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*Class, Populism, and Progressive Politics:
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Chapter V

Westside Neighbors: A Case Study in Grassroots Organizing¹

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Confronting Reality

In 1975, after about two years of socialist and anti-imperialist educational work centered primarily on the UCSC Campus, the Santa Cruz chapter of the New American Movement (NAM) began to talk seriously about developing local political work that would allow the group to break out of the small left circles that had circumscribed most of its work up to that time. The group began discussion of issues that might speak to the needs of “ordinary people” while at the same time exposing the limitations of capitalism as a system.²

Theoretically, this attempt to change direction or focus was supported by on-going discussion in national NAM about the need to engage in “mass practice.”[3] On a more personal level, the chapter’s membership was beginning to shift off of the campus and although still centered in student/alternative culture circles, members were beginning to get a glimmer of the notion that there is life after college. In retrospect, it is easy to see that the weekly chapter discussions continued to reflect the group’s inability to break out of its left and student orientation.

The group, which varied in size from about eight to twenty, continued to work on events like International Women's Day, anti-imperialist demonstrations, and socialist-feminist educational events. However, in terms of developing what was referred to as mass practice, Santa Cruz NAM had a difficult time getting beyond the level of theoretical discussions. Several areas of potential work were discussed, including prison reform, unemployment, health care, and labor organizing. With each of these potential issues, the chapter debated whether the issue might have currency in Santa Cruz, but the major focus of discussions was the suitability of the issue as a vehicle for raising consciousness about the limits of capitalism and the desirability of a socialist alternative.

Meetings were often devoted to discussion of selections from works such as Strategy for Labor by Andre Gorz and the central issue was often whether and how a particular issue might lend itself to the development of the kind of “revolutionary reforms” he discussed in that work.[4] Individual members of the chapter had had some limited experience in the areas of potential work being discussed, but as a collective group, the chapter was very slow to move beyond discussion in any of the issue areas. For almost a year, these discussions went on. At times action seemed blocked by the group's inability to formulate a plan of action on an issue. At other times, practical action was eschewed because it didn't seem to offer a sufficient opportunity for socialist educational work. More commonly, members seemed unwilling to split the group by choosing an issue not supported by a consensus of all members as “the most

important issue.” As a result, many members, often the most energetic, decided to leave the group because they were looking for more action and less abstract debate.

Finally, by early 1976, the group had settled on the issue of health care. Unlike criminal justice reform or unemployment support work, health care was an issue that appeared to affect a large and growing number of average citizens. The papers of the day were full of headlines about the growing health care crisis in the United States, and at virtually every level of government the issue was on legislative agendas.

The group was also supported in this decision by potential connection to a functioning Health Care Commission in NAM that published a *Health Activist Digest* several times a year as well as holding conferences, publishing and circulating analyses of the health care crisis and potential solutions, and offering contact with other activists throughout California and the rest of the nation working on health related issues. Nationally, the New American Movement had joined the Gray Panthers in endorsing the National Medical Service bill being carried by U.S. Congressman Ronald Dellums.

At the local level, the Santa Cruz community already had a number of alternative health groups including a women’s health collective, numerous women’s self-help groups (teaching women to do their own pelvic exams), and midwife and home birth organizations. In addition, the national Medicare crisis had hit home with most local doctors refusing to accept new Medicare or Medi-Cal patients. The county government faced a fiscal crisis in dealing with the problem of indigent care.

The first health work done by the NAM chapter involved organizing two demonstrations in front of a local hospital, which, because of its origins in a Catholic order of nuns, refused to perform abortions. Because it was only one of two hospitals serving the City of Santa Cruz and because it received tax money in support of indigent care it provided, the group felt that the hospital made a good target for a picket. About thirty people came to one picket in front of the hospital and about twenty to a subsequent demonstration there.

NAM meetings were increasingly devoted to the practical concerns of organizing demonstrations. At the same time, discussions focused on the nature of the health care crisis, utopian discussions of how health care could be organized more rationally and the importance of reopening the County hospital which had been closed a year earlier for fiscal reasons.[5]

NAM members also helped create a Coalition for Quality Birth Care which included members of The Women’s Health Collective, a local midwife’s group, two public health nurses, NAM, and about fifteen other individuals interested in the issue. The group held meetings over a several month period and produced informational leaflets, public meetings and a lobbying effort

intended to expand pre- and post-natal care and alternative birth possibilities in the county. NAM members did a research project which demonstrated conclusively that no local doctors were taking new patients on Medi-Cal. The work culminated in a well-attended presentation to the County Board of Supervisors on the need for a nurse-midwife option to traditional delivery room services available in the county.

In the end, however, the Board of Supervisors did not act on the suggestions made by the Coalition. It was obvious that local elected officials felt no need to respond to a small group of left activists who appeared unsupported by any larger constituency. As a result, NAM members began to question the effectiveness of their health care practice and ask how a more effective "mass base" to support improved health care might be developed. The group continued to believe that reopening the county hospital facility was the best solution to the local health care crisis. Such a facility could be the issue that would pull together several issues the group had worked on, including abortion, indigent care, birth care, and preventive medicine. From the point of view of NAM's socialist agenda, it also had the virtue of challenging privatization and expanding public services not primarily based on the profit motive. But the reopening of the hospital could only be accomplished by a group with a wider base of support than the narrow coalitions of leftists and feminists that had been pulled together in the past.

Late in 1976, NAM members formed a new group, the Santa Cruz Health Care Coalition, to attempt to approach the overall health care crisis in a comprehensive way. Rather than focus on specific issues like abortion or birth care, this group would attempt to build a broad-based community effort to develop solutions to the health care crisis. Initial members included five NAM members, two members of the Women's Health Collective, a public health nurse and three other individuals. The group quickly established principles of unity for the new Health Care Coalition:

1. All people deserve equal opportunity for the best available health care.
2. In order to insure the above, we must separate profit from health care, and develop a creative and progressive system of federal funding.
3. Health care should be controlled by all members of the community, including health care workers.
4. In order to increase access to medical care, expertise and medical service should be more widely dispersed throughout the community, e.g. paramedics and neighborhood clinics.
5. High quality health care should stress preventative medicine, including adequate attention to nutrition and other basic necessities.
6. People should have control over medical decisions affecting their own mental and physical well-being.

