

'Master Plan' Submitted For D.C. General Campus; Land-Grab Accelerates

by Edward Spannaus

A year ago, during the monumental battle to prevent the shutdown of the only public hospital in the nation's capital—D.C. General Hospital—opponents of the shutdown, led by the LaRouche movement, warned that the shutdown was a prelude to a gigantic land grab, which had as its purpose the further reduction of the District's black and poor population, in favor of "gentrification" and other speculative real estate schemes. Now, those very schemes, under the guise of "redevelopment" of the Anacostia Waterfront and the southeast quadrant of the city, are moving full steam ahead on at least four fronts:

1. The submission of the "Draft Master Plan" for the redevelopment of "Public Reservation 13"—the site of D.C. General Hospital;
2. Revamping of the District's bid for the 2012 Summer Olympic games, which envisions a gigantic sports complex just north of the D.C. General site;
3. Federal government moves to accelerate the redevelopment of the Southeast Federal Center, located about one mile west of the D.C. General campus along the Anacostia waterfront; and
4. A proposal to have the Federal Emergency Management Agency (FEMA) relocate its headquarters to the St. Elizabeth's Hospital campus, on the other side of the river in the Anacostia section of Southeast Washington.

All of these developments were forecast and described in detail in *EIR* last year—while D.C. Mayor Anthony Williams and other District officials were denying that the shutdown of D.C. General had anything to do with these real estate boondoggles.

On March 31, 2002, the D.C. Office of Planning submitted its Draft Master Plan for the land on which the now-closed D.C. General Hospital sits. The plan is the product of professional city planners, who conducted a "community-based planning process" with several public meetings intended to be brainwashing sessions for the community. However, these meetings were in large part dominated by protests over the shutdown of D.C. General, and by demands that a full-service public hospital be located on the site.

The professional planners—along with many of the middle-class residents of the Capitol Hill neighborhood to the east of the site—insist that all the existing hospital buildings

be demolished, that the street grid be extended into the site, and that a mixture of housing, parks, stores, and public uses (permitting health care clinics, but no hospital) be located there. This would abolish Public Reservation 13 as a distinct site—which dates back to the original L'Enfant Plan of 1791. Since the Administration of George Washington, this site has been designated for hospital and public health use.

The summaries of the community meetings incorporated in the plan, are compelled to report that a provision for "a full-service, state-of-the-art public hospital" was one of the primary concerns of participants. They note that participants stated that "the site had a long history of providing for the public health and welfare and that this tradition should continue." The documents also report that some participants proposed a full-health campus, similar to the National Institutes of Health (NIH), including educational facilities for medical training.

However, the District government appears poised to ignore these demands, and to override 200 years of history—and the public health and general welfare needs of the Nation's capital—in favor of pumping up real estate values in the areas adjacent to the Anacostia waterfront.

But, as an article in the March 29, 2002 *EIR* demonstrated, the land on which D.C. General sits, was always intended for hospital use, going back to the original design of the City of Washington drawn up under President George Washington's supervision. Under the National Historical Preservation Act, passed by Congress in 1966, Federal (and District) officials are required to consider the historical uses and significance of any Federal property, before transferring it or changing its use.

Other 'Redevelopment' Schemes Move Ahead

At the same time, rapid-fire developments are taking place with respect to other components of the overall plans to "redevelop" and gentrify the Anacostia waterfront and the Southeast/Anacostia section of the city. (These developments were all described by *EIR* and the LaRouche campaign last year, as part of the overall "Negro removal" land grab of which the closing of D.C. General Hospital was a crucial component.)

On April 8, the Washington Olympics Committee submitted a supplement to its bid to the U.S. Olympic Committee,

to host the 2012 Summer games. The modified plan would create what is called “a multi-faceted Olympic Sports Complex” on the RFK Stadium site, which sits on the Anacostia waterfront adjacent to the D.C. General Hospital site. While the graphic published in the *Washington Post* does not appear to show the Olympic complex extending into the hospital campus, in January, Mayor Williams declared that the new plan for the D.C. General site would “complement” the Olympic bid, and that the parcel would be “a component of our Olympic bid.”

