Editorial...

THIS LAND WAS YOUR LAND

THE HEALTH SYSTEM IS MORE THAN A MATTER OF PRODUCING AND DISTRIBUTING ADEQUATE MEDICAL CARE. IN THIS ISSUE, HEALTH-PAC LOOKS AT BROADER HEALTH ISSUES—WHO'S DOING WHAT TO OUR COMMUNITIES, OUR ENVIRONMENT, OUR ABILITY TO FIND OUT WHAT'S GOING ON. THOUGH OUR FOCUS IS NEW YORK, THE ISSUES ARE EVERYWHERE.

All over the country, health institutions and universities are collaborating with the government to push back or destroy increasingly sophisticated poor communities. Government policy focuses on bringing the middle class back to the cities. Urban renewal laws allow local municipalities to count private universities' and medical centers' expansion expenses as part of the cities' share of urban renewal costs. Using this neat device, health institutions have quietly arranged to decimate ghetto communities from whom they face increasing demands for services and accountability. Examples abound: Harvard Medical Center, Yale-New Haven Medical Center and the Good Samaritan Hospital in Portland, Oregon. As our case study of Columbia Medical Center shows, the institution-government relationship is more than just passive collusion. Long after plans have been made and property has changed hands, the community most directly affected by the plans has not been told what Columbia plans to do...and has had enormous difficulty uncovering even "public information."

Columbia also provides an important case study in the politics of environmental health. Suddenly everyone has noticed that air pollution is reaching crisis proportions. The energy industry, a major part of the problem, is eagerly looking forward to becoming part of the solution by converting to nuclear power. New York's Con Ed is one of the leaders. One reason for this sudden concern with environmental quality is public relations: the atmospheric pollution from nuclear plants is not visible and does not smell. However, it is not only benevolence or public relations that has led the power companies to reactors. Both research and power reactors are heavily subsidized by the Atomic Energy Commission, which is also in charge of regulating nuclear reactors. Reactors for power and for research are rapidly proliferating. That the one public agency which is supposed to protect the public interest is so actively involved in promoting the product certainly justifies growing public suspicion that we are not getting the whole story on reactors, on the long term effects of low levels of radiation, on what happens to the radioactive waste fuel, and on alternative ways to generate power. At Columbia, where a small research reactor is being installed and where Consolidated Edison's own board chairman is a trustee, people have come together to demand the full story and the right to decide for themselves whether or not they want to risk having a reactor as a neighbor. Ecology Action raised a nationally important issue when they asked in a leaflet, "What's in it for Con Ed?"

When it comes to neighborhood health centers, as with urban renewal and nuclear reactors, the promise of community participation is hollow. Community Health Councils have to beg for basic information on financing and organization from their affiliated back-up hospitals. When health councils propose program innovations they are ignored by the affiliated institutions, unless the new program plans fall into the research and teaching priorities of the medical center. On personnel matters, the health council's opinion isn't even solicited. These problems are not limited to Gouverneur Health Services Program, where a doctor has been asked to resign for communicating his evaluation of the services to the community health council rather than through the existing professional "channels." These problems exist in all health institutions in America. That is why communities all over the country are demanding that doctors establish a new set of priorities—to the patient and the community first, and the profession and institution second.

If you can't get the story on your local nuclear reactor, urban renewal scheme, or neighborhood health center from the responsible medical empire, then you're not likely to find the story in the daily newspaper either. All too often the men who run the local newspaper are good friends of, or are identical to, the men who run the local medical empires. Heading up the New York Times is an impressive cluster of medical school trustees, private medical philanthropists and medical empire activists. So when it comes to reporting and interpreting the health news, the Times' much touted "objectivity" is often sacrificed to fit the interests of the local private medical establishment.

In other cities the situation is no better. Take the case of the Baltimore Sun, which in December ran an article describing the union (Local 1199) which was organizing hospital workers at Johns Hopkins Medical Center. The article ran for one early edition only, then vanished. Somewhere between the early and late editions, a director of the company which owns the Sun made a personal call to the Sun's editor and had the article removed. Why such concern? As you might have guessed, this Sun director is also a Johns Hopkins trustee.
The Great Land Grab

ROLL ON, COLUMBIA ROLL ON

THE COLUMBIA MEDICAL EMPIRE had more in mind than serving the people or, for that matter, the simple pursuit of scientific and medical excellence when it laid claim to 18 blocks of upper Manhattan. The empire, situated on the edge of a growing black and Puerto Rican community in Washington Heights, turned to institutional expansion as the most effective way to solve some weighty problems. Facing stiff recruiting competition from such places as Harvard Medical School, Columbia would find it helpful to be able to offer its potential staff "safe" housing within walking distance from the medical center. And confronted by minority groups' increasing demands for institutional accountability, the Columbia medical empire, not unconsciously, is building an island of white on which to float above the turmoil.

Not unlike the planners for Columbia University who displaced thousands of residents in Morningside Heights, the medical empire (50 blocks to the north) has similar imperialist designs on Washington Heights. When the community and students rallied to resist the expansion of the undergraduate institution in 1968, then-president Grayson Kirk warned: "The city, the nation and the world need Columbia. We shall justify their confidence." A more recent enunciation of the Columbia philosophical approach to potential insurgent forces—both the blocks and Puerto Ricans in upper Manhattan and the third world forces abroad—can be found in the current bulletin of Columbia's School of Architecture which describes the works of its Institute of Urban Environment (supported in part by Ford Foundation funds):

The purpose of the [Institute] is to conduct research in urban problems both in the US and in other countries; and to apply the analytic tools and techniques of architecture and planning and the social sciences to the critical urban issues of our time, both for scholarly purposes and those of policy development. Studies are promoted at the Institute which can be useful to governments, private foundations and international agencies . . . [research areas include] housing, social planning, urban design, construction technology, water pollution, land values and planning for developing countries. In special circumstances, the Institute will act as advisor to official agencies, governments here and abroad, or may undertake projects on their behalf.

Ultimately Columbia Medical Center plans to displace 7,000 people (1960 census), primarily minority groups, in the course of a $250 million building program featuring nine major health and medical facilities and 2,000 apartments. It will be the base for City-owned health facilities and public schools as well. When completed, the medical empire will span Manhattan Island. The City Planning Commission has collaborated with Columbia to keep the dimensions of the plan secret. Initially, only the first stage in building, a five block area directly across from the medical center, has been revealed. Even this limited plan, referred to as the "super block" by Columbia, did not come to light through any effort on behalf of the City or Columbia to inform the community. Instead, the community used its ingenuity to liberate "confidential" documents from the depths of the City bureaucracy and from behind the walls of the empire itself, and through these bits of evidence began to piece together the establishment's strategy.

This is not the community's first head-on clash with a Columbia real estate grab in Washington Heights. In 1968 the black and Puerto Rican communities of Washington Heights and Harlem successfully rallied to "save the Audubon Ballroom," the historic site where Malcolm X was slain, from City demolition. The City had offered the site to Columbia which planned to replace the ballroom with a community mental health facility. Now, only two years later, the community has learned they have not gained a ballroom, but that the ballroom was just the first building marked to fall before a massive medical center building program which will secure at least some of the building sites through the City's urban renewal powers.

Columbia's first step toward its ultimate expansionary dream was the "super block." This first stage of medical center growth was seen as advantageous, not just because the area was geographically adjacent to the center, but because it would meet the least resistance. Much of the land was already vacant, or rapidly decaying, and a considerable portion of the total land space would be gained by closing public streets and incorporating them into the medical campus.

To gain community endorsement of Columbia's initial expansion, the City Planning Commission (CPC) and the local planning board called community representatives to a meeting last month. The Planning Commission wanted the community to name two people to represent their interests on an eight-member board dominated by Columbia and the public planning agency. They were greeted by an angry group of organizations and individuals, who only three months earlier had joined together as the "Health Action Coalition," which had no intention of acting as a rubber stamp. The coalition smelled a stacked deck and charged the City and Columbia with collusion to displace residents. The new health facilities planned by Columbia, they charged, would go no further toward meeting community needs than the present ones do. The coalition declared they would no longer allow the establishment to play "token community representatives" off against their own community.