We seek high quality medical care which will be participatory, personal, and free from discrimination based on income, age, sex, race or nationality.

Meanwhile at the national level, the New American Movement was pushing members and chapters to think about mass practice in a new way. It was no longer sufficient to think about taking one of NAM's issues to a wider audience. Mass work slowly began to be redefined as working with existing and potential constituencies on "their issues." The relationship of such work to the group's socialist agenda was not commonly understood and the subject of great debate within the organization at every level, but the idea that mass work meant some form of grassroots organizing was gaining strong support within at least the majority of the organization.[6] In Santa Cruz, the Health Care Coalition, supported by frequent discussions in the NAM chapter, began to examine the possibilities of grassroots organizing at the neighborhood level. While there was a strong preconception that health care was to be a major issue in such work, members also began to understand that the group had to be open to "discovering the neighbors' own issues." From the outset, the Health Care Coalition saw itself not as a provider of health services, but as an organizing group which would attempt to build an autonomous neighborhood group capable of developing solutions to its own health care needs. ...[We] have settled on an initial tactic of creating a neighborhood organization to institute a neighborhood health care center. This center is seen as one unit in a county-wide plan we hope to have fully worked out in the next few months. We see ourselves as facilitating neighborhood organizing and activity toward such a center rather than providing direct services ourselves. [7]

The Health Care Coalition spent a number of meetings and outside research efforts making a deliberate decision about which neighborhood in Santa Cruz to select for a grassroots organizing drive. To a certain extent, the decision was affected by the importance of health care as a likely issue for an organizing effort. The group needed a neighborhood where the health care crisis was likely to be a concern. This objective clearly ruled out the more affluent Santa Cruz neighborhoods, reinforcing the group's inclination to work with low- and moderate-income people in any case.

On the other hand, NAM's class analysis also was a factor in choosing a neighborhood for the organizing focus. Health care considerations alone might have dictated a choice of the city's poorest neighborhood, the largely low-income, Hispanic barrio in the Beach Flats. However, NAM's class analysis centered on the identification, unification, and empowerment of "an expanded working class," including low- and moderate-income poor and working people.[8] As a result, and despite a number of hot debates about the health needs in the Beach Flats, *NAM* and the Health Care Coalition were more interested in locating a neighborhood with a more diverse income spread than that represented either in the Flats or the more affluent neighborhoods.

The group was intent on avoiding neighborhoods dominated by UCSC student residents for a number of reasons. Students already had access to university health center and as young people had relatively low health care utilization rates. Also the fundamental purpose of the mass organizing had been to break out of the student ghettoization of the left. As a result, the group looked for a neighborhood with high percentages of senior citizens and families with children who would have significant need for health care services. In addition, the anti-racist politics of Health Care Coalition members raised the importance of locating a multi-racial neighborhood.

After a fair amount of demographic analysis and discussion, the Health Care Coalition finally settled on the westside neighborhood -- an area that seemed to best meet the criteria that the group had set out for itself. The "neighborhood" had no apparent self-identity and was somewhat arbitrarily defined as the 5000 or so homes bordered by two major arterial streets, Bay and Mission, and the Pacific Ocean.

The neighborhood reflected the tenant/homeowner ratio of the city with a little over 50% of residents renting their homes. Property values were slightly below the average for the city and well below the county and state median. However, the diversity of the population was reflected in the random mix of expensive and inexpensive homes that existed on almost every street in the area. Similarly, tenants and homeowners were mixed on most streets. Despite official census statistics indicating fewer than 3% Hispanics and fewer than 1% Black residents, in reality the neighborhood had between five and ten percent Hispanics and the second largest concentration of Black families in the city, the latter representing perhaps as high as 5% of the neighborhood. These groups were generally spread throughout the neighborhood, although a larger number of Black families were concentrated in the Circles area where two Black churches held services every Sunday morning and Wednesday afternoon. In addition, about fifteen to twenty Filipino individuals and families, many of whom spoke only Tagalog, were concentrated, although still a minority, in a three-block area along one edge of the neighborhood.

In the center of the neighborhood, an area known as the Circles was created when a church organization in 1889 created a planned development of concentric streets for tent lots surrounding a tabernacle. The project, however, was slowly replaced by more substantial residential construction, and when the tabernacle burned in 1935, the lots and residences were sold on the open market and many of the planned circles were dead-ended or left incomplete. The legacy of the project is an area with a high concentration of substandard sized lots, generally lower priced housing, inadequate parking, and, consequently, one of the highest concentrations of seniors and low-income families in the city. In addition, a small but significant number of

Black families moved into the area after World War II, attracted by the relatively inexpensive substandard lots.

With the exception of two elementary schools, two neighborhood markets, a small branch of the public library, two Black churches and one White church, and a commercial strip along one of the border arterial streets, the area was entirely residential in character. Along the other arterial, Garfield Park Village, a non-denominational, church-sponsored senior housing project provided a well kept up mix of inexpensive detached and congregate units for about 130 senior citizens. Although subsequent university growth and rising property values have eroded the percentage of senior residents and increased the number of student households, in 1976, when the neighborhood organizing project was initiated, students represented a relatively small minority of the area's residents.

In the early and middle 1970s, the Lighthouse Point neighborhood within the westside had organized a neighborhood group to save a natural area along the coast from a large-scale hotel, convention, and shopping center development. This group, which eventually succeeded in its efforts, was no longer meeting by 1976, and represented the only known organizing effort anywhere within the westside neighborhood for at least the preceding several decades.

