

## CHAPTER NINE

# THE LINCOLN OFFENSIVE

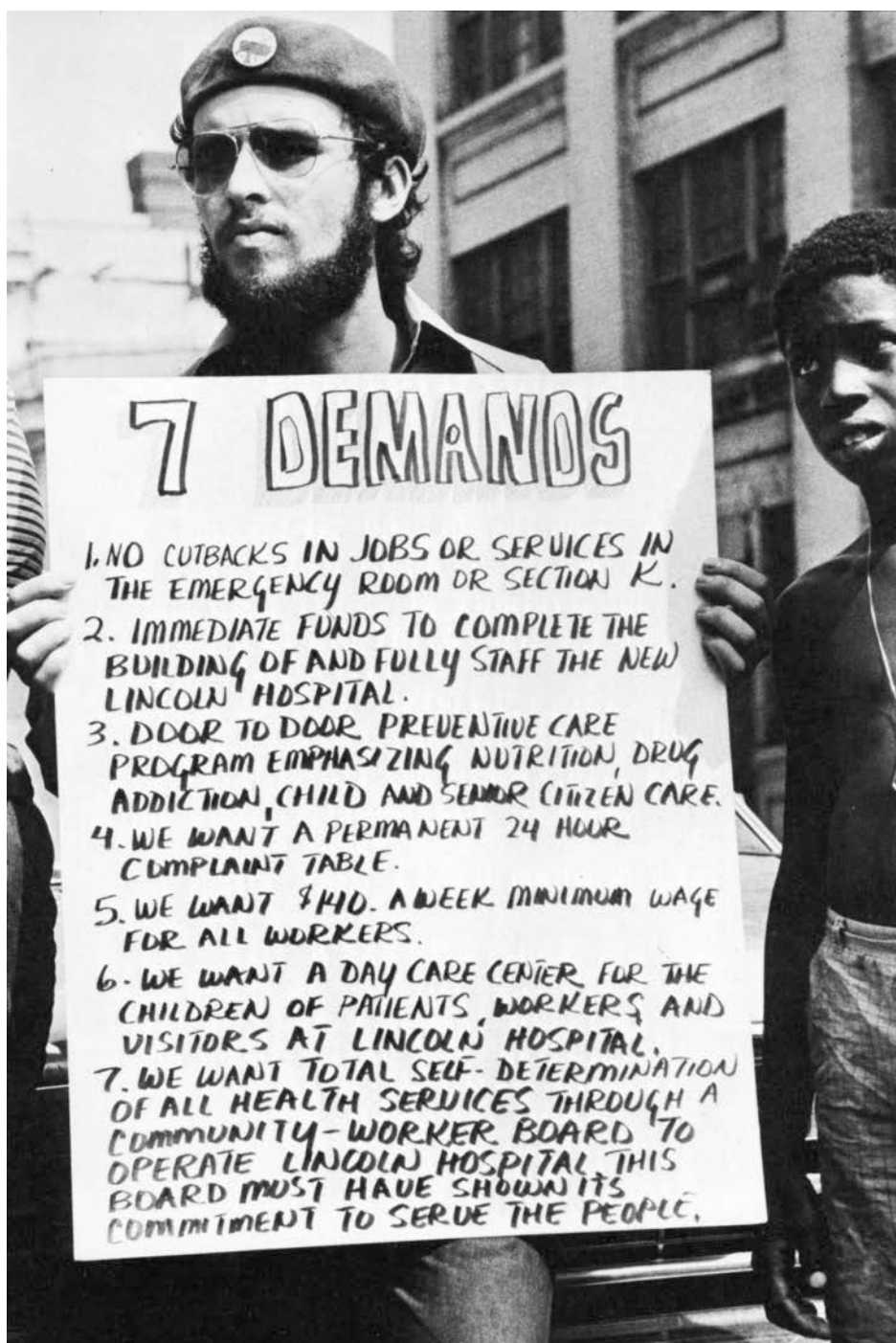
### *Toward a Patient Bill of Rights*

A human life is worth more than  
all the wealth of the richest man.

—ERNESTO “CHE” GUEVARA

A year after their Garbage and Lead Offensives, the Young Lords launched a similar wave of tuberculosis activism in the context of grassroots service work in the community. The potentially serious lung disease—highly contagious and airborne—had long been linked to poverty and overcrowding. Small New York tenement apartments, with little circulating air or sunlight, were perfect breeding grounds. Puerto Rican migrants were further disadvantaged by coming from an island where the mortality rate from tuberculosis was the highest in the world. In May 1970, the group reported that it was conducting door-to-door medical home visits and that its members had administered 800 tuberculosis tests in East Harlem and the Bronx. According to the group, the administration of Prospect Hospital even permitted them use of a chest X-ray machine, a concession to their petition after word got out among locals that the Young Lords were conducting tests alongside doctors and technicians.<sup>1</sup>

The logic and objective of the Young Lords' public health efforts were explained in a June 1970 issue of *Palante*: “Services are extended out to the people, visiting them in their home and setting up Free Health Clinics in every block. This type of service which keeps people from getting sick in the first place is called preventative medicine.” As they went door to door, they offered medical services alongside political education, explaining that “even though t.b. has been eliminated among the rich, the middle class, and white people in general, it is alive and spreading in the Puerto Rican and Black colonies of amerikkka, the richest country in the world.”<sup>2</sup>



Richie Perez at rally outside Lincoln Hospital.

(Photograph by Michael Abramson; courtesy of Haymarket Books)

As they began to conduct tests at Prospect Hospital, they also tried to partner with the New York Tuberculosis Association, a public agency that operated a mobile chest X-ray unit. The Young Lords argued that the X-ray truck, operating from 12:00 P.M. to 6:00 P.M. on alternate days, did not accommodate the work schedules of laboring people; they proposed to staff the truck around the clock with the many local technicians and doctors who had already offered to volunteer. Citing the existence of city-managed programs with trained personnel and effective technology, the Tuberculosis Association denied the Lords' request.<sup>3</sup>

Determined to carry their intended project to fruition and prepared—perhaps even eager—to employ publicity to their benefit, the young radicals alerted both the press and the police of the time and place of an impending action.<sup>4</sup> On June 17, 1970, the Young Lords hijacked the association's mobile clinic and, with a Puerto Rican flag unfurled above the bus, drove off—another classic Young Lords moment, complete with cameramen capturing footage for the evening news.<sup>5</sup> Via the unit's loudspeaker, the Young Lords carried their message throughout Spanish Harlem, explaining the motives for their actions and inviting residents to get tested for tuberculosis at a new location. The next day they parked the truck across from their office on Madison and 111th Street and rechristened it the Ramón Emeterio Betances Health Truck—after the nineteenth-century Puerto Rican revolutionary physician. The mobile unit tested hundreds of people its first day in its new location. Within hours of the hijack, the Young Lords had negotiated an agreement with the director of health for the East Harlem district, Thomas Jones, authorizing the group to operate the unit, at the city's expense, for twelve hours a day, seven days a week.

Having established a record of community service through their previous door-to-door work and having demonstrated their ability to mobilize hundreds of inner-city youth at a moment's notice, the group could count on a measure of bargaining power in local politics, especially as the specter of urban rioting weighed on the minds of city officials. Referring to the Young Lords, Jones said, "Their methodology is in dispute, but we must relate to where the community feels they need the service. Occasionally confrontation does occur, but I think we can work it out."<sup>6</sup> Jones's rationalization was a kind of admission to the Young Lords' charge of government indifference to the needs of city residents. Moreover, that Jones's formulation—"relate to where the community feels they need the service"—echoed the Young Lords' manner of speech is an example of their impact on public discourse, values, and standards for municipal services.

Jones seems to have agreed to the arrangement primarily out of fear. The Young Lords' paramilitary style, confidence, and rhetoric were threatening to many, and yet they spent most of their time engaged in public service. Within the organization these two currents existed side by side, without any seeming tension or incongruity. The Young Lords would test the boundaries of their

muckraking in the spring and summer of 1970. Surpassing prior challenges, they set their sights on a daunting task: addressing head on the injustices and substandard conditions plaguing neighboring Lincoln Hospital.

## The Blight and Transformation of an Aging Institution

As the tuberculosis testing continued, the Young Lords were expanding their reach north to the borough with the largest conglomeration of Puerto Ricans in New York. Though East Harlem remained the cultural home of Puerto Ricans, by 1960 100,000 Boricuas had settled in the Bronx; most were concentrated in its southernmost section.<sup>7</sup> The Young Lords' turn to "the Puerto Rican borough" was a rational progression in the organization's growth and identification with Puerto Rican nationalism. In April 1970, the group opened its South Bronx office on Longwood Avenue (on the corner of Kelly Street). The expansion brought greater responsibilities. It challenged an emerging class of leaders and new members to take on broader obligations. That same month, the group began to host weekly outdoor, late-night film screenings as a form of political education. They featured *Los siete de la raza*, the story of seven Chicano youth accused of killing a police officer in San Francisco, and *Black Panther*, on the origins of the Black Panther Party (BPP), among others. Leading the efforts, Carlos Aponte reported in *Palante* that people from the block, on Intervale Avenue between Kelly and Beck Streets, stopped the police on a number of occasions from breaking up the screenings.<sup>8</sup> The Lords also extended to the neighborhood a practice they'd begun in East Harlem six months earlier, door-to-door medical home visits on Saturdays. Of their reception in the South Bronx they reported, "Our recruitment is growing rapidly and many brothers and sisters are offering us their services, making us a part of their everyday lives."<sup>9</sup>

By the late 1960s, the South Bronx was one of the most impoverished districts in the nation—a decaying strip of industrial land, where 80 percent of the housing existed in a state of moderate to severe deterioration. Against the onslaught of culture-of-poverty discourse, which interpreted urban poverty as a racial phenomenon, the Young Lords used a well-timed article, "The South Bronx Time Bomb," to highlight for *Palante* readers the larger social and structural forces at work in neighborhoods like this one. In it Richie Perez explained: "There are no jobs available. We are imprisoned in a vicious cycle. No education, no jobs, and no way to move out of the run-down, unhealthy and dangerous tenements of the South Bronx." As early witnesses to the borough's deepening crisis of deindustrialization and its social consequences, the Lords analyzed the root causes of what sociologists would later call "the urban crisis."<sup>10</sup>

