The Washington, D.C. mayor's decision to privatize D.C. General Hospital, is likely to hasten the closing of the facility, a disaster unions and community groups are mobilizing to stop.

to the PBC Board, so I can only speak to what's been presented to the full board—that model involved the transportation of patients to an emergency stabilization access center at the D.C. General site, for initial evaluation. Then, if they needed surgery, intensive care, or hospitalization, they were re-transported to another hospital. Being a physician, I understand that, at the other end, they're going to re-evaluate that patient. So, transportation and evaluation, followed by re-transportation and re-evaluation, can delay care in a dangerous way, and that, I believe, has the potential for killing people.

EIR: So you think this can be settled, if people will just stand back and try to settle it?
Freeman: Right. I think the great danger is in trying to balance the District budget at the expense of health care for the poor and under-served.

EIR: Do you think the District government or the Congress is going to do that?
Freeman: The failure to reach consensus will move us in that direction automatically. So, to the degree that they will not come together, and make a decision, we end up there anyway. [Citizens of Washington, D.C.] need to communicate with three groups: One is going to be [D.C. non-voting Congressional Representative] Eleanor Holmes Norton and her office, because a lot of this is coming down from above to the Congressional oversight committees. The next issue is, they need to be communicating with their City Council representatives, who, by the way, are strongly committed to preserving a full-service hospital. And, they need to be communicating with the Mayor's office, because that is where a lot of these downsized models are coming from.

EIR: From a budgetary standpoint?
Freeman: Yes. In all fairness, both the Department of Health and the Mayor have a strong commitment to better primary care for the under-served in the city. However, you don't build your primary care system at the expense of your already-sick patients, who need hospital care.

The other part, that no one talks about, is, even if you're successful at building your primary care system, you really don't see the effects for five or ten years down the line, in terms of decreased heart attacks, decreased strokes, decreased cancer. So, you can't downsize your hospital, build up your primary care, all at the same time, and expect that it keeps people out of the hospital in significant numbers.

EIR: Particularly when there are no flu shots available and we have a cold winter coming on.
Freeman: Exactly.

Interview: Loretta Owens

Union Leader Says, Law May Be Violated

Loretta Owens, president of the American Federation of State, County and Municipal Employees (AFSCME) Local 1033, representing more than 800 of D.C. General's 2,000 employees, told EIR *on Nov. 21: "The unions have met with Mr. Michael Barch [the new CEO at D.C. General Hospital and an* ex officio *member of the Public Benefit Corp. (PBC)], and he seems to be sincere in what he's saying. Our concern is the rumor that we've heard, that there's a possibility that they would shut the institution down for a day and re-open it as a different institution, therefore cancelling all of the contracts."*

EIR: That's what the *Washington Post* reported.
Owens: Right, that's what I read. We asked him that, and we were wondering if it was for the purpose of disbanding the unions. He claimed it is not. But, our concern is, if this happens, then that would cancel not only the union contracts, it would cancel the PBC executive board, it would cancel all contracts in the hospital. There are some contractors that need to be gone, but in my opinion, that's not the way to do business, not in good faith. . . .

In the conception of the PBC, one of the regulations that they set was that they would consult the unions, or the unions would have a voice in any decision-making. But that has not been the case. They have left us out on every entity. When we come in, it's because they've already had the discussion. They've already decided the direction they're going to go in. Even with this new thing, it concerns me. How could you even think about doing this? There are labor laws on the

books, back to the 1930s, and those things should be observed. I think it's totally disrespectful.

EIR: What is your view of what the timetable is going to be now?

Owens: The best way I can put it, is that the train has left the station and it's moving at high speed. It's up to the citizens of the District of Columbia, as well as the workers at the PBC, to stand together. There will be a meeting over at Eastern High School on Dec. 6, where we're calling everyone together. Mildred King is the one who's spearheading this, and we support her 100%. When I say we, I mean Local 1033, and I don't have any reason to believe that the other unions that are in the hospital and in the clinic are not supporting her. I believe that they all support her.

EIR: Have you had more layoffs, since the 200 employees and 96 contract nurses announced in late September?

Owens: Other than the layoffs that have gone forth from the management, not yet. We've had people quit. The hospital has lost approximately 15 nurses. People are resigning all the time. That creates vacancies, and they say they're not going to fill those vacancies. The D.C. appropriation bill has now been passed by the Congress, and in that bill, it's stated that what Julius Hobson [Chairman of the PBC Board] said to them on Aug. 25, is what they're going by. One of the things that he had stated, was that there would be 500 layoffs, without replacement by contractors.

We just don't have that many positions that they can get rid of. The hospital is already short. They are making tremendous amounts of overtime in areas such as the ER [emergency room], in the lab, respiratory therapy, medical records. They're making overtime everywhere, because they're short-staffed. I don't know why the decision-makers won't come out and see exactly what's going on.

They keep talking about, there are too many employees for the number of in-patients that we have. But this hospital doesn't just service in-patients. If they really checked, they'll see that we service out-patients. There are out-patient areas all throughout this hospital. I happen to be working in one. I work in the HIV center. In our center, we have approximately 2,000 visits a year. I look at the medical clinic, the dental clinic. I'm told in the dental clinic, they may see anywhere from 75 to 100 people a day. In the medical clinic, there are always lines of people.

If these clinics are seeing all of these people, why aren't they really telling the full story. It's not just a question of beds that are filled in this hospital. It's a question of patients, the clients that we see on a daily basis. If they really took the numbers, they would go to supervisors, and stop going to these people who don't work in these clinics, and get the actual numbers. Every single patient who comes into every single clinic must sign in. I don't know where these people are getting these outrageous figures from.

No Flu Shots Yet: U.S. Unready for Epidemic

by Linda Everett

When tens of thousands of Americans die this winter after contracting influenza, recognize what the real killer was. It was not the flu that killed them—the killer was the "free-market," managed-care system that deregulated the entirety of the nation's health care system, and cast off the public health needs of the nation. The killer was the same "just-in-time inventory" disease that has destroyed our manufacturing and industrial sectors—and now, our vaccine manufacturers, that work only to generate profit, not produce for the public welfare.

Flu victims will have been killed by the national public health leaders and government officials who made the political decision to abdicate their responsibilities to adequately safeguard the nation's public health against an influenza epidemic which, this year, scientists warn, may actually be a global pandemic.

The crisis is critical for several reasons. More adults and children will be susceptible to this season's flu strain, N1H1, which has not surfaced for the last five years. Over that time, the immunity of adults previously exposed to that strain wanes, while children under age five have not been exposed to it, and thus have no immunity. Also, the seed virus provided to vaccine manufacturers by the U.S. Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia, for purposes of manufacturing the vaccine, did not produce a high yield, causing both an unacceptable shortage, and the delay of delivery of vaccine supplies until mid-December—which will already be at the peak of the flu season in some parts of the country.

'An Excess of Mortality'

The nation experienced "an excess of mortality" for the last four years in a row, because of influenza, according to the CDC. Despite this, and despite the threat of a pandemic, Federal public health officials did not stockpile vaccines for the emergency, and did not mandate universal inoculation for the entire nation (as, for example, the Canadian Province of Ontario did for its entire population). Rather, this year, officials have reacted to the vaccine shortage by simply revising downward their recommendations as to which populations should receive the vaccine, experimenting with half-dose vaccinations, and telling the general public to delay