

General Welfare, or Genocide? Battle for D.C. Gen. Hospital

by Dennis Speed¹

From the state's standpoint, from the standpoint of governments and institutions, medical care is a responsibility to the whole population. It is not to one patient at a time. Even though the delivery of care may be, in the sense of a patient-doctor relationship, the actual effect is on the total population. . . . First of all, health care is Constitutional in the general sense, in the sense of the General Welfare. . . . The fundamental principle of a republican form of government, as opposed to a government which is owned by some person or class of people, is that the only legitimate authority of government to exist, [is] its authority and responsibility for promotion of the General Welfare of all living persons and their posterity.

—Lyndon H. LaRouche, Jr., Jan. 3, 2001

There are two possible policy directions for our nation, and its citizens, in the aftermath of the recent usurpation of the Presidential election by the United States Supreme Court, and the installation of the Confederate, John Ashcroft, as U.S. Attorney General. We are at a crossroads, and there is no middle ground. Either our nation will go the way of Germany 1933, under the Nazis, or it will re-adopt the commitment to the General Welfare clause of the Constitution that was the content of Franklin Roosevelt's New Deal, and Martin Luther King's Civil Rights movement. Today, the battle to put new life into that clause is being led by Democrat Lyndon

1. The author is a leader of the Schiller Institute and leader of the Washington, D.C. mobilization, backed by forces of the LaRouche movement nationally, to stop the sale/shutdown of D.C. General Hospital, which was ordered by the Republican-controlled House Committee on Appropriations.

LaRouche, who alone has identified the stakes and the solution.

Washington, D.C. citizens, particularly the poor, have yet to wake up to the realization that D.C. General Hospital is about to be destroyed. Why? Because they have yet to realize, that the nation is about to disappear, and with it, D.C. General.

As LaRouche has said, the world has entered the greatest financial, monetary, and economic crisis in centuries. Nothing can save the present, hopelessly bankrupt system. Whether the United States survives its own folly of the past 30 years, or instead self-destructs by implementing "emergency decrees" to subjugate a population in revolt against its own elimination, through the abolishing of health care, electricity, schools, and transportation, depends on our reassertion of the idea of the General Welfare. The fight to save D.C. General Hospital gives the nation—not only District citizens—the opportunity to revive that commitment.

The Issue Is Not Money

The D.C. Financial Control board, Mayor Anthony Williams, and various members of Congress claim that whether D.C. General is kept open or not, is a "money issue," a "fiscal management" issue. *That is a lie.* The issue is, that they are closing D.C. General because they *intend* to do so. It is a social policy, a political decision, that the poor should die.

Many years ago, Thomas Malthus made a clear statement of this policy. "Instead of recommending cleanliness to the poor, we should encourage contrary habits. In our towns we should make the streets narrower, crowd more people into the houses, and court the return of the plague. In the country,



At the Feb. 28 town meeting attended by more than 1,000 residents of the Capitol district, Dr. Alim Muhammed (left), Minister of Health of the Nation of Islam and a leader of the D.C. General protests, directs a question to Mayor Anthony Williams (right).

we should build our villages near stagnant pools. . . . *But above all we should reprobate specific measures for ravaging diseases; and restrain those benevolent, but much mistaken men, who have thought they are doing a service to mankind by projecting schemes for the total extirpation of particular disorders.*" He wanted to kill people.

Since 1973, a Malthusian policy has been in effect globally. More than 29 new diseases have emerged worldwide, due in large part to the abrogation of the commitment of the 1960s to the eradication of poverty, hunger, and disease throughout the world. Instead, we "globalized" disease through the globalization policies of the Margaret Thatcher and Sir George Bush administrations. Public health budgets have been cut or disappeared outright in nations in both the Third World, and the industrialized nations. The spread of AIDS, BSE ("Mad Cow" disease), and the re-emergence of diseases once controlled, including antibiotic-resistant tuberculosis, now put all mankind into jeopardy. This is a willful, deliberate consequence of these monetary and speculative policies.

The battle for the preservation of D.C. General Hospital occurs in that national, and international, context.

The 'Southern Strategy'

Closing D.C. General Hospital is a crucial step toward the Nazification of American medicine, first begun with the passage of the Health Maintenance Organization Act in December 1973. The denial of medical care to the 135,000 poor of the District is intentional. It is not due to fiscal mismanagement. Just like Henry Kissinger's National Security Study

Memorandum 200, which called for population reduction of nations with coveted natural resources, it is a policy decision to wipe out the black "underclass," through denial of medical care (see box).

