

Seize the Hospital to Serve the People

Fitzhugh Mullan

When the Collective arrived at Lincoln in July of 1970 to begin work it was not, as many later contended, the beginning of political activity at the hospital. A significant amount of unrest, dissent, and anger had surfaced in and around the hospital in the two or three years prior to 1970. Moreover, the agitation was not the work of a single group but rather spontaneous eruptions brought about by unrelated groups. Militant demands for change at Lincoln preceded the arrival of the Collective by several years.

In July of 1969 a cabal of angry workers in the Lincoln Community Mental Health program took over their service and demanded the ouster of its leaders—two psychiatrists—and a series of reforms making the program more accountable to the community. The immediate result of the uprising was the arrest of twenty-two persons and the firing of sixty-seven more. Eventually, most of the workers were reinstated and the psychiatrists in question were removed. The most important outcome of the “mental health strike” was not the changes in the department but the drawing together of a group of people who were to be instrumental in subsequent events at Lincoln. These individuals were for the most part young, black or Puerto Rican community mental health workers whose political outlook and grievances were varied. Following the mixed outcome of the strike they began to work more intimately with the Black Panther

party and the Young Lords organization. This experience developed both their own internal discipline and the breadth with which they defined the problem; that is, they saw the situation at Lincoln not simply as a badly run city hospital but as part of a larger health struggle, part of the way that white, well-to-do bureaucrats dealt with black and Puerto Rican people. They began to talk increasingly of community-worker control of Lincoln and Third World leadership in health actions.

A second, unrelated insurrection took place at Lincoln in April of 1970. At that time the position of Hospital Administrator was vacant, a post always occupied by a white professional appointed by the Commissioner of Hospitals, and a group of community people decided to challenge the tradition. Their candidate was Dr. Antero Lacot, a middle-aged Puerto Rican gynecologist with a master’s degree in public health and experience running a community maternity center—hardly a radical choice. The Commissioner of Hospitals refused to support him and the Committee for Lacot swung into action. With the press in heavy attendance, they sat-in in the hospital lobby in a show of determination to get their man appointed. Twenty-two were arrested and carried out to police vans. Significantly, the groups backing Lacot were neither Lords nor Panthers. They were representatives of forces totally different from those activated in the mental health strike. Mostly they were members of Puerto Rican community organizations or political clubs that existed in the orbit of Ramon Velez, a local political boss of considerable power who hoped to extend his influence within the hospital with a director chosen by him. But the demonstrators had real grievances against Lincoln—grievances important enough to make them willing to be arrested for them. And in the end they were successful. The mayor overruled the hospital commissioner and Lincoln had its first Puerto Rican administrator.

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During this same period in 1970 plans were afoot for the establishment of a community board for Lincoln. The Department of Hospitals recognized that there was growing unrest concerning the hospital in the increasingly political South Bronx. Part in cunning, part, perhaps, in fear, they moved to appoint their own Community Advisory Board for Lincoln. The Commissioner of Hospitals selected the members of the board and, virtually without exception, chose individuals representing established interests in the South Bronx—established businesses or political factions, churches, poverty programs, and so forth. Few if any of the appointees actually received their medical care at Lincoln. The hospital's staff and workers had no representation on the board. Moreover, the board had no real duties or powers that related to the day-to-day management of the institution. Finances, hiring, medical policy, planning, and grievances all remained in traditional channels, unaffected by the existence of a community board. Meetings of the board were irregular and, generally, ill-attended. Rather than establishing a legitimate tension between the community and the forces that ran the hospital, they served to rubber stamp hospital policy and insulate the Department of Hospitals and Einstein College of Medicine from growing demands for change taking place in various segments of the community.

Both at its inception and later, Lincoln's Community Advisory Board was flawed in many ways. One activist critic called it "too little too soon," implying that a much sounder, more legitimate board could have been established if events had been allowed to generate a grass roots demand for a community board. Yet the formation of the board in early 1970 was another proof that the powers downtown recognized that the community was restive and that they were not going to accept broken-down medical care in the decade to come as they had in the decade past.

