

time, it is social catastrophes, such as that which took control of the U.S.A. during the second half of the 1960s, which represent the man-controllable forms of the worst disasters threatening civilizations. This latter is the nature of the social-intellectual catastrophe which hit the “Baby Boomers” as they were emerging from childhood, during the middle through late 1960s. This is the root of the willful catastrophes which the people of the U.S.A. have created for themselves, and their adolescent offspring, today.

That is the root of the conflict, approaching hot hatred, which today’s “punkers” express against their “Baby Boomer” parents, today. That is key for understanding the gravity of the threat which point-and-shoot video games represent among the predominantly uncultured, and cognitively deprived, digital computer-like minds of increasing rations among children and adolescents today.

Look at the relevant social process of cultural transmission, or decadence, from the vantage-point of my experience.

Under normal conditions, the pivotal feature of cultural transmission occurs within the bounds of what is identified as “the extended family.” The degree to which cognitive forms of transmission of ideas of principle occur, more or less, within the bounds of the extended family, tends to favor higher levels of intellectual and moral achievement among children of such families. The emphasis on cognitive training in primary and secondary schools and universities, functions as an extension, in the alma mater, of the relatively best standard of intellectual life within the family. In my case, such family relations reached directly into grandparents born during the 1860s, and to a personality often brought to life at the family table, a great-great-grandfather born at about the same time as Lincoln.

When we combine that family-centered notion of culture with the examination of life in earlier and foreign places in history, and render history comprehensible through reliving ancient and more recent discoveries of universal physical principles, we may achieve a practical sense of what culture really means, and what individual morality really means.

Against that background, the crisis of the 1960s brought about a general, negative cultural revolution in both the U.S.A. and in globally extended European civilization generally. This pro-Malthusian, “post-industrial,” “rock-drug-sex counter-cultural” revolution, became an increasingly hegemonic cultural trend among those “Baby Boomers” whom increasing rations of the “no future” generation have come to hate as those who have deprived the coming generation of adults of the right to have a future. It is a literally “dionysiac,” existentialist quality of hatred.

These are the circumstances within which the impact of point-and-shoot video games must be understood. It is not merely the killing of people. It is the dionysiac act of killing of civilization.

## D.C. General ‘Master Plan’ Is a Travesty

by Edward Spannaus

The Council of the District of Columbia will hold a public hearing on May 28, on the “Master Plan” for the land now occupied by the buildings of the District of Columbia General Hospital—the public hospital which was shut down last year by order of the bankers’ dictatorship operating as the Congressionally created Financial Control Board.

Since last Summer, everything which *EIR* and the LaRouche-led movement to save the hospital forecast, has come to pass—and worse. At least 80 persons have died, arguably as a result of the shutdown of D.C. General’s top-flight Level I Trauma Center, and the need for ambulances to travel longer distances to other hospitals—if they can find an emergency room that has space at all. There has been a dramatic increase in the number of hours that emergency rooms throughout the District and in neighboring Prince George’s County, Maryland, are on “by-pass,” turning away ambulances for all but life-threatening emergencies.

The “land-grab” schemes that were under discussion last year, have moved full steam ahead for the D.C. General campus itself, and in the surrounding Southeast/Anacostia area of the city.

On April 8, the Washington Olympics Committee submitted a supplement to its bid to the U.S. Olympic Committee, to host the 2012 Summer games. The modified plan would create what is called “a multi-faceted Olympic Sports Complex” on the RFK Stadium site, which sits on the Anacostia waterfront adjacent to the D.C. General Hospital site. In January, Mayor Anthony Williams had declared that the new plan for the D.C. General site would “complement” the Olympic bid, and that the parcel would be “a component of our Olympic bid.” This goes along with discussion of locating a major-league baseball team in the waterfront area.

District of Columbia and Federal officials are proceeding with the massive development plans for the Southeast Federal Center, located only a mile or two downriver. And D.C. officials are asking the Federal government to move the headquarters of the Federal Emergency Management Agency (FEMA) to the St. Elizabeth’s Hospital site in the Anacostia area, and they are also asking the Federal government to join in establishing a \$100 million, 24-hour communications and emergency management center on the site.

D.C. officials are boasting that these installations could “jump-start private development” in the area. “Once it brings infrastructure to the site, that becomes an incentive for the other private development,” said D.C. Planning Director Andrew Altman.

