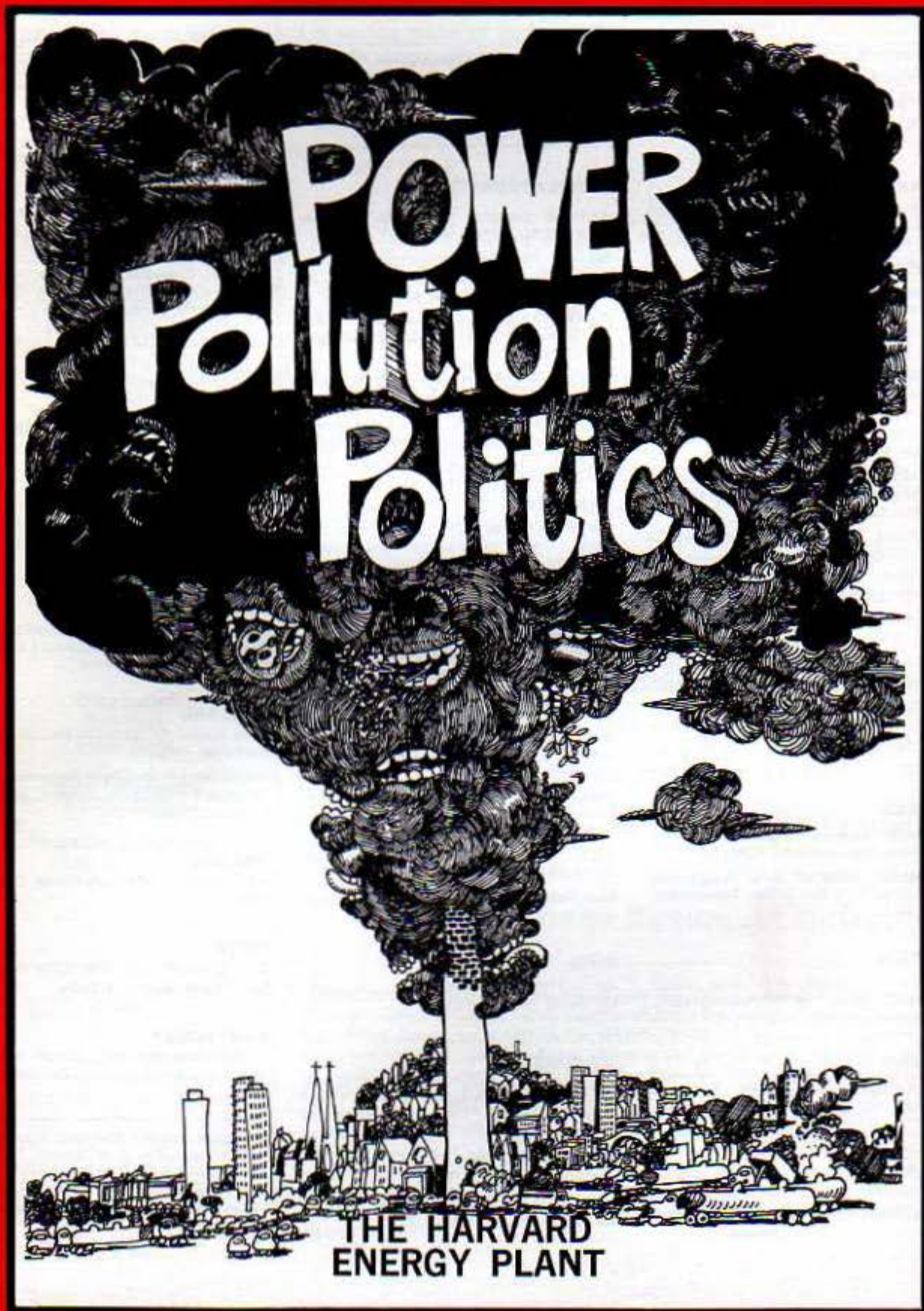


SCIENCE FOR THE PEOPLE



MARCH-APRIL 1977 VOL. 9 NO. 2 \$1

CHAPTERS AND CONTACTS

Science for the People is an organization of people involved or interested in science and technology-related issues, whose activities are directed at: 1) exposing the class control of science and technology, 2) organizing campaigns which criticize, challenge and propose alternatives to the present uses of science and technology, and 3) developing a political strategy by which people in the technical strata can ally with other progressive forces in society. SftP opposes the ideologies of sexism, racism, elitism and their practice, and holds an anti-imperialist world-view. Membership in SftP is defined as subscribing to the magazine and or actively participating in local SftP activities.

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The illustration for our cover comes from a poster used in a petition drive by Boston's Mission Hill community against the Harvard energy plant mentioned in "Community Organizing and Institutional Expansion."

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Science for the People magazine is published bimonthly by the national organization Science for the People (see facing page for chapters and contacts). Our address is 897 Main Street, Cambridge, MA 02139. Tel: (617) 547-0370. We welcome contributions of all kinds: articles, book reviews, artwork, cartoons, etc. Please see our editorial guidelines on the inside back cover. *StfP* is intended for all people interested in a progressive and radical view of science and technology. Our subscription rates are \$6 per year (regular subscribers) and \$15 a year or whatever you can afford (member subscribers). Member subscribers receive the magazine plus our internal newsletter and other internal communication. For legal purposes, *Science for the People* is incorporated. *StfP* is available in microfilm from Xerox University Microfilms, 300 North Zeeb Rd., Ann Arbor, MI 48106.

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about this issue

In this issue we present two articles on the history of the struggle of an urban working-class community, the Mission Hill neighborhood of Boston, against expansion by Harvard Medical School and related institutions. We feel the articles are important for several reasons. First, they deal with the effectiveness of neighborhood organizing as a strategy for social change and discuss the effectiveness of various organizing tactics, from physical disruption to court battles to compromise and negotiation. Second, they detail one way in which academic-scientific institutions affect the average working person's life. Third, they show how it may be possible for people outside these institutions to force changes in the institutions' policies.

Howard Waitzkin's article chronicles the story of Mission Hill from 1969, when students joined residents to resist Harvard's development plans, to around 1975, when it appeared that Harvard was on the defensive and that many important victories had been achieved. Waitzkin carefully analyzes the reasoning behind the use of a wide range of tactics at different stages in a changing situation. He feels the struggle has been successful not only in winning specific concrete demands, which are mostly unprecedented in this decade in this country, but also in politically demystifying the operations of elite institutions, raising the class consciousness of the people involved, and laying the groundwork for future progressive change. He feels this success has been achieved through community solidarity, persistence, and willingness to compromise to achieve specific goals.

John Grady responds to Waitzkin in an article which provides a different time perspective, and which assesses the community's overall effectiveness against Harvard quite differently. His article, written over the last two months, reflects the feelings of many people that the victories achieved through the last eight years are less valuable and significant than they first seemed, that Harvard's expansion has been only slightly slowed rather than stopped. Grady feels that the community made both tactical and political mistakes, including the decision to limit their demands in exchange for specific concessions from Harvard. He feels that the community's force has been diverted in part because the original neighborhood leadership has itself become "professionalized": community organizations have been turned in-

to brokerage institutions for Harvard, becoming dependent on Harvard financially and in other ways. The result, he says, is not the first step in a movement for broader political change but the last step in the process of diffusing the community's power and identity by integrating it into the process of institutional development.

Despite their differences, the two articles have several points in common. Both advocate a wide range of tactics in different situations and for different demands. Both agree that organizing of any kind requires long-term commitment and constant alertness to unexpected shifts in power relations. Both seem to agree with our feeling that neighborhood organizing is essential for fundamental social change but that its ultimate success depends on the success of struggles and change in many other areas, including the workplace, the military, the schools, the household, and ourselves.

We hope that these articles will stimulate effective organizing both within and outside of academic-scientific institutions, both by providing general analysis and by detailing one specific example of this struggle.

In contrast to Grady's description of the co-optation of a progressive force from within its ranks, Linda Gordon describes the way in which *outside* professionals took over and diverted the progressive birth control movement early in this century. The second part of her two-part article on the history of the birth-control movement appears in this issue. □

From the Science Teaching Group
Science and Society Series no. 6:

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letters

Dear Editors:

The sexism vs. racism argument in recent SftP letters is a very important one, not so much in relation to which is being more furthered by sociobiological theories, as because the question cloaks important political divergencies. To recapitulate, Gar Allen wrote complaining about the emphasis being given to sexism, in the Sociobiology Group's criticisms, and the under-emphasis on racism, which he sees as more important to capitalist exploitation. This brought sharp rebuttals from two women members, Ruth Hubbard and Rita Arditti, who upheld the emphasis on sexism, citing the insidious, all-pervasive nature of sex-based oppression, and its long history, perhaps even as the prototype of all human oppression. They said that sexism preceded capitalism and may well survive into socialism, and chided Gar on his insensitivity to its importance.

I came out of all this feeling vaguely sympathetic to Gar's side, and I think it's because the women's arguments reminded me of a line of feminist reasoning that strikes me as dangerous and divisive. This view seems to emphasize the *separateness* of women's struggle, on the basis of some historical theory of primal, male-female antagonism, which ignores or replaces Marx's construct of economic scarcity and economic class struggle as the basic historical determinant. According to this view the commitment of feminism to socialist revolution is questionable, and, as a corollary, the possibility of counter-revolutionary uses of feminism at least raised.

Racism *is* central to capitalism, as the most important basis for eco-

nomic class division on an internationalized scale — and economic class struggle *is* the overriding issue of our time. That sexism also is a basis for economic class should not separate women from the main struggle, but join them to it. For, sexism and racism together have contributed to a world deployment of forces, on the basis of disownership from the means of production, of about 95:5 in favor of radical change. Who would wish to disturb such a fortuitous ratio? The fight within a fight, the 50:50 cleavage down the middle of both these main groups, that delineates women's separate struggle, must be used to enhance not inhibit the main fight. Put in terms of the argument in the letters, the fact that sexism and patriarchy have had a pre-capitalist history should not detract from the hopes for socialism. Economic class also has had a pre-capitalist history, the point being that socialism will for the first time provide an economic mechanism not dependent on class, nor therefore on the isms that divide into class.

The danger of conflicting anti-sexism and anti-racism is not an academic one, according to Margaret Burnham, the black, radical lawyer. She talked about this, recently, in regard to the anti-rape movement, in a talk entitled "Rape, Race and Politics". She told of feminist colleagues who refuse the defense of *any* man charged with rape, regardless of circumstances — ignoring the long history of framed rape convictions (vastly predominantly black men), of rape victims (vastly predominantly white women, the rape of black women having been institutionalized under slavery), of convic-

tion of white men for raping black women (none). She charged the anti-rape movement with, unwittingly or not, reinforcing racist stereotypes and playing into the hands of 'law and order' forces of repression. Burnham also mentioned the current feminist theory that rape is the prototype of all human violence, as further evidence of an isolating approach to the problem.

To what extent these charges are true, I don't know, but they sound a familiar theme, i.e., that of attacking one problem in the society only to reinforce another (as in environmentalism vs. jobs). It is a typical result of an anti-Marxist perspective that fails to relate and integrate, but instead attacks the problem in vacuo, isolated in time and space. The crime of rape, of course, and sexism in general, is not an isolated phenomenon but one of many worsening social problems of a capitalist society in profound economic crisis. It is *because* the contradictions on the economic level are intensifying so rapidly, that the relatedness of everything else seems to be increasing, all solutions hinge on other solutions, and that consequently, an integrated approach to all problems, including sexism and racism, seems to be necessary.

I have argued for integration, not division, between anti-sexist and anti-racist forces. The larger issue is the relationship between feminism and socialism, and I hope these letters will spark further debate both within this organization and the wider feminist movement on this important question.

Sincerely,
Lorraine Roth

Dear SftP,

The Jan.-Feb. issue was encouraging, especially the long overdue pieces on population control and sterilization abuse. Sterilization is a perfect example of a significant scientific advance that could help to liberate people but is, instead, used as a weapon to further oppress people. We need to be more alert to this insidious form of sexist, racist and classist tyranny; only then can we begin to fight back, to assert our humanity and to stop this cruel butchery.

Che's quote on the cover is perceptive. Also instructive is former President Johnson's remark that "\$5 spent on population control is worth \$100 invested in economic growth." The U.S. government is currently spending millions to sterilize women in the Third World, and to sterilize poor and minority women here.

Sterilization abuse is imperialism in practice throughout much of the Third World as the women of Puerto Rico know, as Black women in Azania know, as the Quechua women of Peru know, and as the people of India know. In St. Louis, the site of an A.I.D. sponsored training center for Third World doctors in the latest techniques of sterilization, the Committee to End Sterilization Abuse has led an active struggle that has been going on the past 9 months and will continue until the program is stopped. Willing doctors are selected for the program, brought to St. Louis, given a 4 to 6 week course on the latest techniques, given the proper ideological justification that the way to end poverty, misery and hunger is to make sure there are less mouths to feed, and given a \$5,000 laproscope (whose main function is to perform laproscopic sterilizations). Armed with the most recent modern weapon in imperialism's arsenal, the doctors return home to combat disease, rampant social inequities, and the raw materials ripoff by cutting away

on poor and minority women (men too, but more women by far are the target of A.I.D. programs). When the U.S. announces a policy goal of sterilizing 25 per cent of Third World women of reproductive age, the question naturally arises as to what lengths the government will go to when faced with opposition either from the countries' government or from the people.

CESA in St. Louis is also waging a struggle around local institutional abuses. This struggle is not, yet, as advanced, but we promise to make the issue one where struggle will occur, and where people will become more aware of the perfidious nature of the ruling class. Two dimensions of this fight are worth noting now: public hospitals that refuse to perform abortions yet routinely sterilize women, and the federal government's policy that promotes, solicits, and helps pay for the sterilizations for poor and minority women.

We support the right of people to be sterilized if they want to. We oppose forced or coerced sterilizations.

We want people to know that these two battles around sterilization abuse are currently going on in St. Louis. And we invite people to write us at:

CESA
4431 McPherson
St. Louis, Mo. 63108

In Solidarity,
St. Louis CESA

Dear SftP,

I like the changes.

There is *no* movement down here and any heavy rhetoric just puzzles people. (They don't disagree — they can't even understand it). Now I can show *SftP* to friends and get a positive response. Keep the heavy rhetoric in the I.D.B.

Love,
Joseph Davidson
Miami, Florida

Dear SftP,

Please remember that the *SftP* readership is not composed entirely of people who understand the scientific and Marxist languages as fluently as many of the writers seem to. When the jargon can't be avoided, perhaps a glossary would be useful.

This may have something to do with the small *SftP* circulation. It's pretty easy for non-Marxist scientists or non-science Marxists to get turned off, not necessarily because they (we) don't like the content, but because it is confusing and makes one feel stupid to try to read something that one doesn't understand.

Perhaps the editorial collective could try to steer the articles a bit more in the direction of being "red" (appealing to the "masses") rather than "expert" (appealing to the fluently scientific Marxist elite). For instance, I didn't finish reading Phil Bereano's article in the last issue. I tried, but just got too discouraged and decided it wasn't worth my time to fight through the language and style. On the other hand, the Boston subgroup's AT article was much easier to read (and I found it extremely interesting and informative as well).

All in all, I am very pleased with *Science for the People* and find most of the articles clear, which, considering my zero scientific background and partial Marxist-language familiarity, is a positive comment on your editing and people's writing.

Thanks for all the good work.

Jeff Pector
Santa Cruz, CA

Dear Editors:

I enjoyed Nancy Folbre's article on population and family planning very much. However, there were a couple of errors in Bob Park's "box" dealing with India.

LETTERS, *continued on p.39*

news notes

FAMILY HOUR

Westinghouse Broadcasting Chairman Donald H. McGannon has recently urged an expansion of the adoration of the Presidency, by suggesting that President Carter be given prime time as often as weekly to speak, not to a nation but "to a family, to each of us as individual persons, not (in) a speech by a political leader, but (one) by a man we chose to lead us in our difficulties, someone who visits in our homes and tells us what we each must pay for that pursuit of happiness we so earnestly seek."

McGannon is not talking about a weekly press conference. He is not talking about the air time that a President all too easily gets now. He is talking about guaranteed, virtually limitless, uncontrolled time. That sort of media access would subvert the press, Congress and the democratic process. This proposal is a mildly surprising expression of fascism by a representative of the liberal media establishment.

And when McGannon says, "We ask for a thorough awareness of the difficulties, for an honest leadership that informs us, that tells us just what we should and must do," he is resurrecting Richard Nixon's view of the American people as "the children in a family."