The Health Coalition disputed the claim by the empire and the City that the Columbia plan would insure medical and social services for the community and, they maintained, any such claim was in contradiction to the establishment's own "confidential" reports. Columbia had unabashedly described the 18-block expansion as a "Center for Community Health and Social Services" which would:

... bring a number of private and public institutions together into a physical and professional relationship within the context of a community development program that will provide maximum service to the community.

Just one look at the actual proposal, the Coalition said, would prove that any role Columbia played in community service would be purely coincidental. Of the first four projects slated for the "super block," at least two would be "interna-
Medical students at Columbia P&S—recognizing their oppression as only a manifestation of Columbia's racist and imperialist policies in the community and the world—worked actively last fall to find allies. Along with concerned community people, they leafleted workers and patients, calling them to a meeting where more than 400 agreed to form a Health Action Coalition to confront Columbia.

ISSUE: Through low fee incentives, community people are encouraged to serve as patients in the Department of Operative Dentistry. This is the clinic where dental students are taught to drill teeth. Some would even contend it's a benevolent community service gesture on Columbia's part. However, the head of the department dictates a hard and fast rule: Do not give the patients any anesthia. Pain response, he says, is the way to teach students control of drilling. (Students who use the same clinic, if they are fortunate enough to be aware of the policy, can get an exemption from it.) Another nicety used in teaching is a "rubber dam" placed in the mouth (it isolates all but the tooth being worked on) to keep the work area dry. Just one hitch—all high speed drills are water cooled. Instructions: Use the high speed drill without the benefit of water. Persons knowledgeable in dentistry say there must be a lot of dead teeth in Washington Heights caused by the excessive heat.

ISSUE: In a survey of 25-30 slum buildings owned by Columbia a test reveals that more than 60 percent have peeling lead paint. The Vanderbilt Clinic provides no lead poisoning test for community children.

ISSUE: During the October 15 Moratorium many people noticed the large numbers of security police throughout the medical center. Students speaking to people not involved in patient care in the Atchley Pavilion were ejected from the building. It was suggested to a faculty member who dared to inquire about the situation during a meeting with the Vice-President of the Medical Center that if he didn't like things, he could always leave.

ISSUE: The front-runner to fill the deanship post at P&S is Dr. Howard Hiatt, now head of the department of medicine of Boston Beth Israel, one of Harvard's teaching hospitals. Though he's fresh from the Dean Ebert "we've got to worry about health care delivery more" mold and he likes to talk about the English national health service, the 44-year-old doctor was struck dumb when student interviewers asked for his views on "community control."

In an attempt to bring the war home, dissident students recently composed and distributed an alternate set of test questions to a class taking a final exam in parasitology. One was a multiple choice question: Firestone Rubber Company—(a) has done great things to Liberia (b) deserves all the profits it gets from Liberian rubber plantations (c) shows the Africans the American way of life (d) provides medical students with a nice place to take an elective. A bonus question for extra credit struck closer to the heart of the empire: Write an essay explaining why we should have community medicine programs in South Korea and Puerto Rico, but not in Washington Heights.

One snag in Columbia's site acquisitions so far has been the medical school's attempt to trade a parcel of land in Rockland County for the armory site. The one snag in Columbia's site acquisitions so far has been the medical school's attempt to trade a parcel of land in Rockland County for the armory site. The armory which is situated next door. They've even offered to trade a parcel of land in Rockland County for the armory site. So far the lure of being so close to West Point has failed to move the armory's pugnacious commander, and, since he is near retirement, the medical school is biding its time. The empire has made no mention, however, of providing an alternate facility for the City's public school children, who use the armory for all their track meets.

If the case against Columbia as presented by community witnesses was not enough, the Health Coalition suggested CPC might re-read an evaluation of Columbia's plan which was prepared by a private consultant to the City planning agency over two years ago. The dissidents, quoting from the liberated document, charged that if any planning had gone on at all, it was for Columbia's convenience, not the community's:

Judging from available information the new Center is less the result of general conception about the content and optimum form of health care in an urban setting, which is then realized through specific disciplines, than a convenient organizational device for a series of projects that are simultaneously in the planning stage . . . (And furthermore) it would seem that the idea of 'community service' will be advanced mainly by the public projects . . . and relegated to a subordinate position in the University's plans [our emphasis] . . . The public will probably be called upon to partly subsidize the housing, in addition to facilitating, directly and indirectly, the general development of the Center.

After having its long overdue say about Columbia's expropriation of property for institutional expansion, the community groups voted unanimously to declare the meeting illegitimate. Furthermore, the Health Coalition challenged the Planning Commission to print and distribute 40,000 leaflets inviting the "real" community to attend another meeting. The red-faced CPC planners have not been heard from since.

There is no question that the City Plannng Commission was apprehensive about a direct meeting with the "community." It was still smarting from the memory of a black and Puerto Rican takeover of a banquet last fall where the CPC presented the "master plan" for New York City which had been 31 years in the making. The community "invaders" (accompanied by white professionals working in city affairs) seized the microphones and shouted their displeasure with

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being "planned for" from the table tops—all of which was embarrassingly recorded by television for the six o'clock news fans. The CPC has been under fire for some time from a coalition of community groups who have charged the agency with discrimination in both hiring and in appointment people to the six-man (paid) commission. A survey of the professional planning staff of CPC, which numbers over 300, shows there are only ten blacks, four Chinese and no Puerto Ricans employed. And as for commission appointments, until a particularly bitter struggle last fall, no one from a minority group had ever been appointed since CPC inception in 1938—despite the fact that over 60 percent of the Commission's business concerns blacks and Puerto Ricans. Under pressure, and faced with four vacancies on the Commission, the Mayor finally appointed one black a few months ago.

Perhaps more significant than the appointment of a black to meet minority group demands, so far as the Columbia dispute is concerned, was the simultaneous appointment of Professor Chester Rapkin, head of Columbia's infamous Institute of Urban Environment. By virtue of being the only professional planner on the Commission, Rapkin's opinions carry considerable weight. Before returning to Columbia in 1966 (he had been a research associate in its Institute for Urban Land Use and Housing Studies from 1949 to 1955), Rapkin was the staff director of President Johnson's task force on urban problems which developed the new Department of Housing and Urban Development (HUD) from whence emanated the national plan to bring the middle class back to the inner city.

Rapkin is no stranger to policy makers. His Institute, which sponsors conferences by experts on urban affairs, recently invited Mayor Lindsay to keynote one such gathering. Its purpose was to find "new ways in which public and private interests can join hands in working to improve America's cities." The prime business participants in the program included the chairman of the board of Time, Inc., the vice president of Litten Industries, Inc., and the president of Rouse Company (nationally renowned real estate developers).

The Columbia medical empire has no single or favorite tactic for securing land, but it has moved a considerable way toward its 18-block goal. Initially, as it did in Morningside Heights, Columbia has quietly been buying buildings. And, when it suits their plans, they might request the City Planning Commission use its powers to help them. The City, much in the style of Columbia, quietly buys up real estate "in anticipation" of plans for the area. The plans, in the case of Washington Heights, include both Columbia's institutional blueprint and the City's plan to bring middle-class people back into the inner city. CPC does not have to designate an area as urban renewal turf, however, to exercise its muscle—it can suspend property taxes to encourage building and, ultimately can authorize the taking of land by eminent domain. The official urban renewal designation is usually invoked as a final step to insuring low-interest financing. By keeping plans "quiet" to discourage real estate speculators, the City saves both itself and Columbia money, but in the process the public agency insures that the public will have nothing to say about the medical empire's plan to bulldoze the black and Puerto Rican community into the neighboring ghettos.