The decision to work in the westside neighborhood was reinforced by the fact that several members of the Health Care Coalition and the New American Movement lived in this neighborhood and this allowed an easing of a significant concern about the propriety and role of "outside" organizers in a grassroots organizing effort. Also, in this neighborhood, it was thought, the group could successfully test the possibility of building a left-leaning populist alternative to the rightwing populist revival already beginning to take hold in California and other parts of the country. And the challenge would be to do it in a working class neighborhood with a previously conservative voting record in local elections.

Hitting the Streets

The initial phase of the actual organizing began with members of the Health Care Coalition going out into the neighborhood and knocking on doors to meet people, assess their health care needs, and probe for additional issues of neighborhood concern. Although a neighborhood health center was a predetermined potential goal, the organizers attempted to deemphasize the desire to accomplish any particular goal and rather concentrated on drawing out residents on their own areas of interest and concern. The organizers met generally positive responses, although a number of doors were literally slammed in their faces by people who thought the Health Care Coalition was after money or represented "some kind of communist

plot." The latter response, ironically, came from at least two women who later became leaders in Westside Neighbors.

About one-half to two-thirds of the neighborhood was eventually covered on a somewhat random basis. The door-to-door interviews tended to confirm a high level of interest in health care issues. People also raised concerns about not knowing their neighbors, the influx of students, rising rents, growing traffic and, in some areas, parking problems. In many, if not most, cases neighborhood residents' concern about health care and other issues was matched by their cynicism about the likelihood that anything would or could be done about it. In addition to the door-to-door work, Health Care Coalition members spent time in neighborhood markets and the branch library getting to know people and talk about neighborhood issues.

This was a difficult period of work for the group since the goal of entering the neighborhood was so amorphous and unfocused, and it was absolutely essential that there were regular meetings of the Coalition to allow the individual organizers to vent frustrations, discuss the broader context and direction of the work and get support for the effort involved. Along with the direct organizing work, the Health Care Coalition continued to do internal education about the health care crisis, the structure of federal, state and local health "system," and the operation of small scale health centers. The group was encouraged by national groups like Health PAC and the NAM Health Commission which continued to provide information about neighborhood health centers and their operation and feasibility.[9]

Additional support for the organizing effort came from a study group on grassroots organizing organized by one of the members of the Coalition through the local Socialist School. The group of fifteen met weekly over an eight-week period and included not only Coalition members but also members of a city-wide tenant organizing project and a number of other NAM members and community activists. In this study group, Coalition members learned about general grassroots organizing principles and tried to apply them to the concrete effort in which they were involved. Important discussions about strategy and tactics as well as the ethics and organizational issues of grassroots organizing, played an important role in preparing Health Care Coalition activists for the long-term struggle ahead. In the group, material from established grassroots organizations and training such as ACORN, and organizer training institutes such as the Midwest Academy in Chicago were extremely helpful. However, the critical significance of having an experienced organizer on hand as a resource should not be underestimated.

One of the early tactics of the organizing drive was to organize house meetings in which residents would invite their neighbors to their house to meet a Coalition organizer and talk about health care and other pressing neighborhood issues. With only one or two exceptions, these were

not successful. Perhaps the largest problem was that, unlike the farmworkers' union on which they were modeled, the Health Care Coalition did not have a specific enough goal about which to engage neighbors in discussion.

As an alternative, the Coalition looked for other ways to increase contact with the neighborhood and increase solidarity and neighborhood identification among the neighbors themselves. With the help of the local Red Cross, first-aid and CPR (Cardiac-Pulmonary Resuscitation) classes were organized and advertised by Health Care coalition organizers. With the cooperation of the County Health Department and the Visiting Nurses Association, a well-baby clinic was also offered in the neighborhood. Direct participation in the classes themselves increased the skills and knowledge of the organizers as well as establishing new contacts in the neighborhood and creating a forum for the discussion of health care issues.

Coalition members also organized a number of successful film events in the neighborhood which offered an entertaining and educational mix of cartoons for the kids (and adults) with short films about health issues. Films that made a radical critique of the health system were often met with surprising interest and support, particularly one about barefoot doctors in the Chinese Peoples' Republic. In addition, individual organizers made a number of important connections with individuals in the neighborhood by providing direct service responses to particular problems. Emergency provision of childcare, rides to medical services, and help in confronting government bureaucracies were often time consuming, but proved to establish trust at a higher level than any level of discussion alone.

Perhaps the most important step in this phase of the organizing project was the creation of a neighborhood health watch in the Circles area. Modeled on the successful neighborhood crime watches that were springing up around the country, this program allowed participants in a fifteen square block area to get to know their neighbors at a number of house meetings and informal social events and increase their sense of themselves as a neighborhood. The idea was that neighbors, particularly seniors in the area, could help each other by providing first-aid and CPR and rides to doctors or hospitals in the event of emergencies,

The establishment of block-by-block watch groups, and occasional meetings of block "captains" also encouraged the development of leadership in the neighborhood, provided a positive example that organizational goals could be accomplished, and presented an additional forum for discussion of health care and other pressing neighborhood issues. The coordination of the health watch with the films, classes organized by the Health Care Coalition and the Red Cross, and free blood pressure tests organized by the Coalition and provided by the Visiting Nurses Association and the County Health Department created a dynamic sense that things were

on the move on the westside. Together they provided a necessary sense of forward motion for the neighborhood as well as the young organizers in the Health Care Coalition.

In the last six months of 1977, the neighborhood organizing work--especially in the Circles area--grew steadily. Members of the Health Care Coalition, all but one of whom were getting their first grassroots organizing experience, gained an increasing sense of confidence in their knowledge of health care issues and their ability to carry on the basic tasks of organizing. The Coalition grew to twenty-five regular members, of whom eighteen were members of the New American Movement. Of the group, perhaps one-third were extremely active in direct work in the neighborhood, while the others attended meetings of the Health Care Coalition and took on occasional small tasks.

