EIRNational

National Leaders Join Fight To Save D.C. General Hospital

by Anita Gallagher

The fight to maintain D.C. General Hospital, the only public hospital in the nation's capital, is escalating into a truly national fight in answer to the D.C. Financial Control Board's illegal shutdown of the hospital on April 30.

The fresh forces added to the fight are mobilizing to compel the U.S. Congress to keep D.C. General open as a fully funded, full-service public hospital, and to reject the Control Board's substitution of a network of privatized clinics—which refer patients to the already overwhelmed emergency rooms of other D.C. hospitals, where they are refused admission, or further injured by the wait. Already, four deaths have been reported, and two have been confirmed, as a result of the closing.

The evidence of the expanding national fight includes:

'All People Have a Right to Health Care'

- On May 17, Rep. David Bonior (D-Mich.), House Minority Whip, placed a powerful defense of D.C. General into the *Congressional Record*. He pointed out that the nation's general welfare requires *public* hospitals, "with the belief that all people have the right to health care." The closure of D.C. General will mean that "now, the people of Washington, D.C. will have no choice but to turn to private hospitals for their health care—hospitals that base their care on a person's financial status and ability to pay." Representative Bonior also denounced the process that closed D.C. General: the use of an unelected financial control board, to override the unanimous vote of the democratically elected D.C. City Council (see box).
- Sen. Tim Johnson (D-S.D.) and Rep. Danny Davis (D-III.), members of the current Congress, added their names to the national statement "It's Time To Draw the Line: Saving D.C. General Hospital Is a Matter of International Impor-

tance." The statement, signed by more than 600 elected officials, activists, and clergy, states that "Mr. [Lyndon] LaRouche has asserted that the legitimacy of our government rests on 'its authority and responsibility for the promotion of the General Welfare of all living persons and their posterity.'



Ohio Democratic State Rep. Catherine Barrett, who travelled to Washington in support of the fight to save D.C. General Hospital, tells a May 17 rally at Judiciary Square, "We must stop it here."

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Once again, we agree, and we insist that that means maintenance of public schools, public roads, the public water and power systems, and, most emphatically, public hospitals and public health-care facilities."

- On May 15, the National Black Caucus of State Legislators (NBCSL) made public a letter addressed to Rep. Eddie Bernice Johnson (D-Tex.), Chair of the Congressional Black Caucus, stating, "We encourage you to exercise your influence and judgment to rescind the action of closing this needed resource. The reality is, that for the citizens and communities who are served by D.C. General, the proposed substitutes are insufficient. Lives will be lost as emergency transportation times are extended. As Americans, we can do better." The letter was sent to Representative Johnson by Alabama State Rep. James L. Thomas, President of the NBCSL.
 - On May 3, the Alabama House of Representatives

passed a resolution memorializing the U.S. Congress to "maintain the public institution status of D.C. General Hospital," because "how a country treats its disadvantaged people is a significant reflection on the character and priorities of that country." Rep. Thomas Jackson (D) sponsored the resolution.

Similar resolutions memorializing Congress to keep D.C. General open are now pending in Michigan, Missouri, and South Carolina, and a resolution has been submitted to the drafting committee of the Ohio Legislature by Rep. Catherine L. Barrett (D-Cincinnati).

• While the number of legislatures which can act as a body is limited by the fact that many have already adjourned for the year, 100 state legislators have endorsed the international statement to save D.C. General, and a number of state legislators have personally come to Washington to meet with Congressmen. Many more have written to their entire state

Congressman Bonior: 'Keep D.C. General Open'

Hon. David E. Bonior of Michigan, in the House of Representatives, May 17, 2001, called on his colleagues to rescind the D.C. Financial Control Board's shut-down of D.C. General Hospital.

Mr. Bonior. Mr. Speaker, we, as a nation, spend more on health care than any other country in the world. Yet, we have 43 million uninsured people and our working families continue to struggle to obtain quality and affordable care. And now, in our nation's capital, there are efforts to close down the last remaining public hospital in the city, D.C. General. The closure of public hospitals around our nation and D.C. General, in particular, should be of concern to us all.

In Michigan, our public hospitals continue to serve patients and communities with dignity and with the belief that all people have the right to health care. These public hospitals provide our uninsured and underinsured working men and women with the quality and essential health care they deserve. D.C. General has been serving the people of Washington, D.C. since 1806, and the care it provides is crucial for residents of the nation's capital.