Urban renewal financing comes in several forms. If the area has high priority as part of a Model Cities program, or through another designation, two-thirds of the total cost is picked up by the Federal government. The City, which is anxious for an influx of Federal dollars but not eager to dip into its own coffers to provide the matching funds, is more than happy to find institutions (often universities or medical centers) which want to build—and therefore be able to provide private capital to match the grant. There are several examples of this kind of financing—one of the more recent being the new Fordham University campus in the Lincoln Center urban renewal area. This kind of private financing in priority areas allows the City to use its capital funds with more political discretion. At any one time there are about 20 different neighborhoods seeking urban renewal funds from the City. And when the right kind of pressure is applied, the City fishes into its files and resurrects a case.

It was probably no coincidence that CPC reactivated just such a plan in Washington Heights about two years ago. The blocks slated for demolition stretch from 167th to 170th Streets and from Edgecomb to Amsterdam Avenues, and includes three blocks along the eastern side of Broadway (between 155-156th, 157-158th and 160-161st Streets). The project, which has the approval of the local planning board, was first designated and then dropped in the mid-60s. Then in 1968 the plan was brought up for reconsideration by the Planning Commission after the Columbia medical empire was well on its way with its "super block" and "super span" plans for Washington Heights. The urban renewal housing project is located in the northeast corner of Columbia's 18-block satellite plan, and was conveniently located only a block beyond the "super block." Columbia's projections, combined with Mayor Lindsay's campaign to win the hearts and minds of the city's reform dems, undoubtedly carried the day.

The housing plan for low-income blacks and Puerto Ricans in the new Washington Heights urban renewal area is no more sensitive to needs than was Columbia's or the City's original proposals for Morningside Heights urban renewal. In a "preliminary and confidential" document prepared by the local planning board for the Borough President's office, only 10-15 percent of the replacement units would be designated low-income housing—despite the fact that over half the apartments slated for the bulldozer are presently occupied by families with incomes under $5,000 who now pay an average of $60 per month rent. It is true that the City plans to building twice as many units as it is tearing down, but the formula by which it plans to distribute the new units precludes the possibility that more than half of the low-income families can return to the area. The report submitted to the Borough President says 50 percent of the housing will be given to community residents and the other 50 percent will be preserved for Columbia medical center staff and their families. In addition to the new housing, the community portion of the total units includes 120 brownstones for "middle and upper income families owner-occupied town houses . . . ."

The local planning board went beyond endorsing just a plan for housing in Washington Heights—they encouraged the City to give assistance to Columbia as it gathered in sites for its "super block." Since they hadn't been in on the planning from the beginning, they seemed to see cooperation as a way of gaining entree to Columbia's planning process. In its report, the board points out that the decision to stop urban
GE Strike Sheds Light on Health Hazards

150,000 workers have been on strike against General Electric for the last four months. This strike is an important one because it will set the tone for negotiations in the steel and auto industries where negotiations also come up this year. Though the most public issue of the strike has been workers wages, safety standards in GE plants are also issues at the negotiating table. With rising inflation, especially in medical costs, these issues are of prime importance.

The problems of industrial health and safety are divided into three areas: first, machinery safety; second, in-plant pollution; and last, on-the-job medical facilities. Workers in GE plants claim that GE does not meet the minimal standards in any of the mentioned areas.

A GE worker does not have the right to refuse a job because that job is unsafe. Though contracts include safety regulations these regulations are useless in preventing accidents from occurring. The grievance machinery, which is the mechanism for regulation, only goes into motion after injuries have occurred. GE workers say that what really happens is that there has to be an accident, and someone must get hurt, before GE does anything to correct the unsafe conditions in the plant, if they do anything at all.

Through a system of incentive pay workers are expected to increase production. In many instances machines used to do various tasks are built to be safe at a certain speed but when the machines are run too fast to increase production many accidents occur. There are instances of workers losing arms and legs under these conditions.

By contractual arrangement the company must provide safety devices and medical services to protect the employees against accidents and health hazards. But in fact, this does not happen. Often on night shifts particularly, plant guards act as nurses, even though they have no special training. GE argues that the per capita cost to provide a nurse or doctor is prohibitive and the company cannot provide either. The union points out that the cost of providing a nurse and/or doctor would be peanuts to GE, but failure to do so would cost a worker his life.

Another health hazard is the “in-plant pollution.” In many factories the poisonous fumes and smoke from paint, varnishes and burning waste can cause long-term health damage. Workers also suffer from temporary or permanent loss of hearing because of inadequate protection from machine noise. Complaints about these conditions have so far been ignored by the company.

The health insurance plan for GE workers provides the most minimal benefits for injuries received while working. If an eye, hand or foot is lost while on the job, the worker gets half of his yearly salary in compensation. If two limbs, or an eye and a limb are lost, he receives a year’s salary. These rates are lower than in other industries.

The health and safety demands of the unions presently negotiating with GE are that there be licensed medical personnel on all shifts and that joint worker/management safety committees be established at all plants. GE has not agreed to either of these demands. Moreover, the union and the workers know that these demands are only a partial solution to the problem.

In the past year at least three groups of workers—coal miners, bridge and tunnel officers, and bus and subway operators—have struck or threatened to strike over safety hazards on the job. The issue of industrial health and safety promises to become a major item at the bargaining table of more and more unions.

—Vicki Cooper

renewal plans in the 60’s (primarily because the plan would displace a thousand industrial workers) is no longer a factor:

“The subsequent purchase by a major institution [Columbia] of two of the three [adjacent blocks] ... tends to make this decision irrelevant.” It suggests the City facilitate Columbia’s acquisitions for its “super block” scheme by throwing in Mitchell Park (a small triangle of green which accommodates a dozen park benches in the center of Broadway) and that it close about 20 blocks of City streets and give the reclaimed land to Columbia. The local board justified the giveaway:

The community would not lose a park, but would gain an enlarged pedestrian area [the “super block” campus] . . . [and] pedestrians would have the benefit of utilizing the facility, yet the City would not have the cost of maintaining the park.

Presumably, by the same analysis, the plan would free the City of the burden of maintaining the streets. Rather than fight Columbia’s plans, they expressed hope that the City would join them and recommended coordination would be facilitated by “joint selection of a coordinating architect.”

The local planning board, which found itself caught between two opposing forces, hopes to use the situation to get a foot in the door of the planning process. The local board was created by Robert Wagner in the late 40’s when he was Manhattan Borough President and aspiring to be mayor. Then, as now, the local boards create some leverage at City Hall for the borough presidents. What makes the situation different today, however, is a change which was made in the City Charter last summer. It says the local planning boards must pass judgment on any plans which would involve the welfare of the people in their communities. This means that the City Planning Commission, which is fiercely loyal to the Mayor, must at least acknowledge the wishes of the local boards. But despite their loyalty to the Borough President, the local board is heavy with liberal, middle class people—along with City Hall—would like to “stabilize” the neighborhoods. Unfortunately, in the process of stabilizing, it is inevitable that those with the least resistance, the low income groups, are pushed out.

In calling selected community groups to the meeting to hear about Columbia’s “super block,” the Planning Commission had proceeded as if no new charter provision existed. Initially CPC planned the meeting for December and invited the local planning board as if it were just another community group. The local board raised such a fuss the meeting was postponed until January and the local board was billed as co-sponsor. The invitations to attend, however, were still sent to relatively few community groups. According to the Manhattan Borough President’s office, if it were not for the new powers vested in the local planning boards, CPC (with the tumultuous community meeting under its belt) would simply have dropped the whole idea of involving the community in even a token way. The local board’s strategy at this hour, in addition to trying to establish a liaison with Columbia, is to insist that a fully publicized, public meeting—for which they will head a massive outreach campaign—be held to consider the City’s and Columbia’s plans for Washington Heights.