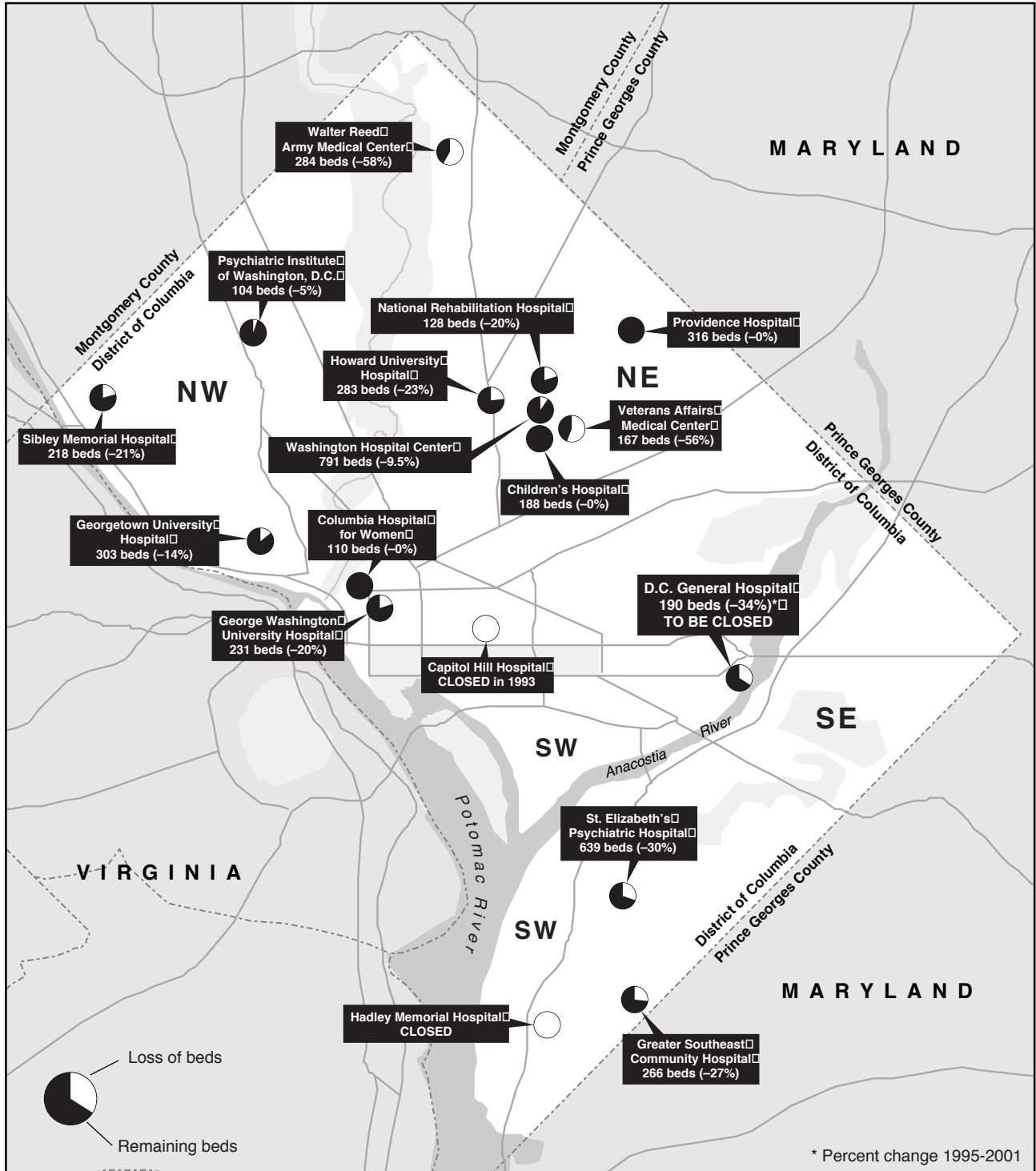
In his infamous memo of Jan. 3, 1969, Daniel Patrick Moynihan wrote, "The Negro lower class must be dissolved. . . . It is the existence of this lower class, with its high rates of crime, dependency, and general disorderliness, that causes nearby whites to fear Negroes and to seek by various ways to avoid and constrain them." The same Moynihan, notorious for the 1970 statement that the black population should be treated with "benign neglect" by the Nixon Administration, was the earliest critic of medical benefits to the poor, established through the 1965 Medicaid and Medicare programs: "The man whom Nixon appointed to head up his newly created Council on Urban Affairs, Daniel P. Moynihan, believes that the cities cannot be saved by the Washington government. . . . Moynihan's decentralism will probably work out in practice to mean that more essential social services will be turned over to business, and operated on a profit-making basis," wrote one commentator in 1970.

That is precisely what happened to health care — thanks to Moynihan, and Nixon Health, Education and Welfare (HEW) Secretaries Elliot Richardson and Caspar Weinberger (known in 1973 as "Cap the Knife" for his draconian cuts in services), and those who followed them. It is wishful thinking, however, to believe that the *purpose* of privatizing health care was "to make a killing on the health-care industry." The purpose of privatizing health care was, and is, to "make many killings," and to thus "dissolve" the poor black underclass that is ser-

FIGURE 1D

Remaining Hospitals in Washington, D.C.