And now the “Draft Master Plan” for the D.C. General campus is under consideration by the Council, as one of the steps required as part of the contemplated transfer of jurisdiction over the land—historically known as “Reservation 13”—from the Federal government to the District. The plan calls for the demolition of all existing hospital buildings on the site, and the construction of condominiums, parks, office buildings, and retail outlets. As the land slopes downward toward the river, building heights could be increased, so that high-rise buildings could be constructed along the waterfront.

Under heavy pressure from opponents of the closing of D.C. General, which dominated much of the discussion in the so-called “community planning process,” the planners were compelled to pay lip service to the idea of putting some health-care facilities, such as Health Department offices and outpatient clinics, on the site, but this is a far cry from what many of the participants in the planning meetings demanded, even as is reflected in the minutes of those meetings, which was the restoration of a “full-service state-of-the-art public hospital.” The full set of planning documents also notes that participants stated that “the site had a long history of providing for the public health and welfare and that this tradition should continue.” The documents also report that some participants proposed a full-health-care campus, similar to the National Institutes of Health (NIH), including educational facilities for medical training.

The accompanying, new proposal by Lyndon LaRouche, calls for D.C. General to be reconstituted by Congress as the “spearpoint” of a national health-care security program, serving as an adjunct of the U.S. Surgeon General.

## The Historic Intention

LaRouche’s proposal also notes that the site of D.C. General was originally dedicated to public-health functions, and should be restored in a manner consistent with the original intent. As we showed in the March 29 issue of *EIR*, Reservation 13 was always intended for hospital purposes, as is shown by research into the L’Enfant Plan, the original design for the City of Washington, prepared under the direction President George Washington in 1791, and completed by Andrew Ellicott in 1792. George Washington himself reported that he concurred with L’Enfant’s designation of the site for a “marine hospital”—marine hospitals having been created for the care of merchant seamen. The current U.S. Public Health Service dates its founding to 1798, with the creation of the United States Marine Hospital Service—the nation’s first public-health system.

Whether by ignorance or deliberate omission, the drafters of the current “Master Plan” claim that the designation of “Hospital Square” for Reservation 13 derives from the transfer of the Washington Asylum—the first public hospital, known as the alms house and work house—to the site along the Anacostia River in the 1840s. But in truth, any competent historical research, or examination of current government documents, such as the 1997 registration of the L’Enfant Plan on the National Register of Historical Places, shows that Reservation 13 was designated as either “Marine Hospital Square,” or simply “Hospital Square,” from the 1790s.

## A Wasted Effort

The current “Master Plan” drips with hostility to the L’Enfant Plan—a plan which is recognized (and imitated) worldwide for its beauty and the uniqueness it gave to Washington, D.C. as the only national capital of its era that was designed as a capital from its inception. The L’Enfant Plan is characterized by its open spaces and vistas, with diagonal avenues and public squares at major intersections, and the system of public reservations—17 in the original design—dedicated for government buildings and other uses including health and education.

But the Master Plan complains: “From the time of the origin of the L’Enfant Plan to today, the area has appeared as an isolated campus, separate and apart from the neighborhood and an obstacle between residents and their waterfront. This plan presents the first opportunity to re-envision the site, not as a Reservation but as a beautiful public place.”

The whole effort was a waste. All they needed to do was to look back to 1977, when a “Master Development Plan—D.C. General Hospital Complex” was produced, which showed far more intelligence, and was much truer to history, than the current travesty.

The 1977 Master Plan, prepared for the D.C. Department of General Services, recommended retaining and upgrading most of the buildings built since the 1920s, plus it called for the construction of new buildings consistent with the design of the existing buildings—all of which would result in an integrated modern hospital campus, in a park-like setting.

The 1977 designers wrote that they endeavored to create within the hospital complex “an atmosphere of an ordered park consistent with the axial geometries established 180 years ago by Pierre L’Enfant for the City of Washington.” In this regard, they proposed extending Massachusetts Avenue to terminate in a grand circle overlooking the Anacostia River and the Highlands beyond. The Plan also included extensive use of trees, lighting, and pedestrian walkways—all to enhance the beauty of the campus devoted to public health and an expanded D.C. General Hospital.

A combination of the 1977 plan, and the LaRouche proposal for a national health-care function located on that site, would meet our requirements today.