Also on April 8, D.C. and Federal officials took what the *Washington Business Journal* called a “landmark step toward dramatically transforming a 44-acre swath of desolate land along the Anacostia River,” by issuing a “request for qualification” for a development team for the Southeast Federal Center. Two years ago, Delegate Eleanor Holmes Norton pushed through legislation allowing private developers to build on the Federally-owned land; last year, the Navy moved 5,000 jobs into the area, and the U.S. Department of Transportation plans to relocate its headquarters, with more than 7,000 employees, to the Southeast Federal Center site.

On April 13, the *Washington Post* reported that D.C. officials are asking the Federal government to move FEMA’s headquarters to the St. Elizabeth’s Hospital site in the Anacostia area, and it is also asking the Federal government to join in establishing a \$100 million, 24-hour communications and emergency management center on the site. The *Post* cited D.C. officials as saying that these installations could “jump-start private development” at the large, and largely vacant, St. Elizabeth’s site. “Once it brings infrastructure to the site, that becomes an incentive for the other private development,” said D.C. Planning Director Andrew Altman.

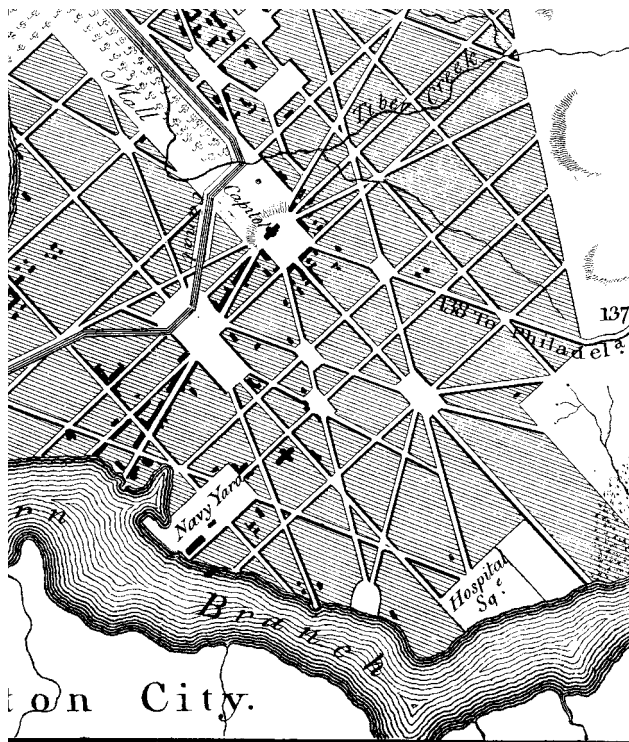
Last year, *EIR* reported that AOL’s James Kimsey was eyeing the St. Elizabeth’s site for development of a vast new AOL campus, but he was privately insisting that the area be cleaned up first. That is what the proposed FEMA relocation appears to be intended to accomplish.

Mayor Under Fire for Fundraising Violations

Meanwhile, Mayor Williams, who portrays an image of “Mr. Squeaky Clean,” has come under fire following the release of a report by the D.C. Inspector General (IG) on fundraising activities by the Mayor’s office. The report shows numerous violations of D.C. laws, regulations, and ethical standards regarding fundraising for private, non-profit organizations which were created and operated largely by the Mayor’s staff. In at least one instance, Federal law may have been violated, and the matter referred to the U.S. Attorney for possible criminal prosecution.

A total of \$1.5 million is at issue, \$1.2 million of which was raised for Millennium and Capital Bicentennial events held around Jan. 1, 2000.

The corporations and individuals who made major contri-



The area set by President George Washington for the public hospital was designated “Hospital Square” (see lower right of map) as early as this 1802 map. Generations of citizens and public officials reiterated President Washington’s pledge, for its use for the public’s good and health.

butions to these events, constitute many of the leading members of the Federal City Council—the *Washington Post*-run supreme council of the area’s banking and real-estate interests. To run the Millennium Commission, Williams tapped AOL’s Kimsey. Among the major contributors was the *Washington Post*’s Donald Graham.