The *Palante* article highlighted the public health crisis at the center of this dilapidated environment where "rats, roaches, uncollected garbage, no steam

or hot water, and broken and unrepaired windows contribute to poor health.” It also reported that the area’s dirtiest and most overcrowded streets, “Simpson and Fox Streets, between 163rd and Westchester Ave. . . . have the highest death rates of any blocks in the entire city.”<sup>11</sup> The Young Lords learned the morbid statistics and mastered the art of humanizing their fallout. The South Bronx had the highest rate of heroin addiction in the world; a mortality rate 50 percent higher than the rest of the country; and an incidence of syphilis and gonorrhea six and four times the national average, respectively. The leading causes of death among adolescents and young adults were heroin overdose and trauma.<sup>12</sup>

Apprised of the neighborhood’s demography, its chronic social problems, and a preexisting grassroots effort for improved patient services at nearby Lincoln Hospital, the Young Lords settled on this aging hospital as a major organizing site. In a district with disproportionately higher medical needs than other parts of the city, access to medical care was as afflicted as the population it served. Lincoln’s 350-bed facility was charged with caring for a catchment area of approximately half a million people. Not surprisingly, the facility was so overcrowded and the bed shortage so severe that patients were often treated in corridors. These conditions were not new, and Lincoln Hospital was not alone. Two decades earlier, a *Daily News* editorial noted that the city’s public hospitals—“Harlem, Queens, Lincoln, Fordham, Kings County—are sick . . . with nurses and doctors scarce and overworked, patients crowded into every nook and cranny and service generally going to the devil.”<sup>13</sup>

Lincoln’s crisis, however, was extreme. The hospital had an outdated, turn-of-the-century open ward and a clinical interior that, according to one doctor, “looked more like an armory or abandoned factory than a center for the healing arts.”<sup>14</sup> A study of municipal hospitals in New York offered a lengthy list of deplorable conditions. The periodic power outages in its main building were the consequence of generators installed in 1927 that were too weak to power the hospital’s new technology in 1969. Air conditioners in the surgical recovery room did not work. The building’s walls had paint with a lead base of 28 percent, a figure far exceeding the legal levels for retail paint. In a hospital that treated countless cases of child lead poisoning, and where the pediatric ward was meant to be a temporary refuge for lead-poisoned kids, at least two children treated for lead poisoning in the late 1960s reingested lead in the ward.<sup>15</sup> Meanwhile, the lack of a centralized administrative structure thwarted the hospital’s ability to systematically address such problems. Under these and other conditions, disgruntled functionaries and medical staff customarily rendered services grudgingly. By all accounts, the Lincoln experience was abominable.

Starting with eastern European immigrants in the 1920s, successive generations of neighborhood residents referred to Lincoln as the “butcher shop of the South Bronx.”<sup>16</sup>

The situation was no better for employees. Still in the process of transformation from charity foundations to professional institutions, hospitals were prone to underpaying the nonprofessional employees they hired.

Because of their long hours and labor-intensive, unsanitary, and repetitive duties, hospitals “had long been the urban employer of last resort” for superexploited newcomers, now demeaned by their occupation and their race.<sup>17</sup> Hospital salaries in New York were so low that a large percentage of their unskilled, predominantly black American and Puerto Rican labor force was eligible for public assistance.<sup>18</sup> Moreover, hospital administrators generally extended to their nonmedical staff the same paternalism accorded patients, a predicament reflecting the institution’s origins in charity.<sup>19</sup>

This was the kind of largely ignored “social violence” the Young Lords were gearing up to expose. But in the decade before the Young Lords set their sights on the ailing hospital, Lincoln had become the site of at least three major reform efforts that helped prepare the groundwork for the Young Lords’ intervention. The first took the form of semiprivatization. In 1959, Mayor Robert Wagner authorized the affiliation program, which turned over the management and staffing of New York’s public hospitals to the city’s major private medical schools. Under the new program, Lincoln became an affiliate of the Albert Einstein College of Medicine. As discussed in chapter 4, under the agreement, medical schools received operating budgets to staff and run the hospitals. In return, the schools reaped the benefits of unmonitored access to a poor population of patients prone to illness. They provided opportunities for medical research and a fertile training ground for interns and residents in the range of clinical departments housed in public hospitals. The new affiliation policy followed the trend in healthcare toward the expansion of large medical institutions. It also responded to the growing public debate on the crisis of healthcare and fragmented character of its delivery. In a market of spiraling costs produced by the fee-for-service dictum of the country’s healthcare system, city hospitals continued to languish, albeit under slightly less deplorable conditions.<sup>20</sup>

The second attempt at reform lacked the global scope of the affiliation system, but its link to federal programs brought national attention to the hospital, and its experimental partnership with employees drawn from the community became the wellspring of struggles to come. In 1963, the Albert Einstein Medical College inaugurated the Lincoln Hospital Mental Health Services (LHMHS). It was a network of services with diverse points of contact between mental health providers and patients, designed to deliver related services and care at the neighborhood level—in schools, churches, and community centers. Its treatment protocol included traditional talk therapy, drug rehabilitation, mental health education, and community action. The program owed its unorthodox mission to the experimental stipulations of its two funding sources: the 1961 National Community

Mental Health Center Act and the Office of Economic Opportunity (OEO), the federal agency that implemented the so-called War on Poverty. The first legislation funded local mental health clinics, such as LHMHS, as part of its larger goal of consolidating a shift in psychiatry, already under way, from treatment of the mentally ill in asylums to treatment in private practices and privately run community centers.<sup>21</sup> The second source of funding sought to improve access to mental healthcare in urban and rural areas and mandated the “maximum feasible participation” of community residents in programs it funded.<sup>22</sup>

In 1967, LHMHS achieved national recognition when a documentary film, *Store Front*, chronicled the “struggles and success” of its teams’ unorthodox community practice.<sup>23</sup> The clinics’ progressive in-house psychiatrists, among them Dr. Mike Smith, believed that psychiatric treatment should emphasize talk therapy, rather than psychoactive drugs, to alleviate depression, addiction, and other psychological dysfunctions. The program’s nonmedical, community staff contributed their own vision for improved mental health. They underscored the significance of patient involvement in the life of their community to foster meaning in and control over their lives. Influenced by the era’s discourse on social inequality, these new approaches focused on the relationship between the individual and society. They emphasized the manifold social problems of urban life, which, according to a growing number of specialists and health professionals, contributed significantly to the psychological breakdown of the individual in society.<sup>24</sup>

Given the magnitude of problems at Lincoln, LHMHS’s achievements, though groundbreaking, were at best piecemeal and symbolic. However, the program hired and trained an emerging segment of workers uniquely situated to launch and win more consequential reforms. Like other mental health centers in New York, LHMHS employed community members with funding from the New Careers program, a unique project of the OEO and offshoot of a 1962 federal policy designed to train, on the job, displaced blue-collar workers and the permanently unemployed as legal aides, social health technicians, vocational rehabilitation specialists, police community services aides, and community mental health workers.<sup>25</sup> To that end, LHMHS hired dozens of black American and Puerto Rican mental health workers. LHMHS applicants underwent a rigorous, three-month interview process that tested for communication skills, maturity, and a high threshold for withstanding high-stress scenarios with patients. Those hired, among them Richard Weeks, Ruth Dawkins, Aubrey “Doc” Dawkins, Danny Argote, and Cleo Silvers, were promised ongoing training to ensure the possibility of promotion and advancement in the health industry, now the fastest-growing sector of the American economy. Their social location, both as semiskilled workers in the city’s poorest public hospitals and as residents in the hospitals’ catchment districts, was strong motivation. They approached

their work seriously, with the expectation that they would help build a clinic responsive to their community's complex health needs. "As Puerto Ricans and Black workers in the emergency rooms and clinics," one organizer reported, "we see what oppression in the hospital is like, the inferior medical attention our neighbors are subjected to or obligated to accept."<sup>26</sup>

As for others in their cohort, dramatic examples of resistance in New York shaped the consciousness of these young people. Seminal events were the Harlem riots; the battle to desegregate the city's schools; sit-ins in active construction sites; protest against racial discrimination in employment and labor unions; the fierce images of Malcolm X; and numerous rent strikes, among other struggles. Their counterparts in the south had raised the bar on what a young person might dedicate his or her life to. Here, too, this cohort was morally repulsed by poverty and war and eager to be part of something larger.

Unlike those who founded the New York chapter of the Young Lords, this cohort of young people of color, though very bright, did not go to college. Rather, they joined the labor force during or immediately after high school. Back at LHMHS, they proposed and organized social actions intended to improve patients' day-to-day lives, from challenging evictions to helping raise awareness about public health.

The BPP proved instrumental in the transmission of these methods and ideas at Lincoln. The group had already initiated a wide range of radical public health programs in black communities across the nation, including a sickle cell anemia project in New York, ambulance services in Pittsburgh and Oakland, and campaigns to test and raise awareness about tuberculosis, anemia, and lead poisoning.<sup>27</sup> In the Bronx, the organization had helped draft leaflets, conducted workshops on race and public health for the mental health workers, and even sat in at staff meetings in which core members discussed strategy.

