

system again belies the myth of the “greatest period of prosperity,” etc. “In theory,” wrote the *Post*, “the economic progress should have produced a decline in the number of people without insurance, because the higher the income, the greater the likelihood a person will be insured. But in fact, the number of people, and not just poor people, without insurance continued to increase.” That number, which had increased by about 750,000 per year since 1986 (Figure 5), jumped from 1994-98 by more than 1 million per year. The HMOs will drop insurance for nearly 1 million elderly Medicare beneficiaries in 2001, according to the Clinton Administration — more than doubling the rate at which these HMOs were casting off Medicare patients in the past two years.

The nation’s hospital sector, as a whole, will soon be in the red. Repealing the Balanced Budget Act in itself will not free up “surpluses” to save the hospitals and nursing homes from closing in even greater numbers. For that, HMOs have to be abolished, and the nation returned to the health-care policy of the 1954 Hill-Burton Act, under which Federal, state, and county authorities were jointly responsible for ensuring a national average of more than five beds per 1,000 people, and that the specific types of care and staffing necessary, were in fact available. This approach is embodied in the proposed “The Right to High-Quality Health Care” bill, drafted and advanced by Lyndon LaRouche’s Presidential campaign.

## Stop the Shutdown of D.C. General Hospital

by Marianna Wertz

While hospitals around the nation are in crisis, many shutting their doors or declaring bankruptcy due to the ravages of managed care and the “balanced budget” austerity that has left them grossly underpaid by Medicare and Medicaid, the crisis besetting the landmark District of Columbia General Hospital, now threatened with closure, is particularly severe. This is true not only because of the manifold and chronic health problems besetting the impoverished Washington, D.C. population, which D.C. General has served for generations, but also, because this is the nation’s capital, and whatever happens there, reverberates across the country.

*EIR* spoke in late July with two of the leading figures in the D.C. health field, both in the forefront of trying to stop the shutdown of D.C. General. Loretta Owens is president of the government employees union, the American Federation of State, County and Municipal Employees (AFSCME) Local 1033, which represents approximately 800 professional and technical workers at D.C. General. She is passionately involved in this fight for a hospital where she herself was born, and where she has worked for nearly 28 years.

John Fairman is the embattled former Chief Executive Officer of the D.C. Health and Hospitals Public Benefit Corp., which runs D.C. General. He was fired on June 30, in the midst of an escalating scandal surrounding his office and his own alleged mis-administration. We called Mr. Fairman when it appeared that he was being scapegoated by those District and Federal officials whose actual intent is to shut down the hospital, despite the consequences for the D.C. population.



*The District of Columbia General Hospital, health-care “provider of last resort” to the poor and uninsured residents of the nation’s capital, faces the threat of imminent shutdown.*

### Why D.C. General Is Needed

D.C. General Hospital is the “provider of last resort” for all District residents, the only public acute-care hospital in the District. It serves the entire District, but particularly those in the Southeast quadrant, where it is located. The Southeast has the highest concentration of poor and black residents, and the highest incidence of heart disease, infant mortality, and cancer in the District. Infant mortality in 1997 in the District overall was 12.1 deaths per 1,000 live births—70% higher than the national average. The number of AIDS cases per 100,000 people, at 189 in 1997, is nearly nine times the national average.

D.C. General is run by the D.C. Health and Hospitals Public Benefit Corp., or PBC, formed in 1995, which also oversees ten clinics, nurses in 147 public schools, and the city jail and health facility. PBC was created to develop one integrated public-health-care delivery system for city residents, to ensure that the city’s most vulnerable residents didn’t fall through the cracks.

At the same time that the PBC was formed, the District, and the country as a whole, entered the thralls of the “Contract

On America,” the human-scrapheap approach to budget-balancing brought about courtesy of the Newt Gingrich-led Congress. The District of Columbia, home to that Congress, received, and continues to receive, a lion’s share of the Contract’s “medicine.” In 1995, Congress effectively dismantled District home rule, giving authority over public spending to the Financial Responsibility and Management Assistance Authority, known locally as the Control Board.

