

A Summary of our Experiences

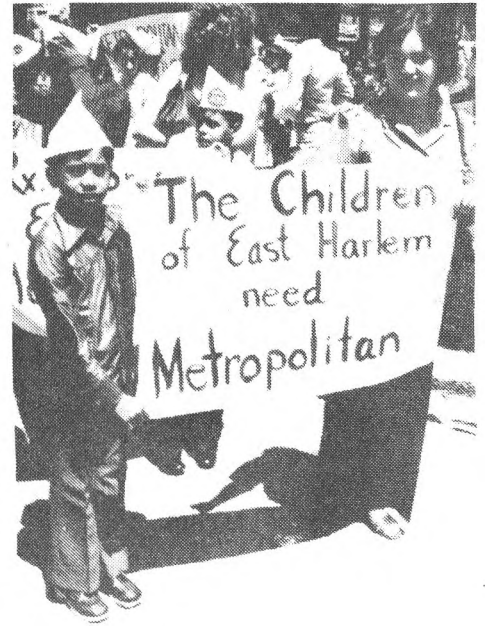
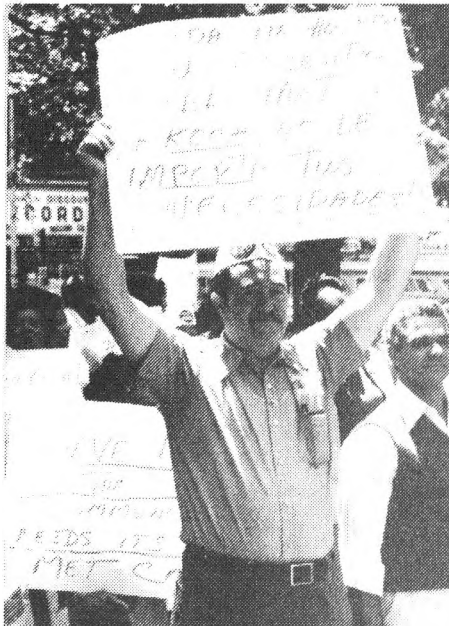
The struggle to keep Metropolitan Hospital open and maintain it as an effective, full-service hospital for the East Harlem community has proven to be a rich experience for our organization, M.I.N.P.—El Comité. For the past one and a half years we have participated within the Community Coalition to Save Metropolitan and have deepened our contact with the East Harlem community. Since the beginning of our involvement we have periodically covered different aspects of the struggle in the pages of Obreros en Marcha. Our articles have ranged from analyses of the political forces involved to interviews with leading activists in the struggle.

At present, the struggle to save Metropolitan is at a crucial stage. In June, the city and federal governments agreed upon a "Metropolitan Rescue Plan." We discuss this latest development within the context of the relationship that developed between M.I.N.P. and the Coalition and some of the lessons learned by both in the course of the struggle.

The present stage of the struggle opened with the June 20th declaration in the commercial press that there was a \$77 million agreement worked out by city, state and federal officials to "save" Metropolitan. This Metropolitan Rescue Plan calls for two basic actions. First of all, Sydenham Hospital, another municipal hospital in Harlem, also slated for closing is to be turned into a drug and alcoholism unit. Such a solution negates the reality of a community in great need of a full-service hospital, furthermore it feeds the racist myth that Harlem is mostly composed of drug addicts and alcoholics.

The second aspect of the "solution" is that Metropolitan will remain open as a full service hospital under a five-year demonstration project. This project calls for the enrollment of 17,000 East Harlem residents who have no medical insurance in a Health Maintenance Organization (HMO) which would provide health care without a fee. While on the surface this sounds like a very positive action on the part of the government, the weaknesses in the plan are very real.

It is important to note that of the 150 HMO's set up throughout the country, only 13 have been successful. Of these, none were located in poor, minority communities such as East Harlem. HMO's have proven to be successful only in neighborhoods where there is a solid basis of knowledge and experience with *preventive* medicine.