The mental health workers brought a similar approach to a preexisting workplace struggle. Beginning in the late 1950s, the Service Employees International Union Local 1199 launched a campaign to unionize the nurse's aides, orderlies, porters, cooks, elevator operators, and laundresses in the city's privately owned, nonprofit "voluntary" hospitals. Disproportionately black American and Puerto Rican, these workers were vital to the basic operation of New York's hospitals but were among the city's least paid. The union's groundbreaking campaign combined the fight for civil rights with the demand for economic justice. It culminated in two major strikes in 1959 and 1962 that won unionization, increased wages, limited to eight the number of daily hours worked and mandated pay for overtime.<sup>28</sup> Public sector workers, however, remained on the margins of Local 1199's campaign. But with 80 percent of New York's nonprofessional hospital staff organized by the late 1960s, the unionization of their counterparts in the public hospitals was on the horizon. When Local 1199 sent its labor organizer, Bernie

Minter, to Lincoln Hospital in 1967, he found a cohort of workers who had already begun to organize themselves and whose broad vision of reform he could not easily accommodate. According to one of them, Cleo Silvers, “We wanted to join 1199 and we did eventually, but we wanted the union to take a position against the Vietnam War, against the increased prescription of psychotropic drugs in the neighborhood by Lincoln Mental Health Services, and to support our position: that social and economic conditions were determinants of a person’s psychological health. We also wanted the union to back us up on what we had been promised but never got, which was training and upgrading. The union did not look positively on any of this. So from the start we were seen as renegades.”<sup>29</sup>

For more than a year thereafter, the mental health workers attempted, but failed, to persuade the union leadership to press their employer to deliver on the promise of training and upgrading.

Tensions in the mental health program intensified in 1969 when OEO funding, which mandated community action, began to dry up. In response, the National Institute for Mental Health—a more traditionally oriented and research-driven psychiatric agency—took over funding the programs.<sup>30</sup> This development jeopardized the security of the nonprofessional staff and threatened the pioneering approach to mental health that the OEO had encouraged. With the change in funding source came a shift to a mental health approach that emphasized medicating patients. Activists and progressive doctors, among them Dr. Mike Smith, argued that the dispensation of psychotropic substances in poor black American and Puerto Rican urban neighborhoods was an attempt at social control.<sup>31</sup> When the mental health workers asked to meet with the clinic’s top administrators to discuss these changes, they were reportedly dismissed with arrogance and contempt. Four were fired at various stages of the mounting struggle, which workers interpreted as retribution for speaking up.

The turning point in the struggle came on March 3, 1969. Over 100 nonprofessional mental health counselors, orderlies, and administrative and janitorial staff, mostly people of color, seized the Lincoln facility and evicted its director, Dr. Harris B. Peck, and high-ranking staff members. The stated purpose of the takeover was to democratize the program’s governing structure and force it to meet its stated philosophy of making the community a partner in its own care. As justification for their actions, the workers deployed the words of Peck, who in an interview with *Reader’s Digest* in early March 1969 had said, “When there’s a foot planted in the seat of my trousers to knock me out of here, I’ll know we’ve succeeded. It will mean that the people want to take over the running of their own community. And that’s the way it should be.”<sup>32</sup>

The mental health workers were now spearheading efforts for “community-worker control” that grew organically out of their relationship both to the workplace and the community they served. Like “black power,” the meaning and ap-

plication of “community control” varied depending on the political orientation of those defining it. Conservatives, liberals, and cultural nationalists measured it in terms of racial representation: that the ethnic composition of those who administer local institutions—schools, hospitals, police precincts, etc.—should reflect that of their constituency. To the Lincoln workers, however, community control involved a reconceptualization of the structure, leadership, and priorities of local institutions.

The team of community mental health workers who took over the clinic operated it for three days with the active support of some of the clinic’s mostly white psychiatrists, psychologists, and professional staff. As liaisons between patients and psychiatrists, mental health workers had developed relationships with both. They commanded a measure of respect and power. They were, therefore, unimpeded in their efforts by other doctors and specialists who continued to treat clients during the takeover despite quiet reservations.<sup>33</sup> Workers’ grievances included “discrimination in hiring and firing” policies, the closure of the neighborhood service centers, the inadequacy of the training and upgrading program for nonprofessional employees, and the firing of four mental health workers.<sup>34</sup> BPP support work was instrumental during the takeover. The Panthers organized security and brought food and throngs of community supporters.<sup>35</sup> The action was finally shut down at the end of the workday on March 6 when the Albert Einstein College of Medicine, with support of the city’s public hospital administration, threatened to suspend specialists’ licenses for “malfeasance and malpractice” and for continuing to render care under an illegitimate administration.<sup>36</sup>

In the weeks after the March 6 shutdown of the occupation, the mental health workers led a series of rallies and direct actions at the clinic. Twenty-three people were arrested. Forty-one nonprofessional workers and nineteen professionals, including three psychiatrists, were fired (although they were eventually reinstated).<sup>37</sup> The protests, however, were successful in leading to the reinstatement of the four black American mental health workers who had been fired in the year before the takeover, the clinic director’s transfer out of Lincoln, and widespread questioning of the dispensation of psychotropic drugs in the South Bronx. On April 2, a month after workers took over the mental health clinic, twenty-one members of the New York chapter of the BPP were arrested and charged with terrorism. Almost all had been active at Lincoln Hospital during the takeover and subsequent rallies. They included Dr. Curtis Powell, Zade Shakur, Lumumba Shakur, Rashid, Afeni Shakur, Charlene Ife, Bob Collier, Dhoruba Bin Wahad, and Ali Bey Hassan, among others.<sup>38</sup>

But nonprofessional mental health refused to succumb to repression. In the fall of 1969, a network of workers of color formed the Health Revolutionary Unity Movement (HRUM). They were from New York’s Metropolitan,

Gouverneur, and Lincoln Hospitals and the NENA Health Center. Influenced by the struggle at Lincoln and the black power movement, radicalized by the Vietnam War, and frustrated by the speedups and budget cuts brought on by economic stagnation in the late 1960s, they were among the patches of the American workforce that began to organize independently of union leaderships in this period. Hoping to carry the current political mood into the workplace, young black and Latino workers organized into insurgent groups. They challenged conservatism among elected union officials, organized opposition to the Vietnam War among their coworkers, and pressured the unions to address structural racism within the union, on the job, and in society at large.<sup>39</sup> HRUM argued that these had to be priorities of the unions in the health industry: “The unions 1199 and District Council 37, even though progressive in the question of salaries, do not fight against the conditions imposed on the workers nor the quality of the medical services our people are receiving.”<sup>40</sup> Although Local 1199 was conceived as a “soul power” union (wedded to the political and economic concerns of working people of color) that was supportive of the controversial community control battle in the schools, Union officials opposed the bottom-up efforts of workers in the hospitals.<sup>41</sup>

HRUM borrowed its acronym from the Dodge Revolutionary Union Movement (DRUM), launched in 1968 by black autoworkers in Detroit.<sup>42</sup> Like DRUM, HRUM called for worker control of workplaces. Unlike DRUM, however, HRUM members joined the Young Lords and Black Panther Parties. HRUM’s newspaper, *For the People’s Health*, reported that members of the organization “live in the same communities where we work [the municipal hospitals] where we see our poor Black, Puerto Rican and Chinese Brothers and Sisters waiting too long and being told, ‘sorry, no bed in this hospital, try another.’” HRUM believed strongly in patient advocacy. Its members observed that hospital workers had a “dual role” as patients and workers, “often in the same hospital,” and argued that it was the “obligation of every health worker, Black, Puerto Rican, or Chinese . . . to make sure that our people are given decent health care—if you are a registrar refuse to collect high fees, if you are a nurse’s aide demand that you have adequate help so that you may perform your duties well.”<sup>43</sup>

HRUM protested healthcare’s turn to profit and opposed the reduction of services in public hospitals. It also organized around traditional union issues, among them improved wages and working conditions. In its view, class exploitation of workers of color in the hospitals was inseparable from racial oppression shaping conditions in their neighborhoods. With continuity between workplace and community, they reasoned that the hospitals offered a unique venue to address both.

Efforts to transform the paradigm of healthcare delivery in the mental health

clinic at Lincoln, combined with the rise of HRUM and the political vacuum created by the arrest of the Panther 21, set the stage for the Young Lords Party's activism at Lincoln a year later, in the spring and summer of 1970.

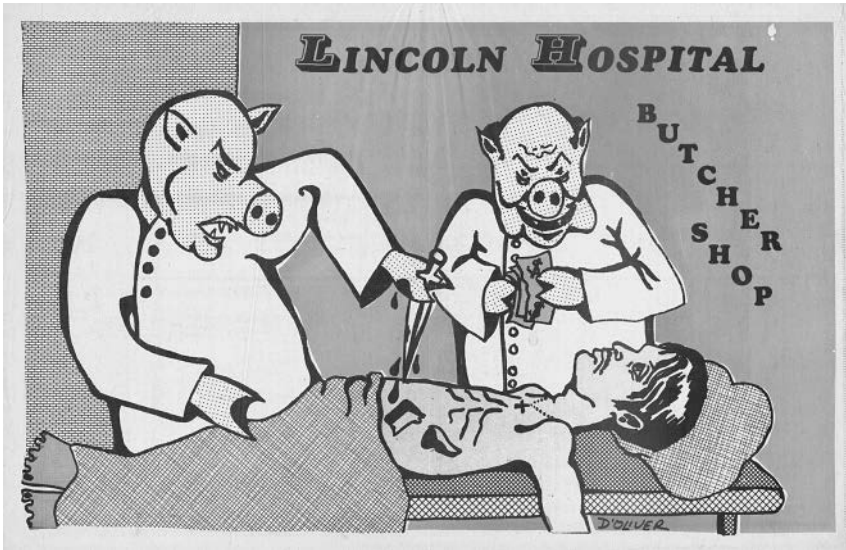
## Think Lincoln, Think Community

In the weeks before the Young Lords went to work at Lincoln in the fall of 1970, a more traditional cast of political actors was already at work there. In early April, local Puerto Rican political clubs tied to the Democratic Party and community groups held a sit-in in the lobby of Lincoln Hospital after the commissioner of hospitals refused to support the candidacy for hospital administrator of a well-qualified Puerto Rican gynecologist and public health administrator, Dr. Antero Lacot, who was trained in Puerto Rico. Their efforts were inspired by Ramon Velez, a political boss and controversial player in local politics, who sought influence over Lincoln, one of the major employers in the South Bronx, especially since the future construction of a new hospital building would yield lucrative contracts. This earned Velez a spot as *Palante's* "Pig of the Week":

Number one Puerto Rican poverty pimp, head of the Hunts Point multi-service center, runs the South Bronx like a little political machine, giving jobs here and there to supporters and destroying anyone who gets in his way. He gets our people to fight Black people for a share of the rotten poverty program pie that shrinks every year. He . . . is head of a \$12 million program. Meanwhile, Lincoln Hospital, the schools, the garbage, the buildings, and the police in Hunts Point are no better.<sup>44</sup>

The groups affiliated with Velez sought to reform care at Lincoln by demanding that the racial and ethnic composition of the hospital's administrative body reflect the racial and ethnic makeup of the community. Yet, given the medical establishment's conservative hiring patterns for top administrative posts, even the granting of moderate reforms at the height of a revolution in rights consciousness required substantial social pressure and militant action. In an attempt to quell the furor at Lincoln, the mayor intervened by overruling the commissioner's decision and approving Antero Lacot's appointment. Months later, the *New York Times* proclaimed, "If it were not for militants among the people of the South Bronx, Dr. Antero Lacot might not be administrator of Lincoln Hospital," referring to the militancy of activists the previous year.<sup>45</sup> Much more radical organizing was still to come.

