

D.C. Mayor Williams's Lies to Residents About Hospital Closing, Refuted

by Lynne Speed

It has been announced that Washington, D.C. Mayor Anthony Williams will be "allowed" to spend up to \$1 million in a public disinformation campaign aimed at inducing D.C. residents to go along with the elimination of D.C. General Hospital. Williams's backers are becoming alarmed at the growing national movement in defense of the General Welfare, centered around saving the only public hospital in the nation's capital.

On April 6, Williams mailed out a "Letter to Residents" concerning the proposed shutdown of D.C. General Hospital, which is medically, morally, and mentally incompetent, and riddled with outright lies, half-truths, and fallacies of composition. For the welfare of the public, it is important that these be enumerated, and the truth of the matter set out alongside them, so that they may be effectively challenged.

Lie: "I am writing because there is a health care crisis in our city, and I'd like to share with you my determination to address this challenge."

Truth: The timing of this letter coincides with the growing uproar around the Mayor's plan to dismantle D.C. General Hospital. This letter was written within hours of the public exposure of revelations by D.C. Delegate Eleanor Holmes Norton that U.S. Rep. Ernest Istook (R-Okla.), former chair of the D.C. Appropriations Committee, last July threatened to jail Williams and City Council members, if they continued to finance D.C. General Hospital. U.S. Reps. Julian Dixon (D-Calif.) and James Moran (D-Va.), in their dissenting opinion to the Istook Report (#106-786), opposed the Congressional action to "force its [D.C. General's] insolvency," because this would exacerbate the health crisis in the city.

Lie: "With the help of elected officials, health care experts, and community representatives, I'm building a better health care system that puts the health of you and your family at the top of the city's agenda."

Truth: The City Council, on March 6, 2001, unanimously passed a resolution opposing the shutdown of D.C. General; major health-care associations, including the National Association of Public Hospitals, the American Public Health Association, the Medical Society of the District of

Columbia, the American Medical Association, the National Medical Association, and the Nurses Association of D.C. also oppose dismantling D.C. General; the community and their representatives are overwhelmingly opposed to the Mayor's plan. More than 400 prominent individuals from 35 states, including five former members of Congress and administration officials, 75 state legislators, and hundreds of trade union, religious, and civil rights leaders have endorsed statements supporting the retention of D.C. General Hospital as a full-service public institution.

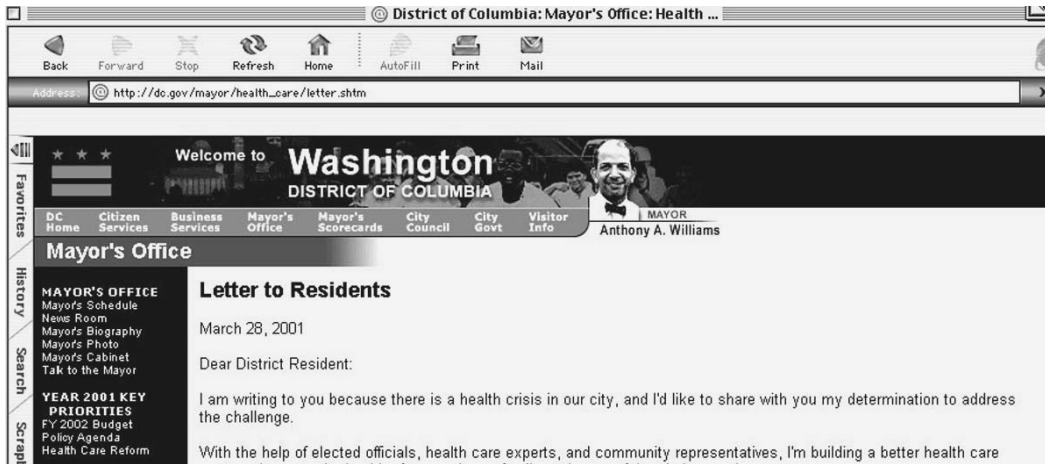
The closure plan, in fact, has been dictated by *Washington Post* owner Katharine Graham's Federal City Council, the secret, elite group of real estate developers, banks, law firms, and corporations, which run the city from behind the scenes, through myriad private institutions, media, and government agencies (see *Feature*).