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This is not the case in poorer neighborhoods where there are unusually high percentages of people with serious illnesses at advanced stages; in addition, easily prevented illnesses run rampant both because people are ignorant of basic preventative measures, and also because affordable healthcare is not available.

Another major pitfall in the HMO scheme is that it has only been successful in hospitals where vast amounts of money have been poured in over an extended period prior to the plan's beginning. In contrast to this is Metropolitan, barely surviving after years of official neglect, with the last two years consisting of a conscious, vicious campaign to destroy and close the hospital. Metropolitan Hospital today is badly in need of renovations, dangerously understaffed, poorly equipped with outdated and even missing equipment, and serving an extremely sick population, many of whom have been denied access to healthcare for years. This is the hospital chosen as a candidate for an HMO. Obviously the rescue plan has many problems.

Some Background to the Fightback

The impact which this plan has had on the work of the Community Coalition to Save Metropolitan is better understood

when viewed within the process of the struggle.

When Metropolitan's closing became imminent almost two years ago, a small group of employees representing all levels of staff, together with a few members of the hospital's Community Advisory Board (CAB) contacted several community groups and together formed the Community Coalition to Save Metropolitan. Our organization, M.I.N.P.—El Comité, was part of this initial grouping.

Because of their past experiences with local politicians and with the leadership of the hospital workers' union, D.C. 37, the initial founding group saw the need to create an independent organization. The first principle which united the Coalition was the need to keep Metropolitan open as a full-service hospital.

From the onset we as M.I.N.P. spoke of the attack on Metropolitan within the context of the city's attacks on the standard of living of poor and working people as the solution to New York's "fiscal crisis". This led to the Coalition adopting a perspective which held that the city's long-range plan was to slowly dismantle the municipal health system and eventually turn the best city hospitals over to the powerful private hospitals—strong supporters of Mayor Koch. The Coalition responded favorably when we began to raise the concept of

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"planned shrinkage" (see OEM editorial, Aug/1979). When we targeted the banks and the Financial Control Board (FCB) as the forces behind these anti-worker and racist policies, the idea was picked up by the other members of the Coalition and utilized in their own leaflets, newsletters and other literature. This initial positive development of the Coalition was bound to, and did bring us into confrontation with the dominant political force in East Harlem, the minority politicians or "politiqueros".

The Politicians Respond

For years the role of the minority politicians in East Harlem, like in many other minority communities, has been to act as a buffer to people's growing discontent stemming from their conditions of oppression and exploitation. Despite their posture as defenders of the peoples' interest, politiqueros have functioned to maintain "order" in the community. Their reward has been control over local anti-poverty monies and organizations and other related fringe benefits.

At this time the main politiquero in East Harlem is Councilman Robert Rodriguez, his family, and political cronies. He is the front line for justifying, imposing, and smoothing the way for Mayor Koch's policies in East Harlem.

The Coalition's views drew sharp attacks from these politiqueros and also from hospital administrators. They attempted to divide the Coalition and isolate M.I.N.P.'s position by saying that to protest the cuts and not make political deals would only bring more cuts to the community. In addition, they began accusing the Coalition of being communist-dominated because of the prominence of M.I.N.P. within it. This was not the first or last time that we were red-baited. Harlem's senior politician, Congressman Charles Rangel, after feeling the pressure of the Coalition, warned the community that the Coalition could not be trusted because its leadership was emotional, irresponsible, communist and detrimental to the needs of the people of East Harlem. Despite these attacks on the Coalition, and on M.I.N.P. in particular, the Coalition increased its ability to educate around the situation and form a plan of action. Thus more community groups including churches, youth programs and others and increasing numbers of employees began to listen to and join the Coalition's activities.

Coalition Challenges Union Leadership

Since the onset of the fiscal crisis, and even before, the rank and file of District Council 37 were not used to getting much from their union leadership. While sprouting militant rhetoric, the leaders allowed hiring freezes and attrition to gradually eat away at jobs and create deteriorating working conditions. Cynicism

about the unions' top leaders was growing among the rank and file. This was true for many of the workers at Metropolitan.