Critical of Velez's group and its ties to the antipoverty industry and social-service-oriented community groups competing for funding, the Young Lords sought to influence Lincoln on their own terms. They explored a grassroots organizing approach at the hospital that focused on conditions rather than the



Lincoln Hospital cartoon illustrated by Denise Oliver. (*Palante* 2, no. 7 [July 17, 1970]; courtesy of the Tamiment Library)

appointment of people of color to administrative positions. Their objective was to address patient needs and grievances, expose malfeasance, impugn the profit-driven system of healthcare, and build their base in the process. In an article in *Palante* about how to solve the crisis of healthcare among people of color in New York, the Young Lords wrote: “The only way we can stop all this is not by electing someone into office, because we have tried that and it does not work. It is not done by going to college and getting doctor degrees, because that leads to an intellectual trip that takes us away from our people . . . and that we also tried. The only way to make this racist government serve us right is by knocking it down and building a new one of our own.”<sup>46</sup>

In May 1970, in concert with neighborhood residents and hospital workers—among them the talented mental health worker and organizer Cleo Silvers, who became the head of HRUM at Lincoln and then its citywide cochair alongside Gloria Fontanez—the Young Lords and HRUM launched the Think Lincoln Committee (TLC). One of its goals was to challenge the newly formed citywide governing body for New York’s public hospitals, the Health and Hospital Corporation (HHC), and its proposed budget cuts, scheduled for July of that year, which would further deteriorate an already miserable situation.

Run by a sixteen-member board appointed largely by the mayor, the HHC’s stated purpose was to free the public hospital system of bureaucratic red tape in order to facilitate the provision of medical services in New York’s underprivileged communities. But like its predecessor, the Department of Hospitals, the

HHC was hamstrung by rising healthcare costs and lack of funding.<sup>47</sup> According to HRUM, the HHC “is a group of business men, to which the city of New York has handed over the mismanagement of its public hospitals. It is a representative of the interests of the second most profitable industry in AMERIKKA, the sickness industry that is, the drug companies, construction firms, medical schools and the reactionary American Medical Association. Nowhere in this conglomeration are the interests of the colonized people represented.”<sup>48</sup> Galvanized by the hospital’s abominable conditions and the immediate threat of budget reductions, the TLC proceeded to gather and spread information about the impact of the impending budget cuts on patients and hospital staff.

Of all the municipal hospitals facing austerity measures, the already impoverished Lincoln was slated for the steepest cuts. The TLC reported to patients and hospital workers that the cuts had precipitated a six-month job freeze in the Department of Medicine, which in turn blocked the replacement of five doctors whose services were vital to the functioning of the hospital. The budget redistribution was also expected to limit the operating hours of Section K, a screening clinic for patient diagnosis and referral, and increase the number of intakes in the ER—already ranked fourth busiest in the nation—where patients would be rerouted on evenings and weekends when Section K was expected to shut down.<sup>49</sup>

In the process of distributing leaflets, posting flyers, and talking to Lincoln workers and community residents about the cutbacks, the radicals were flooded with numerous concerns. For the Young Lords, many of whom had endured alienating visits to the hospital as children, these complaints were not foreign. These young people had witnessed the stigma and indignity of racial discrimination during hospital visits, long waiting hours in the ER, and the haphazard care of their parents and people like them. As we have seen, their generation functioned as indispensable language and cultural interpreters for their community, especially in New York’s public hospitals, which, second only to the public schools, were the most frequented of the city’s bureaucracies and institutions. It is no surprise that as politically conscious young adults, the Young Lords were drawn to the hospital that had become ground zero in the city’s health crisis. The race and class critique of what became known on the left as the fight against healthcare inequity made sense organically and fueled righteous indignation among these young radicals.

Conversations with people in the hospital led the Young Lords to set up a patient/worker complaint table in the ER to document patients’ many grievances. A rotating crew of Young Lords and community members sat at the table from 9:00 A.M. to 9:00 P.M. on weekdays and around the clock on weekends. Over the course of their first month they collected 2,000 complaints, the most common being unsanitary health conditions, the language barrier for non-English-

speaking patients, the failure of doctors to explain medical information to their patients, the backlog created by the scarcity of doctors (one doctor per eighty patients, on average), and a five-to-six-hour waiting period in the ER.<sup>50</sup> TLC members championed the rights of patients and workers and often sought to resolve grievances immediately by accompanying patients to the office, floor, or clinic where they had been improperly served. TLC representatives would show up to any of the hospital's floors or departments to press patient grievances. The work of documentation and verification, day after day after day, was unexciting, but the Young Lords were filled with an impassioned commitment to serve. Although brash, their advocacy was not provocative, involved no confrontations with police, and had none of the glorious, self-righteous fury that accompanied radical 1960s activism. The hours logged at the complaint table embody the Young Lords' rapid evolution into a group committed to its community and to helping ease the banal injustices of everyday life.

In just a couple of months the hospital's ethics were transformed. By systematizing, for the first time, a way of documenting and bringing patient grievances into the open, the activists helped establish a code of behavior in the hospital. No other effort had zeroed in on the abominable conditions at Lincoln so methodically. The lay intervention of the activists in the relationship between patient and physician also challenged the rigid hierarchy of an institution founded on paternalism. Patients who were previously treated with condescension, disregard, or contempt by those occupying a higher social status in the hospital hierarchy began to be accorded better and more respectful treatment.

Redress of grievances was often procured successfully by discussing the issue with the appropriate staff person and in the presence of the patient.<sup>51</sup> A report on the crisis at Lincoln prepared in August 1970 for the HHC by its chief administrator, Antero Lacot, confirmed these findings. Describing those who set up the complaint table at Lincoln as "consumers of health care," Lacot wrote: "The watchdog activities of persons strongly committed to good, humanized and personalized health care, created immediate, visible, positive changes. Doctors kept a better working schedule. . . . The waiting period for patients diminished; the traditional long lines in our emergency rooms, outpatient clinics and the pharmacy became shorter."<sup>52</sup> In response to one of the many complaints it received, the TLC obtained screens for the ER's bathroom cubicles, which had been exposed.

When civil discussion failed to obtain desired results, the TLC adopted more confrontational strategies.<sup>53</sup> On another occasion, the TLC's request that garbage be removed from the corner of 142nd Street and Cortlandt Avenue, just outside the hospital, was finally granted—but only after the group, inspired by the Young Lords' sanitation protests, transferred a heap of garbage from the street into Lacot's office. According to the TLC, the garbage protest was an

action of last resort: “We complained, we petitioned, we called the mayor’s office. Nothing was done.”<sup>54</sup> Although the TLC was primarily involved with issues concerning patient treatment, it also rallied around improved working conditions. Following the involvement of the TLC, cafeteria workers, who had long complained of the ninety-degree heat in the hospital’s unventilated kitchen, were finally provided the fan they had requested a long time before.

In spring and early summer 1970, the coalition established a set of demands that reflected the concerns of a community-controlled movement and, to a lesser extent, the traditional demands that a union might present at a contract negotiation. The TLC declared:

- 1 Doctors must give humane treatment to patients.
- 2 Free food must be given to patients who spend hours in the hospital waiting to be seen.
- 3 Construction on the new Lincoln Hospital must start immediately.
- 4 There must be no cutbacks in services or in jobs in any part of Lincoln Hospital.
- 5 The immediate formation of a community-worker board which has control over the policies and practices of the hospital.<sup>55</sup>

These demands were in the spirit of those made by the mental health workers a year earlier but were more explicit about poor hospital conditions and in their demand that doctors live up to the highest ethics of their profession.

