

Washington Post, Control Board Exposed, As D.C. Health-Care Contract Collapses

by Edward Spannaus

Just as predicted by *EIR* and others, the corrupt health-care privatization contract for the District of Columbia, promoted by the *Washington Post*, and rammed through under police-state conditions by the D.C. Financial Control Board on April 30, is falling apart. In the three months since the signing of the contract, the death toll resulting from the shutdown of D.C. General Hospital's trauma center and the closing of its emergency room to ambulance traffic continues to rise, conditions at emergency rooms throughout the city are in gridlock, and medical professionals report that doctors and nurses are overworked and subject to major stress at most of the city's private hospitals.

And now, to add insult to injury, the privateers who took over the public-health system, whose anchor had been D.C. General, are trying to weasel out of their obligations under the contract they signed just a few months ago. Doctors Community Healthcare Corporation (DCHC), the accused racketeers who operate Greater Southeast Hospital in D.C., are attempting to slip out of the requirement to establish a new trauma center at their Greater Southeast site—now that the Control Board has finished shutting down the Level I trauma center at D.C. General, which was the busiest trauma center in the District, with no replacement!

Public Land, Private Hospital

Moreover, in what constitutes a damning admission that the new contract is unworkable, DCHC has just submitted a proposal to the mayor, to build a for-profit, limited-function hospital on public land at the site of D.C. General; this comes only a month after D.C. General itself was dismantled as a full-service public hospital, leaving only a walk-in emergency room and various 9:00-5:00 clinics. The proposed new hospital would set aside 50 beds for jail inmates. Even though Greater Southeast was supposed to take over the provision of medical services for D.C. Jail inmates, it has refused to do so, in violation of its April 30 contract with the Control Board.

Astoundingly, the DCHC/Greater Southeast proposal, a copy of which has been obtained by this news service, makes no mention of how the new hospital is to be financed. In its coverage on the DCHC proposal on Aug. 12, the *Washington*

Post, which was trying to present the proposal in the most favorable light, claimed that the new construction would be "privately financed" through DCHC. This portends even more of a rip-off; DCHC and its financing arm, National Century Financial Enterprises (NCFE) have been sued, or are under investigation, in at least four jurisdictions around the country, for fraud and racketeering. The pattern, as documented in court papers, is that NCFE loots the income-stream from the hospitals that DCHC operates, the income being derived largely from government Medicaid and Medicare payments, and private HMO and insurance payments.

Despite demands from the D.C. City Council, the Control Board never made public the "due diligence" investigation of the financial bona fides of DCHC and NCFE; what was finally disclosed, showed that the accounting firm of Pricewaterhouse Coopers had been unable to obtain financial information about DCHC, and so it said that it could make no representation as to the financial soundness and stability of DCHC.

The move to reopen a hospital on the D.C. General site was not totally unexpected. Charlene Gordon, a nurse who worked for 19 years at D.C. General, and now works at other hospitals, told *EIR* that reports have been circulating among hospital personnel that Greater Southeast would have to reopen D.C. General, because they have no place to put patients, especially jail inmates and the homeless. Prisoners are still being kept at D.C. General, and homeless patients who used to go to D.C. General are now going to other hospitals, which don't want them. Greater Southeast and other hospitals have often turned away uninsured patients who have been sent to them from D.C. General.

The still very active Coalition to Save D.C. General Hospital immediately denounced the new proposal, and called upon District officials to reverse the privatization and to restore a full-service public hospital on the grounds of D.C. General. Dr. Abdul Alim Muhammad, spokesman for the Coalition, commented that the DCHC proposal "confirms the Coalition's contention, that this privatization plan is not a health-care plan at all, but a money-grabbing scheme, which has already jeopardized the lives and health care of the poor and uninsured."

Washington Post Continues To Deny Death Toll

Another casualty of the collapse of the privatization contract, is the credibility of the *Washington Post*, which advocated the shutdown of D.C. General for years, while consistently lying about both D.C. General and the privatization scheme. But, trying to cover its own rear end, the *Post* had always made it clear, that it would blame its lackey, Mayor Anthony Williams, if the new plan failed, and this is exactly what it is now trying to do: The plantation masters at the *Post* are holding the servants responsible for the disaster.