The creation of an Employees' Subcommittee within the Coalition was an important aspect of the effort to organize the hospital workers. In addition, the subcommittee attempted to function as a rank and file caucus within the union. This attempt was not too successful because of the group's lack of experience, but within the hospital it played an important organizing role.

Dishonest elements both at the local and top leadership levels of D.C. 37 worked overtime trying to discredit the Coalition in the eyes of the hospital workers. They spread many lies about the Coalition, and M.I.N.P. in particular, being anti-union and anti-black. They too accused the Coalition of being communist-dominated.

From the very beginning M.I.N.P. had raised the importance of building close ties between the hospital's workers and the users of the hospital's services, i.e., the people of East Harlem. However, this idea was never made concrete. It is now seen that the Employee's Subcommittee could be used as the basis upon which to develop these ties. The concretization of this idea will be key to the development of the struggle in the coming period.

The Movement Grows

As the struggle progressed, the principles of unity of the Coalition broadened. Soon they included opposition to the budget cuts in general and to the attacks on the city's minorities in particular. As the principles of unity broadened, so did the scope of work of the Coalition. It began to educate and organize around the concept of a comprehensive, community-developed health plan for all of East Harlem. Metropolitan was a crucial, but now only one, aspect of this plan.

By spring 1980 city officials were beginning to present plans to "save Metropolitan", the earliest of which were rejected as little more than outright destruction of the hospital. Then the present HMO plan was developed by a joint government effort. While the plan offers some concessions at this time, our analysis is that it still forms part of the intent of Koch to dismantle the municipal hospital system.

In addition to the serious disadvantages we discussed earlier, the new Metropolitan HMO will be administered by a board set up by Koch and the Health and Hospitals Corporation—the same forces which set out to destroy the hospital. The Community Advisory Board and the Coalition have been excluded from the planning and implementation process and the local politicians have been allowed to maintain control over hiring.

Within the Coalition and the community the announcement of the government plan caused much confusion. Immediately the

politicians proclaimed it as their victory and organized celebrations. While some of the problems of the new plan were evident from the start, the Coalition was at a loss as to how to respond. The Coalition agreed that federal funds could not be rejected. But at the same time, the transformation of Metropolitan into a five-year demonstration project was no substitute for the comprehensive health plan East Harlem desperately needed. How to begin raising this idea in the community was a difficult tactical question. Some Coalition members became demoralized; they felt that with all the meetings and mobilizations for over a year and a half, the Coalition should have been able to win a complete victory. These views in the Coalition reflected a lack of understanding of the strength of the political forces the group was up against. They also reflected a shortsighted view of the struggle, i.e., not seeing the necessity for a long-term effort. In order to win more than concessions and decisively confront the politicians and city administration, the Coalition needs to build a larger, stronger and more consolidated base in the community. This means a long struggle.

Compounding these weaknesses was the inability of M.I.N.P. to successfully challenge them. As a Marxist-Leninist organization, it is not enough for us to function only within the Coalition itself. We also have the responsibility to present through our own independent propaganda and activities the kind of analyses that would enable people to see why a prolonged struggle would be needed, the power of the forces the Coalition was up against, why the gains, although limited, represented strengths of the Coalition and not weaknesses, etc. This is a key area that we must begin to rectify in the coming period.

One of the main lessons that the Coalition has learned is the need to be consistent in educating and bringing its analysis to the community. When the Coalition limited its discussions to members of the coordinating committee and did not discuss with or inform community supporters about a plan of action, we left ourselves open to attacks from the politicians and hospital administrators and for misinformation to be disseminated. The need to maintain close and consistent contact with your base in the community is fundamental.

As the struggle for healthcare in East Harlem enters a new phase, we must learn from our past weaknesses and strengthen the participation of M.I.N.P. and our allies. An educated and organized rank and file within the hospital and an intensification of work within the community will be fundamental. Trying to work within the context of this new HMO will not be an easy task, but the need to further educate and organize around a community-developed health plan responding to the particular needs of Harlem will be the major task for the Coalition to undertake in the next period. □