee services to only those up to 200% above the poverty line basically deprives the working poor who are not insured or underinsured, of any guarantee of care and thus fragments the health-care safety net. For instance:

1. A 58-y.o. man fell down some stairs on 6/2/01. The day after the fall (6/3/01) he went to GSCH where he was seen and prescribed Flexiril [a muscle relaxant] and sent home. . . . He went back on 6/19/01 because of increasing neck pain and limitation of arm movement, and was told if he could not pay $200 right then, that a provider could not see him. He was told to sign a yellow piece of paper, which he did. He did not understand the document he signed. He came to DCGH 6/21/01. . . . The document from GSCH that he had signed implied that he had refused to be seen—he denies that, saying he just signed where he was told. Our examination and x-rays indicate that he has fractures of the bones in his neck C2,C5 & 6. We collared him and casted the collar to limit the movement of his neck, because further movement could cause dislocation which might result in paralysis with respiratory arrest. He was advised to return to GSCH for hospitalization and we attempted to arrange transfer. However, he said he had been there before and they did not care—so he was not interested in going right then, because he has a sick mother, and a sick granddaughter to take care of, and he left. . . .

2. Nine of the 30 patients seen by our orthopedic surgeon 6/11/01 needed to have surgery. These individuals have no insurance, are unemployed because of these injuries, and they need to have the surgery in order for them to be employable. GSCH has not identified any orthopedic surgeons to provide care. . . . The patients were shocked to discover no surgery could be done at DCGH. "That's not what the mayor/public health director said—they said there would still be a hospital here."

4. Woman with a breast mass needing a mammogram was turned away from GSCH; she went to [Howard University Hospital]; they sent her to DCGH. Our mammogram tech resigned several weeks ago. We suggested the woman to go [George Washington Hospital], since they are supposed to be part of this Alliance—she says she is confused about this; as of one week ago, she had yet to go.

5. Woman needing a breast biopsy was turned away from GSCH where she had been referred—no money.

6. There is still no plan for emergency care by pediatricians for children in the southern quadrants of this city. GSCH plans for children to be seen by internist, family practice, and physician's assistant, as they are currently doing. . . . While [Children's National Medical Center] is very concerned about this behind closed doors, and has bitterly complained about the condition critically and emergently ill children have come to them in from GSCH, they apparently lack the courage to speak up about this grave medical injustice. . . . Maybe it's because these children are poor and largely black.

These . . . are not anecdotal, but are symbolic of the flawed arrangement masquerading as a health care program . . . [and] reflect the human suffering that will become more apparent if this madness continues. . . .

What is happening to public health in the capital of the most powerful nation on Earth is a frightening indicator for the way the rest of this country may be allowed to move. By allowing the Control Board to move forward with these arrangements, the Council of the District of Columbia and the Congress of America is turning its back on those, whom, by our largely Judeo-Christian foundation, we are charged to care for, specifically the widow, the orphan, the incarcerated and the poor. Such actions do not bode well for America's future.

Lynne Speed

'Do Not Oversee Death By Privatization'

This was the testimony of Lynne Speed of the Schiller Institute, a leader of the Coalition to Save D.C. General Hospital, to the Washington D.C. City Council's Health Committee, June 22.

The illegal April 30th action by the D.C. Financial Control Board, when they exceeded their Congressional mandate and violated the Home Rule Statute by enacting legislation to privatize the District's health system and the subsequent transition towards the complete dismantling of D.C. General Hospital—the only public hospital in our nation's capital—has proven to be an unmitigated disaster. In the context of new epidemic diseases spreading worldwide, this threatens a national and global health-care catastrophe.

Here in the District, the results of these actions have been immediate and devastating. The tragic consequences of this policy were forecast by every major medical and health association locally and nationally, by the D.C. City Council, emergency medical technicians, religious and community leaders, elected officials around the country, and by the vast majority of area residents. This past February, after the initial cutbacks at D.C. General, Democratic presidential pre-candidate Lyndon LaRouche, Jr., warned that people would die as a result of this policy, and that the people behind the policy, like Katharine Graham and the Federal City Council, knew that this would lead to increased deaths. He advised leaders of the Coalition to Save D.C. General Hospital to "construct a list of the death count, that those behind this operation are responsible for, and keep building it up."

Sixteen Documented Deaths

We have been keeping that death count. A policy that willfully and deliberately leads to the deaths of numbers of individuals is properly called genocide, as that term was used at the trials of Nazi war criminals during the Nuremberg Tribunal. In just six weeks since this genocidal transition began, there have been at least 16 documented deaths, including one intrauterine death, that may have been caused by the closing of the Level One Trauma Unit and other medical services at D.C. General Hospital. I assure you, contrary to the lies of Dr. Walks (District Health Director), not one of these individuals is running around and watching TV. These cases have been gathered from police reports, paramedics, hospital workers, social workers, and the families and friends of the victims. Ambulances that have picked up people suffering from gunshots, stab wounds, and cardiac arrests, just minutes away from D.C. General, have been forced to travel distances to other hospitals, in some cases as far away as Baltimore, Md. On arriving at the hospital, they are often forced to wait in an ambulance "line-up" before even entering hospital doors, and then required to wait even longer for treatment in overcrowded emergency rooms.

Mrs. Shirley Siegler, mother of Eric Etheridge, who died unnecessarily five days after the shutdown of D.C. General Hospital began, leading the June 6 "D-Day" march in Washington.