—Boston Globe

LAB BLAST HITS GENETIC RESEARCH

The explosion in January that wrecked a biology laboratory at the University of Pittsburgh seems likely to send extra waves of concern through the ranks of those scientists and non-scientists who are alarmed

at the potential hazard of genetic engineering research. Francine Simring, a spokesperson for Friends of the Earth in New York, said that the guidelines designed to control genetic engineering work "are not adequate for dealing with human fallibility and mechanical failure.... There are no precautions at all against an explosion like this."

This issue will strengthen the arguments for placing "maximum containment" facilities away from populated areas. For instance, the Cambridge City Council's current concern about genetic engineering at Harvard and MIT is now put in a new light. Erwin Chargaff commented: "These facilities just don't belong in a teaching atmosphere." David Baltimore, a biologist at MIT, is less worried. He suggests that there is more potential danger from medical microbiological laboratories experimenting with known dangerous pathogens.

Baltimore said that a major explosion in a genetic engineering laboratory would disperse experimental organisms in a very fine aerosol, and they would survive only briefly.

Can we hold you to that, Dave?

—Adapted from *New Scientist*

CHILDREN OF THE LEAD REVOLUTION

Children of lead smelter workers have been poisoned by the lead their fathers bring home on work clothes. The poisoning incident occurred at the smelter in Tennessee.

A local doctor noticed classic lead-poisoning symptoms in workers from the smelter. A later survey showed 53 out of 78 workers had "unacceptable" blood-lead levels.

But even worse, when the children of these workers were examined, over one-third (38 out of 91) had blood-lead levels above normal. Ten of these had dangerously high levels, eight were moved to hospitals, and three showed symptoms of poisoning. A follow-up study of the children of workers at a Vermont lead-battery plant unearthed similar problems. According to Dr. Edward Baker of the Center for Disease Control in Atlanta, workers at the Tennessee smelter can no longer take their workclothes home, a precaution long since common in other countries.

—*New Scientist*

PROPOSED REACTORS YEAR 2000



THE HIGH COST OF DYING

What does one do with a large nuclear reactor after its 40-year useful life is over? Immediate dismantlement and removal costs about \$30 million. Entombment in reinforced concrete protected by electronic intrusion alarms costs about \$15 million. Isolation under 24-hour guard for a century, followed by dismantlement and removal would be the cheapest at about \$13 million.

Sound expensive? It's only a couple percent of the cost of building the reactor in the first place.

—Adapted from *New Scientist*

BIRTH CONTROL AND THE EUGENISTS



Mrs. Poor Patient:—"If you're rich, the law don't count."

Reprinted from Anthony Comstock, *Traps for the Young* (edited by Robert Bremner and published by The Belknap Press of Harvard University Press)

Linda Gordon

This article is part two of a two-part article. Part one appeared in the last issue of Science for the People. It is a revised and abridged excerpt from Woman's Body, Woman's Right: A Social History of Birth Control in America (Viking Press, 1976).

As the birth control clinic movement mushroomed around the country, conflict raged about how and by whom the clinics should be controlled. Margaret Sanger still resisted relinquishing personal control of her New York clinic to the medical profession. No doubt part of her resistance came from a desire to control things herself, especially since she had lost control of the American Birth Control League (ABCL) and its publication the *Birth Control Review* by 1929.

Linda Gordon has been active in the socialist-feminist movement. She is an editor of *Radical America* and is presently teaching history at U. Mass. Boston. In addition to her book on the history of the birth control movement, she is the author of *America's Working Women* (1976).



"Your Honor, this woman gave birth to a naked child!"
BY ROBERT MINOR, FROM "THE IMAGES," 1915.

But part of her resistance, too, came from disagreement with the doctors' insistence on requiring medical indications for the prescription of contraceptive devices. Her Clinical Research Bureau had consistently stretched the definition of appropriate indications; and if an appropriate medical problem that justified contraception could not be found, a patient was often referred to private doctors whose prescriptions would be less dangerous. Sanger was willing to avoid an open challenge to the law on the question of indications, but she was not willing to allow close medical supervision to deprive physically healthy women of access to contraception.

In her struggle against the doctors, Sanger found another professional group to support her — the eugenis-
tists. Though easily as conservative as the doctors in terms of the feminist or sexual freedom implications of

birth control, they were solidly in Sanger's camp on the issue of indications. They could not be content with a medical interpretation of contraception, i.e. that its function was to prevent pathologies in mothers. The eugenicists sought the kind of impact birth control might have when disseminated on a mass basis; they wanted to improve the quality of the whole population, not just protect the health of women. They also felt a certain amount of professional rivalry with the physicians.

The new eugenics, "selective breeding," was rigidly elitist, intended to reproduce the entire American population in the image of those who dominated it politically and economically.

Eugenists had been among the earliest of the nonradicals to support birth control, and some of them had spoken out for it publicly even before the War. They perceived the doctors as joining the cause after it was safe, and then attempting to wrest power from the movement's originators. Though politically conservative, their intensity of commitment to selective breeding allowed them to accept Sanger's militant rhetoric and her willingness to challenge and stretch the law. At the same time the eugenists had a great influence not only on Sanger but on the whole birth control movement.

Eugenists

Eugenics attitudes had attracted reformers of all varieties for nearly a century. Lacking a correct genetics, 19th-century eugenics consisted largely of utopian speculation based on the assumption that acquired characteristics could be inherited. This assumption meant that there was no necessary opposition between environmentalism and heredity. The scientific discrediting of the theory of the inheritance of acquired characteristics changed the political implications of eugenics, and more narrow applications of it became dominant.

The new eugenics, "selective breeding," was rigidly elitist, intended to reproduce the entire American population in the image of those who dominated it politically and economically. The "new" eugenics was not a reform program but a justification for the status quo. Its essential argument — that the "unfit," the criminal, and the pauper were the products of congenital formations — suited the desire of its upper-class supporters to justify their privileged positions in society.

As eugenics enthusiasts developed specific political and social proposals for action, they established organizations to spread the gospel and do legislative lobbying. The first of these was the Eugenics Section of the American Breeders Association, set up in 1910; in 1913 human breeding became the main focus of the Association, which changed its name to the American Genetic Association. Several other organizations were established in the next decade.

In no academic field was the coalition between corporate capital and scholars developed more fully than in eugenics. By the 1920s eugenics was a required course in many American universities. The development of eugenics as a scholarly field represented the capitulation of university scholars to a fad, allowing their skills to become a commodity for sale to the highest bidder. The backers of eugenics research and writing included the wealthiest families of the country. The Eugenics Record Office was established by Mrs. E.H. Harriman. The Station for Experimental Evolution was funded by Andrew Carnegie. Henry Fairfield Osborn, a gentleman scholar and founder of the New York Museum of Natural History, was a main financial backer of the eugenics societies; in the late 1920s Frederick Osborn, nephew of Henry Fairfield, assumed leadership in the cause and financed a research program for the Eugenics Research Association.

In no academic field was the coalition between corporate capital and scholars developed more fully than in eugenics.

Despite the direct influence of big business on eugenics, the cause carried with it some of its historic aura of radicalism for many years, an aura which sometimes disguised its fundamentally conservative content. For example, eugenists identified themselves as crusaders for reform, and argued their case with apocalyptic warnings (e.g. "race suicide," "menace to civilization") and utopian promises ("a world of supermen"). They advocated techniques, such as sterilization and marriage licensing, which were often repulsive to traditional and religious people. Equally important, many radicals remained interested in eugenics programs. Socialists, feminists, and sex-radicals continued to use eugenics ideas. Mainly outside academic and scientific circles, these followers of a traditional "popular eugenics" continued to offer analyses and proposals that assumed the inheritance of acquired characteristics well into the 1920s. They endorsed programs to lessen suffering through the prevention of birth defects; they included demands for prenatal medical care for women under the aegis of eugenics.

After the First World War, academic eugenists consistently avoided all except strictly hereditarian interpretations of eugenics. In clinging to their hereditarian assumptions, they stood in opposition to the tradition of social reform in America. Eugenists justified social and economic inequalities as biological; their journals featured articles about "aristogenic" families, as if the existence of several noted gentlemen in the same family proved the superiority of their genes. Their definitions of what was socially worthy naturally used their own professional and upper-class standards of success. The professional bias can be seen particularly clearly in their emphasis on intelligence. Standard eugenics concepts of inferiority, such as "degeneracy," consistently equated lack of intelligence with viciousness and intelligence with goodness. "Among the 1000 leading American men of science," eugenist Paul Popenoe wrote, "there is not one son of a day laborer. It takes 48,000 unskilled laborers to produce one man distinguished enough to get in *Who's Who*, while the same number of Congregational ministers produces 6000 persons eminent enough to be included...."

The eugenics movement strongly supported immigration restriction and contributed to the development of racist fears and hatreds among many Americans.

Aristogenic stock was missing not only from the working class as a whole, but also from non-Yankees in particular. Here is a typical explanation of the problem from a standard eugenics textbook first published in 1916:

From the rate at which immigrants are increasing it is obvious that our very life-blood is at stake. For our own protection we must face the question of what types or races should be ruled out... many students of heredity feel that there is great hazard in the mongrelizing of distinctly unrelated races.... However, it is certain that under existing social conditions in our own country only the most worthless and vicious of the white race will tend in any considerable numbers to mate with the negro and the result cannot but mean deterioration on the whole for either race....

Consider the following — typical — passage from *Revolt Against Civilization: The Menace of the Under Man* by Lothrop Stoddard, one of the most widely respected eugenists:

But what about the inferior? Hitherto we have not analyzed their attitude. We have seen that they are

incapable of either creating or furthering civilization, and are thus a negative hindrance to progress. But the inferiors are not mere negative factors in civilized life; they are also positive — in an inverse destructive sense. The inferior elements are, instinctively or consciously, the enemies of civilization. And they are its enemies, not by chance but because they are more or less uncivilizable.

The eugenics movement strongly supported immigration restrictions and contributed to the development of racist fears and hatreds among many Americans. In 1928, the Committee on Selective Immigration of the American Eugenics Society recommended that future immigration be restricted to white people. The movement also supported the enactment of antimiscegenation* laws throughout the South, and Southern racists used the respectability of eugenics to further the development of segregation.

The feminist content of birth control practice and propaganda was especially obnoxious to the eugenists. They feared the growing "independence" of women. Eugenists were frequently involved in propaganda for the protection of the family, and in anti-divorce campaigning. The most common eugenics position was virulently antifeminist, viewing women primarily as breeders. One typical eugenist wrote in 1917: "in my view, women exist primarily for racial ends. The tendency to exempt the more refined of them from the pains and anxieties of child bearing and motherhood, although arising out of a very attractive feeling of consideration for the weaker individuals of the race, is not, admirable as it seems, in essence a moral one."

While most eugenists were opposed to birth control, some were not, and all saw that they had certain common interests with the birth controllers. Some believed that while sterilization would be necessary in extreme cases, birth control could be taught to and practiced by the masses. Especially the younger eugenists and the demographer-sociologists (demography was not at this time a distinct discipline) were convinced that the trend toward smaller families was irrevocable, and the only thing to do to counteract its dysgenic** tendency was to make it universal. Finally, they shared with birth controllers an interest in sex education and freedom of speech on sexual issues.

If these factors contributed to closing the gap between eugenists and birth controllers, the attitudes of the birth controllers contributed even more. While

*Antimiscegenation laws are laws passed which forbid people of different races from interbreeding.

**A tendency for a population to weaken or wane by a degeneration in the quality of its offspring.

eugenists by and large opposed birth control, birth controllers did not make the reverse judgement.

Feminist birth controllers tended to accept racist and ethnocentric attitudes. Southern feminists used the fear of the black vote as an argument for suffrage, and were supported by the national woman suffrage organi-

While eugenists by and large opposed birth control, feminist birth controllers tended to accept their racist and ethnocentric attitudes.

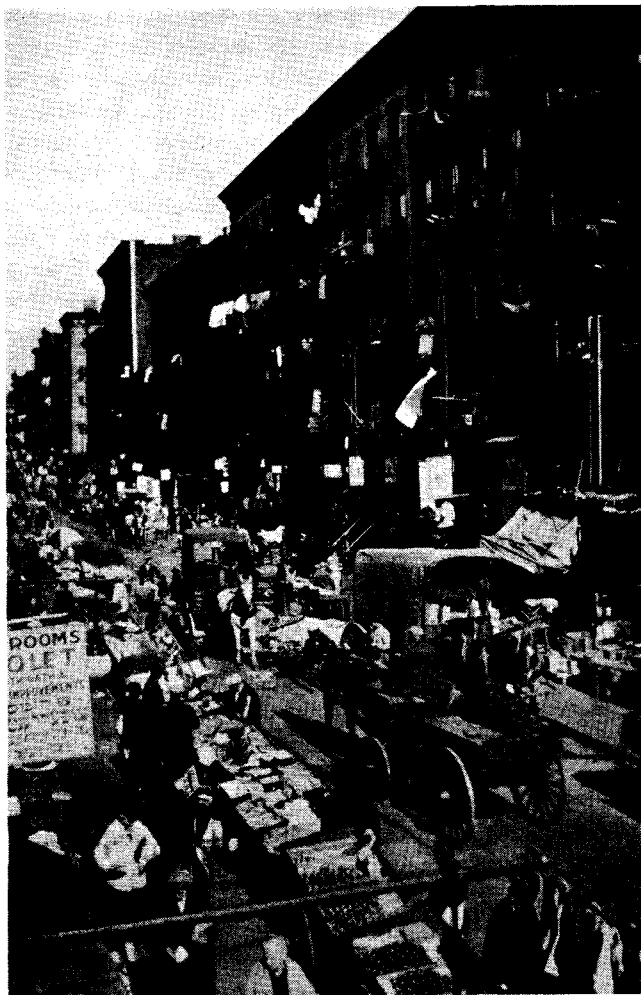
zations in doing so. Birth control reformers were not attracted to eugenics *because* they were racists; rather, they had interests in common with eugenists and had no strong tradition of anti-racism on which to base a critique of eugenics. As did most middle-class reformers, the feminists also had a reservoir of anti-working-class attitudes. The American feminist movement had its own traditions of elitism, in the style of Elizabeth Cady Stanton's proposal for suffrage for the educated. Many feminists had been active in the temperance movement, and saw immigrants and working-class men as drunken undesirables. Anti-Catholicism particularly had been an undercurrent in the women's rights movement for decades, stimulated by Catholic opposition to prohibition and women's rights.

Sanger, too, had always argued the "racial" values of birth control, but as time progressed she gave less attention to feminist arguments and more to eugenical ones. "More children from the fit, less from the unfit — that is the chief issue of birth control," she wrote in 1919. In *Woman and the New Race*, published in 1920, she put together statistics about immigrants, their high birth rates, and low literacy rates in a manner certain to stimulate racist fears. In *The Pivot of Civilization*, pub-

In 1932 Margaret Sanger recommended the sterilization or segregation by sex of "the whole dysgenic population."

lished in 1922, she urged applying stockbreeding techniques to society in order to avoid giving aid to "good-for-nothings" at the expense of the "good." She warned that the masses of the illiterate and "degenerate" might well destroy "our way of life." She developed favorite eugenical subthemes as well, such as the cost to the soci-

Photo by Underwood & Underwood



Where the cause was born.

ety of supporting the "unfit" in public institutions, and the waste of funds on charities that merely put band-aids on sores rather than curing diseases. Society is divided into three demographic groups, she argued: the wealthy who already practiced birth control; the intelligent and responsible who wanted birth control; and the reckless and irresponsible, including "the pauper element dependent entirely upon the normal and fit members of society."

She shifted her imagery about such social divisions, for later in the 1920s she cited a "Princeton University authority" who had classified the U.S. population as 20 million intellectual, 25 million mediocre, 45 million sub-normal, and 15 million feeble-minded. The racism and virulence of her eugenical rhetoric grew most extreme in the early 1930s. In 1932 she recommended the sterilization or segregation by sex of "the whole dysgenic population." She complained that the government, which was so correctly concerned with the quality of immigrants, lacked concern for the quality of its native-born.

Eugenics soon became a consistent, even a dominant, theme at birth control conferences. In 1921 at the organizational conference of the American Birth Control League there were many eugenics speakers and exhibits. In 1922 Sanger went to London for the Fifth International Neo-Malthusian and Birth Control Conference as its only female honored guest. Yet not a single panel was devoted to birth control as a woman's right nor did Sanger raise this point of view. In 1925 Sanger brought the Sixth International Conference to New York under the sponsorship of the ABCL. Not a single session was chaired by a woman: about one out of ten speakers was a woman. Four of the total of eleven sessions focused specifically on eugenics, none on women's problems.

Meanwhile the propaganda of the ABCL was becoming more focused on eugenics at the expense of women's rights. The introductory brochure used during the 1920s lists the first point of "What This Organization Does To Inform the Public" as publishing and distributing literature and conducting lectures "on the disgenic (sic) effects of careless breeding." The program of the ABCL included a sterilization demand and called for "racial progress."