I am deeply concerned with the impact the closure of this hospital will have on the residents of Washington, D.C. In Detroit and other urban and rural communities, affordable and reliable health care is becoming hard to find. Our public hospitals serve local communities without prejudice and are the only source of care millions in this nation can rely on. Now, the people of Washington, D.C. will have no choice but to turn to private hospitals for their health care—hospitals that base their care on a person's financial status and ability to pay.

Those who advocate closing D.C. General are concerned that the hospital has woefully inadequate funds to operate. The financial situation of this and other public hospitals is severely impacted by Congress' unwillingness to provide additional resources and the fact our public hospitals serve most of our uninsured and poor. The plight of D.C. General is just one example of what will happen if we do not stand up immediately and support our public hospitals.

I am also deeply troubled by the process that determined the fate of D.C. General Hospital. Through the use of an unelected financial control board, those wishing to see the hospital closed overrode the democratically elected D.C. City Council, who unanimously opposed the closure of the hospital. In 1999, a similar situation occurred in Detroit, when Lansing lawmakers dissolved the elected city school board and appointed a supervisory board, unaccountable to the citizens of Detroit. The Detroit school takeover and the D.C. control board's actions should be of concern to all Americans. Both these actions denied citizens a voice in the decisions affecting their lives. Our compassion and resolve to ensure quality health care and education for all must not be compromised by an unelected body which is accountable to no one.

Today, I join many of my colleagues in Congress, community leaders in my home state and from around our great nation, and champions in the Michigan State Legislature in urging that D.C. General be kept open and accessible to the people of Washington, D.C.

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Congressional delegations urging them to act to overturn the Control Board's closure, citing the Congress's mandate to provide for all the people, including the uninsured and the underinsured.

Nowhere To Run

The intense pressure coming from constituency leaders, as well as voters, has made it impossible for any Congressman to duck the issue of D.C. General by claiming it has nothing to do with his or her constituents. As Representative Bonior and others point out, the routine of privatizing a necessary public service, and then, if an elected body won't accept it, creating an unelected body to approve it, has been tried around the country, on education, health care, and every budget issue. This trick cost Detroit Mayor Dennis Archer, one of Wall Street Democrat Al Gore's national campaign managers, his political future, as *EIR* reported in last week's issue. The depredations on the living conditions of the U.S. population, through unaffordable energy prices, unacceptable schools, unavailable health care, are reaching the point that every thinking American can recognize the problems of others, because those problems are the same ones he or she faces. Hence, the national support for D.C. General, as an exemplary fight for the general welfare.

It cannot be lost on Americans that Pope John Paul II asked Americans during his 1995 U.S. visit, "Is present-day America becoming less sensitive, less caring toward the poor, the weak, the stranger, the needy? It must not!" And, that the Pope, in his May trip to Greece, Syria, and Malta, was emphatic that the common good—or what the Preamble to the U.S. Constitution calls the "general welfare"—must be served, if any system of government, including the so-called "free market," is to claim legitimacy.

At the same time that the Pope emphasized the common good against globalization, Lyndon LaRouche gave a presentation to leaders of 40 nations at a conference on Eurasian and African development in Bad Schwalbach, Germany on May 4. LaRouche said that a world recovery program "requires a subsuming, universal principle of law, to which the principal nations, at least, must be more or less won over. That principle of law, is the understanding, that the modern institutions of the sovereign nation-state under the rule of service to the general welfare, is the only foundation upon which the needed, broad collaboration over the long term can be established." Besides the immediate objective of saving D.C. General, the national fight around it serves to realign the United States to serve the general welfare, and collaborate with other nations to that end in plans to rebuild the world.

New Elements Added in D.C.

On the ground in D.C., important new flanks are being added to the fight at least several times a week —by prominent people coming in from outside; cultural initiatives, such as a Marian Anderson Memorial Concert, featuring Classical music, including Negro spirituals, on Mother's Day; explosive new information mass distributed through "extras;" and legal initiatives.