Lie: "Obviously, the District's health care system is failing and needs reform."

Truth: D.C. General Hospital is one of the highest-rated hospitals in the District of Columbia. The Joint Commission on the Accreditation of Health Care Organizations, gave D.C. General a 94% rating, compared to 91% for George Washington University Hospital, 86% for Georgetown University Hospital, and 84% for Greater Southeast Community Hospital. So, exactly what in the District needs reform? Is D.C. General being singled out, because it has done such an excellent job in saving the lives of the poor, despite systematic underfunding and the highest ratio of uncompensated care cases in the District?

Lie: "Rumors have left some residents fearful and angry about the future of medical care and services in our city."

Truth: Not rumors, but documentation of lawsuits in four jurisdictions, charging the firm proposed to take over D.C. General, Doctors Community Healthcare Corporation (DCHC), and its partner, National Century Financial Enterprises (NCFE), with fraud, embezzlement, and racketeering involving several other hospitals, has left residents with legitimate concerns. On April 6, the board of Aliquippa Community Hospital, in Beaver County, Pennsylvania, voted unanimously to cancel its agreement with DCHC to take over managing its hospital as a result of similar concerns.



Mayor Anthony Williams is grovelling to satisfy the demands of the Financial Control Board, while his constituents are rising up to demand that their elected officials defend the General Welfare. Here: the Mayor's website.

Lie: "Of the 140,000 annual visits to D.C. General, only about 10,000 are inpatient admissions."

Truth: 10,000 admissions means annual use of 10,000 beds. It would be impossible for other area hospitals, which are already strained to the utmost, to absorb D.C. General's inpatients, given the last decade of budget cutting and the dramatic loss of 1,268 beds (22% of total bed capacity in Washington) during 1999-2000. Greater Southeast Community Hospital lost 27%, down to 266 beds; George Washington University Hospital lost 20%, down to 231 beds; Georgetown University Hospital lost 14%, down to 303 beds; Veteran Affairs Medical Center lost 56%, down to 167 beds; and Walter Reed lost 58%, down to 284 beds. The figures regarding critical-care beds are even more dramatic. The closure of Hadley as a hospital, meant the loss of 9 critical-care beds; D.C. General would mean the loss of 25 more; and Greater Southeast only intends to add two more such beds. This would be disastrous; in the event of an influenza epidemic or a bio-terrorist attack (a serious consideration here in the nation's capital), the District would be incapable of providing the necessary beds.

Lie: "D.C. General will not be closing."

Truth: The elimination of inpatient services, and the reduction of staff from 2,250 to 500 persons, mean that *D.C. General is closing as a hospital.*

Lie: "Its emergency room will maintain 24-hour full-service capability for most of the more than 50,000 annual visits, which include more than 12,000 ambulance runs. Two advanced cardiac-life-support ambulances will support this emergency center."

Truth: An emergency room is a department in a full-service hospital—there is no such thing as a free-standing emergency room, which would have the capacity to deal with trauma emergencies, when the speed with which the patient is treated is the difference between life and death, and when severe cases must be treated within 8 to 12 minutes. Of the 53,000 emergency room patients D.C. General treats every

year, 1,500 are Level 1, severe trauma cases. There is no hospital or group of hospitals, capable of absorbing those 53,000 emergency patients when D.C. General is turned into a "first-aid station." "Cardiac-life-support ambulances" will be of little use: Many cardiac emergency patients transported through city traffic to other emergency rooms will simply reach their destination "dead on arrival."

Lie: "But the larger number of people who visit D.C. General, but do not require hospitalization, which shows that the hospital's patients are using the emergency room as their primary care provider, which is both an expensive and ineffective way to provide health care."

Truth: This statement is an insult to the indigent and people without insurance. In fact, the ratio of hospital visits to inpatient admissions at D.C. General is comparable to most other District hospitals. D.C. General has a marginally higher rate of visits, in certain areas, because other hospitals routinely refer non-critical uninsured patients who show up at their hospital, to D.C. General. Further, D.C. General has more than 30 specialty clinics and programs including dental, ophthalmology, pharmacy, nutrition, and physical therapy, which indigent, uninsured, homeless, and other people use regularly.

