
The Fight for D.C. General

Death Toll Rises in Washington, As Medical Treatment Is Denied

by Edward Spannaus

Dramatic additional evidence, that people are being killed and maimed by the privatization of health care in the District of Columbia and the shutdown of D.C. General Hospital, was presented at a May 23 town meeting held by the Coalition to Save D.C. General Hospital.

As the reports multiply concerning the emergency-care crisis in D.C., a worldwide mobilization is under way, to compel the U.S. Congress to reverse the unlawful action of the unelected D.C. Financial Control Board, in handing over the District's public health-care system to a band of corrupt privateers—a crew which obviously has no intention of replicating the high quality of medical care, and the access to health care for the poor and the uninsured, which has traditionally been the hallmark of D.C. General as a full-service public hospital.

EIR has previously documented two deaths attributable to the shutdown of D.C. General, and two more, on May 10 and 15, have been reported by emergency medical personnel.

At the town meeting, Charlene Gordon, RN, with 18 years' seniority at D.C. General, reported that there has been at least one additional death, as well as a number of instances of delayed treatment which has caused permanent damage to patients. This means that the rates of mortality and morbidity are both rising, as a result of the policy pushed by KKK-Katie Graham's *Washington Post*, and implemented by the Financial Control Board on April 30, when it executed its illegal and popularly rejected contract under heavy police protection.

The additional death reported, was that of a man whose wife attempted to drive him to D.C. General, only a few blocks away, because of the unavailability of an ambulance. The man died in the car, whereas if he had been promptly treated by Emergency Medical Technicians (EMTs), his life could have been saved. "Her husband is dead," Gordon said. "We lost a life."

Nurse Gordon also reported that while D.C. General has stopped admitting inpatients, Greater Southeast Community Hospital, which has taken over D.C. General under the privatization contract, is not admitting any new patients either. As a matter of policy, Greater Southeast will not accept homeless patients, or HIV-positive patients, or jail inmates—all of whom were treated by D.C. General; and, at the moment,

Greater Southeast is not accepting *any* new patients, because it is filled to capacity.

When staff at D.C. General attempted to send a homeless patient to Greater Southeast, they were told by an official there, "I can't give you a bed for this man, he has no fixed address. How can I charge him?"

Treatment Delayed

In one case, a man came to D.C. General with spinal-cord compression, a condition which must be treated within about six hours. He could not be transferred to Greater Southeast for days, and was not treated until two and one-half days later, by which time his condition had reached the point where he is likely paralyzed.

In another case, a man almost lost his foot. He came in on Friday, with his foot cold and pulseless, needing emergency surgery. D.C. General could not do the surgery, and Greater Southeast was full, so he did not receive treatment until Monday.

Gordon also reported, as have others, on the overcrowding and long delays in emergency rooms. On the weekend of May 19-20, D.C. General had nine patients waiting for a bed at Greater Southeast, and Greater Southeast had 12 patients in its emergency room waiting for a bed. By Monday, May 21, there were nine patients sleeping on stretchers at D.C. General, because no inpatient admissions are allowed there without the personal authorization of the District's Health Director, Dr. Ivan Walks.

There are supposed to be two ambulances stationed at D.C. General, prepared for an emergency to take patients to other hospitals. On the afternoon of May 22, there was no ambulance, and a woman came in with labor pains. D.C. General can no longer deliver a baby, because of the shutdown of its top-flight Pediatrics and Obstetrics unit, and so the woman had to wait 50 minutes for an ambulance to take her to another hospital. If she had undergone a "precipitous delivery," the baby's life would have been in jeopardy, Gordon reported.

Rev. Mildred King, a leader of the Coalition who conducted a hunger strike outside the Mayor's and Control Board's offices, to protest the closing of D.C. General, told the meeting what had happened to her, after she collapsed on

May 18 from dehydration and effects of her fast. Ambulance drivers first tried Howard University Hospital's emergency room, which was full, and then they took her to Providence Hospital, which was also full. Finally, the ambulance went to Washington Hospital Center, where six other ambulances were already lined up, waiting to drop off patients.

The incident with Reverend King was reported in the May 23 *Washington Times*, which also described the growing emergency-room crisis in the city — which Katie Graham's *Washington Post* has refused to report. The *Times* said that the "premature closure of D.C. General Hospital's trauma center and some of its services, despite pledges for a gradual phase-out, has physicians and paramedics scrambling to provide health-care services to their patients."