(Percent Change in Beds Available, 1995-99)



The map depicts the dramatic overall loss of 1,268 operating beds (22.2% of bed capacity in Washington, D.C.) during 1995-99. The loss is even higher today, because of the continued budget-driven erosion of D.C. General Hospital's operating capacity, which is now at just 190 beds. These are considerable losses: two District hospitals, and D.C. General itself—given that the 11 remaining District hospitals serve nearly 2 million people throughout the Greater Washington area, including the District of Columbia and parts of Maryland and Virginia.

vised by D.C. General Hospital.

And should this create chaos, they are prepared. Animosity and prejudice against the District population has already placed emergency measures into law, that would certainly be defended by the likes of a Thomas/Scalia/Rehnquist Supreme Court, or an Ashcroft. For example, on May 6, 1968, following the upheaval that had occurred in Washington (and elsewhere) immediately after the April 4 assassination of Dr. Martin Luther King, the House Un-American Activities Committee issued a memo, entitled "Guerrilla Warfare Advocates in the United States." It detailed numerous police-state measures, including sealing off the ghetto, and suspending civil liberties. We quote two sections:

"3) During a guerrilla uprising, most civil liberties would have to be suspended, search and seizure operations would be instituted during the daylight hours, and anyone found armed or without proper identification would immediately be arrested. . . .

"5) The population within the ghetto would be exhorted to work with the authorities, and to report, both on guerrillas, and any suspicious activity they might note. The police agencies would be in a position to make immediate arrests, without warrants, under suspension of guarantees usually provided by the Constitution."

Would these, or more extreme measures, be implemented against a District population that refused to accept, as the economic crisis deepens, the intentional destruction of health care, education, and other city services? That is one policy option.

The Alternative Is the General Welfare

Contrasted to this, is the idea of the General Welfare. In a Jan. 3, 2001 webcast, Democratic Presidential pre-candidate LaRouche pointed out that "the right to health care *is implicitly, under U.S. Constitutional law, a Constitutional right.* Now Franklin Roosevelt, for example, was the last President who made that very clear in his fight against the Supreme Court, and against Wall Street, where he said, the General Welfare is the fundamental law of the United States, the Constitutional law, and [he] adopted emergency measures *intended to provide for the general welfare.*"

This is what must be done in the case of D.C. General Hospital. It is dishonest to merely demand that the hospital be kept open. The hospital must be restored to 100% operating capacity, including beds, equipment, and personnel. There must also be a new facility constructed next to the present hospital, which dates back to 1806. This must be done in the context of returning the nation to the 1946 Hill-Burton policy, abandoned in 1973, which mandates a ratio of 4.5-5.5 general-use hospital beds for every 1,000 Americans—a massive expansion of the nation's health-care facilities.

Some of the District's leading health-care practitioners have their own proposal, for an "Urban Health Campus on Capitol Hill," which includes development of a fully integrated medical campus on the grounds of D.C. General Hospital, with a new full-service hospital, mental-health facilities, long-term acute care, and other services. They propose a "strategic partnership" with other hospitals such as Howard University College of Medicine. The plan has the backing of the

What Congress Decided

This statement, reprinted from the Congressional Record, was adopted as part of the District of Columbia Appropriations Bill for 2001. It was presented to the House Committee on Appropriations on July 25, 2000, by Committee Chairman Rep. Ernest Istook (R-Okla.), speaking for the Republican majority.

The Committee is deeply concerned that the District must act immediately to stop the fiscal hemorrhaging that is occurring at the Public Benefit Corporation (PBC), which operates D.C. General Hospital. For the past 30 months the PBC has run a monthly deficit, now reaching \$2.5 million per month. . . .

By failing to address the problem of the PBC and the

associated hospital, the District and Control Board have made matters worse. They have lost the opportunity to correct the underlying mismanagement, cost taxpayers many millions of dollars, and destroyed any confidence that any new proposed solution would be better than past proposals. *The greater threat to public health in the District is not the potential closing of D.C. General Hospital, but in letting it continue to siphon off precious health-care dollars without providing an equal value of benefit to the public. . . .*

Just as bad as the financial failure, is the failure of political will to address this problem. The Committee is disappointed that officials have preferred to procrastinate and spend, rather than risk the unhappiness of the political constituencies involved in the PBC and D.C. General Hospital.

No matter how good any current proposals may sound in this area, the Committee has no faith in the political will power of District officials to follow through with them. . . . [Emphasis added.]

physicians, union members, and community residents fighting to keep the hospital open.