These victims are not just faceless numbers, they were real live human beings, like all of us here, just a few weeks ago, before this genocidal transition began. We are providing the Council with a full list of all the victims, but I wish to highlight a couple of the cases.

Freddie Aikens, 22 years old, was shot on the evening of May 28th, during a carnival, following an argument in the parking lot of RFK stadium, a breath away from D.C. General Hospital; but he had to be transported all the way to Howard University Hospital, where he died.

William Eric Etheridge, only 19 years old, a star athlete, pictured here with his trophies, was ready to enter college this fall. He was found suffering from gunshot wounds in the 300 block of Anacostia Road SE, five minutes from D.C. General. The paramedics initially took him to D.C. General, but the emergency room was closed to ambulance traffic, so he had to be taken all the way to Prince George's County Hospital, where he died. This incident occurred May 5, just five fateful days after this genocidal transition began. Eric's mother, Shirley Siegler, said to me, "I just keep thinking, maybe if this had occurred just five days earlier, before this change began, and he could have gotten quickly to D.C. General Hospital, that he might be alive today."

The increase in mortality is just the tip of the iceberg; we are also compiling evidence of the dramatic increase in suffering and morbidity. We must have justice for Freddie and Eric and the other victims, whose lives might have been saved, if not for the illegal actions by the Control Board on April 30th. These actions, despite Delegate Norton's protestations to the contrary, were the most egregious violation of

Home Rule imaginable, and a precedent for the destruction of all democratically elected institutions. Congress has the authority and obligation to rein in this Frankenstein monster, which they created. They must be caused to act on the evidence of this genocidal transition, by returning to the principle of protecting and promoting the General Welfare. You, the City Council, have the authority, the obligation, and the backing of the citizens, to demand that Congress act, to reverse these illegal actions, and put an end to this horrid system, that makes a mockery of health care. If Congressional hearings, such as this one today, were to be held on Capitol Hill, and the fraud of this system exposed, this nonsense could be ended.

Do not become collaborators in this genocide. An advisory commission, to oversee these deaths-by-privatization and other human rights violations under this new plan, will do nothing, except assist these passive executions. You do not appoint "a commission" to oversee concentration camps in Nazi Germany; you simply put an end to the system. To accept this as a "done deal," even at this late date, is to accept a vast human carnage, a holocaust in the capital of the most powerful nation in the world. Justice can only be served for these victims, and for the hundreds of thousands of residents and visitors to our nation's capital, by restoring D.C. General to a full service, fully-funded public hospital.

Interview: Esther Haywood

Health-Care Takedown Is 'Ethnic Cleansing'

Missouri State Rep. Esther Haywood (D-71st District), representing St. Louis County, Missouri, made a trip to Washington, D.C. in June, to join in the fight to save D.C. General Hospital. She spoke with Marianna Wertz on June 16.

EIR: You were in Washington recently, for the campaign to save D.C. General Hospital. What do you believe is the importance of that fight?

Haywood: I have real problems with this shutdown, because I believe this is the beginning of a clinic approach to health care in this country, that they are going to be spearheading that from there. That's exactly what they want to put in there. They want to put in clinics and a whole lot of satellite areas, and people will go undiagnosed; it will be days before they see anybody. On top of that, usually they won't be seen by a health-care professional. Many times, they are para-professionals, nurse's aides, or whatever. That's the case here in St. Louis. We have them in areas here, and I believe that many folks are dying because they're misdiagnosed.

EIR: I've read a document, put together by Missouri State Rep. Charles Quincy Troupe (D-District 62), on the extent of closure of public and other hospitals in Missouri, which was disturbing.

Haywood: I'd like to see what you have. I can only speak to St. Louis County, where it started many years ago with the Homer G. Phillips closing in 1979. This hospital was the main source of training for every black professional who is over 50 years old today.

EIR: According to what I'm reading here, St. Louis in 1977 lost Booth Memorial; in 1978, lost North St. Louis General; then, Homer Phillips in 1979; Robert Koch Hospital in 1983; St. Mary on the Mount in 1985; Lindell Hospital in 1988. It goes on and on.

Haywood: A lot of these places I'm not even familiar with. Like Lindell, some of these are small units, and they close up those, and people don't even recognize they're gone. But the main ones, like Regency, ConnectCare—Regency is sitting over there with ten beds. That's closed, as far as I'm concerned. Because it's only open for overnight stay. If you come in as an emergency, they keep you overnight. So, they have ten beds for you.

EIR: That's just like D.C. General.

Haywood: Absolutely. This has begun to be a trend across the country. If we don't do something about it, if we just go through the motions and just plain ignore it—it's right in our back door. It's in yours today, but it's certainly in mine tomorrow. It's been there a long time, even if we don't want to recognize it.

EIR: Do you hear complaints about these closings from your constituents?

Haywood: I do. I live in an area where the hospital did close: Normandy Community Health Care. They closed that hospital some years ago. When they closed that hospital, we were able to get the certificate of need back. We lost it. It may have been one of the only hospitals that has ever been able to get a certificate back, once they lost it. At this point, we're struggling to hold onto it.

It's a very difficult challenge for us in a minority area. You hear of this only in the black communities. None of this happens in the predominantly white areas. That's where the new hospitals are being built. We also have a situation in St.