Even as the Collective arrived at Lincoln to begin work, community pressure on the hospital was mounting. In June, the month before the Collective arrived, a group calling itself "Think Lincoln" began a concerted action in the hospital. They met with the newly appointed Dr. Lacot and informed him of their intention of setting up patient complaint tables in the lobby of the

hospital. Without waiting for a response they went to work. "Think Lincoln's" style was direct action. Comprised of a number of people who had been involved in the mental health strike as well as several black and Puerto Rican activists from the South Bronx community, they saw their task as hospital reform, not by petition to the established authorities—including the Community Advisory Board—but by direct appeal to the patients and the community. The complaint table was intended as a mechanism to stimulate patient awareness and participation in the hospital.

They put their table in the center of the ambulance-emergency room entrance of the hospital where the majority of patients were likely to arrive. Colorfully decorated with bilingual signs and staffed eighteen hours a day, the table was immediately obvious to everyone in the hospital—worker and patient. "Think Lincoln" stocked the table with a variety of leaflets and pamphlets discussing patients' rights, alleged hospital abuses, and community control. The signs invited grievances and reminded patients that the hospital was *their* hospital.

The "Think Lincoln" action was, predictably, the source of immediate tension in the hospital. Many physicians saw the tables as an act of impertinence and ingratitude. Accustomed as they were to having no feedback from their patients, the action frightened them. Hospital workers were of mixed opinions on the subject. Some were enthusiastic while others reacted defensively. For many patients the complaint tables meant little, but for a few it changed the role of the hospital in their lives. For all patients it was a symbol that someone was trying to deal with the problems of Lincoln. Complaints were handled directly and promptly. If the complaint was considered reasonable, a "Think Lincoln" member would accompany the patient to the clinic or ward in question and discuss the problem with the appropriate staff member. Most often this resulted in an explanation or rectification of the problem. Occasionally things did not go smoothly. One noonday a number of patients complained about the three-to-four hour wait in the Adult Screening Clinic, the notorious Section K. A check revealed that only one doctor was assigned and he was eating a leisurely lunch. A group of four representatives from "Think Lincoln" went to the

doctors' dining room (the doctors still had sit-down service in a room of their own) and, in loud voices, demanded volunteer physicians to staff the Screening Clinic. Several doctors responded angrily and a chin-to-chin confrontation resulted which had to be broken up by the hospital Security Police.

Generally, though, the "Think Lincoln" campaign was not disruptive to hospital life. While many physicians and workers took the challenge personally and felt their individual work was being questioned, they could live with the complaint table. Others saw the campaign in perspective and concluded that anything that focused attention on the shortcomings of the hospital would benefit medical care in the long run. These staff members were friendly and supportive to the "Think Lincoln" effort.

The "Think Lincoln" action embarrassed the Community Advisory Board. They could not disagree with the demand for articulation and redress of patient complaints. Even the undertone of community control that pervaded the campaign was in keeping with some vague rhetoric of the Community Advisory Board. But they generally disliked the style and the politics of the group carrying out the action. Moreover, the complaint tables entirely upstaged their own committee. To the very considerable degree that the Community Advisory Board was wed to the system as it stood, they found the complaint tables threatening and radical. The result was paralysis. While it would have been hopelessly compromising to condemn the action, the Community Advisory Board did not have the gumption to support it. The result was official silence.

Very much the same political situation trapped the newly appointed administrator. Alleged champion of community rights, he could not condemn the action or call on the hospital police to stop it without risking loss of face. On the other hand, the pressures from the city and the college to stop the "disruptive" activity were considerable. He, too, equivocated, allowing the continuation of the complaint table campaign.