But the *Washington Post* cannot stop itself from lying. In its editorial on the breakdown of the DCHC contract, the *Post* cites as true, the senior medical officer of the D.C. Health Department, Larry Siegal, making the outrageous claim that “no patient has suffered or experienced a disruption in care as a result of the new arrangement.”

In truth, the documented death toll resulting from the closing of D.C. General is at least 29 just in a scant month, and probably much higher, since complete data on mortality and morbidity are impossible to obtain. Paramedics are now being forced to take trauma cases long distances, to Maryland or Virginia, for emergency treatment. Paramedics are making triage decisions in the ambulances. “Reroute has caused so many unnecessary deaths,” nurse Charlene Gordon said, and the paramedics “are totally exasperated with this.”

Judge Says Congress Can Do It

Still one more casualty of this whole affair, and equally exposed as a liar, is the District of Columbia’s non-voting Delegate to Congress, Eleanor Holmes Norton. In the two months following the signing of the privatization contract, Norton, along with other holdover “Gore Democrats,” worked overtime to prevent the Congress from taking up the D.C. General issue. She deliberately misled members of the Congress—particularly the Congressional Black Caucus—into believing that the privatization contract and the shutdown of the D.C. General “is not subject to approval by the Congress.”

Norton was especially frantic to stop members of Congress from listening to Lyndon LaRouche, and to D.C. residents organized by LaRouche’s movement. She told the Black Caucus that it was LaRouche who was behind all the lobbying and the materials on D.C. General being circulated on Capitol Hill, and that other members of Congress should let her handle the issue. “Letting Eleanor handle it,” in fact meant for Congress to permit the dismantling of a top-flight public hospital, centrally located less than two miles from the Capitol itself.

But then, on Aug. 3, the Federal judge presiding over the lawsuit brought by two D.C. Council members challenging the Control Board’s actions, affirmed that Congress *does* have the power to accept or reject the privatization contract. In the course of his opinion in which he dismissed the lawsuit, Judge Richard Roberts wrote: “As the ultimate legislative authority

for the District, Congress could have rejected the plan if it believed that it exceeded the Control Board’s authority or was otherwise inappropriate.”

This is exactly what Norton was telling everybody, that Congress could not do!

But, at the same time, Judge Roberts made a bizarre statement which has many observers scratching their heads: “The court also attaches some importance to the fact that Congress reviewed the Control Board’s and subsequently approved it.”

As far the public record shows, Congress did no such thing. The apparent reference in the footnote is to a statement by the Control Board, that it “consulted with the appropriate Congressional committees.”

But perhaps there is more to it; perhaps there was a secret deal among the Congressional committees, Eleanor Holmes Norton, the mayor, and the Control Board. The background would be Rep. Ernest Jim Istook’s (R-Okla.) previous threats to jail Mayor Williams if he attempted to spend any money to keep D.C. General operating, as well as the implicit threat to give Williams and other District officials the “LaRouche treatment” in the news media, unless they went along with the Control Board.

The plaintiffs in the lawsuit, Council members Kevin Chavous (D) and David Catania (R), are now considering whether to appeal the judge’s dismissal of the lawsuit. Although the suit was filed on April 30, and a full hearing was held on June 8, the judge waited almost two months to issue his ruling—until after D.C. General had been dismantled, and despite being informed that people were dying and otherwise being harmed, by the closure of the hospital.

It may not be irrelevant to all this, that Judge Roberts was recommended for his position by Eleanor Holmes Norton. Norton recommended Roberts in October 1997, after he had applied to her to fill a vacant position on the Federal bench. During President Clinton’s term in office, Clinton gave Norton the same privilege as U.S. Senators, to make recommendations for Federal judges and the U.S. Attorneys in their states.

Previously, Roberts had been the lead prosecutor in the 1989 trial of D.C. Mayor Marion Barry, in which Barry was convicted of a misdemeanor charge of cocaine possession. Barry was relentlessly targeted by Federal prosecutors, after the *Washington Post* turned against him in the late 1980s.

LaRouche Health-Care Initiative

Meanwhile, building on the momentum of the D.C. General battle in Washington, Lyndon LaRouche’s 2004 Presidential campaign has taken the initiative to form a national Medical Task Force, to mobilize the forces to return the nation to the principle of the General Welfare, and to restore all hospitals, clinics, and health facilities that have been closed over the past several years, as well as building the new health-care infrastructure necessary for the nation’s well-being.