"This is being felt all over," an emergency physician at D.C. General told the *Times*. While the Health Department claimed not to know why emergency rooms are all so busy, the *Times* noted that "anecdotal information shows the closure has overwhelmed hospital capacity around the city, and put the health needs of patients at risk."

After D.C. General stopped accepting ambulances, and new pediatrics and obstetrics cases, Washington Hospital Center, Howard, and Providence had their busiest weeks ever. Walk-ins at Providence rose 17%, according to Providence's emergency room director, who said: "Right now, I have 30-something names on my board. Every bed, stretcher, and chair is full. Two ambulances are waiting outside to unload patients."

The rate of uninsured patients has risen to 50% at Providence from a previous 30%-40%, an indication of the spillover effect of the closure of the District's only public hospital.

The *Times* article also notes that response times for ambulances is increasing, as ambulances are rerouted. When all the emergency beds are full, ambulances have to wait for two to four hours, said Kenneth Lyons, the head of American Federation of Government Employees (AFGE) Local 3721 for paramedics and EMTs. "This policy is a virus, and it's killing everything it touches," Lyons said.

Yet, despite all this, Mayor Anthony Williams told the U.S. House Appropriations subcommittee on May 23, that "the transition is proceeding in a safe and orderly fashion . . . while maintaining access to quality health services."

Congress Must Act Soon

The citizens' mobilization is demanding that the Congress take two steps to roll back the Control Board's action and to reestablish D.C. General as a full-service, fully funded public hospital.

First, Congress must reverse the Control Board's actions, by adopting a joint resolution disapproving the legislation enacted by the Control Board on April 30. On that date, the Congressionally created Financial Control Board arbitrarily and illegally signed a five-year contract, and enacted legislation that privatized the District's public-health system. The Control Board's legislation also repealed previous legislation

enacted by the City Council, which had established the Public Benefit Corp., which operated D.C. General and six Community Health Clinics. As part of the contract, the only remaining public hospital in the District, D.C. General, was turned over to Greater Southeast Community Hospital, a private hospital run by a group of financiers who have already been sued in various locations for looting hospitals and health-care facilities.

The Control Board's legislation included both emergency legislation, and permanent legislation. The permanent legislation is subject to a 30-day review period by the Congress; if at any time during the period of 30 legislative days, a joint resolution disapproving it is passed by Congress, the legislation is nullified. It is estimated that the 30-day period will expire around June 22.

Secondly, it was stated at a hearing of the House Appropriations D.C. subcommittee on May 23, that the \$21.5 million appropriation — which was authorized by the D.C. City Council, then vetoed by the Mayor, and the veto overridden unamimously by the Council — is in the Supplemental Budget submitted by the District to the Congress. This is contrary to the representations made by the District's obstructionist non-voting Delegate, Eleanor Holmes Norton, and other sources. Thus, Congress should approve this \$21.5 million appropriation, which would fund the Public Benefit Corp. and D.C. General until Sept. 30 — the end of the fiscal year, when the Control Board itself is scheduled to go out of existence.

Federal Court Challenge

Two members of the D.C. Council, Kevin Chavous (D) and David Catania (R), are challenging the Control Board's action in Federal court, on the grounds that the Control Board acted *ultra vires* (beyond its authority) when it privatized the health-care system, vastly exceeding its authority as granted by Congress. They are also charging that their own Constitutional rights were violated, when the Control Board ordered them to adopt the privatization scheme, then overrode the Council's rejection of the scheme, and usurped the legislative authority of the elected City Council. The court rejected the Councilmen's application for a temporary restraining order (TRO), at an emergency hearing on April 30.

In their motion for summary judgment, filed on May 14, they show that, as a result of the denial of the TRO to prevent the Control Board's contract and decrees from taking place, "the alarming and tragic consequences of these actions are being afflicted on District residents."

"Residents are dying due to the closing of D.C. General's emergency room to ambulances and because of the inability of Greater Southeast to accept trauma patients despite its contractual obligations," they argue. "This increasing health-care disaster . . . violates the standards of human decency in a civilized society."

Arguments on the motion for summary judgment, and on the Control Board's motion to dismiss the Councilmen's lawsuit, will be heard on June 8 in Federal court.