The *Birth Control Review*, the ABCL publication, reflected eugenics influence from its inception in 1917. While eugenists of the older, radical tradition dominated in its first years, it also printed without editorial comment a eugenical anti-birth-control argument, virtually a "race suicide" argument, in its very first volume. By 1920 the *Review* published openly racist articles. In 1923 the *Review* editorialized in favor of immigration restriction on a racial basis. In the same year the *Review* published a study on "The Cost to the State of the Socially Unfit." In 1920 Havelock Ellis favorably reviewed Lothrop Stoddard's *The Rising Tide of Color Against White World-Supremacy*. Stoddard was at this time on the Board of Directors of the American Birth Control League. So was C.C. Little, another openly racist eugenist. President of the Third Race Betterment Conference, he justified birth control as an antidote to the "melting pot," a means of preserving the purity of "Yankee stock."

The Decline of a People's Birth Control Movement

It is important to understand correctly the birth controllers' conversion to eugenics and their desertion of feminism. They did not disavow their earlier feminism so much as find it not useful because of the more general change in the country's political climate. Had they had deeper feminist or anti-racist convictions, they might have found eugenic ideas more uncomfortable. But feeling no discomfort, they found such ideas useful. They could get from the eugenists a support that they never got from the Left. The men who dominated the

socialist movement did not perceive birth control as fundamental to their own interests, and their theory categorized it as a reform peripheral to the struggle of the working class. Eugenists, on the other hand, once they caught on to the idea of urging birth control upon the poor rather than condemning it among the rich, were prepared to offer active and powerful support.

1916



Photos: Planned Parenthood-World Population

Nevertheless, the professionalization of the birth control movement was identical with its takeover by men. Although women remained the majority of the membership of the large birth control organizations, the officers and the clinic directors more and more frequently became men. By 1940 Margaret Sanger had been "kicked upstairs" to become an "honorary chairman." Men came to occupy the positions of President, General Director, and all the five Vice-Presidents. Two of them were noted eugenists and authors of explicitly racist tracts — anti-immigrant and anti-black. The only remaining woman on the board was Mrs. Mary Woodward Reinhardt, Secretary. The men, however, did not all agree; the doctors wanted to preserve narrow medical justifications for prescribing contraceptives, while eugenists and many lay birth controllers wanted to use contraception to ameliorate social, psychologic, and economic problems as well. Beyond this, eugenists were eager to use birth control clinics to collect data on family patterns, birth control use, changing attitudes, sexual behavior, and genetic history. The eugenists were there in the forefront of the social sciences. Many eugenists (e.g. Lewis Terman and Edward Thorndike) were leaders in the development of improved quantitative and

statistical techniques in the social sciences. The foundations generously funded such statistical studies. Eugenists feared and opposed medical supervision of clinics because it threatened to interfere with their data collection.

Most birth control clinics appreciated the eugenists' support for making contraceptives available in the absence of pathologic indications. The clinics also gave in to eugenists' research interests. Many clinics conducted inquiries into the hereditary histories of their patients, and presumably advised the women as to whether or not they should have children. In 1925, responding to suggestions from her eugenist supporters, Sanger reformed her clinical records to show the nationality, heredity, religion, occupation, and even trade union background of patients. A review of the work of 70 birth control clinics in Britain and the U.S., published in 1930, proudly demonstrated that they reached a disproportionately large number of working-class women, and claimed a eugenic effect from doing so.

The birth controllers also influenced the eugenists, of course. As Sanger described the relationships:

... eugenics without birth control seemed to me a house built upon sands. It could not stand against the furious winds of economic pressure which had buffeted into partial or total helplessness a tremendous proportion of the human race. The eugenists wanted to shift the birth control emphasis from less children for the poor to more children for the rich. We went back of that and sought first to stop the multiplication of the unfit.

Thus in one paragraph is condensed the transformation of birth control politics: the poor, "buffeted into partial or total helplessness" by economic pressure, are rechristened the unfit.

The clinics encountered difficulties in teaching working-class women to use birth control properly. Some thought such women were unteachable. Sanger and several other birth control leaders agreed. They particularly had trouble with "the affectionate, unreflecting type known to housing experts, who, though living in one room with several children, will keep a St. Bernard dog." For these women, sterilization was recommended. Another area in which the snobbery of the birth control workers was manifest was in their attitude toward working-class men. They projected an image of these husbands as uncontrolled, uncontrollable, sex-hungry, violent sexual aggressors, with no regard or respect for their wives, who would never agree to contraception. Certainly the reasons such men might have for hostility to birth control clinics were not taken seriously.

But medical supervision of the clinics had created similar problems in reaching the poor with birth control,

and Sanger and other clinic partisans ultimately saw more usefulness in the propaganda of eugenics than in the more reserved, "soft sell" style of doctors. Furthermore, the eugenists could not exercise the kind of direct control over clinics that the doctors could, lacking institutions such as hospitals or medical academies, and were thus willing to share control with birth controllers like Sanger. If Sanger and her colleagues ultimately chose to work with the eugenists, it was because it seemed to them their only realistic option. They would greatly have preferred cooperative working relationships with both groups; and perhaps, had this been possible, they might have retained more direct power in their own hands by playing off the two groups of professionals against each other. As it was, the ideological disagreements, and, even more, the jurisdictional rivalry of the two professions prevented this.

Ultimately, the rivalry held back the clinic movement. Although contraception became widespread in the 1930s, most middle-class people continued to get their help from private doctors. Working-class people, on the other hand, often did not get it at all. Many studies have shown that poor people have more excess fertility — in terms of their *own* preferences — than more prosperous people. It is equally clear that poor people have little access to birth control services. This last is, of course, part of the general inadequacy and unequal distribution of medical care in the United States. Poverty generally tends to limit the use of medical facilities to the treatment of emergencies and acute or painful conditions, and minimize access to preventive health services. While the right to birth control is not a medical issue, the actual delivery of most contraceptives must be done in medical situations. The movement for birth control clinics was thus in itself a break with the private capitalist medical system in the U.S. and its failure was a part of the general failure of American medicine.

Physicians' attitudes toward the birth control movement — their demand for exclusive control and restrictive distribution — represented a microcosm of the general attitude taken by the medical profession. The attitude of many doctors toward their private patients continued, well into the mid-20th century, to parallel that of many elite 19th-century doctors; for while they opposed the "promiscuous," "indiscriminate" dissemination of contraception, they did not question their own discrimination and even thought it important that private doctors should be able to make exceptions to the policies they supported as general rules. Well-to-do women were able to secure diaphragms without medical indications from doctors who may themselves have opposed making it possible for clinics to use the same principles. The discretionary right of the individual doctor was a privilege as cherished by the profession as that of privacy — and the latter, of course, protected the former.



In the 1930s eugenics rapidly declined as a mass movement. Nazi eugenic policies tarnished the image of the movement, and scientific criticisms stripped away much of the academic respectability that had clothed eugenical racism. On the other hand, the success of birth control also contributed to the decline of eugenics.

Birth control had become a movement that could do much of the eugenicists' work for them. Henry Pratt Fairchild, former President of the American Eugenics Society, told the annual meeting of the Birth Control Federation (successor to the ABCL) in 1940:

One of the outstanding features of the present conference is the practically universal acceptance of the fact that these two great movements (eugenics and birth control) have now come to such a thorough understanding and have drawn so close together as to be almost indistinguishable.

Conclusion

Birth control emerged as a movement in the 1910s among radicals, especially feminists, who sought basic social change in sexual and class relations. By the end of the 1930s birth control was no longer a popular movement but had become a staff organization of experts lobbying for reforms in behalf of a larger constituency.

This transformation was accomplished by the large-scale entrance of professionals into the birth control cause.

The organization that today dominates birth control in the U.S., the Planned Parenthood Federation, originated in 1942 out of a merger of birth control groups. It represents the culmination of the tendencies which the professionals introduced in the 1920s and 1930s: removing the focus of birth control education from women's rights to family stability, social unity, and population control. For example, Planned Parenthood continued the efforts of the original birth controllers in promoting sex-education, but its content was subtly changed. Planned Parenthood spokespeople avoided the connotation that women might wish to remain childless, affirming motherhood as the main source of women's fulfillment, and arguing merely for the economic and health benefits of small families. They offered a male-centered sex education which perpetuated many existing myths about female sexuality, such as the vaginal orgasm and dangers of promiscuity.

Planned Parenthood long clung to a policy of offering birth control services only to married women. That policy in practice supported the double standard, the view that unmarried women who "went all the way" had to "take their chances." Choosing not to challenge conventional norms about women's roles in society —

full-time wifehood and motherhood as primary — Planned Parenthood therefore had to argue for birth control in terms of health and population control primarily.

And these two themes, as we have seen, were interpreted to the public under the influence of doctors and eugenicists. The “experts” defined good social policy for the public. They held up small families as a model for all people, regardless of their economic and psychological needs, and without relating family size to the overall quality of life. The planned parenthood-population control merger of the 1950s reflected the experts’ sense of their responsibility for offering the small family as a solution for poverty all over the world, with increasing insensitivity to the personal and cultural preferences of other people.

None of these criticisms should obscure the fact that the availability of efficient birth control provided the basis for a radical change in women’s possibilities. Lack of control over pregnancy (except through avoiding marriage, which was not an economic or social possibility for most women) and the great burdens of child-raising had perhaps represented the single most important factor in women’s inequality.

Placing reproduction under individual control has the potential of making any opportunity available to men open to women also. But the vast majority of women never won these advantages. It is precisely because the liberating potential of birth control for women was so great that the failure of the birth control movement thus far to reach its potential seems regrettable, and is worth analyzing.

Part of the problem lies in the inadequate quantity of birth control services available. But many women do not take advantage of birth control techniques available to them: their problem is social and economic, not merely technologic. For women to desire limiting their pregnancies and to be able to take the responsibility for contraception, they must have a new way of looking at what women should be, a new image of femininity and a new set of actual possibilities that do not require sexual passivity, maternalness, domesticity, self-sacrifice, and the absence of ambition. It was this new sense of womanhood that the birth controllers of the early 20th century were after. Margaret Sanger believed in 1916 that birth control was revolutionary because it could provide the technologic basis for women to control not only their pregnancies, but their destinies.

Historically, the technology of birth control did not lead, but followed, the social demand for it. Today too women have tended to use contraception to the extent that they have other activities which they find preferable to child-raising. The birth control movement was once part of an overall feminist movement, struggling for more opportunities for women in many areas simultaneously, and championing total self-determination for

women. Lacking that overall movement, birth control has become a part of the technologic revolution, attempting to create social reform through a single invention, without the process of liberation that is entailed in a movement of people struggling for their own interests.

Because birth control became removed from a larger social movement, it lost the political content that identified it with the struggle for human liberation. Indeed, one of the problems birth control advocates face today is that many associate birth control with the opposite of liberation — with elitist and racist policies leading even to genocide. There is truth in that belief. Population controllers have used coercion and trickery to impose birth control, often in the form of permanent sterilization, upon Third World peoples such as Puerto Ricans and Indians. Many poor people associate birth control with feminism and disapprove of both. They have experienced feminism as the struggle of privileged women for equality with the men of their privileged classes. It is true that the feminist movement primarily reflected the needs of privileged women in the past; it is also true that the discrimination such women faced, within the birth control movement, for example, paralleled that directed against working-class people. The birth control professionals felt confident that they knew how to arrange the social advancement of less privileged groups, and offered contraception as the general solution. In fact for women and all poor people birth control represents a major step forward only when it is combined with campaigns for equality on many fronts.

The struggle for birth control today offers opportunities for those concerned with the welfare of women and of the poor — for those concerned with social equality in general — to change its previously elitist direction. The history of the birth control movement suggests that it is possible to make of it a popular cause that reaches people of all classes if its basic principle is self-determination through increasing the real choices that people have. Legalized abortion that remains out of the price range of most women does not, for example, represent real self-determination. Offering women contraceptives without thorough, female-centered sex education does not represent self-determination. Offering women inadequately tested pills, and testing those pills on poor and non-white women as has been the custom of the drug companies, does not represent self-determination nor is it likely to make poor people favorably inclined toward birth control as a reform. Similarly, it makes no sense to offer advice or contraceptives without adequate general medical care, or to offer it through disrespectful and condescending doctors. Birth control ought to be one of the central demands of a socialist program of medical care that emphasizes preventive health, health education and sexual equality; a program that must provide the *best* medical care to working-class and poor people at little or no cost. □

A DECLARATION OF NUCLEAR RESISTANCE

"If the Nuclear Regulatory Appeal Board's incomprehensible and stupid decision to suspend work on the Seabrook station project is allowed to stand, it could mean the beginning of the end for the United States."

—Gov. Meldrim Thomson of N.H.

In the current opinion column of the Nov.-Dec. 1976 issue of SftP Magazine, we presented a description of the Clamshell Alliance, which is struggling against nuclear power plant construction in Seabrook, N.H. as well as the rest of New England. Clam is an umbrella organization of 15 anti-nuke groups in New England. It has organized demonstrations at Seabrook and other plants, and plans to *occupy the Seabrook site on April 30, 1977.*

In all its activities, Clam's tactic is nonviolent direct action. Clam plans to teach the essentials of nonviolent civil disobedience to all the people who take part in the May Day Weekend occupation.

The following is a formal "Declaration of Nuclear Resistance" issued by the Clamshell Alliance:

DECLARATION OF NUCLEAR RESISTANCE

WE THE PEOPLE demand an immediate and permanent halt to the construction and export of nuclear power plants.

Nuclear power is dangerous to all living creatures and their natural environment. It is designed to concentrate energy, resources and profits in the hands of a powerful few. It threatens to undermine the principles of human liberation on which this nation was founded.

A nuclear power plant at Seabrook, New Hampshire — or elsewhere in New England — would lock our region on this suicidal path. As an affiliation of a wide range of groups and individuals, the Clamshell Alliance is unalterably opposed to the construction of this and all other nuclear plants. We recognize that:

1. The present direction in energy research and development is based on corporate efforts to recoup past investments, rather than on meeting the real energy needs of the people of America.

2. There is a malignant relationship between nuclear power plants and nuclear weapons. The arms industry has used the power plants as a shield to legitimize their technology, and the reactor industry has spawned nuclear bombs to nations all over the world, as well as, potentially, to terrorist groups and even organized crime.

3. Nuclear plants have proven to be an economic catastrophe. They are wasteful and unreliable, and by their centralized nature tend to take control of power away from local communities.

4. The much-advertised "need" for nuclear energy is based on faulty and inflated projections of consumption derived from a profit system that is hostile to conservation. The United States is 6 percent of the world's population consuming 30 percent of its energy resources. With minimal advances in conservation, architecture and recycling procedures, the alleged "need" for nuclear energy disappears.

5. The material and potential destructiveness of nuclear power plants is utterly horrifying. It ranges from cancer-causing low-level radiation to the possibility of major melt-down catastrophes to the creation of deadly plutonium which must be stored for 250,000 years, to destruction of our lakes, streams and oceans with hot water. The murderous contingencies have already filled many volumes, and they cannot be countenanced by a sane society. No material gain — real or imagined — is worth the assault on life itself that atomic energy represents.

WE THEREFORE DEMAND:

1. That not one more cent be spent on nuclear power reactors except to dispose of those wastes already created and to decommission those plants now operating.
2. That American energy resources be focused entirely on developing solar, wind, tidal, geothermal, wood and other forms of clean energy in concert with the perfection of an efficient system of recycling and conservation.
3. That any jobs lost through cancellation of nuclear construction be immediately compensated for in the natural energy field. Natural energy technology is labor-intensive (as opposed to nuclear, which is capital-intensive) and will create more jobs — permanent and safe — than the atomic industry could ever promise. Any dislocation caused by the shift from nuclear to natural energy must be absorbed by capital, not labor.
4. That a supply of energy is a natural right and should in all cases be controlled by the people. Private monopoly must give way to public control.
5. That in concert with public ownership, power supply should be decentralized, so that environmental damage is further minimized, and so that control can revert to the local community and the individual.

We have full confidence that when the true dangers and expense of nuclear power are made known to the American people, this nation will reject out of hand this tragic experiment in nuclear suicide, which has already cost us so much in health, environment quality, and material resources.

The CLAMSHELL ALLIANCE will continue in its uncompromising opposition to any and all nuclear construction in New England.