—Maxine Kenny
Columbia’s Folly

NEUTRONS IN THE NEIGHBORHOOD

MORNINGSIDE HEIGHTS, LAST FAMOUS FOR the 1968 Seige of Columbia, is once again the site of a new kind of campaign by community and students to control the rich and powerful institutions which shape their neighborhoods, their environment, and their lives. This time around, Columbia plans to install on campus, at 120th Street and Amsterdam Avenue, a small nuclear reactor, primarily for training nuclear physicists. At present, the forces line up this way: on the offensive, Columbia and the Atomic Energy Commission (AEC)—with Con Ed possibly in reserve; on the defensive, everyone else.

What is everyone upset about? Why are such diverse groups as the Joint Schools Committee, the Riverside Democratic Club, the Mid West Side Health Council, and the student based Ecology Action Group fighting the reactor?

First, of course, the groups are concerned that the reactor may be dangerous. Second, Columbia has a history of unilateral actions, purportedly benefiting the community (as well as Columbia), which turn out to be something else. The infamous gym for Morningside Park and expansion of the medical center (see “Roll On Columbia,” Page 2) are examples. The community simply does not trust Columbia; it does not trust Columbia’s assurances that the reactor is safe; and it does not trust Columbia to continue to run the reactor without some kind of community watchdog looking out for the community’s safety. Third, the public agency entrusted with protecting the public from unsafe reactors is the federal Atomic Energy Commission. The community groups point out that the AEC has a dual role; it is by law both promoter and regulator of atomic energy. The agency responsible for promoting use of atomic energy cannot, they say be trusted to put public safety far enough ahead of protecting investment. Their own experience with the AEC bureaucracy in the Columbia reactor affair confirms their distrust of the agency, they claim.

Opposition to the Columbia reactor extends to a range of community organizations. The Morningside Renewal Council includes representatives of several other community organizations, and nearly onehalf of the Mid West Side Health Council’s members serve on that Council as official delegates from neighborhood organizations. Columbia Ecology Action and its supporters have demanded a neighborhood referendum to be financed by Columbia to replace the AEC’s decision-making role and have disrupted AEC hearings on the subject. Uncounted neighborhood residents and students have attended teach-ins, rallies, and demonstrations at Columbia, and several local politicians, as well as the Riverside Democratic Club have mixed in.

These groups, though differing in their politics and style, have developed an ad hoc coalition against the reactor. Though the groups act independently, they remain in close touch with one another and frequently collaborate, with the Riverside Democrats coordinating.

Columbia’s reactor, already well along in construction, has been in the works since 1959. The AEC issued the original construction license in 1963, and has extended it four or five times at Columbia’s request. In 1967, the university began the process leading to an operating license.

Columbia originally explained that it needed the reactor solely for research and for the training of nuclear physicists. During the activities of spring 1968, when hundreds of students occupied Columbia buildings in protest against the university’s active participation in the war-machine Institute for Defense Analysis and its plans to construct a two-class gymnasium in Morningside Park, Columbia revised its line. In May of 1968, Columbia wrote the AEC’s Division of Reactor Licensing requesting postponement of consideration of the application for an operating license until an unspecified later date. The official AEC document, “Applicant’s Request to Defer Consideration . . .”, notes that:

The applicant has decided to conduct certain additional studies pertinent to this application, including among other things (1) more extensive exploration of the methods by which a mutually acceptable process of consultation with the surrounding community can be assured with respect to the operation of the reactor, and (2) the possibility of arranging that the proposed reactor program will include certain work of direct interest and benefit to the city and surrounding area, including New York hospitals, physicians, and public officials.

To the best of anyone’s knowledge, none of these new methods for relating to the community ever materialized. Instead Columbia waited out the 1968-69 school year, and, after that had passed fairly smoothly, the university requested that the AEC “resume consideration” of the application for an operating license. Some possible medical testing (such as testing newborn babies fingernail clippings to see if they have cystic fibrosis) is now part of the official rationale for the reactor.

In mid-November, 1969, the operating license hearing was finally held. The day before, the community groups held a teach-in on campus. At the hearing, the case for the reactor was presented by Columbia, the AEC regulatory staff which had prepared a “safety report” (previously known as the “hazards report”), and Gulf General Atomic which manufactured the reactor. Hanson Blatz, of the City Health Department’s Office of Radiation Control, also testified that the reactor would be very helpful in his work. (He had previously written the AEC that community anxiety suggested that the hearing ought to be postponed while he checked it out. His later support of the reactor earned him the wrath of the community groups, who argued that the City Health Department should have discussed the matter with the community—especially when the community has demonstrated that it is opposed to the plan.)

Opposition to the reactor came from scientists speaking for the Riverside Democrats and Morningside Renewal Council, who pointed out that Columbia has for years been training nuclear physicists at much better training reactors at Brookhaven and other places, and who disputed some of the AEC claims about safety. Mary Hays Weik of the Committee to End Radiological Hazards, raised the broader issue of the contribution of any reactor to the total radiological content of the atmosphere and the possibly irrevocable changes AEC policy is making in the total environment. (In the New York
area alone, several research reactors are in operation or in planning, and Con Ed is planning several major power reactors.) Politicians making appearances voiced the various community objections, and several have since promised to introduce legislation banning nuclear reactors from the city. (Assemblyman Franz Leichter plans to introduced state legislation, City Council Minority Leader Eldon Clingan, formerly director of the Citizens Committee for Clean Air, promised City legislation.) Congressman William F. Ryan has not been heard from, though the Riverside Democrats have tried for months to get him to take a position.

In addition to the demand that the community have a say in decisions such as that to build a reactor in a populated area, several health and safety issues were raised by the opposition to the Columbia reactor. Nuclear reactors, whether the small research and training variety or the commercial power-generating size (Columbia's is 250 kilowatts, future electric power generators will be in the neighborhood of 500,000 kilowatts and up), pose three basic kinds of problems. Accidents could release excessive radioactivity into the reactor building or into the surrounding area. Second, radioactivity is released during normal operation of the reactor. Third, accidents could occur during transportation of nuclear material to and from the reactor.

While there is no danger whatever that the Columbia reactor will go off like a bomb (the amount of fuel and the mechanism of the reactor make that impossible), reactors can have accidents, and accidents of a more conventional nature can affect reactors. Equipment imperfections or failure, fires or explosions in adjacent buildings, airplane crashes, human error, even sabotage, could pose a serious hazard to the health and safety of the community. Such events are statistically not very likely, but when the potential effect could be calamitous, wise men worry even about the unlikely. Despite Columbia's assurances of safety, the Local Planning Board for the Columbia area was recently asked to approve construction of a new fire house supposedly required because of the new reactor. Reports of equipment failure, human errors, and resulting near-catastrophes in operating reactors have been thoroughly documented in several recent books. (Richard Curtis and Elizabeth Hogan, "Perils of the Peaceful Atom," Doubleday 1969; Sheldon Novick, "The Careless Atom," Houghton Mifflin, 1969.)

The AEC regulatory staff analyzes safety precautions and can make modifications a condition of licensing. The AEC also provides an insurance subsidy in case of accidents. Private companies will insure up to $74,000,000; beyond that, the public takes the risk. Homeowner insurance policies, Columbia area residents point out, specifically exclude any coverage of accidents from a "nuclear disaster." Community groups are pointing to this as symptomatic of both government and industry lack of confidence in the reactor program's safety.

Normal operation of any nuclear reactor releases some radiation to the outside. The AEC sets standards for how much of each element is to be considered safe. But very little is known about the long term effects of low levels of radiation, and with the proliferation of both research and power reactors, the potential for bad effects will increase. The AEC's record in safeguarding the public in this area is suspect. For years, the AEC pooh-poohed the significance of fallout from nuclear weapons testing, until it had become manifest to everyone else that atmospheric levels of such extremely dangerous isotopes as Strontium-90 had risen dramatically. It could hardly be otherwise—the AEC has a vested interest in the projects it has promoted. At Columbia, for instance, the AEC has put up $116,000, and other federal sources an additional $555,000.