At this point in the struggle, the group had more or less agreed on a strategy that focused on the importance of creating an autonomous neighborhood organization with its own internal leadership. All of the position papers discussed internally by the Coalition at the time reflect an expectation that the first goal of the new neighborhood group would likely be demanding funding from Santa Cruz County government for a neighborhood- controlled health center. It is important to note, however, that each of these documents emphasizes the importance of not "imposing" any particular goal on the neighborhood.

The pace of work within the Health Care Coalition was quite demanding, with regular meetings every two weeks and ad hoc and subcommittee meetings often once or twice a week for the more active members. While the group generally got along well, there were heated discussions on a number of topics and an ongoing low level of tension existed between a man who was the most active member of the group and three women who were spending the most time in direct door-to-door work on the Circles health watch project. Several meetings focused on reducing these tensions and successfully kept the situation from disrupting the organizing project itself.

Another difficult decision arose over a question of salaries. In early 1978, the Health Care Coalition applied to the Vanguard Foundation for salaries for two organizers. It was understood that receiving more than one was unlikely at best, and the question of whether one full-time or two part-time organizers should be supported proved to be a difficult one to resolve. In the spring of 1978, the issue was finally resolved when one of the applicants got another full-time job and a grant was received for one full-time organizer. This individual, who had begun his work as a full-time volunteer, receiving credit through the Community Studies program at UCSC, continued to work as a full-time paid organizer for the next two years.

Although the number of contacts in the neighborhood increased steadily during this period, a number of attempts to create a formal neighborhood organization met with less success. In October 1977, a meeting successfully attracted thirty-five people, including nine Coalition members. The meeting ran quite smoothly with a discussion of the need for improved health care and the importance of addressing racism -- raised by one of two Black people present and supported by one member of the Coalition and another White person from the neighborhood. But the group was unsuccessful in establishing a structure, plan for any further action, or even a future meeting date.

A number of smaller meetings in the following month were equally unproductive. One appeared to attract only young university students, who were completely unrepresentative of the demographic diversity of the neighborhood. Another meeting was completely taken over by two individuals fixated on the narrow issue of "ortho-molecular" medicine as the total solution to all health care problems. [10] In the meantime, the smaller neighborhood health watch meetings continued to involve growing numbers of neighbors into discussions of health care and neighborhood issues and the Coalition continued to work on the health watch, first-aid classes and neighborhood social events. During this period, several leaflets advertising the health watch, first-aid classes and health screenings were dropped on doorsteps throughout the westside.

Because of the small number of racial minorities or seniors attending any of the meetings during this period, the Health Care Coalition began to make more contact with these groups in the westside neighborhood. Coalition members began attending Black church services, meeting with Black ministers, contacting Black and Hispanic youth through talks at high school health classes, and establishing meetings with existing city-wide senior groups and with seniors at the Garfield Park Village. Contacts were also established with one of the leaders of the Filipino community and two house meetings were successfully held with about six Hispanic couples attending each one. All of this work was to prove extremely important in the eventual establishment of the Westside Neighbors as a multi-racial organization that reflected the age diversity of the neighborhood.

Westside Neighbors

The big breakthrough for the neighborhood organizing effort finally came in June of 1978, and it was sparked by two independent events. Late in May, the Santa Cruz Medical Clinic -- the only general medicine or family practice anywhere on the western half of the city of Santa Cruz -- announced its intention to move to a new facility on the eastern edge of the city. While Health Care Coalition members had heard rumors of the move for a number of months and been unsuccessful in getting the clinic to confirm it, this was the first public information about the

planned move. At the same time, the passage of California Proposition 13, the Jarvis-Gann tax reform measure, on the first Tuesday in June, led the Director of the City- County Library to close the Garfield Branch Library the next day. This small library, which ran on an annual budget of \$13,000 with one librarian, had served not only as an accessible library to westside neighborhood children, but as a social gathering place for area seniors. As a result, it had been one of the major contact points for the Health Care Coalition outreach work to seniors in the neighborhood.

The Health Care Coalition had already been planning a new neighborhood newsletter dubbed the *Westside Story*, for distribution in early June. For several months, the group had been developing a distribution network of twenty to forty people who would hand deliver the newsletter to the neighbors on their block. In the middle of June, the first issue came out with a focus on the library and clinic issues and was delivered to about 3000 doorsteps in the westside neighborhood. The issue included a story on each of the two issues, another on the Health Care Coalition, a gardening column, a story profiling a neighborhood resident, and a back page announcement of a neighborhood meeting at the church in the middle of the Circles.

On July 13, 1978, about seventy people, including ten Coalition members showed up at the meeting. They were welcomed by a speech from Reverend Ed Muggee, a conservative, life-long resident who had been active in disabled veteran issues. His speech began, "We're all kinds of people here: Republicans, Democrats, independents, ...(pause) ...socialists; but one thing you have to admit...We all need health care." The meeting lasted about two hours. Childcare and refreshments had been provided by the Health Care Coalition as well as simultaneous translation in Spanish and Tagalog. Everyone introduced themselves, and the unstructured meeting decided, by consensus, to take up the issues of a health clinic and reopening the Garfield Park Library. A subcommittee volunteered to meet with the Library Director as soon as possible and another one to meet with the Director of the Santa Cruz Medical Clinic about the timing of its planned departure from the westside. The group also endorsed the idea of monthly meetings for a new group to be named the "Westside Neighbors." Coalition members were surprised at the new neighborhood group's ready acceptance of the Health Care Coalition as an "organizational support group."