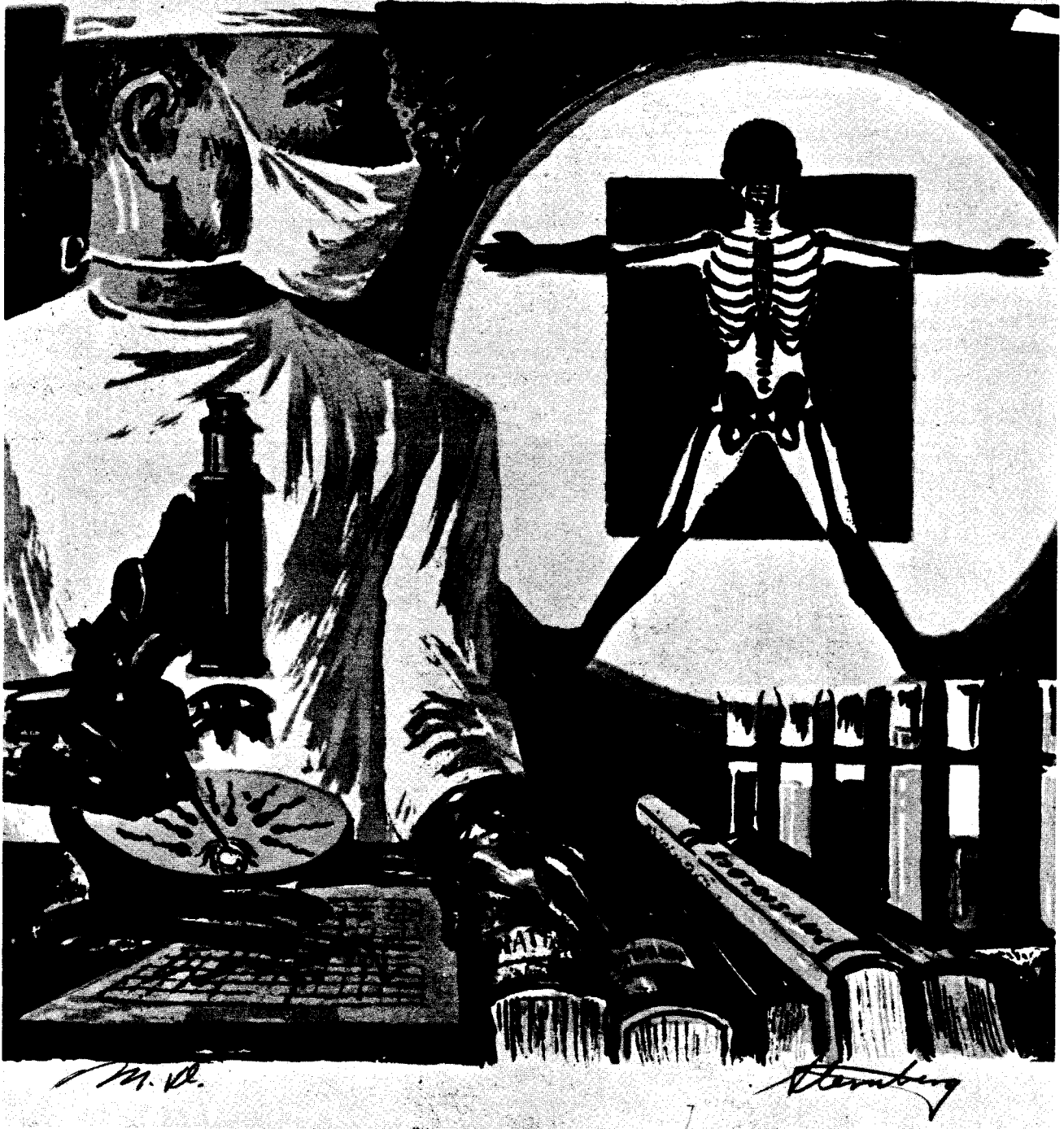
Our stand is in defense of the health, safety and general well-being of ourselves and of future generations of all living things on this planet.

We therefore announce that should nuclear construction still be in progress at Seabrook, New Hampshire on **MAY DAY WEEKEND, 1977**, we will mobilize the citizenry and march onto that site and occupy it until construction has ceased and the project is totally and irrevocably cancelled.



HUMAN EXPERIMENTATION: Who are the Guinea Pigs?

David Ozonoff



Nobody, least of all medicine's liberals, favors putting patients at risk by subjecting them to wanton experimentation, whatever the potential benefits. When left at the level of abstraction there is little controversy in this proposition, and it is easy to be on the side of the angels. But when concrete instances are considered, difficulties at once become apparent. These difficulties are most important when they arise not in the context of outlandish examples of exploitation of human subjects but rather in the context of respected academic medicine.

Consider, for example, an editorial in the prestigious *New England Journal of Medicine* which sets out the dilemma of the academic clinician and attempts to formulate a solution. Its author, Dr. Franz J. Ingelfinger reaffirmed in this piece what everyone familiar with the academic medical scene has known for some time: (1) "Even journals of the greatest probity contain accounts of experiments in which children are exposed, without potential direct benefit to themselves, to sensitivity reactions, to urinary-bladder puncture, and to radioactive substances." "In each of these instances the risk to the subject is extremely small," he added. Yet even these "extremely small risks would be impermissible under the International Code of Ethics of the World Medical Association, which states clearly that "under no circumstances is a doctor permitted to do anything that would weaken the physical or mental resistance of a human being except from strictly therapeutic or prophylactic indications imposed in the interest of his patient." (2) It was therefore Dr. Ingelfinger's opinion that "extreme positions" like those put forward by the Code were neither in line with what is practiced, nor with what is practicable.

If such a Code is too strict, then what constitutes practicable yet proper ethical guidance in this matter? Ingelfinger suggests that experimentation is permissible when the risks involved are "small and justifiable." There are clearly grave difficulties here in deciding the size of risk and the extent of justification as well as specifying *who* should make these judgments and determinations. Without denying the crucial importance of these questions, I would like to examine another aspect of this problem by considering its underlying assumptions. Dr. Ingelfinger in the same editorial obligingly tells us what these assumptions are: "Society does have some rights vis-a-vis the individual, not only in matters pertaining to war and immunization, but also in searching for improved methods to control disease." (3) This is, I believe, the essence of a liberal solution.

David Ozonoff teaches humanities and the history of the public health movement. He was active in the Medical Committee for Human Rights.

By placing experimentation for the good of society in the same context as the right to conscript for war, or the right to require immunization, Dr. Ingelfinger identifies the issue as one involving the balance between the rights of the individual and the rights of the collectivity. This is not a novel or controversial way of putting it. On the other hand, there is something profoundly disturbing when the central question is left in this form. We have on the one hand individuals with certain rights of various magnitudes or significance and, on the other, there is society, with different rights. The formulation, as given, implies that all individuals are equally likely to pay the costs, while the whole society will receive the benefit. But in saying that society claims its rights over individuals by drafting people for war there are many things left unsaid. Wars are most frequently fought over issues or for reasons that do not threaten or benefit all segments of a society equally. All members of the society are not equally likely to be drafted. There is a systematic bias in "choosing" those that must fight and die. What I am saying is that a cost-benefit formulation of a social issue is incomplete unless one remembers to ask, "Cost to *whom*, and Benefit to *whom*?"

Consider now society's "rights vis-a-vis the individual... pertaining... to immunization." Here the difference between the ideal and the actual situation seems insignificant. Compulsory immunization and public health policy in general are palpably "for the common good" and expect a "common obligation."

Closer examination reveals a more complex picture. Since the rise of the public health movement in the mid-nineteenth century, a number of recurring themes have accompanied much or all of the public policy relating to health care. (4) "Sanitary reform," as this movement was called, was initially obsessed with the social tensions and disorders accompanying urbanization and industrialization. Reformers believed it was their task to bring behavior concerning personal hygiene and temperate living into line with universally valid laws of Nature. It was no coincidence that these supposedly universal laws were also those which were vital to the economic interests of the entrepreneurial classes. Moreover, those "laws" particularly emphasized self-restraint and moderation, two elements of character especially significant in a world where social strife was greatly feared by those who stood to lose from such strife. The message of sanitary reform was consistent and explicit: disharmony in the social order went hand in hand with disharmony in bodily processes, accounting for the high incidence of disease and death so obvious among the lower classes. (5) It is often said that the sanitary movement's triumph consisted in recognizing the importance of environment and living conditions on health. Although

this is certainly true, it must be noted that they put the *blame* squarely on the individual.

This ideology of sanitary reform implied to rich and poor alike that the poor sections of town were logically the centers of moral corruption, vice, and disease. But epidemics that started there could erupt to menace the entire community. The slums were therefore the special targets of campaigns to flush the streets of refuse (usually with municipally supplied water), and intensive campaigns to disinfect cholera nests with chloride of lime or something similar. Since cholera is a water-borne disease these measures were entirely ineffectual. Yet they persisted, because these and similar actions were meant not only as prudent attempts to protect the worthy of the city, but also as an object lesson for the poor whose depravity required constant emphasis along with eternal vigilance.

With the advent of effective immunization for many communicable diseases and the disappearance of other diseases by the introduction of pure piped water, public health practice underwent a transformation that by 1920 saw it almost completely subordinated to medical practice and medical practitioners. Preventive medical care became the responsibility of our business-oriented system of health care delivery, resulting in a predictable distribution of immune protection in our nation's children. The Center for Disease Control, for example, estimates that today 37 percent of all school children in this country have not been immunized against measles, polio, diphtheria, pertussis and tetanus, and that of these 37 percent, the distribution is heavily skewed towards the poor.(6) Even where immunization is compulsory, as it has been for measles vaccination of all school age children in New York State since 1968, distribution of measles protection follows the same patterns as the distribution of nearly all similar goods and services in our society. A New York survey in 1970-71 showed that only 74 percent of inner city children in the five largest upstate cities were immunized, as opposed to 91 percent of the children from more affluent areas.(7)

Neither in analysing the draft, nor for an attempt at understanding the more general case of public health practice, does the "individual versus society" formula come to grips with certain important social facts of life. Substantial departures from that ideal exist in the systematic shift of benefits away from the poor toward the social classes to which most doctors, lawyers and researchers belong. At the same time that these privileged classes are denying the benefits of public health to the lower classes, they are shifting to them most of the costs and risks involved.

The rich and poor today, as in the nineteenth century, find themselves living within a network of ideological, social and productive relations from which no one can completely escape. This is particularly true of

those who work within the medical care system, because it intertwines with so many of our social and political institutions, and reflects so many of our political and social givens. This being the case, clinical research and experimentation with human subjects reflect those trends evident in forced conscription and in the structure and ideology of preventive medical services.

One must ask why poor, city-dwelling Spanish-speaking territorial subjects were selected for the field trials of a drug most easily studied in middle class English-speaking American suburbanites.

In a vigorous defense of clinical research given in 1969,(8) Dr. Frances D. Moore noted that in ethically done research it is crucial that "those selected for therapeutic innovation represent the full spectrum of the hospital population and not just a group for whom recourse would be scanty."(9) He goes on: "At the present time we are engaged in one of the largest human experiments... ever considered: the widespread use of oral contraceptives. It has been estimated that more than 25 million women have taken these tablets and that at any one time 15 million women are taking them." But because oral contraceptives were given to normal individuals to prevent a normal occurrence, he went on, it was especially important that the evaluation of oral contraception "be even more free of taint than innovations involved with the treatment of disease."(10)

"The pill" is neither the perfect contraceptive, nor is it 100 percent effective. High motivation and good understanding of a complex regimen are key factors in the pill's efficacy. As Dr. Hugh Davis of the Johns Hopkins University School of Medicine has remarked, "It is the suburban middle-class woman who has become the chronic user of the oral contraceptive in the U.S. in the last decade, getting her prescription renewed month after month and year after year without missing a single tablet."(11) Effectiveness, acceptance, and proper use all fall off as researchers and clinicians try to study or prescribe the "pill" across cultural, socio-economic, or language barriers. All this seems predictable and obvious. Yet the first field trials were done on poor Puerto Rican women in San Juan and Humacao.(12) The San Juan study involved women in a low-income housing project in a slum clearance area. The researchers' first act was to get on the "good" side of the superintendent of the project, a male, who had great enthusiasm for their work and extended more than full cooperation. In the Humacao study the data were *analyzed in Boston* at the Harvard School of Public Health, and cervical biopsies, used to gauge a drug's carcinogenic (cancer-causing) potential, were sent to the Free Hospital for Wom-

en in Brookline, Mass. Why, then, didn't the patients also come from this area?

Although the pill was judged to be highly effective with low hazard in these studies, one must ask why poor, city-dwelling Spanish-speaking territorial subjects were selected for the first two extensive field trials of a drug regimen most easily and most appropriately studied on middle-class English-speaking American suburbanites? The answer rests not in evil intent, but more in "That's how things get done." The whole complex system of social checks and balances which is supposed to ensure equal opportunity for both benefit and liability, in fact conspires to ensure a systematic departure from that ideal.

Although those studies were done in the late fifties, the same thing, of course occurs today. A 1970 study sponsored by Syntex Labs and the U.S. Agency for International Development is a striking case in point.⁽¹³⁾ In an effort to discover whether the many minor but annoying side effects of the pill were real or imagined, a double-blind randomized study using active oral contraceptives and placebos (sugar pills) was done on 398 women. The women, of course, were not told about the placebos, but instead were instructed to use a vaginal foam "until we're sure your pill is effective." Eleven pregnancies resulted in the unprotected group, possibly because of lax precautions with the foam, possibly because foam just isn't very effective. This is clearly a study where proper understanding and good ability to communicate subjective symptoms and complaints are most important in achieving optimum results. Yet who were these subjects? Most of them were poor Mexican-American mothers who had come to the Planned Parenthood Clinic in San Antonio seeking contraceptive assistance.

If in fact systematic class bias does exist in the realm of experimentation with human subjects, doesn't this constitute a major flaw in the present ethics of clinical research? I believe that substantial bias does exist.



The question seems to have been largely ignored in the discussion of human experimentation to date. Clearly, what is needed is a thorough examination of the class nature of human subject research both in the past and for the future.

This too is research with human subjects in a sense. But it is research that recognizes that even the sterile operating field of the clinic exists within a social context that has set certain preconditions before the experiment even begins.□

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COMMUNITY ORGANIZING AND INS'



I. What to Do When Your Local Center Tries to Tear Down Yo

The U.S. is today served by two health systems, one public and one private, which contradict each other. Currently we are facing cutbacks in urgently needed public hospitals and services in both urban and rural areas.(1) On the other hand is a continuing expansion of private hospitals and health facilities, which often results in unnecessary construction, rising costs, and (in many cities) destruction of housing for low-income families.(2) Our purpose here is to analyze one side of this duality — private medical expansion — and to describe how a community in Boston has been able to stop it.

Howard Waitzkin acted as coordinator of community support at Harvard Medical Center between 1968 and 1972 and has visited the community frequently since that time. He spent a number of years with the UFW and now teaches and practices medicine in Vermont, where he is active with the Socialist Health Workers.

In Boston, resistance to medical expansion dates back to student-community coalitions that emerged during the political activism of the late 1960s and is an example where student protest led to sustained community organizing. Successes in controlling the expansion of medical centers or other large urban institutions have been rare. In the future, neighborhood residents and health workers in many U.S. cities will be facing similar conflicts. While some aspects of the situation in Boston are unique, the events there show that community resistance can save housing and improve health planning.

This article is based in part on materials presented in "Controlling Medical Expansion," *Society* (January-February 1977), pp. 30-35; these materials are published by permission of Transaction, Inc. from *Society*, Vol 14 No.2, copyright 1977 by Transaction, Inc.

INSTITUTIONAL EXPANSION: TWO VIEWS



Photo by Steve Gildea-Good News

Medical Home

Howard Waitzkin

The National Context

In all of the 20 largest U.S. cities, one or more medical centers have expanded during the last 10 years, are currently expanding, or have plans to expand in the future. One hundred and ninety-two expansion projects (including at least one in each city) extend into residential areas; if completed, 125 will lead to the destruction of housing. One hundred and twelve plans for medical expansion have encountered opposition from various sources; for 69 of these, opposition has come from local residents' organizations.(3) Besides Boston, conflicts have occurred between expanding health institutions and local communities in New York, Newark, San Francisco, Oklahoma City, Washington and Chicago.(4) In short, medical expansion occurs throughout

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II. Who's Controlling Whom? A Reply to Waitzkin

John Grady

Howard Waitzkin has written the story of a neighborhood that took on a corporate giant and won. The article is intended as an object lesson for the at least 68 other local neighborhood organizations across the country who are facing institutional expansion by large medical empires: "Be of good heart, you too can fight city hall; what's more, you can win, and preserve your neighborhood." The article has another message, directed at self-conscious radicals: Single-issue reformism can develop into a multi-issue movement for more embracing social change.