Initial successes soon stalled. The TLC’s declaration was accepted graciously by the administration in June, but not much happened. These first three months of intense organizing yielded limited results beyond improved patient relations—a victory, for sure, but one that only made the activists aware of how much more they could accomplish. Starting in July, acting independently of the TLC, the Young Lords turned to more militant action, which they believed would jolt the hospital administration and city government into conceding greater reforms. The Young Lords acted on their own because their action would require clandestine planning and a chain of command that they believed could only be carried out by a disciplined cadre organization. Their plans for more dramatic protests coincided with the arrival, on July 1, 1970, of thirty-one medical interns and residents, who had applied collectively to complete their residencies at Lincoln.<sup>56</sup> This progressive group of young men and women chose Lincoln because they were looking to build a community-centered residency program and for a less traditional learning environment. According to one of the residents, Dr. Harold Osborne: “After medical school, a group of us got together and were talking about going together as a group to someplace to do our training. Because the training that you participated in, in medicine . . . internship and residency is very

dehumanizing and sort of top-down, very traditional, very hierarchical . . . and we wanted to do it in a different way.”<sup>57</sup>

The project was anchored by four progressive doctors in training at Jacobi Hospital in the Bronx who were entering their third year of residency: Charlotte Fein, David Stead, Fitzhugh Mullan, and Marty Stein. They chose Lincoln Hospital in part because of its history of activism but also because there was a power vacuum there. With a lack of resources and staff, it was a kind of medical Siberia. According to Mullan, Lincoln “didn’t have a lot of senior staff. . . . If you were going to try to take over and build a community hospital with a different philosophy, with a different set of relationships, this was a good place to go, as compared to Jacobi or lots of other places that had a million invested and well-established interests.” When the second-year interns at Jacobi introduced the idea of recruiting a community-minded cohort of residents to Lincoln’s chief of pediatrics, Dr. Arnold Einhorn, he agreed with the proposal. Since Einhorn’s department had long been staffed with foreign doctors, the introduction of an entirely U.S.-trained staff of interns and residents from reputable schools was expected to increase the prestige of his program.<sup>58</sup> According to Osborne, “The thing about Einhorn was that he was kind of an unusual character. He was clinically a very skillful pediatrician; someone who was pretty well known in academic circles, well published. But he ran the department like a little kingdom. He was the king. And he had these residents who were mostly foreign—particularly Filipino or Asian—who never questioned him and kind of hung on his every word and really thought that he was God.”<sup>59</sup>

Troubles were on the horizon. The doctors of the Lincoln Collective, as they called themselves, were poorly dressed, long-haired, downwardly mobile doctors in training who were looking to “escape the medical training hierarchy [they] detested.”<sup>60</sup> The doctors came to the South Bronx with a righteous sense of purpose and a belief that healthcare was a human right that was too often denied to the poor. According to Osborne, they understood that “medicine and politics were inseparable.” Mullan explained that the goal was to “craft a community-oriented [medical] training program [for interns and residents] at a community-oriented hospital,” where the presence of good doctors could save lives.<sup>61</sup> According to Osborne, they envisioned “a training program that was non-hierarchical, pro-patient and pro-public health.” The doctors “saw prevention as important if not more important than medical treatment . . . [and] wanted to involve the workers in the hospital and the community in determining what services were made available and what kinds of doctors should work at the hospital.” The collective came with no less of a goal than to “transform the healthcare of the South Bronx.”<sup>62</sup> But from the outset, their dreams were tempered by the high stakes of medical care at Lincoln. According to Mullan,

“Whatever our plans were for ramping up our political activities, we were mostly consumed with ramping up our medical activities, getting comfortable being the staff of this very big, very active medical 24-7 institution.” And then within two weeks of their arrival the doctors were thrust into a tumultuous battle for community control of the hospital.

## The Occupation of Lincoln Hospital

On the afternoon of July 13, after a typically long day of carrying out the various daily functions of the organization—speaking engagements, leafleting, the selling of *Palante*, and assisting members of the community with translation or advocacy in schools or the welfare office—general body members of the Young Lords checked in as usual at their East Harlem headquarters. Upon arrival, members were given a sheet of paper with instructions that contained the coordinates of a gathering scheduled for that evening. Also included were the names of two or three Young Lords to bring along but to whom information should not be divulged. The leadership was concerned with police infiltration, but among the rank and file, rumor had it that a surprise party was in the works.

Over the next few hours, approximately 150 Young Lords gathered at an apartment on Manhattan Avenue. Chairman Felipe Luciano announced that those present would be occupying Lincoln Hospital the next morning. The leaders of the organization, including Luciano, Juan González, and David Perez, each gave an assessment of the crisis at Lincoln and why the takeover was necessary. Assignments were meted out and a division of labor was established among different subsets of Young Lords that coincided with the different ministries: health, information, field, and education. The rest of the meeting focused on the details of security and the need to comply with strict discipline during the takeover. All of them were expected to sleep in the apartment. Those not wracked with anxious anticipation managed to sleep a few hours before it was time for action.

At 3:30 A.M. on July 14, a large U-Haul truck and a number of cars were waiting outside the apartment. The Young Lords were instructed to maximize room by making use of the space between their legs for others to crouch in and to hang on tight during the bumpy ride to the South Bronx. At 5:00 A.M. the Puerto Rican militants proceeded to reenact a sensational routine, the same one that had first brought them national notoriety seven months earlier during their Church Offensive. With members of HRUM and TLC on call, approximately 200 people were gearing up for the action. Members of the Young Lords defense ministry were on-site, charged with “neutralizing” the hospital’s security as soon as the Young Lords’ caravan arrived at the prearranged location. The defense ministry was also ready to direct the action.

Driven by radical labor organizer William Santiago, father of Young Lord



**Young Lords find Sterling rock-salt bags in Nurses Residence, the building they occupied earlier that morning, and build a make-shift barricade at side entrance, July 14, 1970. (Photograph by Jack Manning/New York Times; courtesy of the *New York Times*)**

Gloria Rodriguez, the U-Haul truck backed into the hospital's loading dock, and when the back doors of the truck were opened, the Young Lords stormed the hospital "like marines storm a beachhead in war."<sup>63</sup> Equipped mainly with chuka sticks (a pair of eight-inch wooden batons held together with an elastic band and used in martial arts), the Young Lords deployed with confidence and even a measure of grace. Several entered the building wearing long white medical coats, a trademark display of the Young Lords' mischievous humor and deadly earnestness. Immediately after they secured the entrances and exits, they explained their purpose to those inside and allowed workers and patients access to the building.

Within the first hour, the Young Lords had secured all of the first-floor windows, doors, and entrances, blocking them with hospital furniture, boxes, and hundreds of industrial-size bags of "sterling rock salt" that were in the building.<sup>64</sup> The building's high-pressure water hose was unfurled, ready in the event that the police might charge the front entrance of the building.

The radicals announced a press conference for 10:00 A.M. and deployed messengers to the upper floors to inform doctors, nurses, and other hospital employees of the occupation and request their assistance in "running the hospi-

tal for the people.”<sup>65</sup> As they did at the First Spanish United Methodist Church, they kept one door open to ensure that those coming to work were allowed in. Each employee was told that the Young Lords did not wish to interfere with the operation of the hospital. At 10:00 A.M., they explained their actions to the press, welcomed volunteers to help staff their programs, and invited the community to participate.

The timing of the occupation coincided, roughly, with the onset of the new budgetary cycle, when reductions in hospital services were scheduled to begin. Only days earlier, *Palante* had run a major article on Lincoln Hospital whose opening lines both reported on the imminent budgetary cuts and foreshadowed the Young Lords’ July action. The portentous article began, “In July 1970, Lincoln Hospital will be the victim of the greedy businessmen who make money from the illnesses of the people of the South Bronx.”<sup>66</sup>

Though the doctors of the Lincoln Collective were not part of the planning of the action, its logic resonated with their own understanding of the crisis. They all had read Barbara Ehrenreich’s 1970 book, *The American Health Empire*, on the chaotic nature of the medical system, its organization around profit rather than patients, and its traditional hierarchical culture and systemic racist and sexist practices. The author paid special attention to the displacement of solo practitioners by “medical empires.” Defined as a network of institutions spearheaded by an elite private medical school and anchored by a teaching hospital and, in New York, its public hospital affiliates, the medical empire accelerated the transformation of healthcare into an industry in the 1960s. Even though they were significantly subsidized by public taxes, the empires focused exclusively on research, the pursuit of prestige, the training of physicians, and the expansion of their real estate holdings through incursion in their surrounding urban ghettos. Because they were powerful enough to set industry standards, they presented a formidable obstacle to patient-centered care and a drain on the public coffers.

With the help of HRUM and the TLC, the militants began instituting their community programs. In the auditorium, they began a provisional screening clinic for anemia, lead poisoning, iron deficiency, and tuberculosis, and in the basement they created a daycare center and classroom for political and health education. Over the course of the day hundreds of community residents who had heard of the takeover and of the free services made their way through the occupied building or stood watch outside amid a sea of armed police officers. Above them, hanging from the windows of the hospital’s upper floors, fluttered the Puerto Rican flag and banners that read, “Seize the Hospital to Serve the People,” “Welcome to the People’s Hospital,” and correspondingly in Spanish, “Bienvenidos al Hospital del Pueblo.” According to a firsthand account by one of the doctors in the Lincoln Collective:

The Lords never requested formal backing in advance since to do so would have jeopardized the secrecy surrounding the planned action. In all likelihood, though, they counted on a fair amount of support from the hospital staff. And they got it. . . . The Collective members visited the occupied areas frequently, helped staff the day care and health care programs, and let it be known to the press and the police that physicians backed the Lords. I for one couldn't stay away. The Nurses' Residence suddenly had the fantastic, intoxicating air of a liberated zone. The press was listening; the city was listening; and the Lords had risen up and were telling the stories of the women and children waiting endlessly in the clinic, the old folks dying for lack of a Cardiac Care Unit, the humiliation of the Emergency Room, the flies, the pain, the degradation. It felt good, it felt right, it felt righteous. It was why we had come to Lincoln.<sup>67</sup>

For the duration of the day, radio and television news broadcasts reported on the group's dramatic disruption, capturing in the process the inhumane physical conditions under which service was customarily rendered at the hospital. At a press conference, the group's representatives described the hospital's deplorable conditions in detail. Even Lacot, the hospital's chief administrator, admitted that day that although he preferred that they leave, the Young Lords' actions were "helpful" to "dramatize a situation, which is critical."<sup>68</sup> For a city government that was planning to implement a long-term package of austerity measures in public services, the events at Lincoln Hospital would have consequences. In no uncertain terms, the Young Lords' action inserted the budget cutting and its consequences into the city's public discourse.

With confidence in their sails, the Young Lords outlined a new and more comprehensive set of demands at their press conference:

- 1 No cutbacks in services or jobs, specifically in the Section K screening clinic, the Emergency Room, of translators, doctors, or any other personnel.
- 2 We want immediate funds from the NYC Health Services Administration to complete the building of and fully staff the new Lincoln Hospital.
- 3 Door-to-door health services for preventative care emphasizing environment and sanitation control, nutrition, drug addiction, maternal and childcare, and senior citizen services.
- 4 We want a permanent 24 hour-a-day grievance table staffed by patients and workers with the power to redress grievances.
- 5 We want a \$140.00 a week minimum wage for all workers.
- 6 We want a day care center for patients and workers at Lincoln Hospital.