None of this can be accomplished in the context of the murderous HMO policies of today. The HMOs should simply be abolished. We should return to a General Welfare form of health care, which we had an approximation of up until the 1970s in parts of the United States.

Nazi Genocide in D.C.

The extermination policy for the District, the nation's capital, has already begun. The process began, as with the Nazis, with "little murders" of the "we just couldn't help it" variety.

An exaggeration? See the cases of those who have already died, in the accompanying box.

And consider this: According to Dr. Millicent Collin, chief of pediatrics at D.C. General, the hospital has a Level 3 neonatal intensive-care (NICU) capability. This means that the hospital can take care of high-risk pregnancies. For example, an infant delivered pre-term, who may need respiratory care, and to be put on a ventilator, must be cared for within the first *six minutes* of birth. If not, he or she will suffer significant brain damage, and other conditions, such as cerebral palsy.

In Southeast Washington, only D.C. General has these capabilities. Greater Southeast Hospital, which is supposed to take over D.C. General's caseload in large part, has no Level 3 NICU capability. Southeast Community cannot take care of babies born, weighing less than 2.5 pounds. Greater Southeast Community has no pediatric emergency, no pediatric Level 1 trauma capability, and, as a result, the child, after delivery, is likely to die. To those who have ordered D.C. General be shut, this will be a savings: "no long-term health-care costs."

Further, Greater Southeast, a for-profit hospital, which is rated *below* D.C. General, already has a patient base over 60% of whom are uninsured. What will be their incentive for giving emergency treatment to indigent residents? D.C. General services 60% of all uninsured people in the entire city (about 100,000)! D.C. General has 53,000 emergency-room visits a year. Once the emergency room is eliminated there, where will these people go?

Finally, the District has lost 42.1% of all beds—2,700—since 1995. How can the other hospitals possibly take up the caseload, even if they wanted to?

The entire approach to the idea of health care, exemplified by the HMO privatization of Medicaid in Washington, D.C., is intended to *proliferate* disease, *increase* infant mortality, *lower* life-expectancy. Why? The unfolding, now undeniable collapse of the world's financial and monetary system, has rendered the citizens of Washington, D.C. "redundant," as Heinrich Himmler so daintily suggested in another context: the intent of the Nazis to exterminate the populations of Eastern Europe, in the pursuit of greater *lebensraum*—living space—for the nearly as impoverished German population. There is no more living space, no more toleration, to be given,

in this age of "compassionate conservatism," to the poor. There is only "death-space" available, to the which you will be assisted by the *gauleiters* of the Financial Control Board, or the Mayor's office.

Of course, Mayor Williams, or members of the Control Board, or members of Congress, would not wish to be identified with Nazi policies. Then, again, who does? Which of the Nazis on trial at Nuremberg wanted to be identified with crimes against humanity? Their denial of their role, and intent, even if in some cases sincere, did not change the content of their actions.

The Choice Before You

On March 1, 1933, two stories appeared side by side in the *New York Times*. One story, entitled "House Held Sure To Pass Bankruptcy Bill; Roosevelt Influence Wins Railway Aid," reported that "under the impetus of President-elect Roosevelt's influence, the House . . . will pass the bankruptcy bill as it was passed in the Senate, including protection for railroads and corporations . . . which might be suffering temporarily, from being thrown hastily into destructive receiverships."

This was the origin of what is today known as Chapter 11 bankruptcy, which allows a bank, or a hospital, or other entity to continue to provide essential services without being closed by creditors. Prior to this time, there was no provision in the Federal bankruptcy code for reorganization. There was only liquidation. Thus, today, *necessary* services such as hospitals, under our Constitution, can be saved by Chapter 11 bankruptcy.

Next to this article, there appeared another. Its headline read: "Hitler Suspends Reich Guarantees, Left Press Banned: Emergency Decree To Combat Communist Terror Voids Constitutional Safeguards." The article records that the *Notverordnung*, the emergency decree, "suspended all constitutional articles guaranteeing private property, personal liberty, freedom of the press, secrecy of postal communications and the right to hold meetings and form associations."

Thus, in 1933, there were two different ideas of how to deal with the "state of emergency" brought about by the economic collapse. There was the "Hitler way," and there was the "Roosevelt way," an emergency declared on behalf of the General Welfare, and implemented to preserve the life, health, and well-being of the individual.

The maintenance of D.C. General Hospital, and the public hospital system of the United States, just as is true of the public schools, public roads, and the public water and power systems, is the duty of the U.S. citizenry. We are in a crisis now, that dwarfs that which Roosevelt encountered in 1932. Whether we have the Roosevelt measures, today championed by Lyndon LaRouche, or the Hitler policy measures, now being imposed by the Southern Strategy racists, is the choice of "We the People."

"Once to every man and nation, there comes a moment to decide." What will you decide?