That Control Board, which answers both to Congress and, more importantly, to Wall Street, is now working hand in glove with its figurehead Mayor since 1999, Anthony Williams, to shut down D.C. General and hand over its patients to managed care. Fairman, as PBC’s CEO, attempted to stop the shutdown of D.C. General and drew down on his own head the wrath of these powerful forces. He is accused of running up a \$90 million deficit over three years, despite the fact, as he makes clear in the interview below, that it was the illegal operations of the Mayor’s office and the Congress which forced him to rely on borrowing from the District to meet day-to-day operating expenses, a practice now outlawed but which was standard operating procedure for more than 100 years.

Note, in the interview with Loretta Owens, that her remarks about Fairman reflect the intensity of the operations being waged to demonize him, as well as to stop her own efforts to halt the shutdown.

The same financial and political elite which is now recommending that African HIV/AIDS victims “die quickly” (see *EIR*, July 28, 2000, p. 4), are pushing the shutdown of the one hospital in the nation’s capital that serves the majority of poor, black, and HIV-infected residents. This must be stopped, here, as well as in Africa.

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## Interview: Loretta Owens

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# ‘This Hospital Is Family’

*Loretta Owens is President of the American Federation of State, County and Municipal Employees (AFSCME) Local 1033, representing approximately 800 professional and technical workers at D.C. General Hospital in Washington, D.C. Ms. Owens is a faith and community HIV and AIDS prevention outreach specialist. Her job entails going out and speaking to youth and high schools, doing health fairs in the community, as well as throughout the faith community. She is a native Washingtonian and has worked at D.C. General for almost 28 years. The following interview with Marianna Wertz occurred on July 24.*

**EIR:** It’s been said, by Rep. Ernest Jim Istook (R-Okla.), chairman of the House Appropriations Subcommittee overseeing the District of Columbia budget, that it’s quite possible that D.C. General will be shut down in the near future. Has AFSCME had anything to say about that?

**Owens:** We’re trying to do everything we can to keep the hospital open, because we strongly disagree with closing the hospital. The hospital is a landmark. It’s here for those who cannot afford to go anywhere else. Many of the people that work here actually were born here, at this hospital, I being one of them.

We have worked for a long time without all the necessary equipment that we need. Many of the people that work here can do more than one thing, and it’s because we’ve had to work without for so long, that we’ve learned to improvise.

**EIR:** I spoke with John Fairman last week about his firing and his charges that there is a plan to shut down the hospital and blame it on mis-administration. Have you seen anything of that?

**Owens:** I haven’t seen it. I feel strongly there are decision-makers and rule-makers and there are rule-followers, and the workers here, along with the patients that we serve, did not make any of these decisions to overspend the budget or to spend the monies the way they were spent. It concerns us that this went on for so long, not only with John Fairman, but those who allowed him to spend. They see the budget. They know what he’s spending.

**EIR:** As to the question of the poor, who are served by D.C. General: I understand that 60% of the uninsured in Washington, D.C. go to D.C. General Hospital.

**Owens:** They have been coming for years and years and years, because they know that they cannot get treatment or care the way that we serve here at this hospital. When we do things, we treat our clients as if they were family. Many of these people that we service are our neighbors, or people that took care of us or looked after us when we were coming up, and we know them from the neighborhood, we know them from the schools. When our clients come in here, particularly in the clinics that I work in, we hug our clients, we care about our clients. When we lose a client, we send cards to their families, because we feel like family.

**EIR:** What’s going to happen to them if they shut down D.C. General?

**Owens:** What concerns me is that you have other institutions that say they do, and are prepared to take on the clients that D.C. General now services. But what happens when there is no money? Will they still be willing to treat them? What happens when they run into someone who is a drug addict, or alcohol abuser, and these people really, really need help? They need somebody to care about them. What happens? Will they mistreat them?

All these years, they have refused to see these people.