The receptions at the Democratic and Republican National Conventions were funded by private donors led by Lockheed’s information-management division (which runs much of D.C.’s traffic- and parking-ticket enforcement and collection), and the D.C. Sports Commission (which is intensively involved in efforts to get both a Major League baseball club, and the 2012 Olympics, for D.C.).

Even the Mayor’s Christmas parties in December 1999 and 2000 have come under scrutiny, since funds that were raised for a children’s charity, “For the Kids,” were used for the adults-only party. Among the contributors for these events, the report singles out for special attention Jeffrey Thompson, the owner of D.C. Chartered Health Plan—which contracts with the District’s Medicaid program, and which is a major subcontractor for the privatization of health-care services which accompanied the shutdown of D.C. General Hospital. Thompson is also a major campaign contributor to

Mayor Williams and Congressional Delegate Holmes Norton.

Some members of the D.C. Council want to take the process further: They blasted the IG's report as inadequate and incomplete (among other things, 29 witnesses refused to be interviewed), and are calling for a special prosecutor. "Clearly, the Mayor's office was out of control," says Council member Vincent Orange, who, along with David Catania, originally requested the IG investigation.

"It was a scheme to launder money through a slush fund controlled by the Mayor," says Council member Kevin Chavous. "It ain't Marion Barry. It's Tony Williams."

Washington Times columnist Adrienne Washington writes: "If we were talking about Marion Barry raising money for his self-promotion under the ruse of helping foster children, the same people who staunchly support 'Triple Teflon Tony' would be calling for Mr. Barry to be placed in a pillory in Freedom Plaza.

"At least, Mr. Barry actually spread some of his wealth to the neediest. Mr. Williams only caters and kowtows those those who least need city services," said Washington, added that Williams "has been propped up and protected by the Powers That Be and the press for too long."

All of this takes place in the context of the upcoming November Mayoral elections, in which the Mayor's callous shutdown of D.C. General is expected to be a major issue. Almost 20% of contributions to Williams' re-election campaign fund in the second half of last year, came from persons connected to the Arizona-based Doctors Community Healthcare Corp.—the gangster-like outfit which took over the D.C. public health system last year, and which has been under investigation in numerous jurisdictions around the nation for fraud and racketeering.

D.C. General Closing Still an Issue

As of this writing, Williams is unopposed in his re-election bid, although there has been speculation that Council member Chavous, who represents the 7th Ward across the Anacostia River, might challenge him. At an April 18 D.C. Council hearing on the District's health care budget, Chavous stated that he and other Council members oppose any "redevelopment" plans for the D.C. General site in which health care is not the central focus. "There's a lot of talk about what to do with the D.C. General campus," said Chavous, "and I believe that the Council has major problems with some of these development proposals, inasmuch as they undercut our commitment to have a health care campus on that site."

Chavous said that the proposal he has seen, for townhouses, condos, and related projects, "is not part of the vision that we have," and he promised that there will be "some real contentious dialogue" on this subject. The Council wants to ensure that the D.C. General campus continues to be a central site for health care delivery, he said, and urged D.C. Health Department officials, who were testifying at a hearing on the

Health Department budget, that they should explore the possibility of partnerships with NIH, Johns Hopkins, and Howard University for a health-care campus. "I just wanted to put that on the record, so there's no mistaking about where I believe the Council is, and most of my colleagues are" on this question, Chavous said.

Council member David Catania, who has pledged to block any redevelopment plan for the D.C. General site which does not include a hospital, said during the April 18 hearing that he hopes the Council will "revisit" the issue of putting a new hospital on the D.C. General site. Catania presented statistics showing what he called "the continued rolling blackouts of our Emergency Rooms," which, he charged, are "a direct result of the closure of the second-busiest emergency room" in the District, that of D.C. General Hospital, last year.

Catania said that with the shutdown of D.C. General Hospital, and because its so-called replacement, Greater Southeast Community Hospital, is unable to pick up the overload, more and more patients in the eastern part of the District have to be taken to Prince George's County. Catania emphasized that everyone in Washington, no matter how wealthy or where they live, is at risk because of the loss of D.C. General.