

# Blueprint for Nazi economics in the District of Columbia

by Dr. Abdul Alim Muhammad, MD

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I stand before you, and Brother Michael told you who I am; let me tell you who I'm *not*. I'm not Dr. Kevorkian. That's an important distinction nowadays. Life is expensive, and what has been decided already, is that life is *too* expensive to be supported in the District of Columbia. You know, doctors receive training to make a proper diagnosis, to accurately identify what something *is*. Did that man cough because he has a trivial respiratory infection, or does he have tuberculosis? To be able to make the distinction is important. Is that person mentally ill, or are they suffering AIDS dementia? Sometimes we need help to properly identify what we're looking at.

The young lady who just spoke, from the homeless shelter [Terry Bishop, vice president of the Community for Creative Non-Violence]—I know what she means, when she uses the term "homeless shelter," but it's a misidentification: It's a *death camp*. Someone later is going to talk about prisons. That's a misidentification: It's a death camp. Any time you have a homeless shelter, when 30-plus percent of the people there are HIV-infected, and most of them don't know it, and are not receiving any treatment—that's a death camp. They think they're homeless; they think that's what their problem is. Someone in prison, who thinks that he's in trouble with the law, but doesn't realize that he is HIV-infected, doesn't realize that he has already been given a death sentence. And all of us, who think that Washington, D.C. is a city, when in fact it has been reduced already to a death camp.

## The fraud of 'managed care'

We struggle against this idea of managed care, because managed care is essentially immoral. They say that the old system of health care was too costly, too inefficient and corrupt. But it had one thing that was very important: It was based on "fee for service"; that physicians and others got paid for services that they actually rendered. Managed care is the opposite, where HMOs and other "providers," as they're called, get paid whether they render a service or not. As a

matter of fact, the way that the game is played, is to make sure that you never have to render *any* services, so that you can pocket all the money.

The City Council didn't understand that. The community doesn't understand that. As a matter of fact, most of the physicians don't understand that simple fact.

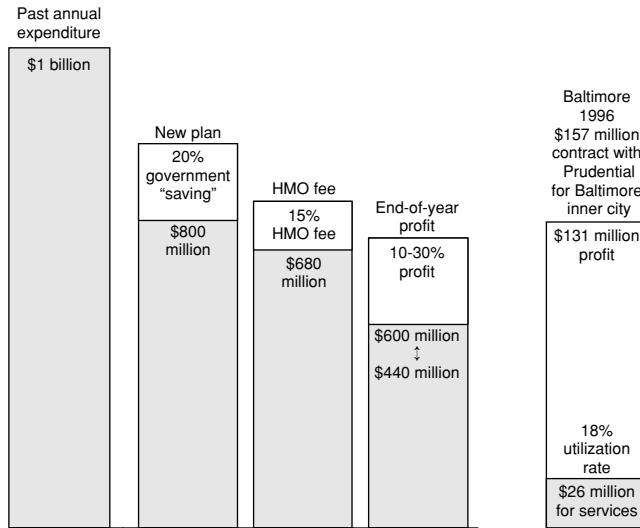
What Washington, D.C. is right now, is a death camp. I said to the brother who drove me over here this evening, "Look at the people in the streets. You may not understand it, but probably, if things continue as they are, in the next five years, half of those people will be dead." It's already being done. I'm not talking about how someone is "getting ready" to do something that will cause death. It's already been done. When people don't have food, clothing, and shelter, the essentials of life, they *die*.

Let's take a look at the fraud that's being perpetrated, in the name of managed care. The City Council three times refused to approve the contract. And then, the Control Board just approved it for them, anyhow, giving total control over the Medicaid population, 135,000 lives in the District of Columbia, poor people—you have to be poor to qualify for Medicaid—135,000 lives. This is a crude graphic, but it shows you what is really going on (**Figure 1**).