Transportation of nuclear materials to and from the reactor involves everyone—and in some ways presents the most immediate potential danger to the community. Vehicles on the city streets are subject to all sorts of accidents, no matter how careful the precautions. All Columbia can do is promise to take precautions; all the AEC does is specify the kinds of containers to be used for the fuel. Community groups simply do not want to take the risks associated with having nuclear material transported through their neighborhoods.

The Columbia reactor affair remains, at this writing, in limbo. Since the hearing, there have been several demonstrations—at the reactor and at Columbia President Cordier's office and house [see News Briefs, BULLETIN, Jan. 1970]. Formal proceedings grind ahead. Each side has filed with the AEC a document called "Proposed Findings and Recommendations." These are models of what each side would like the Commission staff to submit to the Commission itself as the staff's report. Columbia's, of course, stresses compliance with the narrowest view of what the operating license hearing was to consider: that plans for the reactor conform to AEC standards and that Columbia is financially capable of purchasing insurance against accident or damage from the reactor (that is, up to the $74,000,000 limit). The opposition's document stresses the degree and substance of community opposition, including the distrust engendered by the AEC's dual role as promoter and regulator, and recommends against granting the license.

One month after the hearing, Dr. Cordier agreed to meet with the community groups. On December 16, members of various organizations and the press assembled at Low Library. At first Dr. Cordier declined to allow the press in. After some hassle, he agreed. Television, however, had to wait outside. Inside, flanked by his advisors—the men in charge of the reactor public relations program—the president listened politely as speakers alternately attempted to warn and persuade the University that the community will no longer tolerate Columbia's unilateral decisions about the community. Columbia hastened to reassure the assembled angry residents and students that the past 18 months has seen great improvement in Columbia-community relations. (18 months ago, Columbia was occupied—at the moment it isn't.)

Ecology Action continues to leaflet the campus; other groups are at work talking to parents of school children, neighborhood residents, and elected officials. Further demonstrations are promised.

The AEC could release its decision any time. In anticipation of the decision, and hoping that another display of community opposition might influence either the AEC or Columbia to think it over again, the coalition organized a community rally, January 8. An evening of speeches by scientists, community residents, and such individuals as Leo Goodman—a long time expert on atomic energy, culminated with Ecology Action leading a midnight march on President Cordier's house. Perhaps symbolic of Columbia's attitude toward the community, though heads appeared at windows, the butter reported (from behind the security guards) that Dr. Cordier was not at home.

—Ruth Glick
WHO GOVERNS GOUVERNEUR?

THERE ARE ALWAYS TENSIONS between community health councils and large medical centers. As long as teaching and research remain the top priorities of these medical centers, conflict with community priorities for patient care is inevitable. So it has been with the Lower East Side Neighborhood Health Council-South (LESNHC-S) and Beth Israel Medical Center, the affiliate which operates the Gouverneur Health Services Program. Recently, however, tensions have escalated at Gouverneur to the point where Beth Israel has become frankly repressive, resulting in the following letter to the chairman of LESNHC-S:

December 2, 1969

Dear Mr. Flores:

In view of the crisis facing Gouverneur, I feel it is important for Gouverneur staff to respond openly to the extreme positions taken recently by the Beth Israel administration. In the past six months, much of the momentum toward the provision of comprehensive health care has been lost, and an atmosphere of discouragement and divisiveness prevails. It has become increasingly difficult to express dissent from administration policy.

The following illustrate some of the errors of the Beth Israel administration that have contributed to this atmosphere:

(1) The rejection of Operation Reach-out and the Breakfast Program without first exploring their acceptability by staff and community. Apparently, the administration is not willing to consider bold new ideas.

(2) The inflammatory threat to close Gouverneur "if any group, including the Council, causes any trouble."

(3) The excessive show of police force at Gouverneur.

(4) The implicit sanction in support of the development of a different health council while denying the Lower East Side Neighborhood Health Council-South a role in the selection of the Director of Gouverneur.

I believe that these developments can only lead to greater polarization of attitude among the staff and deterioration in patient care. It is important, therefore, that the Health Council continue to address itself to greater independence for Gouverneur within the affiliation agreement. This, more than anything else, will determine whether Gouverneur can continue as a truly innovative neighborhood health center.

Sincerely yours,
Harvey D. Karkus, M.D.
Leader, Family Health Unit #3A

This letter was the grounds for firing Dr. Harvey Karkus one month after it was written. At the same time, Dr. Karkus was reassured that his admitting privileges to Beth Israel Medical Center will not be affected by his dismissal from Gouverneur. So there is no question about his competence as a physician. At this writing, Dr. Karkus continues to see his patients at Gouverneur, claiming the action taken against him is a violation of his right to free speech.

LESNHC-S has rallied to Dr. Karkus's support. This problem is not a new one for them. LESNHC-S has struggled for a larger role in hiring and firing at Gouverneur for a long time. There are the cases of Mrs. Fong, Mrs. Cruz, and Dr. Ferrer. In each case, the LESNHC-S has challenged Beth Israel's role in administering Gouverneur.

Gouverneur Health Services Program is a City-owned ambulatory care facility, which was once a hospital and is scheduled to become a hospital again in 1971, when a new building is completed. Since 1961, Gouverneur has been affiliated with Beth Israel Medical Center, under a contract arrangement initiated by Dr. Ray Trussed, when he was Commissioner of Hospitals for New York City. Dr. Trussed is now director of Beth Israel. Under this contract, Beth Israel has operating authority over Gouverneur. But one-third of the Gouverneur budget, or $1.6 million, comes from the Federal Office of Economic Opportunity (O.E.O.), which mandates that "programs for health services . . . must be developed, conducted, and administered with the full participation of the persons served, to the end that the program becomes truly responsive to the needs and wishes of those it is designed to serve." To meet this requirement, neighborhood groups on the lower east side decided to form the LESNHC-S in 1967. Only during the last year, however, has the LESNHC-S been strong enough to play a significant role in health center operations.

One of the first struggles for health council participation in health center operations, involved the reassignment of a health worker at the clinic. Mrs. Fong is one of the few Gouverneur employees who speaks both Chinese and English fluently. Beyond her regular tasks as clinic clerk, she translates for Chinese patients. Virtually everyone was surprised when Mrs. Fong was ordered to work the afternoon and evening shift, rather than her usual daytime shift. The administration indicated that personnel shortages mandated this change. Since most Chinese patients had become accustomed to Mrs. Fong's presence in the clinic during regular hours, this decision seemed insensitive to patient needs. So the LESNHC-S and some employees at Gouverneur joined in releasing a statement criticizing "certain Gouverneur administrators" for their arbitrary and unwarranted action. After some tense discussions with the health council, the administration rescinded its order, and Mrs. Fong was permitted to continue her job during regular hours.

A second incident revolved around the LESNHC-S staff worker, Mrs. Gloria Cruz. Mrs. Cruz had been hired by the health council (though for technical reasons she still received pay checks from Beth Israel) as a patient advocate and community organizer. In her role as patient advocate, she was frequently pitted against the administration of the health center. Obviously, Beth Israel was anxious to build a case against her. In September, 1969, they seized upon a trivial internal employee dispute involving Mrs. Cruz, and Dr. Trussell himself ordered her suspended from work for 24 hours. Mrs. Cruz refused to leave her job, asserting that she was responsible to the LESNHC-S and not to Beth Israel. Dr. Trussell responded by suspending her indefinitely and docking her pay. The health council came back fighting, citing the O.E.O. contract which clearly stipulated that Mrs. Cruz was hired by
and negotiated an agreement in which Dr. Trussell conceded: the LESNHCS-S. After several angry meetings between Dr. Trussell and the health council, O.E.O. stepped in as arbitrator which decreased services, such as a strike, was tantamount to carrying out leaflets, and collected more signatures to add to the more than 300 they already had on petitions demanding the renovation plans would have meant combining adult and pediatric emergencies in the same space. Repeated requests by the Health Council and the Young Lords for copies of the renovation plans were ignored by the Metropolitan administration, which went on with its plans for construction.