Lie: "Emergency rooms don't provide the care people need to live healthier lives."

Truth: Emergency rooms save people's lives, a prerequisite to leading a healthy life.

Lie: "The centerpiece of our health services reform plan is to change that practice by providing a network of more than 100 primary care locations. These locations will provide 30% more care, specialty, and inpatient services than the current system."

Truth: Primary care and emergency care serve two entirely different functions. Both are necessary and one may not be counterposed, compromised, or eliminated for the other. The Mayor's plan would shut or privatize the six remaining public health clinics—originally there were 12 clinics—that



The Coalition to Save D.C. General holds a rally in front of the hospital, the only public hospital in the District.

operated in conjunction with D.C. General. This will eliminate the major primary care provider for citizens living in Southeast and Southwest D.C. The Mayor's "network of 100 clinics" already exists as private practices and clinics; they are not being newly created to service D.C. General's patient load. Most of these are far from the neighborhoods, creating insuperable additional travel problems for the indigent and infirm. As Dr. Debra Freeman reported to Rep. John Conyers' briefing on March 22 (see *EIR*, April 6, 2001), when Baltimore's public hospital was closed, and Medicaid was privatized, many participating physicians were in the suburbs, and 82% of the eligible patients never saw a doctor in the first year of operation, a big boon to the profits of the private companies.

Lie: "For the first time, thousands of uninsured residents will have access to regular health care."

Truth: Thousands of residents now turned away by private for-profit clinics and other hospitals because they lack insurance, who were served by D.C. General, will no longer have access to a full-service hospital.

Lie: "Greater Southeast [Hospital] will be held to its commitment to provide the same level of trauma services now offered at D.C. General within three months."

Truth: D.C. General is one of only two Level 1 trauma centers in the District meeting the criteria of the American College of Surgeons. Such a unit, necessary for chest wounds, gunshots, automobile accidents, etc., cannot be created within three months. The accreditation process alone takes a full year. Dr. James Howard, president of the medical staff at Washington Hospital Center, the other Level 1 trauma unit, has warned that the closing of D.C. General might necessitate the closing of WHC's emergency room, because the demands

placed on it would be far above its threshold of service capacity.

D.C. Department of Health Director Dr. Ivan Walks told the Public Benefit Corp. Board of Directors Planning Committee meeting last July: "A couple of folks may exsanguinate [bleed to death] per five miles on their way to the Washington Hospital Center."

Lie: "The media have reported that D.C. General's CEO backed a plan to build a new hospital on the D.C. General site that would require no capital investment by the city. But no such plan was submitted for evaluation by the city."

Truth: The PBC2 plan, prepared by the CEO of the Public Benefits Corporation which operates D.C. General, Dr. Michael Barch, which was extensively circulated to residents, the Mayor's office, the Financial Control Board, and the City Council, proposes building a new, full-service, state-of-the-art hospital on the site of D.C. General, financed through a public bond issue, thereby not costing additional city funds. This plan incorporated features of the proposal made earlier by Councilmembers Kevin Chavous, Sandy Allen, and David Catania for an Urban Health Campus at the same site. The other "Request for Proposal Bid," by Urban Healthcare Associates, was in line with the PBC2 proposal and would maintain all services currently operated by D.C. General.

Lie: "The plan that was supported by the Public Benefits Corp., which has been operating D.C. General, was fully reviewed by evaluators appointed by the D.C. Council, my office, and the Financial Control Board."

Truth: The "Request for Proposal (RFP)" process which "chose" DCHC was flawed and fraudulent from the outset. Since the July 2000 confrontation between Istook and the

Mayor, and the decision to force the insolvency of D.C. General Hospital, there has been a rush to privatize health care for the 150,000 patients D.C. General serves. Istook's excuse was "mismanagement of funds," saying that D.C. General "overspent its budget by \$90 million over three years." In fact D.C. General was allocated only \$45 million, while delivering more than \$75 million in services, a funding deficit of \$30 million per year. The "RFP," as outlined by the Congressionally imposed Control Board, placed shareholder values before the General Welfare (health of the citizens). There can be no plan, and no evaluation, except for a plan to have a full-service public hospital, funded at the necessary level.

