

Council Wants Hospital At D.C. General Site

by Edward Spannaus

The Council of the District of Columbia will require that a full-service hospital be built on the site of the present D.C. General Hospital, and will make that a condition for any redevelopment of the 67-acre site. This was announced by the Chairman of the Council, Linda Cropp, at the beginning of a hearing held on May 28 on the Draft Master Plan for Public Reservation 13 (the D.C. General site) which has been submitted to the Council for approval. (See *EIR*, May 31, p. 45.)

The announcement of the Council's position puts the them once again at odds with Mayor Anthony Williams and the D.C. Department of Health, both of which deny that a new hospital is needed, and both of which supported the shutdown of D.C. General last year, over the unanimous opposition of the Council.

Cropp's announcement signifies that the battleground has now shifted, from the fight over whether there should be a hospital, to the question of what kind of a hospital it should be. The privateers who took over the District's public health system last year, Doctors Community Healthcare Corp. (DCHC)—who have been investigated and sued in a number of jurisdictions for fraudulent practices and even racketeering—are angling to build a private hospital (120-200 beds) on the site, which would only compound the injury that was done when the District's public-health safety net was torn away last year. Others have proposed a new public hospital, to be affiliated with a major teaching hospital (as D.C. General had been), or even with the National Institutes of Health.

The most far-reaching proposal is that published in the May 31 issue of *EIR*, by Democratic Presidential candidate Lyndon LaRouche, for the reconstituting of D.C. General as an adjunct of the U.S. Surgeon General and the Public Health Service, as the spear-point of a national health-care security program.

LaRouche Proposal Presented

LaRouche's proposal was presented to the D.C. Council hearing, in testimony by Lynne Speed, representing the LaRouche National Medical Task Force and the Coalition to restore D.C. General Hospital, and by *EIR*'s Edward Spannaus.

Speed's testimony cited the damage to the general welfare caused by Mayor Williams and D.C. Congressional Delegate Eleanor Holmes Norton in closing the only public hospital in the District, and summarized the LaRouche proposal, with the

full text of LaRouche's "The Case for D.C. General Hospital" appended to her testimony. Speed requested that the Council 1) withhold approval of any plans for Reservation 13 unless and until a full-service public hospital were guaranteed for that site; and 2) petition the U.S. Congress to take Federal responsibility for funding and provision of such a hospital, given the unique situation of the capital of the nation.

Spannaus said that everything that the LaRouche movement had said would follow the shutdown, is now happening—with both the real-estate land grab, and the rising death toll and tens of thousands of people, many of them uninsured, formerly served by D.C. General thrown on the scrapheap. He then showed that the D.C. General site was always intended for public health purposes, going back to George Washington and the L'Enfant Plan—the 1791 design for the nation's capital by architect Charles L'Enfant. President Washington was insistent that the public reservations were a perpetual trust for the Republic, and must never be diverted for private purposes. Spannaus urged the Council to dump the Master Plan, go back to an earlier 1977 Master Plan for an upgraded D.C. General Hospital consistent with the L'Enfant Plan, and to ask Congress to exercise its Federal responsibility for the hospital as LaRouche has proposed.

Many other witnesses also called for a full-service public hospital, pointing out that D.C. General was a world-class hospital, and that a new hospital on that site should be the anchor for health care for the entire city.

The Council's Desperation

Council Chair Cropp and other members left open the question of whether the new hospital would be public or private, with Council member David Catania saying, for example, that he would not be opposed to a privately operated hospital "with a public purpose," including treatment of the indigent who used to be served by D.C. General.

Some Council members also said that if a hospital is built on part of the site, other parts of the site could be used for other purposes; some say they are even considering selling part of the site to private developers. Sources close to the Council report that the Council believes, because of the District's precarious financial situation, and the unwillingness of Congress to take any action, that the only means of obtaining financing for a new hospital would be through DCHC.

This is an indication of the desperation of the Council to get a new hospital by any means possible, since last year, during the fight over the privatization plan, the financial *bona fides* of DCHC were a major issue. Councilman Catania, for example, assembled a package of materials entitled, "The Case Against Contracting with DCHC," citing as among his leading concerns, that DCHC "is deeply in debt and unprofitable," and that it "has a reputation for its inability to complete deals and for 11th-hour demands in negotiations."

LaRouche's proposal, for Federal financing of a reconstituted public hospital, points the only way out of this impasse.