The Young Lords and the Metropolitan workers' group (Metropolitan Hospital Workers' Movement) seized the issue of the emergency room renovation to illustrate how community people and workers are not consulted in crucial hospital decisions. After leafletting and talking to hospital workers—most of whom had no idea that there were any plans to renovate the emergency room—the Young Lords and a group of workers from Metropolitan and other hospitals around the city sat-in in the office of Metropolitan's Administrator Anthony Constantine. After several fruitless hours in Constantine's office, during which he and Hospital Commission Tenczio not only refused to halt construction for a few days, but refused to acknowledge that the workers and community had any right to be consulted, the dissidents moved the sit-in to the registration and lobby areas. There they spoke with workers and patients, passed out leaflets, and collected more signatures to add to the more than 300 they already had on petitions demanding a halt in the emergency room renovation. Shortly after these events, word leaked out that the administration had secretly revised its plans to provide separate emergency facilities for adults and children. Strangely enough, the administration had preferred to go through all this hassle rather than concede that its plan had been wrong in the first place.

In late November the Young Lords, the Metropolitan workers' group and medical students from New York Medical College (which is affiliated to Metropolitan) instituted a house-to-house lead poisoning testing program in East Harlem. Half the battle lay in obtaining the chemical kits to carry out the tests. After requesting the kits through a series of letters and phone calls to Metropolitan Hospital the threat of a lay off (which never occurred), these employees formed a new group called the Health Revolutionary Unity Movement (HRUM). To demonstrate their commitment to community service, HRUM initiated a volunteer program called Operation Reach Out, which consisted of patient advocacy (helping patients register in the clinic, driving old patients home, etc.) during workers' lunch and coffee breaks. They also recruited employee volunteers to come in before work in the morning to operate a free breakfast program for neighborhood children.

Dr. Trussell responded to these new programs swiftly, first with a flurry of memos outlawing the distribution of all unauthorized leaflets (by the health council or HRUM) and the Department of Health, the Young Lords realized they were being ignored, and staged a sit-in at the Department of Health. Embarrassed by the publicity surrounding the sit-in—which showed that the Health Department was unwilling to do lead testing or to let others use its testing equipment—health officials turned over 200 testing kits to the Young Lords.

In the first session of house-to-house testing, 60 children under age six were checked. An average of one out of every four had a positive test, requiring further testing and examination. Subsequent afternoons and evenings of house-to-house testing have turned up the same rate of positives, as well as several severely ill children who had been receiving no medical care. The lead testers contend that, if Metropolitan were responsive to the needs of the people, it would itself have such a house-to-house program and would see to it that landlords took the necessary steps to prevent lead poisoning.

Another phase of the Young Lords' program for health in El Barrio was a free breakfast program for children. Starting in November, the Lords had sought space in the First Spanish Methodist Church (at Lexington and 111th) to set up the breakfast program as well as a "liberation school" featuring Puerto Rican history and a day care center for children of working mothers. Repeated requests were ignored by the church's pastor, who on one occasion called the police into the church to remove the Young Lords. Fourteen members of the Young Lords were arrested and several were severely beaten by the police—all inside the "sanctuary" of the church. On December 28, after Sunday services were finished, the Lords escalated the struggle and occupied the church, renaming it the "People's Church," and providing breakfasts, liberation classes and day care. An additional program set up in the church was a health program, run by the Young Lords, members of the Metropolitan Health Workers Movement, workers from other hospitals in the city, volunteer doctors and nurses, and was guided by people from the community who came to participate in the program at the church. For 10 days, free health care was given to the children and adults of El Barrio. All children who came into the free breakfast program were weighed and measured and a health record was begun for them. Children under 6 were tested for lead poisoning. Both children and adults were tested for anemia and given free emergency care. The People's Church has since been restored—by the police—to its owners and Sunday users, but the Young Lords and supporters intend to continue the health programs initiated there.

—Bella August

Psychologist, Metropolitan Hospital
mandating that all volunteers work only through the established Beth Israel program for volunteers. Second, Dr. Trussell called the police to disperse a meeting to plan the breakfast program. This was not the first instance in which Dr. Trussell had used a show of police force at the clinic. During the threat of lay-offs, Dr. Trussell used the entire Beth Israel security force to block health council members from attending a meeting of Gouverneur staff to discuss their response to the lay-offs. To explain the use of police, Dr. Trussell wrote Mr. Flores, chairman of the LESNHC-S, "as you know the Administration at Gouverneur has orders to close the clinic if any group including the Council causes any trouble."

HRUM and LESNHC-S are clearly different organizations. HRUM represents primarily health workers, many of whom are young and angry, and most of whom are also Lower East Side residents. LESNHC-S represents a broad cross-section of the Lower East Side community, with young blacks and Puerto Ricans, Chinese and elderly white people, all of whom are upset by what Beth Israel is doing at Gouverneur. A seventeen-year-old LESNHC-S held a contract not only with the City, but also with O.E.O., which stated "approval and disapproval of . . . appointments of project directors . . . are the responsibility of [O.E.O.]," and it is the responsibility of the LESNHC-S to "participate in . . . the selection of the project director . . . ." But the health council did not have an advocate in O.E.O. Only after the LESNHC-S retained its own lawyer and threatened a court battle, did O.E.O. act. And when it did act, O.E.O. arranged a meaningless meeting between the already appointed Dr. Ferrer and the health council. The health council was left no alternative but to protest Dr. Ferrer's appointment, since they had not been permitted any significant participation in his selection.

Sensitive people, like Dr. Harvey Karkus could not remain silent. Dr. Karkus is neither an activist nor a health council participant. He is a psychiatrist and a team leader of a Family Health Unit who has been at Gouverneur for over three years. He has personally witnessed the deterioration of health services at Gouverneur under the increasingly repressive administration of Dr. Trussell (who only came to Beth Israel in January, 1969). Now Beth Israel has fired him. Informed sources report that Dr. Trussell could not tolerate a professional who would not use "regular" channels for airing his grievances. Dr. Karkus has been judged a traitor to Beth Israel for having written a letter to the chairman of the health council of Gouverneur to whom is the professional responsibility— to the institution or the community?

LESNHC-S has vigorously protested Beth Israel's arbitrary action in firing Dr. Karkus. Together with HRUM, it has organized demonstrations at Beth Israel to protest Karkus's firing. As Beth Israel becomes more repressive, LESNHC-S feels it will have no choice but to escalate until reaching Beth Israel's doors.

—Oliver Fein, M.D.
New York Times

THE MEDIA MAKES THE MESSAGE

NOW THAT SPIRO AGNEW'S brought the subject up, there is a growing tendency toward monopoly in the newspaper industry. In 1962, New Yorkers could choose between seven major dailies. Remember the Herald Tribune, the World Telegram and Sun, the Mirror or the Journal American? Today there are three—the New York Times, the Post and the Daily News. Front-runner in sales is the short, snappy, reactionary News with a daily circulation of 3 million. But the staid, painstaking Times always has the authoritative last word. It's the nation's "paper of record," which, microfilmed and buried in time capsules, will be the ultimate source for 21st and 22nd Century historians. As today's trusting readers know: If it happened, it must be in the Times, and if it isn't in the Times, it might as well not have happened.