The Collective arrived to begin work on July 1, 1970, in the midst of the "Think Lincoln" action. In some respects it was more than we could have hoped for. In part, we were coming to Lincoln in the hope of joining hands with the

community to change and improve the hospital. The community, it seemed, had already made a move. They had articulated their criticisms and they were doing something about them. Moreover, they obviously needed allies within the hospital to legitimize their claims and help sustain their effort. Clearly there was a ready-made political role for the Collective. Yet, in other respects, the timing of the campaign was unfortunate. The month of July is a trying and even dangerous time in any hospital that relies on interns and residents for staffing because it is the traditional turnover month. Everyone has just been graduated to a new level of responsibility and is relatively slow and inexperienced at the new job. Beyond that, in July of 1970 the vast majority of the Pediatric Department at Lincoln was new to the hospital and more or less new to one another. We had barely gotten our feet wet medically or politically when we were called on to start making some hard choices about the use of time and resources. Clearly and enthusiastically our support went to "Think Lincoln" and the complaint table approach. Yet I cannot escape the conclusion that our efforts would have been better coordinated and significantly better received by the rest of the hospital staff had we had a chance to establish ourselves medically and develop our own collective discipline before we were tested politically.

But events moved too quickly. Marty and I were both on duty on the night of the thirteenth of July. Early on the morning of the fourteenth (we would later joke that it was Bastille Day) we were jarred out of our sleep by someone banging on the door of the Nurses' Residence cubicle that we shared. It was barely light. Marty asked who it was and, hearing no response, we both went happily back to sleep. The phone rang at seven to awake Marty who had to relieve the pediatrician on duty in the Emergency Room. "We've been liberated?" I heard Marty say. "What are you talking about?" He hung up and went to the window. "Fitz! Come here and look at this." I got wearily out of bed and went to the window. The ambulance ramp below was jammed with police cars. Police vans and more patrol cars filled the street beyond. Policemen wearing baby-blue riot helmets milled about the hospital grounds below. "Schipior in the Emergency Room told me we'd

been liberated by the Young Lords. I thought he was kidding. But something must be happening. The cops aren't here at seven A.M. for checkups."

In a dramatic—some would say melodramatic—early morning move the Young Lords working with "Think Lincoln" had, indeed, occupied the Nurses' Residence. About thirty Lords had taken up positions on the ground floor of the building, barricaded all but one entrance, sealed off windows, and announced plans to "run a hospital to serve the people." The early morning knock at our door had apparently been the uninspired effort of a cadre who had been assigned the task of notifying the doctors that the building had been occupied. Marty and I got dressed and went downstairs quickly. The ground floor was well occupied. It had the air of a spirited street bazaar. The place was barricaded with chairs and tables piled high at every window. The auditorium had been converted into a day care center and an infirmary for screening tests for TB, anemia, and lead poisoning. There was a press area, security checkpoints, strategy sessions, marshals with armbands, and so on. Doctors came and went freely. The Lords announced that the building was open to all hospital employees and encouraged all clerical personnel from the upper floors to staff their offices. Most stayed away. And the police massed outside unsure what to do.

The Collective supported the takeover. 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 never met to discuss the occupation. There was no time. But Collective members visited the occupied area frequently, helped staff the day care and the 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.

Life in the hospital itself went on unmolested. But both sides understood the symbolism of the takeover. For the Lords and their backers the occupation stood as a challenge to the city to account for the sloppy, cheap, unresponsive medical care they dispensed. Moreover, they demanded of the city not just the grudging provision of medical services but the initiation of community programs to stamp out clearly curable diseases, such as TB and lead poisoning. They asked that the hospital move into the community to search out problems. Midway through the morning the Young Lords held a well-attended press conference to state their aims. They were simple enough: that Lincoln establish a community preventive medical program, a free day care center for workers and patients, a free breakfast program for children of the community, and health education classes for workers and patients. Late in the morning an unknown occupier stated the argument more succinctly. He painted a bedsheet in one of the on-call rooms with the words "Seize the Hospital to Serve the People" and hung it out the sixth-floor window where it waved and flapped over the Bruckner Expressway for the rest of the day.