On May 17, Ohio State Rep. Catherine Barrett appeared at a press conference sponsored by the Coalition to Save D.C. General Hospital. She announced that she had introduced a House Concurrent Resolution into the Ohio legislature, memorializing Congress to keep D.C. General open. She told the crowd that she had been the mayor of Forest Park, Ohio before her election to the legislature; that that D.C. Mayor Tony Williams is "not the mayor you need" in this health-care crisis, and that the closing of D.C. General is "not what we need in

State Legislators Say, Defend D.C. General

The following letter, dated May 15, 2001, was sent to U.S. Rep. Eddie Bernice Johnson (D-Tex.), Chair of the Congressional Black Caucus, by State Rep. James L. Thomas, of Alabama, President of the National Black Caucus of State Legislators:

Dear Congresswoman Johnson:

Many of our members, as individuals or through their state caucuses, have expressed concern and alarm about the closing of the District of Columbia's D.C. General Hospital. Our organization, since its inception, and by the

very nature of our members' experience, is an advocate of self-government. The thought that a non-elected entity in the nation's capital, the Control Board, could determine D.C. General's fate, is disconcerting.

As you well know, our legislators struggle with painful decisions about reforming health care in their own states. They are often faced with circumstances similar to Washington's. The issue of how to provide service to the underinsured and noninsured populations is a pressing dilemma, but for the capital of our country to abandon people in need is disheartening.

We encourage you to exercise your influence and judgment to rescind the action of closing this needed resource. The reality is, that for the citizens and communities who are served by D.C. General, the proposed substitutes are insufficient. Lives will be lost as emergency transportation times are extended. As Americans, we can do better.

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Coalition to Save D.C. General Hospital leader Pastor Mildred King began a hunger strike at Judiciary Square in mid-May, when the D.C. Control Board began shutting the hospital down.

our nation's capital at this time." "We must stop it here," she demanded.

The press conference occurred outside the offices of the Mayor and the Financial Control Board, where Rev. Mildred King, pastor of the Power of Prayer Church in Washington and a leader in the fight to save D.C. General, had been on a round-the-clock hunger strike since May 11.

At the Coalition's 15th weekly town meeting, held on May 16, activists planned the ongoing compilation of information. They are charting not only the death toll which has resulted from the shutdown of D.C. General—four reported so far, two confirmed—but they also told of "those who are about to die" as a result. Information is being gathered on how the shutdown of D.C. General is affecting every hospital in the city: what happens when the emergency rooms turn people away, when the waiting time is lengthened, when the distance from which people come or are transported is increased. There is already one report of an injured person who became a paraplegic because treatment was delayed.

The death and injury count, the wait time, the uninsured who are turned away, and similar information, will be presented in U.S. Court on June 8, at a hearing for a preliminary injunction to stop the Financial Control Board from closing D.C. General. The action has been brought by D.C. City Councilmen David Catania (R) and Kevin Chavous (D). On the same day, a hearing will also occur in the Congressional Committee on Government Reform.

Reports of horrifying triage are already coming in, despite gag orders and threats made to emergency medical providers

that no information is to be released under any circumstances. Despite the intimidation, emergency personnel reported to EIR that two additional deaths occurred, on May 10 and May 12, because of the closing of D.C. General. Under the Control Board's "plan," Greater Southeast Hospital is forced to do the job of D.C. General, Hadley, and Capitol Hill hospitals. At times all these emergency rooms, as well as that of adjoining Prince George's County Hospital in Maryland, are closed or on "bypass" to ambulances. Every single day, one provider reported, there are instances where all the hospitals in the city are closed to emergency cases, except two that are in the far Northwest end of the city. Trauma cases that would have gone to D.C. General, now must go across town, because the other hospitals are flooded with patients. As a closed hospital, D.C. General can no longer accept ambulance admissions, so, one nurse reported, the gunshot and trauma victims now get out of the ambulance a block away and walk in.

But when veteran D.C. General nurse Charlene Gordon reported to the May 16 town meeting on her trip to the Bad Schwalbach conference, the spirit of the whole international mobilization filled the St. Teresa of Ávila Church. At Bad Schwalbach, LaRouche had presented his Eurasian Land-Bridge economic development proposal, and the fight for reregulation of energy, and saving D.C. General Hospital, with leaders of those movements, in a speech entitled "Winning the Ecumenical Battle for the Common Good." Gordon said, "There were many languages spoken at the conference, but there is one language we all had in common: the battle for the Common Good of mankind."

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