It is a matter of some concern, then, that the Times' reporting on health events is as spotty and unreliable as it is. Only three years ago the Times was a wealth of information—and exposees, on health matters, with a top investigative reporter, Martin Tolchin, assigned fulltime to health news. His exposes of conditions in the Municipal hospitals and his coverage of city health politics won him a series of prizes in the mid and late sixties. Of course in those days the Times had more lively competition on the health front. The World-Journal-Tribune (a last ditch amalgam of the failing New York World, Journal American and Herald Tribune) also had assigned an investigative reporter to health—Sy Spector—who covered State Senator Thaler's investigations of the Municipal hospitals and uncovered (among other things) Hospital Commissioner Terenzio's attempts to take over a penthouse apartment atop a Municipal hospital for his private use.

As the competition died off, the Times slowly began to lose its grip on the New York City health scene. Tolchin was moved out of health and never replaced. Today, health events are covered by whatever reporter's handy in the newsroom, so that no reporter ever gets a chance to get familiar with the issues. The Times' health reporting has come to resemble the health system itself: It lacks continuity—there's no one to draw connections between individual stories. And it's far from comprehensive, missing many items which the Times would almost suspect that the Times' health reportage reflects more predictable and easier to keep on top of. But to look at the Times' editorials on health for the past few years, one would almost suspect that the Times' health reportage reflects deliberate policy rather than just random selection:

Unionization of hospital workers: The Times was generally sympathetic to Local 1199's early efforts to gain recognition for workers in voluntary hospitals—that is, until the union had to resort to striking. Unlike the Post, which stuck with the union during strikes, when support was most needed, the Times always turned vicious at the first sign of labor militancy. Sporadic strikes in 1966 against five voluntary hospital including Montefiore, Beth Israel and Mt. Sinai, won from the Times the epithets "immoral, illegal and indefensible." The Times was particularly incensed because the union was "sub­jecting several of New York's most socially enlightened hospitals to strike harassment." When the hospitals one by one agreed to negotiate, the Times decried the "hospital surrender."

The affiliation program: The Times lauded the efforts of the Blue ribbon Heyman Commission which in 1959 recommended the affiliation of Municipal hospitals to private medical schools and hospitals. When State Senator Sy Thaler (Continued Page 12)
The newspaper business rarely makes news on Wall Street. With TV cutting into the readership and labor costs rising, most big city dailies have trouble getting advertising revenues to balance the red entries in their books. In New York City alone, four major dailies went out of business in the last decade. Not so the New York Times Co., which nets over $10 million a year. Profits come from advertising, about $150 million a year, and from the Times Co.'s other holdings, such as radio station WQXR, Times' book series, some lesser educational enterprises, and the Times-owned Spruce Falls Power and Paper Co., Ltd., of Toronto.

Times Co. not only outranks all other American newspapers in profitability, it also outranks most American corporations. Forbes magazine, in its survey of American industry in 1969, rates the New York Times Co. as the 75th ranking large American corporation in terms of profitability. That's up there with outfits like RCA, Ling-Temco-Vaught and TRW, leading even some drug companies like Pfizer and Upjohn. In terms of growth, Forbes ranks Times Co. fourteenth among all US corporations. That beats United Fruit, Hilton Hotels, and Alexanders Department Stores, to mention just some of the runners-up. Times Co. is also a front-runner in its own industry, which Forbes styles as "Leisure and Education"—hotels, publishing firms, movie companies, and manufacturers of pleasure boats, cameras, TV's, etc. In this setting, the Times Co. ranks eighth in terms of profitability and thirteenth in terms of growth.

THE MESSAGE
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began exposing the abuses of the affiliation program in 1966 (such as the use of patients for research, dumping of emergency patients, etc.) [See Burlage Report, available from HEALTH-PAC], the Times lashed out defensively, charging Thaler and Uppjohn. In terms of growth, Forbes ranks Times Co. fourteenth among all US corporations. That beats United Fruit, Hilton Hotels, and Alexanders Department Stores, to mention just some of the runners-up. Times Co. is also a front-runner in its own industry, which Forbes styles as "Leisure and Education"—hotels, publishing firms, movie companies, and manufacturers of pleasure boats, cameras, TV's, etc. In this setting, the Times Co. ranks eighth in terms of profitability and thirteenth in terms of growth.

The corporation to run the City hospitals: As was the case with the affiliation program, the Times began by praising the Piel Commission, which first recommended an extra-governmental corporate management structure for the Municipal hospitals. As soon as the corporation plan came into sight, the Times began to change its old stand on the Municipal hospitals, gradually admitting that something was gravely wrong with them, something which the corporation could cure. An eloquent article in the Times Sunday Magazine by Dr. Cherkasky of Montefiore called the Municipal hospitals "critically sick" and urged the City to get out of the hospital business. Editorial admission of the problems of the Municipal hospitals, which had been withheld when the affiliations seemed to be at stake, followed a few months after the Piel Commission's report was released, when the Times praised the State Investigation Commission's Municipal hospital study, saying the study showed the urgent need to implement the Piel recommendations. The editorial did not mention that the State investigation would never have occurred if it had not been for Thaler's earlier probes, and that it had confirmed Thaler's charges.

In early 1969, when the City Department of Hospitals came forth with a plan to create a Piel-like corporation, or authority, to take over the hospitals, the Times launched a full-scale support campaign. Howard Rusk, Times' health analyst and consultant, used his weekly column for a series of pro-corporation exhortations. Each one began with the horrors of the Municipal hospitals, ran down the advantages of the corporation, and wound up on a call for "immediate action." Rusk and the Times' editors had only one problem with the City's first draft of the corporation proposal—the City wanted the corporation's board of directors to contain a majority of public officials. From the editorial page and the Rusk column, the Times urged an essentially private board, "composed of the top leaders in management, labor, finance and the health and hospital fields." In other words, the Times wanted the corporation to go one step beyond the affiliations as a give-away of the City hospitals to the private sector.

As soon as the corporation proposal was modified to give public officials only 5/16's of the seats on the board, the Times came forth with unflinching support. In April, 1969, the corporation plan faced hostile testimony at a public hearing before the City Council, largely from low-income community groups and liberal house staff from the City hospitals. The Times' editorial said:

"Opposition to the change [to the corporation] comes from a diverse group made up of stand-patters hostile to any departure from the status quo, advocates of all-out community control and militant medical leftists who favor a single system embracing both municipal and voluntary hospitals.

The "advocates of all-out community control and militant medical leftists" turned out to include: the Citizen's Committee for Children, District Council 37 (the Municipal hospitals' workers' union), the Committee of Interns and Residents, Physicians Forum, the Medical Committee for Human Rights, and a host of community organizations.

Nevertheless the Corporation bill passed in both the City Council and the State legislature. For the Times, there was only one fly in the ointment. Harlem CORE had won a last minute amendment allowing Harlem Hospital to scede from the Corporation as an independent unit [see June, 1969, BULLETIN]. The Times reviled the CORE rider:

"It is a mischievous bill, unconstitutional on its face, borne of an ignoble backroom compromise and it threatens to undermine the whole
new corporate management. . . . This Thor­oughly sick bill requires legislative euthanasia.

Who controls the Times' health policy? According to ex­Timesman Gay Talese’s recent book on the Times (The King­dom and the Power, World Publishing Co., 1969), it is prob­ably not the Times’ advertisers, although hospital philan­thropist businessmen like the Gimbel's, Tishmans, Altmans, etc., would find little to fault in the Times' health policy. Very likely, in the case of the Times, policy emanates from the Times' close-knit family of editors and directors. Most of the members of this small group are related to each other and to the private health establishment, both national and local.