The city understood the challenge. The presence of thirty young Puerto Ricans wearing berets and exchanging power handshakes in an administrative and dormitory building didn't really require the day-long deployment of hundreds of police and dozens of police vehicles. Yet, the city knew that not to respond was to risk exposure, embarrassment and, most of all, the stimulation of public curiosity and imagination. Why wasn't something being done about lead poisoning? Why is the TB rate four times as high in the South Bronx as it is in mid-Manhattan? Those were questions the city was happy not to have the press or the public ask. And finally, the presence of the Lords was a territorial showdown. If the Lords could assert their right to be present as a community group in an institution of their choosing, where couldn't they go? What city function would go unchallenged? What area of malfunction would escape exposure? The city had to respond.

And respond it did. All through the day the city “negotiated” with the Lords. The negotiations consisted of vague promises to set up some kind of day care or do some sort of preventive medicine if only the Lords would (please) get out. The Lords doubted the sincerity or the conviction of the city or the hospital administration and they held their ground. At five P.M. Dr. Lacot called the medical staff to an emergency meeting. A hundred or so of us packed into the hospital’s chapel, the largest room in the non-occupied or, depending how one looked at it, non-liberated zone. From the questions and discussion at the meeting the staff was clearly divided with the Collective and many non-Collective interns and residents favoring the takeover and much of the senior staff—the attending staff—appalled at the Lords’ action. After answering a few questions, Dr. Lacot announced that he had broken off negotiations with the Lords and he had asked the police to enter the building within the next half hour to “clean it out.” In a move that surely caught the neophyte administrator by surprise and with a sense of the dramatic moment, a member of the Collective jumped to his feet; “Well we know which side we’re on. Let’s get to the Nurses’ Residence. Now!” With that, almost half the physicians in the room rose, pushed out the crowded doorways in front of an astonished Dr. Lacot and went to join the Lords in their beleaguered building. As we left, Lacot kept mumbling “Gentlemen, gentlemen. Consider what you are doing. Consider the risks you are taking. Gentlemen, gentlemen...”

Once out of the hospital building we started to run. We must have been a strange sight, a long line of trotting doctors dressed in varying shades and combinations of white snaking their way around parked cars and police barriers to reach the main entrance to the Nurses’ Residence. I wasn’t sure why we were running. We sensed an urgency to be with the occupiers, to share the battle that now seemed assured, to stand up to the police machine that would be turned on any minute. Once we all clamored up the steps and into the building the police closed the ranks, moving in closer to the building, donning their riot helmets, and bringing up arrest vans and mounted patrolmen. A hasty summit was held in the center of the lobby of the disputed building. About

seventy of us were there—half Lords and half doctors. We reasoned that the hospital administration and the police would not risk the adverse publicity of busting, and perhaps beating, such a large number of physicians who, after all, were not trespassing in their own hospital. The Lords were not so sure. They argued that they had made their points well and that it would be useless to stay in the building and risk mass arrests and beatings. Undoing the effects of a violent confrontation with the police would take months. Therefore, they pushed for retreat and we concurred.

But the question was how. The police completely surrounded the Nurses’ Residence and were massed in front of every entrance. Simply walking out of the building at this point raised the specter of arrests and beatings anyway. We decided that the best bet was for a few people to leave at a time, doctors and Lords together. We did just that. It was a strange sensation walking shoulder to shoulder with a young Puerto Rican woman I had not known before and who I would never see again through the angry, tight ranks of the police. They cursed us repeatedly as we walked staff-backed. They called her “Spanish Tits.”

The plan worked and the building was abandoned without violence although we learned later that three Lords walking to a bus stop several blocks away were stopped by the police, pulled into an alley, and beaten. The police immediately occupied the building and the action was at an end. Life resumed as usual in the Nurses’ Residence the following day. For a few weeks the administration lamely staffed a day care center in the auditorium to show their good intentions. But they soon withdrew their support and closed it. For several years strips of tape in X patterns remained on windows on the ground floor of the building—the only lasting evidence of the occupation.