The D.C. budget for Medicaid over the past few years has been about \$1 billion a year. And this is what the complaint has been: "That's too much money being spent on poor people's health. That's too much!" So, somebody comes up with this idea of privatization, managed care. And right off the bat, what can we do? "Well, we'll take \$200 million off the Medicaid budget, because everybody knows HMOs are *efficient*. They'll be able to deliver the same amount of health care, for 20% less, right off the top." So, the contract comes in at \$800 million total. Well now, if you understand the way HMOs actually operate, they're going to take an additional 15% off the top of that \$800 million. The politicians get to say, "Oh, we saved the city \$200 million!" The HMO executives say, "We get our 15% administrative fee off the top," which comes out to be a tidy sum of \$120 million, off the top. Then, the 85% that is left for health care, goes through the system, and if they do their job, as good corporate managers are supposed to do, they will, at the end of the year, be able to count on an additional profit of 10-30%. So, an additional profit that will range from \$80 million to \$140 million addi-

FIGURE 1

**Privatization of Medicaid in D.C. will mean decreasing expenditure on services**



This schematic diagram shows the likely consequences of the privatization of Medicaid in Washington, D.C. For comparison, the bar on the right shows what happened in Baltimore's inner city, in 1996.

tional dollars, on top of the \$120 million that they took off the top; which means that, at the end of the year, \$440 million has actually been expended on health care services, which is a 56% reduction in health care expenditures on the residents of the District of Columbia who are Medicaid recipients.

Now, when you're spending 44% of what was an inadequate amount to begin with, then you can predict "excess deaths" — that's the accepted term that gets written into legislation. "This bill versus the other bill will create so many excess deaths." And that is what is being agreed to, that is what the City Council is signing off on. That is what the Control Board is signing off on: "excess deaths" of citizens.

Now, you're saying, "Dr. Muhammad, it can't be that bad." No, it's worse than what I just said. I'm being optimistic here, because I know, you don't want to believe in evil. You really don't! You have a problem with that. You want to make an excuse for Clinton, you want to make an excuse for the Control Board, you want to make an excuse for the City Council, you want to make an excuse for the community leaders, for the mayor, and for others, for the Congressional Delegate. You want to pretend that they are not as evil as they are, or, if they are not that evil, then they certainly are that dumb! Because they don't see the play, and they don't see how they are being manipulated by those who are hidden, who are truly the geniuses of evil.

Look here, you don't have to go on speculating about what might happen in the District of Columbia as a result of managed care. We can just go up the road, and see what

happened in Baltimore City, where, according to the Urban Health Institute, Prudential got a contract to manage Medicaid lives in the inner city of Baltimore — I think 80,000 lives. The contract was \$157 million. Over the course of the first year, there was a utilization rate of 18%, simply because they did not sign up any inner city doctors; no community doctors were signed up with the Prudential plan. These inner city residents, most of whom were on welfare, or unemployed, were assigned to physicians who lived in the suburbs. And they simply did not have car fare to go from their neighborhood to where their doctor was, out in some white neighborhood where they didn't want to be. And so, Prudential had the opportunity to pocket \$131 million for rendering *no services whatsoever*.

Now, what is your definition of evil?

So, we have to resist, to the point of overcoming this greatest evil. What would Hitler have been, without his Nazi doctors and his Nazi medicine? He wouldn't be considered the evil man that he undoubtedly was. He had to have the help of those who were in the so-called health sciences, to make good on his evil plans.

**Kinshasa on the Potomac**

Finally. I talked to one of the HMOs just this past Monday. They won the contract. I've been talking to the losers, up till now. They told me, to make a long story short, that, by this time next year, they will have 90,000 of the 135,000 Medicaid lives enrolled under their plan. I wanted to know, how many of those 90,000 individuals do you believe are HIV-positive? They said, conservatively, at least 25%. Do you know what that means? It means that you're looking at Kinshasa on the Potomac. You're looking at the Africanization of Washington, D.C. and other urban centers. When you turn on the television and they show you populations that are in motion, refugees on the road — well, that's what's going on in Washington, D.C. Displaced persons. Refugees in flight. Homeless people. People without adequate food, adequate shelter, adequate protection. No medicine available. And then, high percentages of infection rates from fatal diseases, if they're not properly treated.

So, genocide is here. It's not to come, it's not some distant thing. You're already in the midst of it. And if you want to know what it would have been like to be in Nazi Germany; if you want to know what it would have been like to be at Auschwitz; well then, go visit the homeless shelter; go visit Lorton [the District's prison]; go visit the D.C. jail; go visit a public high school, where the infection rate is over 30%.

We have to face these facts. And we have to look deep within ourselves, and come up with a response. Those who are evil, are drawn to what evil people do. If we consider ourselves to be good, if we consider ourselves to be moral, if we're Christians, and we're Jews, and we're Muslims, then what is our response to this gross evil that is being perpetrated right in our own city?