Like Waitzkin we live and are active in the Mission Hill section of Roxbury, but we have a different story to tell: Mission Hill is losing its fight for survival against Harvard University and the other powers that be, and is losing badly!

Waitzkin argues that the Mission Hill community has won some significant victories. This is a complicated question, but for the most part we tend to disagree. 1) He fundamentally misperceives. 2) He doesn't cover events after 1974-75 during which the situation changed. It is clear that during the period from 1969-73, what Roxbury Tenants of Harvard (RTH) had done was of inestimable value for Mission Hill as a whole. Housing was not torn down; rents were frozen at 1969 levels; and close to half of the old housing stock in the RTH area was rehabilitated.

It is unclear, however, if the new housing and the energy that is going into it is worth it for the people in RTH. The rent of the new housing, even when subsidized, will only be affordable by a small minority of Mission Hill residents. Secondly, Harvard University has *de facto* ownership of the project, and one can expect that they will use the properties increasingly for their own benefit. For example, the commercial space

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built into the new development (originally touted as providing a place for neighborhood shops) has already been appropriated by a Harvard-related agency, the Brigham Surgical Group. Thirdly, because the new housing is considered replacement housing, RTH residents will lose their rights to use existing housing under the earlier terms of the agreement negotiated with Harvard. In other words, RTH has given up hard-won realities (which they would, of course, have had to defend) for an as yet unfinished fantasy.

Waitzkin implies that most of the community victories involve the Affiliated Hospital Complex (AHC) itself. However, the actual victories are meager: The AHC has been moved one city block from its originally planned location: it has a formal although low priority commitment to ambulatory care; it is 110 beds smaller than it was originally planned; and the AHC has added two community slots on the board of trustees. The most that can be said is that community pressure has to a small degree rationalized the planning and construction of the hospital. But the AHC planning process has not been seriously constrained by the health needs of Mission Hill residents and other working-class people, and the physical construction on its new site still constitutes a massive threat to the continued survival of the existing RTH neighborhood.

The tenant's union has given up hard-won realities for an as yet unfinished fantasy.

RTH has in fact given up any claim to two city blocks of low-income housing, and has agreed to the construction of a massive wall of institutional development. Residents who used to face out on the low-lying Peter Bent Brigham Hospital, a large parking lot and a block of aesthetically pleasing red-brick townhouses will now face: the new AHC (16 stories high and consisting of four towers) built at a cost of \$130 million; a massive total-energy industrial power plant with a smokestack at least 315 feet high and constructed at a cost exceeding \$66 million; and, finally, the construction of something referred to as the Medical Area Service Corporation (MASCO) service center. As yet it is unclear how big this last giant warehouse will be or how much it will cost. But one thing is clear: close to a city block of housing now occupied by RTH residents who are reluctant to move will be demolished. This all adds up to institutional expansion of the grossest sort.

There *have* been other community victories. Mission Hill residents played a small role in preventing the New England Baptist Hospital from expanding onto the top of Mission Hill. In addition, residents of the Back of

the Hill section of Mission Hill, through a rather dramatic building seizure, forced the Ruggles Baptist Church to turn over 21 units of housing which were slated for demolition to predominantly Spanish and Black tenants at a nominal cost. But all of these are holding actions and even these victories, when added to the genuine accomplishments of RTH, still don't justify the assertion that Mission Hill residents have any significant leverage at present with the powers that be, whether institutions or otherwise.

People counselled, "Listen, I hope you win, but you can't beat Harvard. They've got the money, and whatever they want, they get."

Waitzkin points to the subjective state of Mission Hill residents as the most important of all the accomplishments of community action. He argues that the system of power has been demystified for the ordinary people of Mission Hill, and whereas people once felt that "you can't fight City Hall," they now have had a taste of their own power. Our impression of the subjectivity of Mission Hill residents is quite different. When members of Residents United to Stop Harvard *RUSH*, an organization set up to fight the power plant's construction, took around a petition demanding that the MASCO Total Energy Plant not be built, and got over 500 signatures (well over 80 per cent of those asked signed the petition), they were wished luck, but counselled, "Listen, you guys, I hope *you* win, but you can't beat Harvard. They've got the money, and whatever they want, they get."

While the reader might think that attitudes like the above are merely an instance of unfinished business in the process of organizing the community, the same kind of cynicism is expressed about community organizing in general and the history of Mission Hill organizations in particular. A rather widespread sentiment is that the major motivation behind most activists and organizations on Mission Hill is a barely disguised "hustle" orientation. *RUSH* activists often found themselves in the curious position of having to defend the personal integrity of many of their opponents in the community against accusations that invariably took the form: "All that community stuff is a hustle. It's all fixed. Our leaders will and have sold us out. They're on the take. Anybody who does anything has got an angle." Boston is a very political city. The class struggle has been waged to a great extent through the electoral process, and anybody with common sense knows that you don't trust anybody unless you are tied to him or her by the strongest ties of reciprocity, and even then you've got to watch

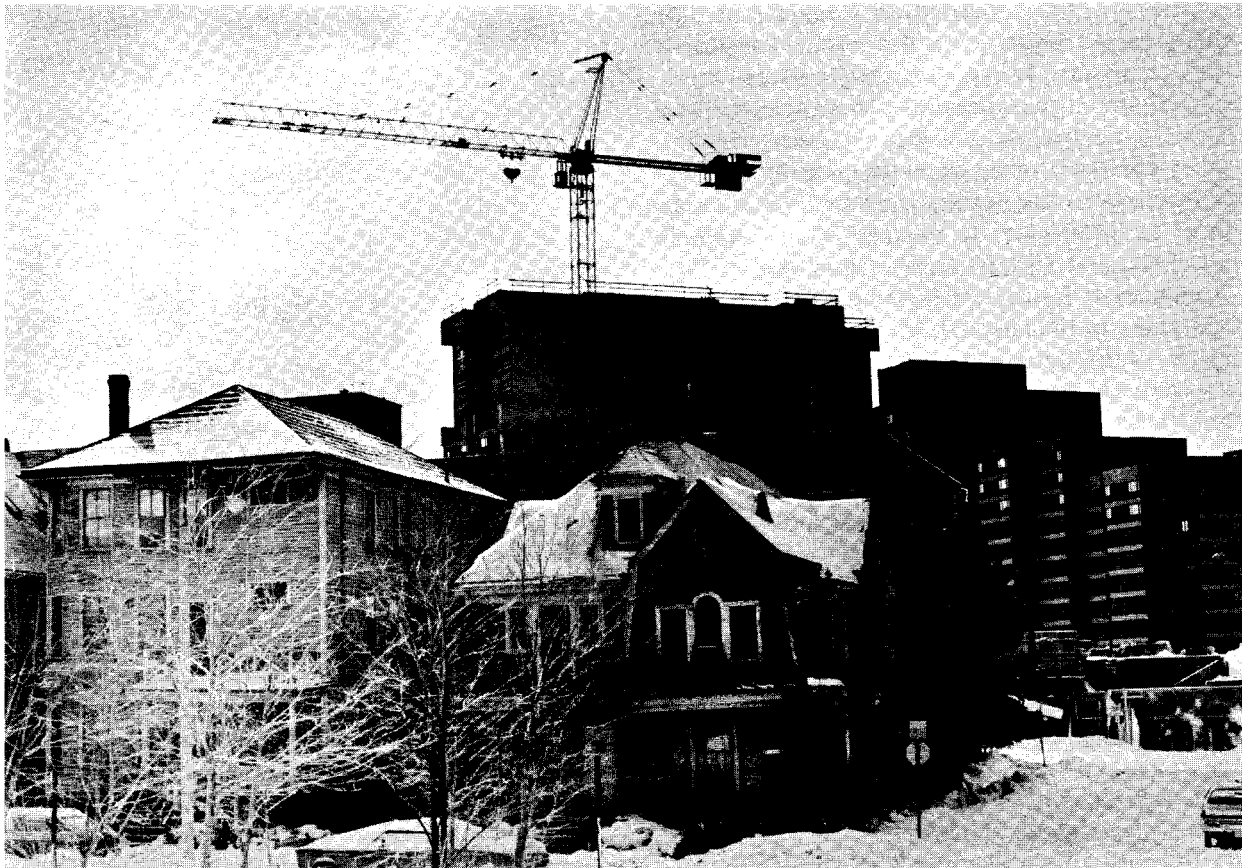


Photo by Marc Miller

out that you don't get stabbed in the back. Nevertheless, on Mission Hill from 1969-73, many active people were convinced that this was changing, wanted it to change, and acted accordingly. Although a more thorough retelling of the history of this period would reveal different emphases than the Waitzkin article, his account does give a generally accurate picture of what people were doing and what some people in particular thought it meant. But what Waitzkin has not told us is how this changed from 1973 on.

Mission Hill activists made two major errors. The first was a decision to negotiate with the AHC. Initially Mission Hill residents had insisted that not only was the AHC badly planned for health reasons, but also that it should never be built on Mission Hill because the area was already overbuilt with hospitals and would destroy the residential quality of the neighborhood. Mission Hill activists successfully built mass support on Mission Hill for this position. They had influenced the Public Health Council of the Commonwealth of Massachusetts as well. This was important because the Public Health Council had the power to grant the AHC the Certificate of Need determination necessary to build the hospital. The Public Health Council was impressed with the Mission Hill Health Movement's ability to mobilize over

600 residents for a public hearing; they were shocked by the MHHM's scientifically convincing critique of the proposed hospital; and, finally, they knew that the Mission Hill Health Movement knew that the Public Health Council had violated the legal process by not having initiated a study on the environmental impact of the project. Thus, even if the Public Health Council should grant the certificate of need, an environmental suit by the community could tie up the whole process for years, if not win outright.

If Harvard provided free steam heat for the proposed new housing, then costs could be brought to manageable levels. But, of course, that meant that the power plant had to be built.

At the last minute in June of 1973, however, the predominantly professional leadership of the Mission Hill Health Movement lost their nerve. They reasoned that if the Public Health Council found in favor of the AHC, Mission Hill residents might not be able to raise the necessary funds for the suit, and the community would lose everything. The MHHM decided to seek a

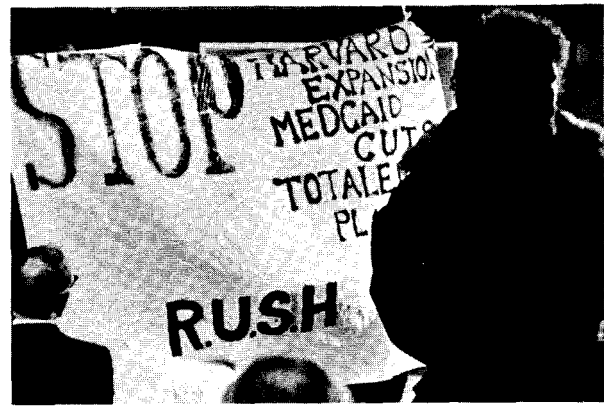
compromise and the Public Health Council was only too willing to put pressure on the AHC to negotiate with the community. It is now generally agreed by almost all activists in the community that the final document (which, incidentally, has still not been signed) is far weaker than the original demands taken by the community residents to the negotiating table. With the exception of \$100,000 given to the MHHM for a family practice clinic, and \$50,000 for the Mission Hill Planning Commission for a staff position during the construction phase of the hospital, Mission Hill has gained nothing from the agreement. It has lost the effective right to sue on the environmental issue, and, most importantly, its mass base has been demolished.

The second major mistake made by Mission Hill residents concerned the MASCO Total Energy Plant. Although for years there had been rumors that Harvard wanted to build a large power plant somewhere in the area of the proposed AHC, Harvard publically denied that this was necessary for the construction of the new hospital. During the winter of 1973-74 it became clear to RTH that Harvard was serious about the power plant. RTH gathered together a handful of activists from other organizations on Mission Hill to do some initial research on the power plant and plan a course of action against it. RTH was very worried that they would have to fight the power plant alone. Initial research, done in conjunction with Urban Planning Aid, showed that the power plant lived up to everybody's worst fears. Nevertheless, those people involved in preparing for the power plant fight decided to wait until Harvard actually began to go public on it to mobilize Mission Hill residents for the fight. In January of 1975, however, RTH

The testimony of the power plant opponents was overwhelmed by the appearance of scores of construction workers and RTH residents bearing such signs as "The Power Plant is Power to the People!"

signed an agreement with Harvard that stated in part "RTH agrees to support publically the construction of the total energy plant by, among other things, using its best efforts to inform residents of the community and other interested civic and governmental groups of the financial interdependence of the project and the total energy plant." It must be stressed that RTH signed this memorandum of understanding that committed them to supporting the construction of the power plant *without* consulting any other groups in the community.

The reasons for RTH's support of the power plant were classic. Harvard made it clear to them that without the power plant, the new housing that RTH was plan-



ning, and which Harvard was supposed to make a financial reality, would not be built. Harvard informed RTH in the latter stages of planning the housing that the whole project was unfortunately no longer financially feasible. The only way that a loan could be guaranteed by the MHFA (Massachusetts Housing Finance Authority) would be if Harvard would stand behind any possible fluctuation in interest costs. Harvard said they would only do this if the costs of the project could be lowered significantly. Fortunately, Harvard just happened to have a solution for the frightened RTH residents who saw their long-hoped-for dream going down the tubes: If Harvard provided free steam heat from the proposed MASCO power plant then costs could be brought within manageable levels. But, of course, that meant that the power plant had to be built.

A major consequence of this decision was to create a visible split within the community, which became increasingly exacerbated when other Mission Hill residents created an organization, Residents United to Stop Harvard (RUSH), to fight the power plant. Needless to say, this split has been used quite effectively by Harvard and related institutions as a way of avoiding dealing with those community activists and issues they find unpleasant or embarrassing. Possibly the most striking example of this took place at a public hearing called by Boston's urban renewal agency, the Boston Redevelopment Authority (BRA) to determine whether the MASCO power plant could be granted a major tax break under Chapter 121A of the Laws of the Commonwealth of Massachusetts. The testimony of the 80 or so MASCO opponents was overwhelmed by the very vocal appearance of 80 or so construction workers brought out by the building trades and close to 100 RTH residents bearing such signs as "The Power Plant is Power to the People!"

The major effect of these two mistakes — the Mission Hill Health Movement's decision to negotiate with the AHC and RTH's buying of the MASCO power plant — has been to first politically demobilize the community and then create a major obstacle to remobilizing it. But, for Mission Hill residents, the most impor-

tant consequence has been subjective. The behavior of activists has confirmed community resident's deepest fears that after all, everybody's got an angle, everybody's got a price. As such the brief interlude from 1969-73 appears as just another part of the melody in a song of betrayal that extends back to the days of the first ward bosses in Boston.

Part of the reason all this happened is that the community organizations had no strategy. What Waitzkin has described as a coherent strategy is merely the protocol of power that anybody with any sense uses to make friends and influence people and it has been described better by Machiavelli and George Washington Plunkitt of Tammany Hall. As a political strategy, it is sadly lacking. For one thing, it doesn't acknowledge the strategic significance of the fact that it was a highly ideological multi-issue student strike that catalyzed RTH in the first place, and provided the community activists with the clout they needed to extract *any* concessions from Harvard. Secondly, it doesn't clearly acknowledge that Harvard is a capitalist institution and is part of a network of relationships, events and processes that effectively insulate *any* community activity unless it fosters more encompassing, broader class-wide mobilization.

Organizations and activists who were formerly in the forefront of the struggle against a specific capitalist development, now serve to broker and cushion that process.

Waitzkin has just as accurately described the process by which new institutions of social control are built. While extra-community support (paralleling the decline of the student movement) withered away and activists made a series of mistakes, a major class-wide capitalist offensive to roll back the standard of living was being made because of the declining rate of profitability on investment (most dramatically experienced by all of us during the so-called energy crisis). Presto-chango, organizations and activists who were formerly in the forefront of the struggle against a specific capitalist development, now serve to broker and cushion that process.

All of this is a fairly common historical process. Reform movements, which some had hoped would provide an opening for wide political action, end up accomplishing a minor reform. One of the functions of this is not only the creation of a change that helps the system work more smoothly, but more importantly, it creates a constituency supporting that reform, even though the direct material benefits to that constituency

might be marginal. If Harvard had had to carry the MASCO Total Energy Plant through the political process on their own, they would have risked a repeat of earlier experiences where upwards of 600 Mission Hill residents vociferously supported their own spokespeople. And if the past is a reliable indicator, those spokespeople would have made mincemeat of Harvard's arguments. But, when RTH agreed to support the power plant, all Harvard had to do was to quietly step aside and let community groups fight it out among themselves.