There were only two controversial issues in the meeting. The first was the question of organizational structure. Several neighbors suggested the importance of "officers" such as a president, treasurer and secretary. The Coalition members, who had anticipated this issue, pushed hard for a steering committee that would work in a more collective fashion. After about fifteen minutes of discussion the group agreed, in the only formal vote of the meeting, to begin

with a steering committee and discuss the election of officers at a later meeting. Ten people, including two Health Care Coalition members, one Black woman, and one Hispanic woman were nominated and unanimously elected to the steering committee of the new Westside Neighbors. The group included half seniors over 60 and only one person other than the Coalition members under 45 years of age. Seven members were female and three male.

The second issue raised the question of sexism in the first meeting of the group. In the process of choosing a chair for the second meeting in July, one of the older men present raised the “necessity” of having a male chair, “since women have so little experience running things and no one will take our group seriously with a lady chairman.” There was a long silence followed by a suggestion from one of the Health Care Coalition members that the next meeting be co-chaired by a man and a woman, “so we that can all learn skills and not become divided among ourselves.” This resolution seemed acceptable to all present and a man and woman were quickly nominated and accepted by the group. It is interesting to note that the issue never came up again. The group continued to use co-chairs for all meetings, but by the third meeting of the group, two women chaired the meeting and this became an unnoticed precedent for many future meetings.

In the weeks that followed, members of the Health Care Coalition continued to work as organizers with the neighborhood group subcommittees and for the main meetings of Westside Neighbors. On each of the subcommittees there was disagreement about whether the directors of the clinic and the library should be “confronted” or “appealed to.” Both groups agreed on an approach of asking “tough questions” in a “respectful manner,” and the issue of confrontation was resolved in a practical manner by the arrogance and intransigence of the two directors. Even the most conciliatory members of each of the two subcommittees agreed that only direct confrontation would lead to progress on their issue. Those on the subcommittee who had seemed most determined to seek cooperation from the directors became the most outraged by the negative reception that the groups received. Organizers from the Health Care Coalition learned an important lesson about changing people's consciousness and developing militancy through involving them in action rather than simply trying to persuade them through argumentation.

The clinic subcommittee turned to preparing a leaflet on why the Santa Cruz Medical Clinic was leaving the westside. It came to the following conclusions:

- Doctors want to be closer to the golf course
- Doctors want to be closer to the rich people in mid-county
- Doctors want to be closer to the hospitals
- The thirty-year old building on the westside had been fully amortized and the Doctors needed a new building for tax write-off purposes.

Everyone agreed that it was probably some combination of the above reasons, and the subcommittee, with the help of the Health Care Coalition, began to educate itself about the nature and feasibility of various models for a neighborhood-controlled health clinic.

The library subcommittee, which had met with the library Director on August 1, 1970, decided to organize for a confrontation with the City Council in late August. Individuals from the group met with each of the city Councilmembers. Although two of them expressed some sympathy for reopening the library, they unanimously agreed that funding was impossible because of the passage of Proposition 13. The neighbors pointed out that the library was a relatively inexpensive item and that it had high community use and circulation compared to the other branches being closed. Several of them pointed out that since the library was a joint city and county operation and the county paid about 2/3 of the costs, it would be "unfair" to close so many of the county branches and none of the city branches.

Most significantly, none of the seven Councilmembers was willing to put the library issue on a Council agenda. The neighborhood subcommittee, with advice from Health Care Coalition members, decided to simply appear with a large neighborhood group at the following Council meeting's "oral communication" period. The group was told that no action could be taken on items raised at oral communication, a period during which any member of the public may speak on any topic for up to three minutes each. However, there appeared to be no other way to confront the issue before the Council, and, as the group was to discover in many later struggles, there was a virtue in appearing early in the evening at the only time-certain item on the Council's agenda.

A great deal of energy went into advertising and preparing for the confrontation at the Council meeting. Flyers were passed out by the *Westside Story* distribution group aided by the Health Care Coalition and NAM members to every home on the westside. Over twenty people showed up at a sign-making party and over one hundred at a meeting the week before the event. Rides were arranged and six spokespersons selected, including two seniors, a child, a heavy library user, one Westside Neighbors Steering Committee member, and one Coalition organizer.

At the Council meeting on the twenty-second of August, everyone was stunned to see a crowd of over 350 people in a meeting room designed for 150. All of them were wearing Westside Neighbors buttons. Children were holding up signs saying "Let Us Read." This was the largest crowd that the Santa Cruz City Council had seen in anyone's memory. Following the presentations by the six spokespersons, and despite the "rule" against taking action on items raised during oral communication and not on the regular agenda, the Council moved with very little discussion to reopen the library the following day. The crowd was jubilant and left the

chambers cheering and with promises to all be at the next Westside Neighborhood meeting. The Garfield Park Library was reopened the next morning at 10am.

Consolidation and the Clinic

The September meeting of the Westside Neighbors was attended by over 90 residents. In the discussion the Health Care Coalition members worked hard to consolidate the lessons of the library victory, i.e. the efficacy of collective action and the necessity of confrontation when all else fails. However, it took no prompting on the part of the organizers to refocus group concern on the health care issue. If anything, the quick victory on the library had raised unrealistic expectations about how easily the group might gain City Council support for a neighborhood-controlled health center.

In subsequent meetings, the Westside Neighbors, and particularly the Steering Committee, began to share increasing responsibility with the Health Care Coalition organizers for the work and direction of the neighborhood struggle. A number of members of the Steering Committee and others in the broader organization joined the Health Care Coalition. The *Westside Story* became a “joint project of the Westside Neighbors and the Health Care Coalition,” and the size of the newsletter and collective input into its production increased.