Lie: "The unanimous decision of these evaluators was to select the Greater Southeast [Hospital] proposal, which included the commitment to build the network of neighborhood-based primary care providers. The Greater Southeast proposal received more than twice the points of the Public Benefits Corp. plan, which would have continued inpatient operations at D.C. General."

Truth: The evaluation process was also flawed and one-sided, emphasizing "price" and "cost" above all else. "A maximum score of 500 points" was automatically assigned the contractor offering the lowest price. A private for-profit system, given the same funding as a public not-for-profit system, can only make profit by cutting services, as we have seen many times. DCHC, which operates Greater Southeast for profit, does not propose to "build" a network of anything: Rather they intend to knit together a patchwork of individual private practitioners, most of whose practices are located a considerable distance from the patients now utilizing D.C. General.

Lie: "Some believe that closing D.C. General is part of the National Planning Commission's 1997 redevelopment plan, but the land on which the hospital sits is Federally owned and designated for the provision of health care and human services."

Truth: Nothing in the National Planning Commission Legacy Plan "designates" the area where D.C. General now sits, for health and human services. The Legacy Plan description of the area is that "a new environmental park . . . would replace RFK Stadium and *adjacent institutional buildings* with gardens, fountains, and waterfalls connected to playing fields and marinas. . . . New housing and commercial development would complete the redevelopment of the area." The scale model of the Legacy Plan, on public display at the NCPD's offices, shows high-rises and a playing field where the hospital now sits.

Lie: "I am committed to maintaining the site as a health care campus."

Truth: Sam Ford, reporting for Channel 7 TV on Feb. 8, 2001, recounts that in September 1998, just days before Anthony Williams won the Democratic primary for Mayor, he campaigned at D.C. General Hospital against a yellow

flyer which accused him of wanting to close the hospital. Urging employees not to believe it, Williams is shown saying, "This is not true. Let's put it on the table. It's a lie. There is no substance or documentation for any of these charges."

Lie: "Our health initiative places the responsibility for the reform plan with the District's Department of Health, not with any for-profit company. The health department has a proven expertise in their management and oversight of large health services contracts."

Truth: The health initiative hands D.C. General's 150,000 patients over to the for-profit hospital management company, DCHC, and its partner, NCFE; both companies are now facing civil racketeering charges in Boston, Massachusetts, Durham, North Carolina, and Louisville, Kentucky, where they allegedly looted hospitals and health care organizations.

Lie: "The management of Greater Southeast has been in place for more than a year and has turned a failed institution into a safe and effective facility."

Truth: Community activist Rose Smith has recounted the following horror story about Greater Southeast's emergency care, over March 8-11, 2001. Her granddaughter and great granddaughter were taken to Greater Southeast after falling down 13 steps, where they waited more than five hours, in an overcrowded waiting room, without adequate seating, before even seeing the triage nurse, whose first question was about their insurance coverage! The child (22 months), whose nose had been broken, was never thoroughly examined by doctors at Greater Southeast. It was only three days later, when she was taken to Children's Hospital, that doctors finally gave her a full examination. If D.C. General closes, such stories born of overcrowding would be multiplied many times over in hospitals in the District, and radiating into the suburban counties in Maryland and Virginia.

Lie: "I am confident that our community will come together to ensure that this reform leads to a substantially improved health care system for the District's neediest residents."

Truth: At the time that Rep. Istook ordered the Mayor and City Council to discontinue financing D.C. General above its Congressionally authorized \$45 million subsidy, it was well known that D.C. General, as a public hospital, required to take care of anyone who walks through its doors, needs at least \$75 million per year to operate. This amount, or slightly more, could probably run a full-service public hospital in conjunction with a host of specialty clinics and primary care facilities. But no matter the cost, shareholder values cannot be put before human life: The mandate of government is to protect and promote the General Welfare. The community remains resolute in its commitment not to sacrifice human lives on the altar of shareholder values and to restore D.C. General as a full-service, fully funded public hospital.