- 7 We want self-determination of all health services through a community-worker board to operate Lincoln Hospital. This group of people must have shown their commitment to sincerely serve the people of this community.<sup>69</sup>

As the political and economic character of these demands suggests, the preoccupations of the TLC had evolved from an initial focus on humane treatment of patients to demands that also reflected a stronger set of traditional shop-floor concerns.<sup>70</sup>

The Young Lords' disruptive protests had proved effective once again. As before, fear that a prolonged and hostile conflict would spark similar actions by other discontented groups afforded the Lords a measure of bargaining power in city politics. Following their press conference, the militants entered into negotiations with Lacot; the mayor's chief assistant, Sid Davidoff; and representatives from the HHC, which had taken over the administration and allocation of expenditures for municipal hospitals a year earlier. After four hours of talks, the fragile balance at the bargaining table was suddenly upset just as an agreement was about to be reached. According to the Young Lords Party, the police were going to withdraw their forces from the hospital's surrounding area and would have allowed the group to run a series of programs in the hospital in return for the immediate evacuation of the premises. But when TLC delegates received word that an undercover police officer had tried to break through the central checkpoint door where a Young Lord was positioned, they called off the negotiations, concluding that "it was apparent that the administration had no control of what was going on and that Mayor Lindsay, through his mouthpieces, was trying to double-deal."<sup>71</sup>

At approximately 5:00 P.M., in an auditorium brimming with media and supporters, Young Lord Pablo Guzmán reported on what had transpired at the negotiation table. As he spoke, police reinforcements positioned themselves at every entrance of the building. Guzmán exhorted the audience to defend the hospital. But Guzmán's exhortations were merely a ploy to disorient the police. Believing that they had "won a political victory" and that they risked a bloody confrontation with the awaiting officers, the Lords decided against mass arrests. As the young radical excited the audience with his speech, the Young Lords in their white smocks began to slip out of the building, a few at a time, escorted by resident doctors. After just twelve hours, the occupation of Lincoln Hospital ended, just as stealthily as it began. Supporters stayed in the auditorium for several hours so that the Young Lords could exit without being detected. Only two were arrested.

## The Aftermath

From July until December 1970, the crisis at Lincoln became central to the city's political debates. James Buckley, the Conservative Party candidate for U.S. senator, called the occupation a "vigilante action" and denounced Mayor Lindsay's decision to send his own chief assistant, Sid Davidoff, "to negotiate with the extremists."<sup>72</sup> And while Lacot, the hospital's chief administrator, and Einhorn, the head of pediatrics, acknowledged the validity of the activists' grievances, they took issue with the YLP's and TLC's "extremism" and questioned the authenticity of their ties to the community. In response, Cleo Silvers explained:

Those people that recognize problems . . . [and] are willing to move on them in the interest of all the people and not a small segment of the community are those people who represent the community. . . . Our position is that we do not say that we represent the South Bronx. . . . We are an element of the community, which has . . . been able to articulate the problems. . . . [Our] job is to get out to the people in the community with this information, to organize the people in the community, and to involve them in making changes along with us, because . . . we won't be able to make any changes without . . . large numbers of people in the community. We feel that the only way that a person can be a bona fide representative of the community is by his practice, by what he has done to prove that he is representing the people of the community and not himself.<sup>73</sup>

In her statement, Silvers defined the role of the vanguard party as defender and advocate of the broadest and most progressive interests of poor and working people. To Silvers and the Young Lords, vanguard leadership had to combine analyzing the world's problems with charting political direction alongside the broadest possible number of oppressed people. Striking this balance would require an accurate assessment of both the political state of affairs and the level of consciousness of their community base at any given moment.

Just days after the July 14 occupation, a new crisis erupted. On July 17, Carmen Rodriguez went into Lincoln's gynecology service for an abortion. The Puerto Rican woman was a long-standing patient at Lincoln. She had been addicted to heroin and was an active member of Logos, a community-initiated heroin treatment center in the South Bronx at which progressive Lincoln doctors volunteered. According to one of the doctors who supervised Logos, resident psychiatrist and TLC member Mike Smith, Rodriguez was well known and had endeared herself to Logos's drug rehabilitation workers because of her caring spirit. She was fortified by Khalil Gibran's writings, carried his books with her daily, and regularly implored the people around her to treat each other with kindness.<sup>74</sup>

Though New York State had legalized abortion just two weeks earlier, Rodriguez had been approved for the procedure under the old abortion law because she had rheumatic heart disease and delivering a baby would endanger her life.<sup>75</sup> Smith explains that her procedure occurred just two weeks after a new cohort of residents and interns relieved the old class of doctors in training; because “the attendings were different, the doctors were different . . . they knew nothing of her medical background at all . . . and in those days at public hospitals you didn’t always get records, so they assumed that she was there simply to get an abortion.” Abortions were relatively simple procedures, but they had not been performed with any regularity before, and at Lincoln there was no established protocol and no formal training of doctors.<sup>76</sup>

The resident on call that day performed a saline-based abortion procedure, whose severely harmful effects on patients with heart disease were well known.<sup>77</sup> Rodriguez became short of breath, but without a chart the resident proceeded to treat her for what he assumed to be asthma and then repeated the same course again. According to Smith, the resident assumed that Rodriguez “was ‘a Puerto Rican woman with asthma’—a common category but not a universal category. And so he gives her medicine for asthma, and that’s medicine that makes the heart patient much worse. She was quite correctable. And again she was a person who knew the difference between asthma and heart disease.” Although Rodriguez was likely conscious, and “could enunciate beautifully,” she was being treated in a medical environment in which the patient was often infantilized; she was never consulted about what was happening to her body and how the medical care she was receiving might have been harming her.<sup>78</sup> She died on July 19, three days after the abortion.

On the day of her death, the TLC activists demanded a meeting with Lacot. According to the activists, they were told that Rodriguez’s was “a complicated case,” beyond their comprehension. The activists retorted, “We knew what they were talking about and also what they wanted to hide.” They drafted a set of demands, calling for damages to be paid to her family; for the head of the abortion clinic, Dr. J. J. Smith, to be removed unless a community-worker committee was set up to oversee the program; and for the abortion clinic to be named after Carmen Rodriguez.<sup>79</sup> Within days, Rodriguez’s record was leaked to the TLC by Mike Smith, who was well aware that her death was due to negligence.<sup>80</sup>

The tragedy of Rodriguez’s death called into question the methods of care institutionalized in the public hospitals as a result of medical school affiliation contracts. In the affiliation system, patients were never assigned their own primary care physicians; a patient would likely see a different doctor—whoever was on call—from visit to visit. The resulting reliance on inexperienced students’ treatment decisions increased the probability of disastrous outcomes. Moreover, the fact that no one doctor followed the progress of any patient over time meant

that cases such as Rodriguez's could fall through the cracks. Although the affiliation contract was conceived with mutual benefits in mind for both the city's poor and the medical schools, in actuality the medical training of interns and residents and the schools' research needs became major forces in shaping hospital practices. One of the key reforms that came out of the activism at Lincoln was the emergence of "continuity clinics" in public hospitals, where patients are seen by the same primary care doctor. This program was conceived by the doctors in the Lincoln Collective.<sup>81</sup>

Another remarkable result, negotiated by the Young Lords, was that the hospital administration consented to a clinical pathological conference. In late July, the hospital hosted a public hearing, where administrators presented Rodriguez's diagnosis, treatment, and the medical complications that led to her death. The audience then asked questions, and doctors from other institutions presented counterarguments about the care she should have received. This type of public clinical conference, allowing a lay audience to cross-examine a team of medical doctors, has been cited as the first of its kind in the history of medicine. Though the meeting proved grossly contentious, with a lot of hissing and heckling, according to one of the doctors in the collective, "the fact of the meeting was an important event. It was a troubled, even tortured example of community control of medical services. At the least, it was a real and significant instance of physicians being called to account by community people. The agenda did not flow easily but the very meeting of the two sides to discuss a medical event stood as a victory for community participation in the hospital."<sup>82</sup>

After the clinical conference, the crisis surrounding Rodriguez's case escalated. The TLC charged the department with "genocide." In its estimation, the clinical conference was a victory, but Rodriguez's "murder," which was due to systemic negligence, required accountability, continued campaigning for fundamental change, and reprisals at the administrative level. On August 25, 1970, TLC activists met with the head of the division of obstetrics and gynecology, J. J. Smith, repeating their demands once again and adding that Smith should reinstate the only black doctor in gynecology, who the activists alleged was fired because "he stood up to" Smith.<sup>83</sup> The more-than-two-hour meeting was filled with acrimony, after which the activists took measures into their own hands and "fired" him. They escorted the doctor to his car, pushed him around, and told him never to come back.<sup>84</sup> According to Cleo Silvers, the conflict reached a fever pitch because of the arrogant and racist disposition of the doctors, even the progressive ones among them. She remembers, "If Dr. J. J. Smith had conceded to even some of our demands, and if [the administration] hadn't tried to cover up what we knew was all too common at Lincoln—the daily disregard for the lives of people of color—we wouldn't have had to take the actions we took."<sup>85</sup> Surprisingly, the activists were able to get away with such acts because they had

relatively free rein in the hospital. Its chief administrator, Antero Lacot, had not asked them to disband the complaint table they had set up in the ER in late spring 1970 or the daycare center they established during the July 14 occupation.<sup>86</sup>

J. J. Smith resigned shortly after the altercation with the activists in his office. In response, twenty-seven residents and interns of his department, most of whom were foreign doctors, went on a ten-day strike in his support, from August 25 through September 3.<sup>87</sup> The interns continued to work at another affiliate of the Albert Einstein College of Medicine, Jacobi Hospital, but their actions shut down Lincoln's obstetrics and gynecology department. The interns and residents vowed to return only if the activists were barred from interfering in any aspect of work in their department. To this end, on August 27, 1970, the hospital sought a restraining order against the Young Lords, the TLC, HRUM, and all other activists.<sup>88</sup> Antero Lacot reported to the *New York Times* that the injunction was served to the Young Lords because they had "exceeded the ground rules." But Lacot was equivocal in his condemnation of the radicals. He had previously acknowledged that although their actions were extreme, they had helped move the Lincoln bureaucracy toward change. Perhaps because he sensed the value of their controversial presence and perhaps because he was unaware of the draconian character of the injunction, he reported to the *New York Times* that the activists would be allowed to continue to run their daycare and complaint table. But top city officials, the courts, and the mainstream media were collaborating with institutions in all spheres of public life, from the schools to the hospitals, to institutionalize heavy security measures against activists like the Young Lords and their supporters.