The production and distribution of the *Westside Story* was a labor-intensive collective activity. A wide group of neighbors were encouraged to write short articles ranging from political analysis and meeting reports to favorite recipes and garden suggestions. Organizers regularly produced interviews with key neighborhood activists or potential group leaders. Photos were actively solicited. A group of five to ten people typed up articles, laid them out on prefabricated boards, and helped develop and mask up negatives and make plates. The eight to twenty page issues were printed on a Multi-Lith 1250 printing press to which the New American Movement had free access and the printer, who was also a member of the Health Care Coalition and the Westside Neighbors Steering Committee, taught a number of members of each group to run the press. Collating parties of five to ten neighbors were held at the Garfield Park Village, which allowed seniors with little physical mobility to participate on a regular basis. Finally, following the library victory, the network of distributors had grown to about fifty people. Although the Health Care Coalition organizers often had to fill in for people who did not follow through, the distribution of the *Story* by neighbors to neighbors became a significant basis for communication and solidarity on the westside for several years.

Throughout its existence, the *Westside Story* was a critical means of communication for the neighborhood group. The people who worked on putting it out met frequently in meetings of the Westside Neighbors Steering Committee, the Health Care Coalition, and the New American

Movement to talk about the politics and purpose of the newsletter. One of the central questions was one that always exists at the center of a grassroots organizing project: should the newsletter simply reflect the majority or consensus politics of the neighborhood group itself; or should it try to “push” those politics into a broader level of analysis?

There was never a question of NAM or the Health Care Coalition simply using the *Story* as a propaganda vehicle for their own politics, for example raising some national issue extraneous to the concerns of the neighborhood residents. However, the question of whether some articles or editorials in each issue should use neighborhood issues as a means of raising broader political questions going beyond the immediate concerns of most neighbors, for example about the nature of capitalist medicine, was hotly debated on many occasions. In practice, the newsletter maintained a populist style that was accessible to most neighborhood residents and occasional articles were printed that pushed the politics of the group. Ironically, some of the more controversial issues in the *Westside Story*, as in the neighborhood meetings, were not raised by organizers from NAM or the Coalition but by individual members of the neighborhood group with agendas of their own.

By September, the *Westside Neighbors* and the Health Care Coalition were already focusing energy on the health center issue. Discussions in the general meetings had established the goal as a health center located in the neighborhood, run by a board of neighborhood residents, and providing services on a sliding scale fee basis. There was a clear rejection of the “free” clinic model as inappropriate for seniors and families with children. Neighbors wanted patients to pay “reasonable and affordable fees,” although no one would be turned away for lack of money.

The strategy which the group adopted, which had been strongly suggested by the Health Care Coalition organizers, centered on obtaining federal Housing and Community Development (HCD) funding from the City of Santa Cruz for the health center. Each year, the city received over half a million dollars from the federal government for “projects serving the needs of low- and moderate-income residents.” Throughout the middle 1970s, the Council had allocated this money to general capital improvement projects in the city. In the fall of 1978, they were planning to make similar use of the money, although one proposal, which particularly raised the ire of neighbors, was a plan to use the money to subsidize a luxury department store in the downtown. Ostensibly, this project could meet federal guidelines by providing jobs for low-income residents as janitors in the new store.

In order to obtain the money, the neighbors set out to gather petitions in support of using \$100,000 in HCD money for a neighborhood-controlled health center. Over 3000 signatures were gathered throughout the neighborhood and the rest of Santa Cruz and were presented to the City Council during public hearings in November on HCD priorities for the city. Despite the petitions and the hundreds of people present at the hearings, the Council voted to adopt their earlier priorities on public works and the luxury department store.

As a means of putting further pressure on the City Council, by then anticipating an upcoming election the following March, another delegation of neighbors visited federal officials[11] in San Francisco to complain about the city's misuse of Housing and Community Development funds and were vindicated the following June when the federal government rejected the Santa Cruz HCD application.

In order to respond to the charge that the Westside Neighbors needed to demonstrate the health needs in the neighborhood, and to maintain a sense of momentum in the face of the failure to obtain HCD funding for a health center, the Westside Neighbors launched an intensive neighborhood health survey to demonstrate the existence of large unmet health needs in the westside neighborhood. With help from members of the Health Care Coalition, they designed a survey instrument and trained neighborhood residents to administer it throughout the westside in the spring of 1979. The project was well advertised in the Westside Story and in flyers targeted at neighborhoods just prior to the arrival of surveyors. The process consumed hundreds of hours of volunteer effort, but reinforced the commitment of both the surveyors and the neighborhood as a whole to the creation of a health center. The survey revealed significant numbers of residents, particularly seniors and families with children who could not locate or afford adequate medical treatment when they needed it. This group included many with chronic problems that had gone untreated for extended periods of time.

Discussions in the Health Care Coalition during the last two months in 1978 and into 1979 focused on ways to make the neighborhood group stronger as an autonomous force. The organizers from the Coalition wrote up several guides on how to carry on activities like setting up a press conference or preparing for a community meeting. The meeting guidelines, for example, are so detailed that they take up four single-spaced sheets of paper. A selection from notes from one of the Coalition meetings of the period is instructive in with respect to the desire to transfer real power to the neighborhood group itself:

The Steering Committee & the neighborhood organization at this point [emphasis in original]. More and more responsibility should be taken up by the S.C.[Steering Committee].

They already plan meetings and should take more responsibility for the newsletter, contacting people on phone lists, leafleting, etc.

This group (the S.C.) must become a strong, permanent entity in the neighborhood with a political understanding of the difference between reform and progressive activity towards radical change. The HCC [Health Care Coalition] must develop its own understanding, political strategy, and to work on ways to raise the political consciousness of the Westside Neighbors through action and education. This means involving neighbors in political discussion and research activities pertaining to county politics and health care issues.

