

**DOCPAC – District of Columbia Political Action Committee  
Candidate Questionnaire – July 11, 2006  
Chris Otten – Mayor, DC Statehood-Green Party**

***1. What are the three most important things that you as an elected official would do to improve the health of District residents?***

- 1) Reopen General Hospital
- 2) Nutritional Citywide Feeding Programs
- 3) Dental Coverage for Adults

1) Reopen General Hospital -- Tens if not hundreds of folks have died or were further injured because they had to take an emergency ride from the east side of town to the west. There was no reason that our emergency ward at our only public hospital had to be closed down and it should be reopened. The city lost professional careers and lives because the Mayor and City Council didn't envision the results of such a closure. You can read more about this scandal at <http://www.otten06.com/hospital>

2) Nutritional Citywide Feeding Programs -- Nutrition is the foundation for good health. The old adage, "You are what you eat" is true. Many poor folks cannot afford healthy food. The \$1 hamburger at a food chain is appealing for this reason. As Mayor, we would see delicious and nutritious feeding programs set up at recreation and community centers around the city and targeting our poorest residents first. The programs would give the city the opportunity to not only feed folks but also help open communication lines for nutritional education for the family, cooking classes, and recipe swaps.

3) Dental Coverage for Adults -- Starting in FY 2007, we finally have decent dental coverage for our children. What about our adults? Improper maintenance of our mouths can lead to all sorts of other medical problems and hence by implementing a strong citywide dental program we can make sure our ailments don't start there.

***2. What would you do as an elected official to reduce or eliminate health disparities in the Nation's Capital?***

First thing to do is to recognize why these disparities exist. Typically it has to do with class. If you are wealthy you probably have a nice paying career and excellent health insurance. If you are middle class, you have a decent paying job but might be hesitant to seek medical assistance because your co pays or deductibles are high relative to your income. If you are the working poor then perhaps you face the question, do I pay for my checkup this month or my electricity? So as an elected official I would have to work on issues surrounding the class disparity and access to medical coverage so that there is not a question about seeing a doctor when you need to.

**3. Do you believe there is a medical liability crisis in the District, and if so, what should be done to solve it?**

According to a couple of studies I've read, medical liability insurance premiums are skyrocketing here in the District and hence more and more doctors are hesitant to provide certain services or just moving out of the District all together. I believe this is a symptom of a privatized healthcare system. Moving one's practice out of DC will just eventually increase premiums there. This is how a privatized system and capitalism works. However, I think two things can ease this problem, instituting reasonable caps on malpractice awards and having the option for doctors to participate in a publicly based healthcare system whereby the city can offer relatively inexpensive malpractice insurance.

**4. Are runaway jury verdicts a problem in the District of Columbia and if so, would you support reasonable limits on non-economic damages to address those verdicts?**

First I would ask one to define runaway jury verdicts, but I believe it would be fair to implement reasonable caps on damages. I don't like the "jackpot lottery" system, where a very small percentage of claimants receive tens of millions of dollars, or even hundreds of millions of dollars, while other claimants receive little. We can institute a more equitable system for all involved. Decisions about what value the caps are will have to be vetted in an open discussion with leaders in the DC medical field and city policy makers.

**5. Which if any of the several civil justice reforms being considered by the current Council do you support? Some of these are reforms of non-economic damages, the collateral source rule, joint and several liability, statute of limitations, and structured settlements.**

I like parts of three bills presented by the Mayor, the Council's Healthcare Committee Taskforce, and Mrs. Cropp. It seems to me the Council's taskforce has offered a way to get the ball rolling quickly on disputes with a 90-day intent to sue. I like Mrs. Cropp's proposal as it enables doctors and consumers to challenge liability insurance rate increases and can allow refunds to doctors who have paid excessive insurance premiums. I also like the Mayor's proposal because there is a cap-structure in place. HOWEVER, I believe his caps are arbitrary and capricious, limiting most awards against doctors to \$250,000 and against hospitals to \$500,000. I believe there is middle ground to explore here with the final charge to be stronger licensing and disciplinary action to weed out bad doctors who commit much of the malpractice in the first place.

**6. What would you do to enhance the City's emergency preparedness and response to bio-terrorism attack or other major health outbreak e.g. influenza epidemic?**

First I would demand that the Office of Homeland Security reinstate the level of preparedness funding DC was getting in the previous four years. I'm unsure why they rescinded funding, as we are the Nation's capital. But more importantly is to get our General Hospital campus fully functioning again. There is alot of pressure on our current

hospital bed availability. Why have buildings stand empty on our General Hospital campus when they can be a thriving center of healthcare and an ideal response location for an outbreak or attack.

***7. What would you do to improve the 911 and the emergency medical transport systems? Would you consider removing the ambulance services from under the control of the fire department?***

I believe many of the problems at the EMS level stems from poor management and facilitation of training and tools. I would most definitely remove EMS from under the fire department. It is clear that the Fire Chief, currently and in years past, cannot manage both EMS and Fire services. I've heard testimony whereby the chief didn't know how many EMS technicians he had on the ready or how many of them were even trained in CPR! Isn't it time for leadership that stand up for measurable account? An EMS director who reports to the City Council and Mayor will enable better leadership and accountability and hence better services for the residents of our city.

Please direct comments, suggestions, and responses to:

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