The injunction was served on the same day that the *New York Times* editorial board penned a scathing editorial against the Young Lords titled "Crisis at Lincoln." Because this editorial and another news article both referenced the terms and effective date of the restraining order, it is likely that efforts were coordinated between the newspaper, the city's attorneys, and the hospital administration. The editorial portrayed the striking Lincoln physicians as heroes and the Young Lords as villains, explaining that because of "doctor shortage, when many alternative jobs are available, it requires physicians with special dedication to the disadvantaged to be . . . willing to put up with Lincoln's many difficulties." But the profile of physicians at Lincoln, the majority of whom were foreign doctors seeking to gain licenses in the United States, was far more complicated. And there was no mention of the Pediatric Collective, which together with the Young Lords launched a door-to-door preventive medicine program in the South Bronx. The editorial derided the Young Lords as "a Puerto Rican imitation of the Black Panthers," who created "a climate of fear and conflict" in the hospital and took to "harassing doctors and nurses." Using the symbolic remnants and language of McCarthyism, it charged the group with "invading"

the hospital and implicitly impugned its administrators for allowing the Lords “to become a fixture in it.”<sup>89</sup>

In a letter responding to the *New York Times* editorial, Eli C. Messinger, national chairman of the Medical Committee for Human Rights, pointed out the contradiction between its “righteous condemnation of conditions at Lincoln” and its “even stronger condemnation” of the methods of those trying to effect change. Messinger itemized the “constructive” activities of the radicals and emphasized the failure of “the medical profession and the city” to redress “the abominable conditions of the hospital” until the Young Lords and others “began to directly institute changes.” He also explored the merits of the Young Lords’ most controversial demand, the community-worker board to set policy for the hospital, arguing that hospital workers and community residents were best positioned to “identify major health problems” and “shape corrective programs relevant to their communities.” He went on to say that community control was less about “lay interference in the technical aspects of medical care” and more about compelling “physicians and administrators to abdicate their elitist roles of prescribing the structure of health services.”<sup>90</sup>

The conservative politician James Buckley, eager for any publicity that might help his mayoral campaign, also weighed in. Like others, including the *New York Times* editorial board, he misapprehended the facts, failed to address the grievances that led to protest, and used the language of crime to describe the actions of the radicals at Lincoln. Buckley observed, “Not only was the superintendent of the hospital held hostage by extremists, but women in labor were actually turned away from the hospital doors because the rest of the medical staff could not function in this sort of chaotic environment.”<sup>91</sup> What Buckley characterized as a hostage situation involving the superintendent of the hospital was, in fact, the activists’ firing of the head of gynecology, J. J. Smith. Buckley also blamed the Young Lords’ July 14 occupation for the disruption of services in the gynecology department. Speaking to the *New York Post*, Young Lord Pablo Guzmán retorted, “The only disruption of services came about when those doctors [who supported Smith] left . . . of their own volition, not because of any threat.”<sup>92</sup>

Even though the hospital’s chief administrator told the *New York Times* that the court injunction would allow the activists to continue to run the daycare and the complaint table, the injunction failed to bring the doctors back to work. Their work stoppage and temporary transfer to Jacobi Hospital may have offered some comparative perspective. Now, in addition to their harassment complaint against the Young Lords, they were demanding that their workloads be reduced at Lincoln. But when the city threatened to terminate its \$28 million affiliation contract with the Einstein Medical College, Einstein forced the doctors to return to their posts.<sup>93</sup>

Other departments, including pediatrics and psychiatry, were also swept up in the conflict. Arnold Einhorn, the chief of the pediatrics department and its

pioneer, was replaced by the acclaimed Dr. Helen Rodriguez Trias after protests by pediatric doctors within the Lincoln Collective. In their view, Einhorn was too rigid to allow the kind of training program the dissident doctors sought to establish, in which department policy was determined through collective discussion in weekly meetings that included the nurses. The doctors in training wanted to challenge the individualism, elitism, and sexism of the medical profession in consciousness-raising circles not unlike those that emerged in the women's movement. They also initiated a Pediatric Parents' Association to involve parents in the life of the department. Other innovations—like drawing straws to decide who was in charge of the daily rounds—were deeply flawed and didn't last. Ironically, Einhorn's ouster by a group of mostly young, Jewish doctors in training was decried by the American Jewish Congress and the Jewish Defense League as an instance of anti-Semitism. A civil rights investigation by the city ultimately led to Einhorn's reinstatement.<sup>94</sup>

## Patient Bill of Rights

Before Carmen Rodriguez's death, the TLC had experimented with a variety of tactics in its fight for improved conditions and greater influence over the governance of the hospital. The activists held rallies, drafted a series of petitions and demands, convened meetings with hospital administration, and occupied buildings. All the while their presence in the hospital was anchored by their twenty-four-hour patient/worker complaint table in the emergency room. As we have seen, the activists' demands reflected grievances surrounding local conditions and an attempt to introduce the notion of preventive care through medical home visits at the neighborhood level. Another set of demands drafted in late summer 1970 by HRUM and the Young Lords proved uniquely influential in the field of medicine. Drafted in the cauldron of protest following Rodriguez's death, the demands aimed to establish a protocol of communication between patients and doctors, minimizing the incidence of such tragedies in the future and investing patients with knowledge and control over their care by recasting patients in the eyes of the medical profession as citizens with constitutional rights.

The Patient Bill of Rights demanded these rights:

- 1 To be treated with dignity and respect.
- 2 To have all treatment explained and to refuse any treatment you feel is not in your best interest.
- 3 To know what medicine is being prescribed and what it is for and what side effects it will cause.
- 4 To have access to your medical chart.
- 5 To have door to door preventative medicine programs.

- 6 To choose the doctor you want to have and to have the same doctor treat you all the time.
- 7 To call your doctor to your home.
- 8 To receive free meals while waiting for outpatient service.
- 9 To have free day care centers in all hospital facilities.
- 10 To receive free healthcare.

With its far-reaching implications for the relationship between patients and doctors, rearticulations of HRUM's Patient Bill of Rights have been adopted by hospitals across the nation under the same name. Part of what was remarkable about this list was its prescience. It significantly advanced the standards and ethics of patient care and patient rights in public discourse and helped enshrine concepts such as patient dignity, full disclosure and explanation of medical treatment and prescriptions and their side effects, and the right of the patient to refuse treatment. At the same time, it anticipated, in its call for free healthcare, what remains one of the most contentious debates about public health.

## **Coalition Politics: Middle-Class Guilt and Revolutionary Bravado**

The coalition of individuals and groups that came together to fight for better healthcare in the South Bronx was riddled with internal tensions. The relationships they built were full of promise but also strained by conflicts of race, class, and gender. The weakest link in the coalition revolved around the relationship between the TLC, itself an amalgam of radical organizations and individuals of color, and the predominantly white Lincoln Collective. For its part, the Lincoln Collective of doctors was independently organized and often deluged with the responsibilities of medical residency. The Lincoln Collective worked best within the coalition when it could offer concrete, skill-based support to the work, as in its contributions to the door-to-door preventive medicine program.

The Young Lords did not tell any of the staff at Lincoln about their takeover in advance. Osborne, among other Lincoln Collective doctors, was unsettled by the surprise occupation. He described the Young Lords as "top-down. . . . They might come and say, 'We're doing this today,' or, 'We're gonna do this tomorrow.'" He was resentful that they didn't involve the Lincoln Collective in discussions about strategy. Osborne also perceived the male leadership of the Young Lords to be "intimidating," "arrogant," and "secretive."

The Young Lords and their leadership were unapologetic in deploying both eloquent rhetoric and brawn in their day-to-day work. They inspired thousands of young people across the city with their dramatic antics and their perceptive insights, but they also threatened to beat up corner drug dealers for debasing

their neighborhoods and the head of the Lincoln gynecology department for his attempts to cover up medical negligence. To a young, white, middle-class doctor unfamiliar with the parlance of the street, who was working in a disfigured urban landscape brimming with petty criminals and drug users, the masculine posturing and street savvy of male members of the Young Lords was likely discomfiting. The strident confidence and centralized power of the group's Central Committee surely unsettled white middle-class notions of legitimate leadership, and the brashness of some members of the Young Lords must have unnerved those who held on to any iota of middle-class propriety and respectability. The Young Lords challenged mainstream perceptions of race, which in turn destabilized the paradigm of power, world view, and identity of the middle class, of all roles, even the radicalized among them.

In his recollection of activism at Lincoln, Osborne returned to the male bravado and unilateral decision-making of the Young Lords' leadership as a source of tension. In fact, the Young Lords had enjoyed quite a number of victories since they had started organizing a year earlier. And the generally positive media attention they enjoyed must have enlarged their egos and made the group, and especially its leadership, feel invincible. But the organization's formal leadership had a mix of personalities. Its most visible leaders were Felipe Luciano, Juan González, Pablo Guzmán, and Denise Oliver. Juan "Fi" Ortiz and David Perez were self-effacing, background strategists. González was an articulate, but low-key, strategist and leader of the student strike and occupations at Columbia in 1968. Guzmán was a media maven who could pack a punch in a slogan. Luciano, the most charismatic among them, vacillated between poetic ruminations and a street-tough persona. And Oliver, a middle-class black American woman, was known for the haughtiness with which she brought down her opponents in an argument.