When you get down to it, I guess it's all a matter of what's written on the bottom line. And the bottom line for the process that Waitzkin describes is that community organizing has created a political front for Harvard University and its allies within the Mission Hill community. That they argue to the contrary needs explaining. Part of the story is that while it is hard for anybody to acknowledge when they've been beaten, it is especially hard for professionally-oriented workers who have sought to resolve the ambiguities in their work by fully integrating that work with the desires of the people. Acknowledging that one's plans and hopes have been dashed poses a serious threat to the way that professionals (be they architects, doctors, sociologists, or whatever) construct their identity by implicitly questioning the delicate and fragile way they have blended their personal and professional competencies.

Nevertheless, while these considerations may explain why Waitzkin does not acknowledge that Harvard University's hegemony over the development of the Mission Hill community has been restored, it does not justify the analysis. The future for Mission Hill is ominous. Not only is Harvard on the move again, but it is only a matter of time before \$600 million worth of construction will begin on the Southwest Corridor Development — a massive public works project. This development, to build a highway and public transportation line that will provide the infrastructure for the corporate development of lower Roxbury, of which part borders Mission Hill's southern boundary, will aggravate the economic and ecological pressures that are making the central city unliveable for working class families. Add to this the fact that homeowners and tenants are being forced to pay the burden of Boston's fiscal crisis and you have a situation where the residents of the Mission Hill community are under the most serious political and economic assault since the Depression, and yet where, relatively speaking, community institutions have never been so weak.

At times like these, ruthless honesty and clarity are essential preconditions for survival. Waitzkin's analysis is of value insofar as it contributes to sparking such a debate. Unfortunately, as it stands, his story only adds to the mystification, which he quite correctly points out should be the major target of community activity. □

WHAT TO DO, *continued from p. 23*

the country and threatens to eliminate many of our urban residential areas, just as urban renewal (with its emphasis on commercial and other new development), private development (by banks, insurance companies, large corporations), government office buildings and highway construction have destroyed innumerable communities.(5)

The Boston Conflict: Early Stages

Since its construction in 1899, the Mission Hill neighborhood adjoining Harvard Medical School has been composed of white Irish-Catholic, German and a smaller number of black and Spanish-speaking families.(6) Most people in the community hold low- to middle-income jobs in manual trades or small businesses. The homes are two and three-family dwellings, in which the owner generally lives on one floor. Many people grew up in the neighborhood and started households near their relatives and friends.

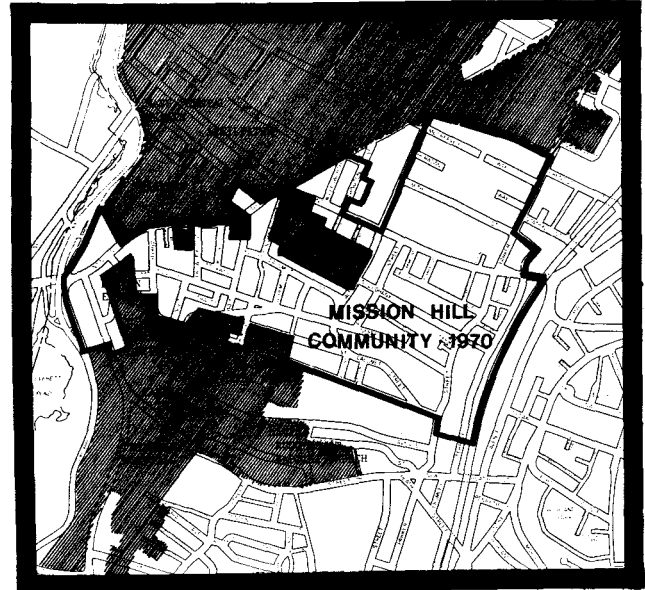
Starting in 1964, Harvard's real estate agents bought houses in the neighborhood and gave priority in rental policies to transients (students, hippies and young staff members at the hospitals) instead of families. Rents increased; poor maintenance led to the physical deterioration of the properties. Families who had lived in the neighborhood for many years found it difficult to remain. In 1968, Harvard announced its plans to build a

new hospital complex — the Affiliated Hospitals Center (AHC) — and sent eviction notices stating that 182 apartments would be vacated and torn down by 1971.

The student strike at Harvard in 1969 publicized the threat to the neighborhood. Students demanded cancellation of the eviction notices and a promise not to destroy housing. During the strike, student organizers met with community residents, who gradually decided to form a tenants' union, the Roxbury Tenants of Harvard Association (RTH). By the end of 1969, RTH gave Harvard a petition that stated the tenants' desire to remain in their homes and requested a change of the new hospital's location. Harvard officials had not clearly explained why the new hospital needed to be built on land occupied by housing, rather than on nearby empty land; nor were there concrete plans for relocation housing.

Responding to the 1969 strike, Harvard decided to build 1100 units of new housing, part of which would accommodate residents displaced by the AHC. Financing remained vague and critics questioned whether appropriate apartments could be constructed for the large families who lived in the neighborhood. Before the announcement about new housing, University officials did not talk with tenants to learn about their perceived housing needs or to obtain their participation in planning.

After the decision was announced, in a move possibly meant to coopt organized resistance, the University set up committees involving tenants, students, and health workers. For at least one year, the committees remained powerless to affect either hospital expansion or



PROPERTY OWNERSHIP · 1960

PROPERTY OWNERSHIP · 1970

- Noncommunity institutional ownership
- Community ownership
- Boundary of Mission Hill Community Ownership

housing policies. Actual decision-making power stayed in the hands of the Harvard Corporation and high-level administrators.

The Effects of Community Organizing

Oh well, they could not understand why we had to make such a fuss about it. After all, they were doing a service to the community, I mean they were doing a service to all humanity. And how dare we oppose their ideas? I mean what right did we have?... after all, we didn't own the houses... So that was their attitude. And you know, they were so much better than everybody else. It was pathetic... It's just the big institutions like that never think about the little people.

*RTH member**

Frustrated by a lack of progress, tenants and their supporters turned to more aggressive tactics. Community residents worked with student organizers in door-to-door canvassing with frequent meetings that took place in people's homes and at the local church. About 10 leaders emerged, who were of mixed ages with families, and were long-term residents in the neighborhood. They came from different ethnic and racial backgrounds but generally similar economic positions. None had been politically active prior to the expansion conflict. RTH emerged as a durable tenants' association: membership eventually included most families in the neighborhood, as student organizers gradually took much less initiative.

During late 1969, RTH demanded direct negotiations with the Harvard Corporation and sent delegations to the Corporation and to the Dean of the Medical School. With student and faculty supporters at the University in Cambridge and at the Medical School, tenants organized three demonstrations and a "mill-in" at the Dean's office involving more than 100 participants. The demonstrators asked the Dean to visit the neighborhood to inspect the deteriorating housing. After a delay of several weeks, the Dean toured the community with a group of tenants. The community also sponsored a city council public hearing at the local church. Newspapers, radio and television stations publicized the demonstrations, the tour and the hearing.

This was the turning point. The University did not change its actual policies until RTH, with supporters among the faculty and student body, showed a willingness to disrupt University business and an ability to attract attention in the public media. The Harvard administration, headed by a new president, became convinced that the tenants' commitment and power base were so strong that they had to be taken seriously.

*This and later quotes are from informal interviews-discussions with Roxbury Tenants of Harvard (RTH) members.

Between 1970 and 1975, tenants obtained written agreements that responded to their needs:

Direct negotiations. The Harvard Corporation assigned one of its members and a staff person to take responsibility for negotiations with the tenants. In general, the Corporation has honored agreements reached between RTH and these negotiators.

Rent freeze. The Corporation agreed to roll back and freeze rents at their 1969 level. In addition, the Corporation guaranteed that all future rent increases would be subject to RTH approval.

Maintenance. By 1972, Harvard's real estate agent made repairs that met most of the safety standards of the Boston Housing Code. At the tenants' instigation Harvard also began a program of housing rehabilitation, funded by the University.

Tenant-landlord relations. Rental priority was given to families who wanted to remain in the neighborhood. Vacant apartments were rented again as soon as possible. A real estate office was opened in the neighborhood, so that problems could be settled promptly. Because RTH members have participated actively in rental practices the community has overcome pressures that discouraged families from staying in the area. As a result, the composition of the neighborhood again has stabilized.

The events in Boston show that a small community can organize and win a struggle to save housing and to obtain better health care.

Guarantees preventing eviction. In 1971, after a long series of negotiations, the Harvard Corporation promised in writing that no tenants could be evicted until suitable relocation housing was available and was approved by RTH. This agreement guaranteed that residents would not be displaced from their homes without concrete relocation plans acceptable to the community. Most of the original structures in the neighborhood will remain intact.

New housing. Early in 1975, RTH and Harvard finalized agreements concerning new, tenant-controlled, mixed-income housing. RTH is a legal co-developer and has control over architectural plans, rental policies, and maintenance. Ground breaking for the new housing took place in October, 1975. Many of the 774 new units will be located in low-rise townhouses with three to four bedrooms which will provide housing for large families currently living in the community. Smaller units also

will be available for elderly persons, students and workers at the medical center. Residents are aware of the potential problems of community-controlled housing,(7) but are committed to this goal as one means to stabilize the neighborhood.

Subjective changes. A more general politicization also has occurred. When the struggle against medical expansion began in 1969, most residents wanted to stay in their homes. However, they doubted their ability to win a conflict against such powerful and wealthy institutions. They had seen families like their own displaced by a government center in Boston's West End, highway construction in various parts of Boston and other urban renewal projects. Initially people were skeptical that they could be successful. Because of their concrete achievements, residents no longer feel powerless.

Gradually many residents have started to link their own troubles to broader political and economic structures. During the 1969 strike at Harvard, student activists focused attention on the University's role in supporting patterns of social injustice. This analysis dealt with the University's complicity in the Indochina War (especially ROTC and war-related research), as well as the University's impact on local communities in Cambridge and Boston.(8)

At first, most residents did not accept the students' broader political analysis. Over time, this changed. Through RTH, residents also came into regular contact with the elite members of the Harvard Corporation and the directors and professional staffs of the Harvard-affiliated hospitals. Through this experience, people in the community became sensitive to the political and economic interests of the individuals who control the University and the medical center. Many residents now view their own problems not simply as local and unique issues, but as reflections of broader class structure and power in U.S. society.

The New Hospital: Expansion Controlled

In reading the local hospital bulletins, it always seems that the hospital takes credit for the wonderful work they are doing for the community, and how much they love to work with the community. A lot of hog wash. If it wasn't for the local health groups demanding good health care, and the use of these Harvard-controlled hospitals, the community would get nothing.

Controlling hospital expansion is no easy task. Until recently, it has been difficult to argue against expansion or new construction. Most people have believed that there is a need for more medical care and that this need justifies new hospitals.

Currently, this belief is meeting criticism from many sources. The most straightforward criticism of un-

restricted expansion is that it leads to unnecessary duplication and overlap of facilities in certain geographical areas, while other areas remain underserved.(9) This viewpoint argues for comprehensive and regionalized health planning, to correct problems of maldistribution.

A second critique focuses on the problem of costs. Unused hospital beds ("overbedding") have vastly increased the costs of health care in the U.S. Since it is doubtful that the benefits of more hospital beds justify their costs, a general moratorium on new hospital construction or expansion has been advocated.

A third line of criticism uses an analysis based on political economy.(10) Decisions leading to medical expansion often do not reflect the health care needs of the population but rather the concrete political and economic interests of the people who govern medical centers. The governing boards of hospitals, especially university-affiliated teaching hospitals, are heavily slanted

Harvard officials had not clearly explained why the new hospital needed to be built on land occupied by housing rather than on nearby empty land.

toward membership by business executives and other members of the corporate class. The professionals who head the major departments of medical centers control research and clinical "empires." Expansion of these empires results in increased power, prestige and finances for those in charge. But the effects on health care are dubious or at least difficult to measure.

Fourth, on a more basic level, several critics question the relationship between more health services and better health. Careful epidemiological studies are unable to document improvements in health indices (morbidity, mortality or life expectancy) following most major technical advances of twentieth-century clinical medicine.(11) On the other hand, significant iatrogenic* disease and a dependency on health professionals have occurred, largely because of the ever-increasing scope of health services in modern society. There are calls for a reversal of "medicalization," especially medical-center expansion, and a renewed emphasis on self-care.(12)

These general criticisms emerged during the past six years, at the same time as the local community in Boston fought medical expansion. Some community residents were aware of these broader issues. However, most people based their opposition on more concrete problems.

*doctor-caused

The Political Uses of Legislation: Controlling Hospital Expansion

Community residents perceived that the new hospital complex threatened to destroy their homes and the future of their community. Second, in the AHC's plans, they saw little commitment to improve health care in ways that would benefit them directly. They especially doubted that the AHC would provide the outpatient services that people in the neighborhood felt they needed. An emerging national critique of hospital expansion plus new legislation gave organized residents tools they could use to make the AHC more responsive to real health needs.

Three areas of legislation pertained to the AHC's expansion plans.

(a) *Certificate of need* (CON). The Massachusetts legislature passed laws in 1971 and 1972 requiring that the State Department of Public Health (DPH) issue a certificate of need for any hospital expansion or new construction. As in other states, the laws' main goal was to help control the costs of health care by avoiding duplication and overlap.(13)

(b) *Comprehensive health planning* (CHP). A second area of legislation impinging on the AHC expansion centered on the Federal "Partnership for Health" Act of 1966. This Act helped establish CHP on a regional and local level throughout the country. In Massachu-

The Struggle at Harvard

While the struggle over housing was a consciousness-raising experience for the community involved, it also helped to politicize many people who worked or studied at Harvard Medical School. Organizing at Harvard was quite intense; petitions, open meetings, posters, frequent leaflets on bulletin boards, all helped to alert people working there to the issues. We even arranged separate meetings with people working in each department at the Medical School to explain the issues. For many of the 50 or so students, workers and scientists who occupied the Dean's office during the mill-in, it was their first radical action. For many of them, this experience was the first time they had been involved in a community struggle.

The support group at Harvard recognized the leadership of the community in all of their activities. Petitions and meetings were organized with the approval of members of the Roxbury Tenants' group and individuals from that group spoke at these meetings. These experiences, the process of the struggle itself, and the recognition of the forces involved (here: corporate leaders of Harvard vs. lower-income groups), all helped to raise consciousness of the class struggle, in general.

The results of this clash between the Roxbury Tenants and Harvard show that people working in academic institutions can play a significant role in preventing those institutions from exploiting the community. While this may have been a limited victory in the sense that Harvard is continuing to attempt expansion into the Mission Hill area, the potential power of alliances between the community and progressive forces in the institution has been demonstrated.

Another victory, also at Harvard Medical School, illustrates the same potential. A coalition of Science for the People people at Harvard Medical School and outside advocacy groups were able to halt the screening and possible stigmatization of XYY infants at a Harvard-affiliated hospital.

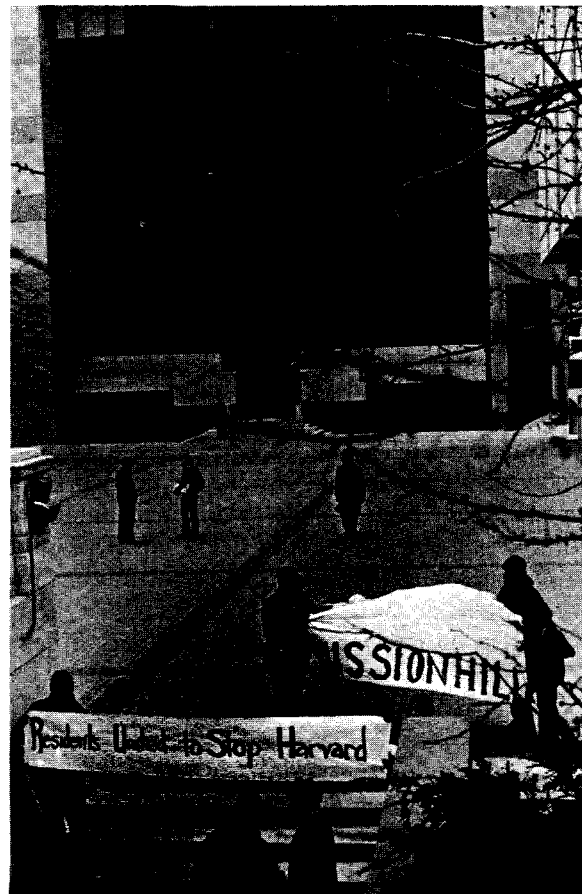


Photo by Steve Gildea-Good News

While these two examples represent only the tip of the iceberg of the ways in which particular ruling class academic institutions exploit the surrounding community, the victories should encourage people at other institutions to join in such struggles.

—Jon Beckwith



When a community wins a victory, it is important to ask what specific actions led to the victory.

sets, three CHP agencies were involved in reviewing the AHC's CON application.