While the S.C./WSN [Steering Committee of the Westside Neighbors] must assume more responsibility for the functioning of that group, it is important that the HCC not fall into the role of strategy committee for the WSNs. One of the strengths of the work done so far has been the integration of work done by Coalition members with that of the neighbors. More spreading out of contact making between Coalition members is needed. The HCC can play a needed role in the education of the WSNs, but needs to remain in contact with the day-to-day work (shitwork, if you prefer) of running such an organization. Hopefully in the future more direction as to our usefulness can come from the S.C. rather than in the reverse direction, as now appears the case. [12]

It is a testimony to the democratic instincts and non-authoritarian style of the Coalition organizers that they were never accused of manipulating the Westside Neighborhood group. In fact, it was a more common charge in later years that the transfer of real decision-making power to the neighborhood Steering Committee was evidence of the Health Care Coalition “abandoning the neighborhood.” [13]

Meanwhile, in addition to the political work on the health center being carried out by the Westside Neighbors, the group continued to build the social, educational, and service components[14] of the organization. In October 1978, the group held a large and successful picnic to celebrate the library victory. At the picnic the group held a bake sale to raise funds, conducted blood pressure and eye screenings and signed up new members and participants for the first-aid classes, health watch, and newsletter distribution group.

Along with the struggle for the health center, perhaps the greatest strength of the organization over the remaining years of its existence was the social networks and projects it established in the neighborhood. The organization sponsored holiday parties, picnics, block parties, and community forums on a variety of health related topics. The meetings themselves were social events, with refreshments, time for making new acquaintances, and formal introductions of new members. In a micro form the Westside Neighbors paralleled the elaboration of sub groups seen in the heyday of the pre-World War I German Social Democratic party. There was a stamp club, a group of coin collectors, and an elaborate recycling program. The latter offered twice-monthly opportunities for westside residents to recycle cans, bottles, and

newspaper. The volunteer effort of group members raised over \$1000 a year in recycling profits for the Westside Neighbors treasury. And more importantly, as many as twenty people worked on advertising and running the recycling program -- all of them learning new skills and getting a strong sense of connection to the neighborhood group through their efforts.

The Westside Neighbors continued with other issues that engaged the interest and commitment of residents throughout the neighborhood. A group formed to address safety problems faced by children on the way to school, and were able to get new stop signs and crosswalks put in by the city. A Westside Neighbors co-ed softball team was formed in the Spring of 1979 and competed for two years in the city softball league. In October of 1979, the group organized a neighborhood cleanup of the state beach that abutted the neighborhood. Over fifty neighbors participated. For the rest of 1979 and into the 1980s, Westside Neighbors sponsored numerous bake sales and rummage sales to raise funds for the organization. The group's sponsorship of a booth at the city's annual spring fair in 1980 and 1981 involved scores of residents in preparing and selling barbecued chicken in a joint effort to raise funds for the neighborhood group and the Black church in which Westside Neighbors held its meetings. A Fourth of July picnic held in 1979 attracted over 200 adults and countless children. In August 1979 and again on a larger scale in the summer of 1980, Westside neighbors sponsored several activities for children including a weekend campout, several day trips to the beach, several movie evenings, and two craft days. Westside Neighbors meeting also provided forums for candidates and issues in a number of state elections in 1980. All of this work and social activity played a critical role in holding the group together during 1979 and other periods when progress on the central issue of the health care center was slow.

Throughout 1979 and 1980, the Westside Neighbors continued to focus its political energy on the creation of a health care center for the westside. In February of 1979, a delegation of neighbors met with U.S. Congressman Leon Panetta and State Senator Henry Mello. The meetings resulted in endorsements of the neighborhood health center concept from both politicians and general, if vague, promises to "help in any way possible" from them both as well. They later reconfirmed their support in September 1981.

On March 21, 1979, the Westside Neighbors began regular twice monthly "senior health services" at the Garfield Park Village. The services were limited to the general health and eye screenings which the group had sponsored more irregularly in the past, but large numbers of seniors from the Village and other parts of the westside attended regularly and the services were deemed a success by all involved.

Confronting the State

Also in March, the City Council held at-large elections for four open seats on the seven-member Council. Mike Rotkin, who was an active member in the Westside Neighbors as well as the New American Movement and the Health Care Coalition, came in first out of nineteen candidates and was seated on the City Council.[15] The election campaign had begun in January 1979. Initially, the campaign had been conceived as a protest campaign intended to put pressure on the City Council about the health care issue. Having failed at obtaining support for HCD funding despite massive neighborhood support at Council meetings, the neighborhood organizers were unclear about what kind of pressure might be persuasive to Councilmembers. Despite his general distaste for electoral politics, Rotkin was convinced to run by a combination of Coalition organizers and others in the New American Movement interested in advancing progressive politics in Santa Cruz. Because he would be running as an open "socialist-feminist," no one initially expected Rotkin to win. But the neighborhood organizers hoped that a strong showing would convince the City Council that they had to take the health care concerns of the Westside Neighbors seriously.

When Rotkin announced his intention to seek a City Council seat at a Westside Neighbors meeting on January 17, 1979, there were some moments of confusion. Up until that moment the group had avoided elections and many members had expressed thoughts that they might be divisive to the group. But one of the seniors in the group said "This is different. Mike is a founding member of this group, and we all know that he is only doing this to get us a health center." A unanimous endorsement quickly followed.

Although the campaign was organized separately from the neighborhood group, many active members of the group became active in the campaign. Between twenty and thirty individuals walked electoral precincts. Others helped organize fundraisers, distribute or display yard signs, or help develop radio spots. The Westside Neighbors as a group held a City Council election forum at a local elementary school and invited all candidates. At the following meeting of the Westside Neighbors, the group endorsed a slate of four "neighborhood and environmental candidates including Rotkin and Bruce Van Allen from the Downtown Neighbors Association. One issue of the Westside Story was focused on the campaign and its implications for the health center struggle.

The tension between Rotkin's open socialist politics and the more populist consensus of the neighborhood group were a serious concern to neighborhood organizers. But for the most part the widespread knowledge of Rotkin's active involvement in the neighborhood group since its inception overcame any major concerns. Perhaps most telling was the response of one eighty-four year old conservative woman active in the neighborhood group and subsequently in

Rotkin's campaign. She had been active in Republican politics for years and had played an active role in directing Senator Barry Goldwater's Santa Cruz County campaign for President of the United States in 1964. When asked by several of her friends and former political associates "how could [she] support a communist for public office?" she responded "I don't care about his religion, I believe that he can get us a health center."