The apparent peace achieved by the eviction did not last long. Toward the end of July a young Puerto Rican woman named Carmen Rodriguez was admitted to the Gynecology Service at Lincoln for an abortion. Mrs. Rodriguez was a resident in the neighborhood drug treatment center. She was no stranger to Lincoln, having been hospitalized on the Medical Service two

weeks earlier for diagnosis and treatment of rheumatic heart disease which she suffered. During that hospital stay the internists discovered that she was pregnant. Feeling that pregnancy and especially labor were more than her heart could stand, the doctors recommended an abortion. At the time of her admission to the Gynecology Service, however, the internists were not called in consultation. She was treated as a routine elective abortion. The gynecologist, through sloppiness or disinterest, performed a saline infusion abortion, an extremely questionable procedure in a woman with heart disease. The hazard was the inadvertent passage of saline (salt water) into the circulatory system of the patient. Such an event would tax a normal heart but could—and did—prove fatal to a diseased heart. Carmen Rodriguez died at Lincoln four days after the abortion—a tragedy, inexcusable by any standards.

When Mrs. Rodriguez was admitted to the Intensive Care Unit after her “routine” abortion, members of the drug program became concerned. They called a psychiatric resident from Lincoln who also worked with the program and who knew Mrs. Rodriguez. He visited the ICU, discovered the situation, and made it public. The word spread quickly. Here was graphic evidence of Lincoln medicine—the medicine the Lords had talked about, the medicine that the Collective had quickly come to know. The story passed rapidly around the hospital. Even before Carmen Rodriguez died people were talking about the woman in the Intensive Care Unit who had been “butchered.” The press covered the death laconically as “Abortion Death Reported by City.”

“Think Lincoln” and the Lords were furious. They circulated flyers describing the circumstances of the death and demanding that the hospital administration and the Department of Gynecology account for the “murder of Carmen Rodriguez.” The Collective backed the efforts of the community group at exposure by helping document the medical details of the death and by circulating the flyers calling for explanation.

At length the administration consented to an open meeting at which they would “explain” the circumstances of Carmen Rodriguez’s death. They played to a full house of angry community people who stuffed the well-used chapel. The meeting was unique in the annals of American medicine.

Certainly it was one of the most extraordinary events during my tenure at Lincoln. I have never seen nor heard of a situation where a hospital staff has been called on to detail the circumstances of a complicated medical case leading to a death to a lay group and then accept cross-examination. There are countless examples of parental surveillance of teachers and numerous cases of civilian review of police activities but I know of no other instance of community examination of publicly employed physicians. Unfortunately, the events leading to the meeting were inflammatory and the community arrived in anything but a dispassionate mood. Yet 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.

Part in jest, part in earnest, we called the session the first People’s Clinical-Pathological Conference (C.P.C.). Just as in traditional medical school C.P.C.s, where a difficult case resulting in death is presented, discussed, and analyzed, representatives of the Departments of Medicine and Gynecology described the by then familiar case of Carmen Rodriguez. Lamely and defensively a number of senior physicians, including the director of the Department of Obstetrics and Gynecology, attempted to sell the position that Mrs. Rodriguez’s death was unfortunate but reasonable and medically acceptable. The community representatives were angry but they were also well coached by various members of the Collective. They were conversant with the medical details of the case and also the medical options. Why had a saline induction abortion been chosen for this woman with obvious heart disease, they asked? Why were her medical records not available to the gynecologist performing the abortion? How could it be, they queried, that the physician who first saw her when her lungs began to fill with salt water due to the failure of her heart did not apparently listen to her heart but, rather, assumed that she had asthma and initiated an inappropriate and harmful treatment?