(c) *Environmental impact.* Another area of legislation affecting hospital construction was the Massachusetts Environmental Impact Law, which took effect in 1973. According to this law, the evaluation of CON applications had to include a consideration of impact on the environment.

Laws that require comprehensive planning, in health care as in other areas, seldom apply abstract standards of rationality. Since planning is a political process, the effects are often more symbolic than real.(14)

For instance, expanding institutions can hire staff members who write justifying documents and maintain close contact with regulatory agencies. Communities generally do not have staff people for this work; residents must spend time and energy on the planning process without pay and outside their usual jobs. This imbalance in planning usually favors large institutions over local communities.

A recent nationwide review showed very little impact of CON laws. While many hospitals' plans were modified, only a few applications were rejected. The study concluded:

In viewing the certificate-of-need laws across the country, the impression is gathered that a "honeymoon period" still exists in most states between the health planners *qua* regulators and the health care industry, particularly the voluntary hospitals segment. Control of facilities expansion is currently in accordance with the goals of both the health planners and the dominant, established health-care institutions in most states and communities.(15)

Although Boston residents doubted that the Department of Public Health would deny the AHC's appli-

cation outright, they realized that the CON procedure provided a political lever by which they could delay and possibly redirect medical expansion. In particular, members of a community organization concerned with health care — the Mission Hill Health Movement (MHMM) — decided to use the AHC's application as a continuing focus for community organizing. They also hoped that the political process surrounding the application, if not stopping the AHC entirely, at least would postpone and reshape the AHC's plans so that the community's needs for housing and adequate medical care would be met. In short, community residents understood the largely political nature of the planning process and decided to use the application procedure as a political strategy.

The CON controversy in Boston consumed over three years and considerable energy from community groups, CHP agencies, and hospital staff. It resulted in several major changes in plans and programs which included concessions from the hospitals and several victories for the community.

(a) *Site and design.* The AHC moved its site to a parking lot of one of the component hospitals, where housing would not be affected. The original design called for a three-tower structure that would have spread out over about two square blocks of space. The MHMM strongly criticized this design. Current plans proposed a single tower, with reduced research space and parking located away from the site.

(b) *Number of beds.* The CON law required a detailed analysis of the need for new hospital beds. Eventually, the DPH approved 680 beds for the new facility — eight fewer than the total contained in the original component hospitals and 110 fewer than the AHC initially requested.

(c) *Organizational structure and governance.* After criticism from the community and CHP agencies, the hospitals agreed to a formal corporate and clinical merger. Mainly through the MHHM, the local community also demanded positions on the governing board. CHP agencies supported this demand. Ultimately the AHC promised direct representation on the board through elections in the local "host community."

(d) *Community health services.* The CON struggle led to a firmer commitment to walk-in care. In 1973 the AHC proposed for the first time a unified ambulatory care center serving the local community. The AHC also agreed that a community-controlled board would make policy for the ambulatory care center.

In summary, planning legislation permitted a wider politicization of the expansion issue. Community residents responded aggressively to the political opportunity that the planning laws provided. The MHHM and other local groups actively criticized and redirected the AHC's proposals. This input delayed expansion. It also made the planning process more consistent with residents' health-care needs.

What Can We Learn?

I think if we weren't involved I'm sure that the only thing that would be built around here would be high rise, and the people around there don't want to live in high rise.... And I would see the community eventually just disappearing as it is now, you know, there wouldn't be the same type of community as there is now, the same mix of people, the families, and... you'd probably end up with middle-class professionals....

In Boston, effective organizing and political action have halted medical expansion and stabilized a community. People who live in the community have had a profound impact on their own destinies and on the institutions that affect them. The Mission Hill case illustrates several lessons about community conflict, about the nature of large urban institutions and about strategies for change.

Communities Can Win

It is important to realize that victories are possible. From the history of the last 20 years, optimism about success is difficult. Urban renewal has removed thousands of people from their homes throughout the country. Hospitals, office buildings, highways and parking lots have replaced residential neighborhoods. "Grieving for a lost home" has become a common experience for low-income people living in cities.(16)

The costs of institutional expansion have been high. Individuals and families have lost the sense of belonging that comes from the close-knit attachments of a community where people know each other well. American cities suffer as large institutions supersede vital communities where people of different incomes and ethnic traditions live together.(17) Expansion and redevelopment benefit small numbers of wealthy and powerful individuals, usually by increasing their profits, power or prestige. Even service institutions like hospitals, find difficulty in justifying expansion plans, especially when one considers the human costs to existing communities.

These costs usually are hard to understand for those who control urban institutions. The attachments of working-class people, both individuals and families, to their neighborhoods generally are much stronger than for the middle class. Fried describes this: "A high degree of residential stability, deep commitment of people to their neighborhoods, and closeknit social organization within the local area are among the most striking features of working-class community life."(18) When working-class people lose their homes because of urban redevelopment, they generally suffer a deep and lasting grief that derives as much from the loss of their social networks as from the destruction of their homes.

The possibility of halting institutional expansion, however, seems remote, particularly when people become accustomed to powerlessness. In the early years of urban renewal, working-class people felt a resignation that they simply were not powerful enough to resist redevelopment. Because of this resignation, the residents of many communities acquiesced to the destruction of their homes.

The events in Boston show that a small community can organize and win a struggle to save housing and to obtain better health care. The Boston victory sets a standard for other communities facing the threat of institutional expansion and similar forms of urban redevelopment.

Political Struggle and Rational Planning

Such struggles are not simply a matter of politics. Community resistance ultimately leads to more rational planning. By taking a strong stand, a community forces planners to adopt a more balanced view of the many different interests affected by a given project. Without input from the community, the main interests considered are those of the people who own or govern urban institutions who can rationalize redevelopment plans by invoking abstract principles — fighting "blight," building "needed" hospitals, etc. Throughout the country, urban redevelopment has only varied the theme that Gans set forth in his study of Boston's West End: "In summary, redevelopment proceeded from beginning to end on the

assumption that the needs of the site residents were of far less importance than the clearing and rebuilding of the site itself.”(5) The history of urban renewal shows decision makers’ consistent unwillingness or inability to consider the desires of the people most profoundly affected — the people who live in areas slated for “renewal.”

Part of the problem has been that people have spoken in whispers. When urban residents speak loudly, and when they back up their words with the cohesiveness shown in the Boston struggle, the whole planning process changes. People get across the message that their homes and neighborhoods are so important that they cannot be sacrificed. The individuals who control urban institutions realize that redevelopment plans can proceed only if they do not interfere with residents’ needs. When people work together collectively old homes get rehabilitated, rents remain stable, new housing is built and the community is revitalized. Through their demands, people also can receive the health care and other human services they desire.

Finally, by forcing the planning process into an open and public arena, the community conflict can change large institutions in positive ways. For example, although proponents of the medical expansion in Boston advocated consolidation of three hospitals, the hospitals’ traditional independence impeded a formal merger. As a result of community pressure, the hospitals reached agreements about consolidation of physical plant, administration, financial structure, and professional staffing that had not been possible previously. The outcome of community pressures has been a more rational planning process that explicitly takes into account the variety of interests affected by institutional expansion.

Demystification

Struggles concerning expansion lead to heightened consciousness about the nature of large urban institutions. Traditional ideology teaches that the persons who control institutions have an accurate idea about what is best for society. This ideology leads the residents of a community to acquiesce to the community’s destruction to make room for a government center or highway, or to believe that new hospitals must be needed to care for the sick, or doctors and hospital administrators would be satisfied with the buildings they have now.

The ideology of “need” as defined by those in power is related to a second ideologic pattern that rationalizes people’s class positions. As Sennett and Cobb have pointed out, one of the “hidden injuries” of social class in the U.S. is the subtle notion that class position is one’s own responsibility. Working-class people learn, in school and in the occupational system, that success results from hard work and ability. This ide-

ologic pattern often makes working-class people believe that they would have more if they were better individuals, despite the evidence that there is little mobility across major class boundaries in the U.S.(19) Rather than seeing the destruction of their neighborhoods as an example of institutional violence, urban residents usually have reacted with passive resignation, as though the loss of a home is part of the buffeting in life that they somehow deserve. These ideologic patterns are weakening at the present time. Struggles like that in Boston heighten people’s skepticism that those who control institutions have greater insight than anyone else into the social good. When the plans of these powerful individuals are scrutinized, the doubtful benefits of much institutional growth become clear. The private interests involved in expansion and redevelopment also grow more evident as communities oppose new projects. In Boston, local residents gradually learned that a series of claims made by hospital officials — the importance of a site

Gradually many residents have started to link their own troubles to broader political and economic structures.

that would destroy housing, the need for several towers instead of one structure, the new hospital’s contribution to local health services when there were no plans for an ambulatory care center, etc. — were unfounded.

People also have realized that their personal misfortune is not always their own fault. Mission Hill residents discovered that medical institutions would have destroyed their neighborhood for reasons that could not be justified later, when residents and their supporters took political action to save their homes. Through this process, residents now see that the potential loss of their neighborhood was not their fault and that by organizing together they could affect their destiny.

Demystification has occurred. By struggling against medical expansion, community residents have learned that doctors and other professionals have no special knowledge of the public good and have their own private interests as well. Medical centers, universities, and other large institutions have lost much of their credibility. People who live in cities no longer will accept uncritically these institutions’ claims for land, finances, or popular support. As people organize themselves to protect their communities, they understand more clearly the real services that institutions can provide and the ideology they propound. With understanding comes the confidence to resist and to shape the future.

Tactics That Succeed

When a community wins a victory, it is important to ask what specific actions led to the victory. Large institutions command resources of power and finances that give them an advantage. The institutions can hire specialists to work for goals that communities oppose; residents generally must rely on their own time and energy outside their usual jobs. Perhaps most important, institutions can find innumerable ways to co-opt local opposition. By offering people jobs, or by involving them in committees under the rubric of community participation, institutions can neutralize conflict and antagonism.

Residents in Boston evolved some key tactics that distinguished their work from less successful efforts elsewhere.

Adversary relations. Community members consciously adopted the stance of an adversary relationship. Harvard and its affiliated hospitals were the enemy. Hospital expansion posed a clear, unambiguous threat to the neighborhood. Residents recognized that, until the expansion issue was resolved, relations with the Medical Center and the University would need to be viewed as basically antagonistic.

As Alinsky points out, defining the enemy often is a difficult process. People learn to experience conflict as unpleasant. Large institutions can create fear among families and individuals who have not felt the strength of organizing together. For example, after they received eviction notices, some residents feared that they would lose the chance for any help at all from the University if they actively opposed the new hospital. Institutions also affect public opinion through the media. During the early phases of the Boston struggle, public statements from the Medical Center and the University stressed the importance of the new hospital. Press coverage emphasized the outstanding reputation of the medical facilities and the advantages of consolidation, rather than the community's housing needs. Some residents were reluctant to oppose medical expansion while the media were placing a high value on the hospital complex.

It was also hard for people in the community to figure out precisely who the enemy was. At first, residents were led to believe that officials at the Medical Center could make decisions about housing and the future of the neighborhood. After many months, however, it became clear that the ultimate power to make decisions about housing was not at the Medical Center at all. Instead, this power rested with the Corporation of the University.

Although the process of locating the enemy took time and energy, it was worthwhile. Subsequently, residents refused to deal with lower-level officials who could not make binding decisions. When the Corporation understood the depth of the community's commit-

ment, University officials began serious negotiations.

One Issue First, Multiple Issues Later. The threat to housing provided a clear-cut issue around which residents could unite. Many other issues presented themselves as areas of concern. For example, medical expansion focused attention on the fact that many residents had no regular source of outpatient health care. Related issues included drug abuse and alcoholism, irregular police services, limited shopping facilities and the need for cooperative food buying, recreational facilities, and local economic problems that resulted from fuel shortages and unemployment.

The leaders of the tenants' association resisted pressures toward diffusiveness. In general, they directed their primary efforts toward the housing issue and encouraged their neighbors to do the same. During the first two years of the struggle, some residents did specialize in other areas and laid groundwork for later accomplishments. Most people, however, concentrated on the housing issue until the University signed written agreements with the community.

More recently, after the tenants obtained definite commitments, a smaller group has taken responsibility for actions relating to rentals, maintenance, rehabilitation and the construction of new housing. Other residents have pursued different issues. One reason for the community's success, however, has been the refusal to be sidetracked from the main issue — the neighborhood's survival.

Power Base and Coalition Building. Throughout the Boston struggle, organizers and community leaders have been careful to cultivate a reliable power base, among both residents and outside supporters. Monthly meetings attract large turnouts. Whenever major policy matters are to be decided, members canvas the neighborhood to assure that residents have a chance to express their opinions. Leaders of the association have developed working relations with other local organizations.

While unity within the community has created the major part of residents' power base, aid also has come from other sources. Politicians representing the community in the state legislature and city council have responded intermittently to residents' prodding. Moreover, residents have received assistance from workers, students and faculty members at the Medical Center and University who formed a support group that gathered information and publicized the threat to the neighborhood (see box). During the early phases of the struggle, members of the support group joined with tenants in several demonstrations at the Medical Center. Although residents continued to take primary initiative, support within the Medical Center and University strengthened the community's power base.

Tactical Flexibility. Another reason for the community's success has been residents' flexibility in using

a variety of tactics as warranted by different situations. For almost a year after the formation of the tenants' association, University officials did not respond substantially to residents' demands. Under these circumstances, tactics involving *confrontation and obstruction* were necessary. Tenants and their supporters then staged a series of nonviolent demonstrations at the Medical Center to dramatize their commitment. Residents and supporters also picketed at the administrative offices of the AHC, Harvard University and *The Boston Globe* (the latter because of a misleading article). These actions attracted publicity and showed that the community would have to be reckoned with seriously.

Later, after residents had consolidated their power base and demonstrated their commitment, they turned to *negotiations and bargaining*. For the past several years, a nucleus of elected leaders of RTH have negotiated with University officials about housing issues. Other residents, usually acting as members of the MHHM, have bargained with AHC officials about plans for the new hospital and other health problems. In these negotiations, residents have made some limited compromises, without sacrificing their overall goals.

Using Local Resources. Residents have increased their effectiveness by creating a division of labor. People who live in the community possess skills and backgrounds that have been useful in different ways. Some professionals who lived in the community before the expansion issue arose have contributed their knowledge and technical abilities to community organizations. For example, a political scientist, a social worker and a physician have worked hard on documents that the MHHM submitted in opposition to the AHC's proposals and certificate-of-need application. A lawyer and an architect living in the neighborhood have worked with RTH, both to stop expansion and to plan for new housing. In each case, the fact that the professional was part of the community was crucial.

In addition, expertise has not been limited to the local professionals. Many working-class people living in the neighborhood have gained new competencies. Several people have concentrated solely on community organizing skills that will continue to be useful. Individuals with talents in writing, photography, and art have worked on the community newspaper which has helped narrow the distance that otherwise might emerge between leaders and other residents who play a less active role. Other residents have specialized on housing, health problems or other issues. They have realized that knowledge can help improve social conditions, when knowledge is tied to the power base of an organized community.

Allowing Organizations to Die. When an organization is started, pressures arise to maintain and enhance its growth, even if its original purposes are accom-

plished. In a community struggle, the energies needed to preserve an organization can interfere with new goals that emerge. Letting organizations die requires personal humility and political wisdom to understand what actions are important at what time.

In Boston several organizations have died simple deaths when they no longer were needed. One of the early organizations that concerned itself with area-wide planning was the Housing and Land Use Committee, composed of residents, local merchants and representatives of the medical institutions. Residents allowed it to die when it later became clear that an elected organization with certain legal powers was needed. The Mission Hill Planning Commission superseded the Housing and Land Use Committee; some but not all members of the Committee gained election to the Commission.

Another example of a peacefully dying organization was the Medical Center Tenants Support Group. The Support Group was very active in the first two years of the Boston struggle, when periodic confrontations were necessary to obtain serious negotiations. Later, after residents' commitment was clear, demonstrations no longer were a major tactic. The Support Group disbanded, with the understanding that it could be reactivated if needed.

The community newspaper (*The Good News*) also entered a period of dormancy, though for somewhat different reasons. Most residents believed that the newspaper played a vital role in community organizing. However, between 1974 and 1975, the individuals who worked on the newspaper decided that they could use their energies more effectively in relation to other issues — especially opposing the AHC's certificate-of-need application. After one year of inactivity, the newspaper resumed publication.

Avoiding Factionalism. Factionalism can be a great impediment to progressive social change. Recently, the problem of factionalism has slowed or halted political work in many communities and workplaces.