Arthur Hayes Sulzberger, patriarch of the Times’ family, and publisher and director of the Times until his death in 1968, had a curriculum vitae rich in connections to New York City’s private health establishment. He was a trustee of Columbia University, whose College of Medicine provided leadership in instigating the affiliation program (see December, 1968, BULLETIN). For many years Sulzberger sat on the board of Directors of the New York Foundation, which gives about a half a million dollars a year to support health-related proj­ects. The New York Foundation was founded and long headed by David Heyman, chairman of the 1959 commission that first proposed the affiliation program, and the man that How­ard Rusk tributes with the first suggestion for a Municipal hospital corporation. Among the projects sponsored by the New York Foundation was the 1967 Piel Commission study, which first publicly proposed the corporation. Sulzberger and his wife, who is in her own right a powerful figure on the Times’ board of directors, are active in the Federation of Jewish Philanthropies, whose member hospitals include some of the city's most prestigious private hospitals. The Federa­tion, along with Catholic Charities and the Federation of Protestant Welfare agencies, is one of the prime policy-in­fluencing bodies for the city’s private hospitals. In addition, Sulzberger sat on the board of the N.Y. Heart Association and of the Rockefeller Foundation (which is concerned with health and population control in underdeveloped countries).

Most of the other Times’ directors have ties to major private health institutions outside of New York City. Eugene R. Black, one of the two non-family directors of the Times Company, a banker with ties to the World Bank, Chase Manhattan Bank and other Rockefeller family-linked enterprises, is a trustee of John Hopkins. He also sits on the Board of the Rockefeller­funded Population Council, which does research on popula­tion control. Andrew Heiskell, husband of Times Company director Marian Sulzberger Heiskell, is a vice president of Time, Inc., and a trustee of the University of Chicago. Andrew Fisher, a vice president of the Times Company, but not a director, is a trustee of Albany Medical College.

The Board of Directors sets the tone at the Times, but Dr. Howard Rusk, columnist and consultant, does much of the day-to-day health policy setting. Rusk, who is nationally famous in his own right as a pioneer in rehabilitation med­icine and as a health policy savant, heads up the Institute for Physical Medicine and Rehabilitation, better known as the “Rusk Institute,” on the grounds of the N.Y.U. Medical Center. The institute is affiliated to N.Y.U. Medical Center, whose former dean, Dr. Lewis Thomas, was a leading advocate of the plan for a Municipal hospitals corporation [see Winter, 1969, BULLETIN, for more on Thomas’ role].

Rusk has always given generously of his time to the solution of New York City’s hospital problems. He has served for over a decade on the Board of Hospitals, an elite non-salaried ten­member group charged with setting overall policy for the City's hospitals. Dean Thomas of N.Y.U. and David Heyman of the New York Foundation were also, for much of this time, members of the Board of Hospitals. In 1959, Rusk served on the Heyman Commission, which collectively authored the City hospital affiliation plan. Recently, Rusk gained a seat on the board of the New York Foundation itself, where he passes judgement on contributions to health-related projects.

Outside of New York City, Rusk has found much to occupy himself in Washington, especially in the region of the Pentagon. During the Korean War, he served as chairman of the Health Services Advisory Committee to the Office of De­fense Mobilization, and as chairman of the National Advisory Committee to the Selective Service System. But Rusk is probably better known for his contributions to the American effort in Viet Nam. After visiting South Viet Nam in 1967, Rusk wrote in his column that incidence of napalm burns was exaggerated, and that the number of napalm burns was “not large in comparison to burns due to accidents.” No sooner had the furor over Rusk’s napalm article died down than he turned to another Vietnamese health hazard, Amer­i­can atrocities. Rusk wrote that American-caused civilian casualties are “unpreventable in this type of conflict and are not nearly so great as the killing and wounding of civilians by the Vietcong.” Since the Song My incident came to light, Rusk’s column has confined itself to more domestic topics.

Given the interests and associations of the top Timesmen, then, it is not surprising that the Times’ health offerings read like public relations material from the local medical empires, not to mention the larger American imperial enterprise abroad. But the Times’ reporting and editorials in health do not just represent free advertising for the Times’ elite friends in the private health establishment. For the Timesmen are part of that establishment. And the Times Co. [see Box, Page 12] is increasingly an empire in its own right, with a corporate in­terest in shaping social policy.

—Barbara Ehrenreich

Letters to Editor

Medical Industrial Complex

Dear HEALTH-PAC:
The December newsletter of the local Medical Committee for Human Rights cites the editorial of your November [Medical Industrial Complex"] BULLETIN. I am tempted, from that bit I read, to read that BULLETIN specifically and perhaps to be on your mailing list. Would you kindly send further information?
—JOHN H. M. AUSTIN, M.D.
San Francisco, California

Dear HEALTH-PAC:
I would like to subscribe to your BULLETIN. I just finished the Ehrenreich’s article on the “Medical Industrial Complex.” I
(Continued Page 14)
Letters to Editor

(From Page 13)

found it excellent, giving good and needed information on a much neglected area of imperialism, that so far has been avoided for the most part by the Movement—both in research and organizing. If you have any back issues of the BULLETIN, please send.

—DREW M. PALETTE
Berkeley, California

Blue Cross Revisited

Dear HEALTH-PAC:
I am very impressed with your September, 1969, BULLETIN. The long piece on Blue Cross gets right down to the nitty-gritty and paints a clear picture of how Blue Cross has moved—through the years—away from community service toward competition with other insurance plans.

I would like to commend you on the scholarly and fair text of many of your articles. Unfortunately, this type of reporting is not seen in a number of the New Left medical publications I see.

—IRA LEO SCHMILBERG, M.D.
Elkins Park, Pennsylvania
Past National Chairman, Physicians Forum

Beyond The Fringe

Dear HEALTH-PAC:
It's encouraging to see a magazine go beyond the liberal boundaries that so many publications refuse to cross. Enclosed is my check for $5—I am a student at the University of Toronto.

—JOEL LEXCHIN
Toronto, Ontario

Different Circles, Different Ideas

Dear HEALTH-PAC:
I read the sample BULLETIN ["Mental Health for the Masses," May 1969] you sent and I am writing to let you know why I cannot support your endeavor.

I am a non-medical Freudian psychoanalyst. I am somewhat well-known in certain circles and have some influence because of extensive teaching involvements.

While you do have a modicum of validity in your condemnation of those in the psychoanalytic power establishment, this has nothing whatever to do with the value of psychoanalysis as a science and a therapy. Your failure to distinguish between those who would want to preempt the prestige, power and financial gain and those sincere scien-
tists who practice in the interest of cure does you no honor. Do not make the egregious error of throwing out the baby with the bath water.

Psychoanalysis as a therapy is still very much alive, although rather inadequately understood by superficial scrutiny. I doubt whether, for example, you would so globally condemn the science of physics because the military establishment misuses it for political ends. Edward Teller does not speak for physical science anymore than organized psychiatry speaks for psychoanalysis.

You have much to learn before you can venture an endeavor such as you propose. I am sure that it will be enthusiastically received in many quarters, but do not count on serious scientists unless you show more interest in learning what it is all about.

—GERTRUDE BLANCK, Ph.D.
Certified Psychologist, NYC

Dear HEALTH-PAC:
Your BULLETINS on mental health [May and December, 1969] were an exhilarating inspiration and confirmation for me. I thought I was almost a 'lone voice in the wilderness.' Am enclosing my recent analysis of the [NY State] Department of Mental Health recodification efforts. As you must know, passage of their Senate #5227 may be quite possible within the next several weeks—yet, most people in the mental health field know little or nothing of it!

Would be very interested in your reactions and suggestions. Thanks again!

—HERMAN WEINER, Ph.D.
Co-chairman, Redecification Committee
NY Joint Council for Mental Health Services

EDITOR’S NOTE: Dr. Weiner’s paper criticizes the proposed State Mental Health Law for placing such all-encompassing power in the State Department of Mental Hygiene. The Department, he contends, has shown an inability to run the State system. Such medically-oriented professionals, he says, should not be given such a powerful position. Other shortcomings, according to Dr. Weiner: The Department’s licensing power is subject only to very limited judicial review. The lack of community participation in designing the legislation has resulted in an open-ended definition of mental disorder which gives the State unconstitutional involuntary confinement powers, and therefore jeopardizes patients rights.

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