The answers to these questions were halting, compromised, and clearly unacceptable to the audience. Spokesmen for the Lords and “Think Lincoln” argued that Carmen Rodriguez was killed by the system. They charged neither incompetence nor malice by the doctors performing the abortion but insisted that a decent system with accountability to the patient and continuity of medical coverage would have prevented the senseless death. They called it “systematic murder”—murder committed by a malicious system. Therefore, they demanded not the resignation of the doctor performing the abortion, but the ouster of the director of the Department of Obstetrics and Gynecology. They held him responsible for the overall program. They argued that for his \$52,000 a year salary and the rank of full professor at the medical school, the city and its people could do better. Additionally, they called for a worker-community board to be established to review and implement the policies and procedures of the department. Finally, they asked that a humane abortion clinic be established and named after Carmen Rodriguez.

Sensitive to the volatility of the situation, the hospital administration equivocated both during and after the meeting. Neither could they deny the thrust of the charges nor did they have any intention of acceding to demands as basic and challenging as those made by the Lords and “Think Lincoln.” Shortly after the meeting, a delegation of community people including several Collective members went to the office of the director of obstetrics to pursue the demand that he withdraw. A long session followed at which the obstetrician vacillated, sounding conciliatory at times and contemptuous at others. At the meeting’s end a group of angry people, many of them from “Think Lincoln,” followed him to the parking lot and, shaking their fists, told him never to return to Lincoln. He let it be known that he did not intend to return. As a result, the residents in the Department of Obstetrics and Gynecology, all of them on rotation from Jacobi—Einstein, discharged as many patients as possible, refused all admissions, and abandoned the hospital. The stated reason for their walkout was support of their director and protest against what they termed “intimidation.” For three days the service ran on a

crisis basis while negotiations proceeded with the Ob-Gyn staff. At length they returned with an interim director appointed for the department.

Soon thereafter, the hospital administration, acting in concert with the Health and Hospitals Corporation (the new city agency that supplanted the Department of Hospitals in July of 1970), obtained an injunction against any further political activities in the hospital. Cited in the injunction were the leaders of “Think Lincoln” and the Young Lords as well as “John and Jane Doe”—which meant anybody that the hospital administration chose to include. The injunction was open-ended and was to be enforced by arrest. The police were again present in force on the day that the injunction was served. The activists watched the complaint tables dismantled without recourse. For the moment their campaign was blunted.

While “Think Lincoln” and the Lords carried on their program from the streets with leaflets and rallies, another battlefield took shape. An estimated 10 percent of the young adult population of the South Bronx used hard drugs. Lincoln offered no program to deal with addiction of any of its medical complications. Overdose, hepatitis, infection, and the like were treated piecemeal in the Emergency Room but not department supported detoxification or education programs. Addicts from a number of drug groups in the community came together around the demand that Lincoln provide some sort of drug program. Characteristically, the administration marked time. While agreeing with the premises of the demand, they refused to commit money or space to the program. The South Bronx Drug Coalition, as the group became known, responded by moving into the sixth floor of the Nurses’ Residence. The Collective cooperated by giving the addicts keys to their on-call rooms on the sixth floor. The city wasted little time this go-round. With their predictable mono-response, the police moved in and arrested fifteen of the Coalition members and chased the remainder. When I returned to my on-call room the next day I found an articulate commentary on the protest. Marty’s and my few belongings were untouched. My bed was rumpled from use and the sink contained a mound of dry, caked vomit, a testimony to the addict’s plight. Following the sixth-floor showdown and

continued agitation by the Coalition, the hospital turned the Nurses' Residence auditorium over to the drug program. In time, federal monies were obtained to establish a methadone detoxification program.

If the rapid-fire events of July and August 1970 did not result in victory for the community groups assaulting the hospital, they did serve notice to the city and the medical school that there was an angry community ready to contest

conditions at Lincoln. During this same period the Collective arrived at Lincoln and began to function medically and politically. In these months of upheaval the Collective was seen variously as the source of trouble, Communist, "right-on," and the hope of Lincoln. The Collective was none of these.

