D.C. General Hospital Now Focus of Mayor Race

by Edward Spannaus

It's the scandal that won't go away: Last year's shutting down of the national capital's only public hospital, D.C. General, has now become a central issue in Washington's mayoral race. It's also Mayor Anthony Williams' worst nightmare: that his criminal complicity with the Financial Control Board, in overriding the unamimous vote of the D.C. Council, is now coming back to haunt him.

Now that Williams—the darling of the *Washington Post*, the Wall Street banking interests, and Joe Lieberman's Democratic Leadership Council—has been thrown off the Democratic ballot for petition forgery, and has also been fined \$277,700 by the District's Board of Elections and Ethics, the mayoral race is wide open.

On Aug. 12, the Rev. Willie Wilson, pastor of the 8,500-member Union Temple Baptist Church in Anacostia, announced that he is launching a write-in campaign for the Democratic nomination, making the shutdown of D.C. General a primary issue of the campaign. Wilson made his announcement at a press conference and rally of 300-400 people, held in front of the now-vacant hospital, on the exact site where the LaRouche-led Coalition to Save D.C. General itself had held many, many rallies.

Wilson's announcement shook the political rafters in Washington, because he was instrumental in helping to elect Anthony Williams four years ago; and earlier, he also played a key role in the campaigns of former Mayor Marion Barry. And Wilson's church hosted most of the mass meetings held by the Coalition to Save D.C. General last year, with Wilson often giving the invocation which began each town meeting.

In his announcement, Wilson said that he has been in "serious prayer and meditation" over the last several weeks, "anguishing" over the plight of the city and the people. He said he decided for the first time in his 32 years of public life to run for office, because today, "It is time to act." He called himself compelled to act, because Williams put property *before* people, and that he, Wilson, "will stand up and speak for the voiceless, the hopeless, the disappointed, the disgusted, and the hopeful people of our city."

"I stand here today on the grounds of D.C. General Hospital, a site symbolic of Mayor Williams' lack of visionary leadership and his insensitivity to the needs and wishes of the citizens of the District of Columbia," Wilson told the hundreds attending his announcement. "When senior citizens, clergy, and numerous community leaders, and concerned doc-



The Rev. Willie Wilson chose the site of shut-down D.C. General Hospital, which he fought to keep open during 2001, to announce his candidacy for the Democratic nomination for Mayor, against incumbent and D.C. General-killer Anthony Williams.

tors, nurses, and citizens, urged and pleaded . . . to keep this most vitally needed hospital open, the Mayor unequivocally stated, 'I am going to close D.C. General Hospital, and if you don't like it, you know what you can do.' "

'Replacement' Hospital Downgraded

It is therefore not surprising, that the largest cluster of contributions to Mayor Williams' reelection campaign, came from officers and employees of Doctors Community Healthcare Corp. (DCHC), the Arizona-based privateers that were given the contract to take over the services previously provided by D.C. General.

As *EIR* has reported, DCHC's for-profit Greater Southeast Community Hospital, which was supposed to "replace" D.C. General, was downgraded in February by the national agency which rates hospitals, due to violations of patient-care and management standards. And then, as a result of its downgraded status, Greater Southeast was notified by the U.S. Department of Health and Human Services, that it is at risk for losing its ability to collect Medicare reimbursement from the Federal government.

EIR has obtained the results of the health-care and firesafety surveys conducted at Greater Southeast: They show numerous defects and deficiencies, including improper handling and dispensing of medications, improper use of restraints and failure to monitor their use, failure to conduct proper and timely nursing assessments of incoming patients, and failure to maintain proper post-operative records. The surveys also showed that patients presenting themselves for treatment at the emergency room at the old D.C. General Hospital did not have proper access to specialists and consultants.

This provides still further evidence of Williams' criminality of closing D.C. General, and should provide more fuel for the fight to reopen it as a full-service public hospital.

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