A coherent ideology, linking progressive theory with concrete practice, is necessary to build an effective mass movement. For example, the issue of a unifying ideology is a crucial concern for people working to form a party committed to a basic reconstruction of U.S. society. Disagreements in the party-building movement focus largely on the distinction between vanguard party and mass party. Advocates of a vanguard party believe that historically all successful revolutions have resulted from the efforts of a small vanguard. Members of the vanguard hold a consistent ideology and attract mass support during periods of political and economic upheaval. Supporters of a mass party argue that, given the historical conditions of the U.S., mass organizing must precede rather than follow the development of a coherent ideology; therefore, political energies should go

toward building broad-based alliances within the working class that embrace a spectrum of ideologic views.

This debate is crucial. On the other hand, many factions have emerged from slight differences in ideologic line. Factionalism has weakened the movement toward a progressive party. Moreover, the divisiveness of factionalism has hampered people's ability to work together in local struggles. In many areas of the country, community and workplace organizing has proceeded very slowly, as people have debated small points of ideology. Irrevocable splits have occurred among groups working toward similar goals; these splits have strengthened the positions of those in power.

In Boston, residents have held a variety of political orientations. People who lived in the community for many years were mostly members of the Democratic Party. Though increasingly skeptical about the responsiveness of elected representatives, these individuals have not previously seen the movement toward socialism as a desirable alternative. More radical residents, especially younger people who were drafted during the Indochina War or who face unemployment during the current economic crisis, are bitter about exploitation by the capitalist system. Some of these individuals have allied themselves with groups advocating revolutionary political action.

Despite these different views, residents have worked together effectively. Between 1969 and 1976, the only major disagreement that occurred within the community concerned a new power plant for the medical center and for the new housing. Even in this disagreement, residents tried not to interfere with mutual goals. Whenever possible, people have expressed their political analysis in ways that would not alienate others who were committed to the same local purposes. Residents have been frank with each other about their views. When local events have reflected broader contradictions in the capitalist system — especially power relationships and economic problems — people have discussed these issues openly. However, individuals committed to specific political ideas have respected the different pace at which their neighbors' attitudes would change. Through mutual tolerance, the community has developed a strong power base. At the same time, residents have learned and developed a more sophisticated analysis about the realities of our society.

Community Organizing and Broad Political Strategy

While work on many fronts is essential, local community organizing should continue to be a central part of broad political strategy. There are many possible pitfalls of community struggles. Partial successes can co-opt people's energies through the impression that, since some improvements are possible, the present system can

be preserved. Demoralizing failures can discourage people from sustained efforts. Nevertheless, successful struggles like that in Boston reveal several ways in which community organizing can contribute to broader strategy.

First, *community organizing clarifies the nature of class conflict and heightens class consciousness.* Struggles against expansion or other urban redevelopment put people in direct confrontation with the individuals who control major social institutions. Through this exposure, working-class people reach a clearer understanding of the personal and corporate interests that affect their lives. They also learn to distinguish these interests from the ideologic statements about public "need" that are used to justify expansion and redevelopment. It becomes clear that disputes between communities and urban institutions are manifestations of more basic conflict between social classes.

***It is important to realize
that victories are
possible.***

In Boston, people from diverse backgrounds came to recognize that they all must fight the same enemies. Unity within the community becomes more important than barriers of race or ethnicity. They also realized that coalitions with other working-class communities with overlapping problems and goals can be worthwhile. Community struggles then can form the basis of further political action that extends beyond the local community itself.

Second, *community struggles expose the contradictions and demystify the dominant ideologies of capitalist society.* In addition to class structure, community organizing clarifies the contradiction of hierarchies based on expertise. Institutional expansion and redevelopment often are justified by the opinions of "experts," just as notions of the need for health services have traditionally come from doctors and other professionals associated with hospitals. These justifications mask the private interests that are involved. Expertise is closely linked to class power and often is used to reinforce patterns of domination in society. In Boston and elsewhere, people participating in community struggles have realized that professionals can use expert knowledge to legitimate their own interests, and the interests of other powerful persons with whom they are allied.

Third, *community organizing can lead to progressive reforms that encourage subsequent political action.* One danger in limited political efforts of this type is that small incremental improvements can lull people into a sense of satisfaction with the present political and economic system. Reformism in the U.S. and other

capitalist countries has often been the response to popular protest. More often than not (especially in health and welfare services), reforms have improved people's material situation slightly, without changing overall relations of power and finances in the society; they leave the political and economic system intact while reducing opposition. Therefore reformism tends to inhibit more fundamental change.(20)

On the other hand, certain reforms can be an important part of long-term revolutionary strategy. Progressive reforms involve concrete changes in people's control over their living or working conditions. Such changes may include material improvements (stable rents, better health care, etc.). The progressive element depends on the realization that organizing gives people power and highlights the inequities of the present system. These reforms raise people's consciousness that fundamental change in the system is necessary.

Successful community struggles, as in Boston, can result in reforms that are progressive. In the first place, people learn to draw a link between material improvements and political organizing. People working in a unified way can stop institutional expansion into their neighborhood. Moreover, they can obtain many needed benefits, including rehabilitated and newly constructed housing, subsidized rent levels, and more accessible medical services. Because these reforms directly follow from the community's political action, people realize the power that comes from their own organization.

These reforms also permit the emergence of popular control. For example, the tenants' association in Boston has won control over rental and maintenance policies that previously jeopardized the neighborhood's stability. In the role of co-developer of new housing, the association also will decide broad questions of design, financial responsibility, and tenant relations. Residents have gained access to the governance structure of the major medical institutions in the area. People living in the community therefore can exert an influence over the nature of the health services that are available.

It is doubtful that these reforms will lead to complacency about the present system. Residents will continue to come into contact with wealthy and powerful individuals who control major institutions. As conflicts arise, residents will see again how the interests of these individuals differ from their own. A community cannot act as co-developers of new housing without confronting, on a day-to-day basis, inequities of finance and power. Similarly, people who serve on the governing board and committees of the new hospital will see the power structure of medical institutions more clearly. The frustrations that occur will highlight the inherent difficulties of working toward improved health care or other services, while basic patterns of political, economic, and professional dominance persist.

We can take pride in our victories. This is especially true when victories lay the groundwork for continuing struggle toward the reconstruction of our society.□

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LETTERS,

continued from p. 6

The current program of compulsory family planning in Maharashtra and other states is *not* a program of "male sterilization" — women are sterilized too. In 1975 (before the biggest current drive) more women (945,000) were sterilized than men (888,900) by official figures. I don't know the statistical breakdown of the more intensified drive where 6-8 million sterilizations are claimed, but I *do* know that while the program tended to focus on men in the bigger towns and villages, in more remote rural areas it was still very often women who were gone after. I heard stories of women agricultural laborers being hauled off and operated on at roadsides and tables, and heard other poor peasant women coming to women's meetings say that the reason others did not show up was that they were afraid of going to any public place for fear of being caught and sterilized.

Second, Park's comments on Kerala are misleading. The birth rate is declining (though not overall population growth) for reasons having to do with factors more complicated than Communist organizational strength (better medical care, higher age at marriage for women and a large percentage of non-marrying women). Employment opportunities are not so great (wages have risen in agriculture but employment has declined, a large proportion of the population continues to migrate). This is not to deny the important contributions of communist organizing. *But* there is a crucial difference between building strong unions and holding government office, on the one hand — and taking state power, on the other. The first may be an important part of the process leading up to the latter, but it is not the same thing. Only a really revolutionary state can create the total structural transformations that will lay the basis for agricultural and industrial development, widespread literacy, collective welfare and all

the factors that make genuine family planning possible.

In solidarity,
Gail Omvedt
San Diego, CA

Dear People at SESPA,

The Blackwell Women's Health Resource Center is going through difficult staffing and funding times right now. We were considering not renewing our subscription to *Science for the People* but then decided at a meeting that we felt strongly about supporting your work and so decided to renew. Enclosed is \$10. None of us have the time at present to give full feedback. We'd just like to say keep up what we consider an excellent magazine and alternative science forum. Thanks!

The Blackwell Collective
Bellingham, WA

The Chemical Industry's Travelling Circus

Jim Tobias

This article is a product of the Berkeley SftP chapter's recent work on science education. Its subject, the American Chemical Society's (ACS) travelling exhibition, will be going to all the major US cities in the next few years, and its schedule accompanies the article. We feel that this exhibit may be a useful target for local SftP activists. It will likely generate significant press reaction.

The Berkeley chapter has also been working an energy show now on display at the University of California's Lawrence Hall of Science. It is possible that another article may result from this, covering our struggle with the Hall and including a general critique of the Hall and science museums as a whole.

The chapter is seeking comments, criticism, and especially encouragement. See the inside cover of the magazine for the address.

The American Chemical Society, the professional body of the USA's corporate and academic chemists, is celebrating its centennial this year. As a public relations effort, the Society has commissioned an exhibit, which will be travelling the country informing an increasingly skeptical public of the benefits of the chemical establishment.

Certainly all segments of the nation want and need more information on the issues of chemistry and society, but to present one-sided "discussions" in a context of clear corporate bias is a public disservice. There are no serious factual errors in the show, but that, of course, does not make it an accurate presentation. It is the pattern of gross omissions and distortions which make this travelling circus typical of the way the American public is deliberately misinformed on science issues.

This process begins at the entrance to the show, an elaborate construction of a linked series of geodesic domes. We are told we are about to see "a public exhibition of

Jim Tobias works in science education and design for the handicapped. He has a science and engineering background.

chemistry in its various relationships to people — to all of us."

Inside we see a section on food which explains that: "Some food chemicals must be added to meet nutritional requirements. Some nutrients have to be removed, then replaced. For example, to make flour both stable and generally acceptable, wheat germ is removed in the milling process. The essential B vitamins that make wheat germ valuable are then replaced."

However, white flour was not developed in response to an existing public demand. Instead a flour with a long shelf life and ease of transport had to be developed and marketed in order for the milling industry to concentrate and centralize. Chemists have lowered nutritional values and raised prices in the service of an ever-monopolizing food industry.

The display on brain chemistry is even more deceptive and oversimplified. Light bulbs symbolizing

central nervous system synapses blink on and off in a regular pattern, representing "normalcy." Push-buttons upset this pattern, and other buttons restore it. The "tranquilizer" button neutralizes the "anxiety" button, the "antidepressant" button counteracts "depression" and the "antipsychotic" button cures "psychosis." This model of mental illness which underlies this display could well be summed up as "Pop them pills, cure



Postcard from Boston's Museum of Science

them ill." But where does "anxiety" come from? Do the drug companies care, as long as Valium and Librium remain the most prescribed medicines in the country? In a profit-oriented society, we can never be sure that *any* therapy is medically justified. Certainly this display goes far in confirming that those largely in charge of curing mental illness view their work as just another commercial enterprise.

A panel on insect control demonstrates the way exhibits like this are handy tools of public relations. The display emphasizes bio-control methods, those which use juvenile hormones, sexual attractants and traps to eliminate pests. This is an environmentally progressive approach, in comparison with the use of pesticides. Yet, pesticides are still by far the most used method of insect control, both in research and in the field. By emphasizing the newer and safer approach to insect control, without discussing how widely it is used, the display implies that pesticides are no longer a cause for concern, thus implicitly defending the chemical industry.

Further on, a large photo of a commercial chicken roost is embellished with an extensive list of the wonderful supplements chemists supply to the poultry industry. Vitamins and hormones for forced growth, anti-oxidants for increased storage time, even pigments for "healthy-looking" skin and yolks: All are a part of the chicken industry's dream of a standardized high-profit product. Again, consumers pay the price for these advertised improvements.

Packaging is another "contribution" made by the chemical industry to feeding the world: "Modern packaging not only protects food, it makes world-wide distribution possible." This is the main point; if not for modern packaging techniques, there could be no international trade in food products. Large firms continually

enter local markets, push novel products, and undercut local firms in Third World countries, where nutrition is a critical problem. Making developing countries dependent on foreign food sources is not a

**ACS CENTENNIAL EXHIBIT
ITINERARY (Tentative)**

- April 16-June 12, 1977
Detroit Historical Museum
Detroit, Michigan
- June 25-September 4, 1977
Museum of Science and Industry
Chicago, Illinois
- September 17-November 13, 1977
Children's Museum of Indianapolis
Indianapolis, Indiana
- November 26, 1977-January 22, 1978
Franklin Institute Science Museum
and Planetarium
Philadelphia, Pennsylvania
- February 4-March 26, 1978
Hall of Science of the
City of New York
- April 8-May 28, 1978
Museum of Science
Boston, Massachusetts
- June 10-July 30, 1978
Buhl Planetarium and Institute of
Popular Science
- August 12-October 1, 1978
Maryland Science Center
Baltimore, Maryland
- October 14-December 3, 1978
John Young Museum
and Planetarium
Orlando, Florida

positive change, but continues the colonial policy of *forced underdevelopment*, in which the colonized nation is discouraged in every way from attending to its problems with its own resources.

The energy section details the dubious wonders of new fuels and their contribution to the aerospace industry. Pushbuttons are used to compare the power and reliability of the various energy sources. Wheels spin at different rates to "prove" that only fossil and nuclear fuels are effective. Solar power, on the other hand, is "too diffuse to be used in central power plants." In reality, there already are several schemes for solar electric generation, but these potentially compete with the established profits derived from the production, refinement and distribution of coal, oil, gas and uranium. Corporations cannot be expected to advocate solar power until they have gained control of the market for this form of energy as well.

The final section in the show discusses the ways in which advances in chemistry have expanded our range of choices in various matters, ranging from life extension to pollution. The show does attempt to deal with the ramifications of chemical practice, but its discussion of the "hard personal and public decisions" involved is really just as misleading as the rest of the exhibit. These much-advertised "options," however, remain completely out of our hands. Decisions are made, by and large, by the major corporations and the government walking arm-in-arm together down the road to increased profits and social control. Are consumers asked if they want heavily processed and packaged foods? Are citizens informed and asked about the pollution levels they prefer? Are patients asked for their feelings about new medications? American citizens are systematically under-informed and misinformed on technical matters in order to freeze them out of participation in such disputes and in order to obtain their silent acquiescence.

At heart, this is what these exhibits are all about. They are Skinner boxes, flashy and simplistic; prepackaged curricula that offer

pushbutton reinforcement and a dazzling, theatrical world devoid of depth, balance and analysis. They push the idea that "science is magical," further mystifying the public and alienating us from policy debate. But leaving science to the experts means leaving it to those who base their decisions on profits alone, most often to the detriment of the public good. "Chemistry" is not an abstraction. It is a collection of technical functions, which are performed in a social context. In this country, that means performed by corporations, *solely on the basis of profits*. The "all of us" referred to in the show's introduction is a fiction. Most people have no interests in common with those who make the decisions about chemistry in this society. □

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In the past the conference provided useful resources and practical contacts. This time, its aim is to sum up our collective work in an effort to develop into a national organization which would try to reach more people consistently and be a noted force in the struggle for change. Try to talk to people about future directions for SftP in your chapter or area, and come with ideas you think are important. Your contribution will be heard. A full agenda is in the last magazine, and you can register below or on a facsimile.

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SftP is published bimonthly and is intended not only for members, but also for a broad readership within the technical strata and for all others interested in a progressive-radical view on science and technology. The goals of *SftP* are to elucidate the role of science and technology in society, to enrich the political consciousness of readers, and to stimulate participation in concrete political activities.

The subscriber circulation of *SftP* is about 1,500, the total circulation about 4,000. The content of *SftP* derives largely from the experiences and interests of people who read the magazine. In seeking to "rely on the people", we urge everyone both to contribute to the magazine themselves and to encourage others to do the same. We are particularly interested in having articles written, discussed, or at least reviewed, collectively, when circumstances permit.

1. *Operations: SftP* is published through the activities of the Editorial, Production and Distribution Committees under the direction of the Magazine Coordinating Committee (whose members are drawn from the other committees). All committee members (part-time, unpaid and serving 6-12 months) and the Magazine Coordinator (part-time, paid) are from the Boston area except for some members of the Editorial Committee who are from other cities. All committees are accountable to the general membership by way of 1) the annual Northeast Regional Conference (the most regular and widely attended conference of *SftP*) which reviews the magazine and makes general policy, 2) the different chapters of the Northeast Region through the Northeast Regional Coordinating Committee, and 3) local chapters through selection, review and direction of their participants on the Editorial Committee. Nationwide representation on the Editorial Committee by active *SftP* members is encouraged.

2. *Material for Publication:* To be in accord with established guidelines, material for publication 1) should deal with issues of science and technology, from a radical perspective, 2) should raise the political awareness and involvement of the general readership, and 3) should stimulate activities of individual persons and groups and the formation of chapters, but should not generally have the character of an "organizing manual."

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