D.C. General Chief Surgeon: Reopen The Hospital

In a letter to the Washington, D.C. City Council, Dr. Bernard Anderson, former Chief of Surgery at D.C. General Hospital, says that the capital's public health preparedness and disaster readiness demand the reopening of D.C. General Hospital (DCGH). Dr. Anderson, Professor of Surgery at Howard University, writes, "We are not currently ready for . . . a potential disaster emanating from a major biological, chemical, nuclear, physical-natural or unnatural event." He calls for disaster preparedness training of all medical students and post-graduates; for an increase in both the number and the state of readiness of Level I trauma centers; their ready accessibility to and from "potential target areas" of disasters; and that they be expandable in functional and physical capacity up to four to five times their regular capacity.

"More of the public's money must be budgeted to the health care system, as private compensation cannot be expected to cover the operational costs of such entities. . . . Such money should go, preferably, to the public hospitals and teaching hospitals and to university hospitals that have a high investment in education, research and training. Of note is the fact that the recently killed DCGH met most of these essential efforts.

"DCGH was a vibrant Level I trauma center that handled at any one time either the largest number, or second-largest number of trauma victims in the city. It was staffed in the emergency room by a dedicated team of surgeons that were in the hospital 24 hours per day. . . . These surgeons were integrated in the staff with the other surgeons from Howard and Georgetown University clinical faculty who met and exceeded all the qualifications and operational requirements of the American College of Surgeons Committee on Trauma for a Level I trauma center. The facility was dedicated to deliver the highest level of care to the trauma victim available anywhere in the world. . . .

"Additionally DCGH was one of three centers in the city with equipment, trained staff, and capability to function as a mass casualty/terrorism/decontamination center with the capability of responding to nuclear, chemical, and biological misadventures.

"Surely the decision to close DCGH without providing for the services it rendered faithfully to its natural service community, and was capable of rendering to the wider community, was a reckless and callous act that considerably increased the exposure and vulnerability of all persons in the city. . . .

"While 'Humpty Dumpty' can usually not be put together again, the many reasons to reconstitute DCGH on the same site for the public good, safety, and access for all the people of the city, are overwhelming. The steeply inverse morbidity/mortality ratio experienced on the Sept. 11 disaster should not be relied upon to preserve the veneer of being ready and being capable. We dodged a bullet this time. Now honorable ladies and gentlemen and leaders of the community, let us do the right thing so that we may be in a truly optimal state of readiness to serve the best interests of the city."

public health system to deal with the threats of both emerging diseases, and of potential bioterrorist incidents. "Back in the 1950s and '60s, publicly supported community hospitals and public health laboratories supported an effective early warning network for detecting and containing epidemics," Dr. Tucker stated.

- The lack of preparedness of the U.S. public health system was also discussed extensively at a hearing of the Oversight and Investigations Subcommittee of the House Energy and Commerce Committee on Oct. 10. But Rep. Greg Ganske (R-Iowa) was the first to delve into the actual reasons for this, beyond just the obvious lack of funding. Ganske said that "under the HMO model of health care, in this country, we have wrung out of the health care system any redundancy, in the quest for efficiency," and he noted that, because of the HMO-run constricting of the health system, there is no capacity in the health care system to handle the surge resulting from an epidemic or a terrorist attack.

The Fight For D.C. General Hospital

At the beginning of this year, the LaRouche movement identified crucial importance for the entire nation, of the fight to save the District of Columbia General Hospital. D.C. General, with a 200-year history, was the last public hospital in Washington, D.C., and contained top-flight treatment and teaching facilities—and a state-of-the-art decontamination center—all of which were dismantled over the Spring and Summer of this year.

Now, in light of the Sept. 11 attacks, there is renewed attention of the need to restore D.C. General, if the nation's capital were to have any capacity to deal with a large-scale medical emergency. Had a hijacked plane crashed into the Capitol on Sept. 11, the District's nearby hospitals, whose emergency rooms are already overflowing, would have had no capacity to deal with the crisis. (As it was, those injured at the Pentagon were mostly taken to the closest hospitals, in Arlington and Alexandria, Virginia.) Robert Malson, the