Despite Osborne's critique of the organization's leadership, he sang the praises of the organization's rank and file that was active at Lincoln—a disproportionately female representation of the organization who were also members of HRUM—whom he believed to be "much more earnest and hardworking and humble and sincere." While Osborne characterizes the activists at Lincoln as people who often adopted hard lines unnecessarily, overall he said they "were really trying their best to do the right thing. They were very consistent, I think, self-effacing, very altruistic."<sup>95</sup>

Osborne's perception of the Young Lords differed from that of Dr. Stephen Levin, "a Jewish kid from a working-class neighborhood in Philadelphia," who conducted home visits with the Lords and was the organization's resident doctor. The Young Lords "played a major role in my reassessing where I had come from, what was important, what I should do with my life. . . . Using one's life for a better purpose than getting rich, you know, made really resonating sense for me." He felt alienated by the middle-class professional aspirations of his medi-

cal school cohort. With the Young Lords, by contrast, he found home: “I don’t know exactly . . . what there was about me and my personality that made me click so easily with a guy like Mickey Melendez or Yoruba Guzmán? I think I come from a neighborhood that was so much like the barrio—wild-ass kids runnin’ in the street, playin’ ball, doin’ crazy things. . . . So there was something about the way they were that was so resonant with my own [experience growing up]. . . . I was white, unmistakably white, and a doctor, too . . . [but] my distinctiveness disappeared.”<sup>96</sup>

Osborne described the behavior of the radicalized doctors in ways similar to his description of the leadership of the Young Lords, but he seemed less intimidated by his colleagues: “Despite our erratic behavior and arrogance, the workers came to like us because they felt, at least, we cared about the patient and were trying to do the right thing.” He also observed that the manner with which the Lincoln Collective doctors dealt with Einhorn was “extreme” and unreasonable, and he attributed their inflexibility to youthful inexperience. However, in discussing the authoritarian disposition of the Young Lords, Osborne also recalls that “everybody was pretty sectarian in those days. That was the characteristic of most political groups that I knew of, which meant that . . . they were run in a very hierarchical fashion. Most of the leadership was male.”

Middle-class guilt figured prominently in the relationship among the groups in the Lincoln coalition. According to Osborne, “They would give us political education and sort of make us feel guilty about being white and middle class.”<sup>97</sup> Mullan explains the internal conflict he experienced over the notion that he should take a political lead from the Young Lords. “I struggle with it. On the one hand I thought it was good to think creatively, and I definitely had the sense that there were ways in which we needed to function differently as people in order to be responsive to people’s movements, so I was at least open to the notion of considering . . . my own elitism.” Although they never made their position overt, the doctors, according to Mullan, took issue with the analysis that “Third World people, and in particular Third World workers, were the leadership, which was a little bit unrealistic in the sense that while you might like that to be the case, that doesn’t necessarily mean that it’s true. Just declaring it doesn’t mean it’s right. But most of us felt we had to accede to whatever the leadership of these minority groups asked of us because we felt guilty.”<sup>98</sup>

Mullan concludes that the notion that “you have to surrender your identity, or your leadership, or your pride, and take leadership from anyone who comes through the door because they’re part of the party . . . is [not] a viable way to run anything.”<sup>99</sup> For his part, Osborne often “felt a bit guilty and a bit intimidated and a bit used,” but he believed that the good outweighed the bad: “On the whole we were doing the right thing. . . . We had to move forward by having parties and leadership and cadre and rank and file and organizing and all that.

And I don't think I knew enough quite yet, politically, about how groups worked to really have a consistent analysis or consistent critique."<sup>100</sup> Of the coalition's experience with the doctors, Young Lord Cleo Silvers emphasizes that "many of them, especially the men (and they were mostly men) were never able to accept the notion that we could be equal partners because we weren't doctors ourselves. They didn't truly get that you have to listen to the community in order to deliver quality healthcare. They couldn't overcome their middle-class entitlement and we struggled with them over this."<sup>101</sup>

The coalition work led by the Young Lords at Lincoln Hospital reflected the challenges presented by the demographic shifts of the postwar period. Lincoln employed and served members of a predominantly Puerto Rican and black American population, and tensions among hospital activists were exacerbated by the chasm between the life experiences of the cohort of working-class people of color with vanguard party politics who made up the core of the TLC and those of the group of politicized middle-class white doctors who made up the Lincoln Collective. In a nation where middle-class white professionals and poor people of color lived diametrically different lives, the workplace convergence of these two groups was bound to produce conflicts. On the one hand, white middle-class professionals were beholden to a world managed by experts and a world view that measured success through individual hard work, prudence, education, ambition, and self-improvement. By contrast, for many people of color, success was increasingly defined not by individual strivings alone but by their collective challenges to entrenched systems of oppression and grassroots campaigns for reform in education, health, and employment. In the context of growing claims to self-determination among people of color, there emerged critiques of less visible but no less damaging manifestations of racism and white paternalism among even progressive whites.

Through 1970 and 1971, the Young Lords continued their coalition work at Lincoln and in November 1970 became involved in another major action. In the lead-up to the action, the HRUM became an official subsidiary organization of the Young Lords, which meant that its members identified both as Young Lords and as HRUM members. This granted the Young Lords greater reach and political influence at Lincoln even amid administrative attempts to limit their access to the hospital after the Lincoln occupation. In August, the Young Lords and HRUM brought together a disparate group of seven neighborhood organizations in a collaboration they called the South Bronx Drug Coalition.<sup>102</sup> Its objective was to obtain institutional backing from Lincoln Hospital for a drug detoxification center. Following the dominant community control model of protest of that period, on November 6, 1970, the activists again occupied the sixth floor of the nurses' residence attached to Lincoln. There they proceeded to implement a program. With the aid of doctors, the group conducted physicals,

assigned beds, and began to administer detoxification treatment, while representatives of the coalition negotiated with Lacot. At the end of the day, the police were called in, and fifteen people were arrested.<sup>103</sup> But others returned the next day and proceeded to lay the groundwork for a detox clinic.

The program became popular among the people of the South Bronx because it humanized the user and challenged the notion of addiction as a personal character flaw. The Young Lords and others involved sought to understand the relationship between individual behavior and the social context and structure of society. The identification of drug abuse as a social rather than a purely individual phenomenon was considered an integral component of the rehabilitation process. In a district that claimed the largest incidence of drug addiction in the nation, before long what came to be known as Lincoln Detox was treating 600 people a week.<sup>104</sup> Through political education, the program's treatment empowered users with an understanding of the complexity of addiction, including the sociopolitical context that led people to want to escape reality—poverty, permanent unemployment, racism, and a dilapidated living environment. The mandatory education classes also introduced their participants to a web of political ideas that highlighted the intersection between drug addiction and the expansion of drug trafficking as a consequence of U.S. foreign policy in places such as Vietnam.<sup>105</sup>

The detox program involved doctors, activists, and patients as partners in a multifaceted medical treatment and social rehabilitation project. Directed by Stephen Levin and Cleo Silvers, the program first adopted, of necessity, the mainstream methadone detox method, which was unpopular with activists because methadone could be just as addictive as heroin.<sup>106</sup> The activists sought an alternative that didn't replace one addictive substance with another. Before long they came to envision a program that would introduce Eastern medicine as the primary treatment method for addiction. Lincoln Detox was eventually funded by Lincoln Hospital in 1972 and became one of the principal acupuncture drug treatment centers in the Western world.<sup>107</sup>



The fast-paced course of activism initiated by the Young Lords at Lincoln used a range of tactics to involve workers and patients in the fight for better wages and improved care. The multiplicity of tasks—from rallies and petitions, the complaint table, and negotiations with hospital administrators to building occupations and door-to-door home visits—demanded a full-time activism that was as exhausting as it was exhilarating. Together, the TLC, HRUM, the Young Lords, and the Lincoln Collective sought to elevate the ethics of medical practice by establishing a compassionate, patient-centered, preventive model of care. They also sought to dramatize the problems of Lincoln and embarrass the city

to compel it to build a facility that had been promised to the people of the South Bronx fifteen years earlier.

The crisis over governance at Lincoln Hospital was a continuation, albeit in a different sphere, of the movement for “community control” that had exploded during the Ocean Hill–Brownsville school decentralization crisis of 1967–68.<sup>108</sup> The growing call for community control was a radical interpretation of the War on Poverty’s dictum of “maximum feasible participation.” The concept demanded a reordering of decision-making, employment patterns, and delivery of local services in the major institutions governing community life such as schools, hospitals, and police precincts. The call for minority control over community institutions was not a radical demand, but it was an expression of the radicalization, and growing confidence, of movements built by people of color in urban centers across the United States. It was also one of the major practical applications of the concept of black power. It reflected a growing preoccupation among activists with extending the meaning of democracy and enhancing the fight for racial equality by rooting it in economic and political power at the local level. As the Lincoln example suggests, that demand was led by the growing sector of low-ranking workers in social service industries and municipal government, who were also often residents of that same community. The non-professional staff at Lincoln’s mental health clinic called for a community- and worker-led board of the clinic, with authority to make and implement governing decisions and committed to fairly representing all staff. These activists raised issues of economic equality and wealth redistribution in their struggles, but in seeking greater influence and power over major local institutions they often became managers of a system that had not granted the major structural reforms needed to address racialized economic inequality.

At Lincoln, the Young Lords broadened the definition of community control. Their campaign took the call a step further, beyond a critique of the form of governance to a critique of its content and purpose. The struggle at Lincoln evolved politically from one that emphasized the ways in which racism colored healthcare services in the Bronx to one that articulated the social limitations of institutions governed by economic interests and how racism against people of color created deadly consequences. The dramatic work of the Young Lords and their supporters at Lincoln Hospital was driven by, and corresponded to, the deepening social and economic decay of the urban environment. Operating between two different epochs—the decline of the era of civil rights, black power, and the Great Society, and the emerging new era of social conservatism that began in the 1970s—the Young Lords were among the first activists to challenge draconian reductions in social spending and the associated privatization of public services. They were preparing for what they believed would be politically decisive battles.