On March 6, 1979, Rotkin and Van Allen came in first in second in the election. They remained in a minority on the Council, which was still controlled by four conservative Councilmembers. But there is no question that the neighborhood work and subsequent support had made it possible for an electorally inexperienced candidate saddled with a difficult label to get elected. In the formerly conservative precincts on the Westside, including the actual precinct in which one of the conservative incumbents lived, Rotkin, and in some cases Van Allen, received more votes than the conservatives. It was apparently possible for open socialists to contest with the right wing for electoral power in working class neighborhoods.

In March and April 1979, members of Westside Neighbors met with the new owners of the facility that had previously housed the Santa Cruz Medical Clinic on the westside. They made clear that they had no immediate plans for the building and that they would welcome a neighborhood health center as tenants. Because there was not yet funding for a neighborhood health clinic, the discussions did not go much further at that time.

In July of the same year, Westside Neighbors held an election for a Health Board, a non-profit group created to receive funds and help guide the development of the proposed neighborhood health clinic. Five members were elected from the Westside Neighbors and, in an attempt to get broader backing for the neighborhood health center, the group added a representative each from the Downtown Neighborhood Association and the Beach Flats Neighborhood Association. An additional representative was added from the largely Hispanic Davenport community of 200 families living 11 miles northwest of the city limits to further strengthen the argument for federal poverty funds.

In August 1979, Spiro Mellis, who had generally been considered the most likely "swing" vote on the Council with respect to the health center issue, agreed to meet with representatives of the Westside Neighbors and the new Health Board. He listened carefully and expressed general sympathy for the idea of a health center, but did not make any concrete commitment, for example, to future HCD money for a clinic on the westside. Neighbors, however, went away convinced that an impressive lobbying effort might force him to add the necessary fourth vote for HCD funding in the fall.

In September, the Community Action Board (CAB), an organization channeling federal poverty funds into Santa Cruz County, responded positively to a request for planning money for the health center. The Health Board was granted \$4000 to hire health planners to develop a plan based on past neighborhood research and their expertise in health delivery systems. Rosenberg and Associates, a group from San Francisco sympathetic to the neighborhood control aspirations of the Westside Neighbors and Health Board, was hired.

They played a key role in educating the new Health Board about various models for health centers. In addition to providing a wealth of written materials, they arranged tours of successful neighborhood-controlled centers for members of the Health Board, helped develop realistic goals in terms of personnel, space requirements, legal structures, and rate structures and other funding sources.

In November of 1979, the Westside Neighbors again approached the City council for HCD funding for a health center on the westside of Santa Cruz. The conservative majority continued to insist that there was "no demonstrated need for a health center." In response, a motion was offered by one of the progressive Councilmembers to give the Westside Neighbors \$9300 for a study of health needs in the neighborhood, but it failed on a 3-4 vote.

A discussion followed among the conservative Councilmembers about the possibility of giving the same amount of money to the Health Systems Agency (HSA) to study health needs on the westside. This federally mandated, regional planning agency was known by Health Care Coalition members to be friendly to the local medical establishment and hostile to the idea of an independent, neighborhood-controlled center. Thinking quickly on their feet, organizers from the Health Care Coalition led the neighbors in storming out of the Council meeting and disrupted any threat of a "compromise" plan which might well have resulted in a study aimed toward undermining the struggle for a health center. In the weeks that followed, a delegation of neighbors visited the administrator for the Health Systems Agency to determine if they might work out a real compromise over control over a formal study of health needs, but expressed a clear disinclination to insert his agency in the middle of a political battle between the conservative Council majority and the neighborhood.

Following this defeat and for the remainder of 1979 and most of 1980, the neighborhood group focused less attention on the City Council and concentrated more on leadership development, neighborhood social connections and a number of smaller issues. Perhaps the most significant of these smaller issues was a fight for storm drains, stop signs and traffic islands on Woodrow Avenue, one of the wider neighborhood streets on the westside. Although much of the proposed plan was eventually adopted and funded by the City Council, the early part of 1980

was spent getting the neighbors to agree on how they wanted their street to look and function. Meanwhile, with the help of the CAB funded consultants, the Health Board developed a clearer conception of how a neighborhood-controlled health center might function.

In addition, in the early part of 1980, the Westside Neighbors had to mobilize again to prevent closing of the Garfield Park Library branch. Neighbors attended a Council meeting in large numbers and turned in thousands of petitions against the closing, and were again successful in preventing the City Manager recommended closings.

By the fall of 1980, however, HCD funding again became a major focus of Westside Neighbors and Health Board activity. Because the majority of the City Council, including Spiro Mellis, continued to insist that a formal study was still needed to demonstrate the need for a health center, the Westside Neighbors put in a two-phase request for HCD funding in the fall of 1980. The first request was for \$10,000 in HCD money for a study of health needs on the westside. Mellis had implied that he might support such a study. The second request was for a \$50,000 contingency fund for the actual start up of a neighborhood health center, should the study demonstrate its necessity.

Once again, the neighborhood was mobilized to support HCD funding from the City Council for the proposed health center. One Westside Neighbors meeting was devoted to developing a strategy for obtaining four votes for the HCD money. A special meeting was called to make up signs, distribute thousands of blank post cards to pass out so that neighbors could lobby the City Council, and choose lobbying teams to meet with each Councilmember individually before the HCD hearings in November.

In the third struggle to change the city's priorities with respect to HCD funds, the Westside Neighbors found strong allies in a number of other neighborhood groups around the city. A struggling new neighborhood organization, which two members of the Health Care Coalition had started in the city's poorest neighborhood, the Beach Flats, turned out residents interested in neighborhood parks for children in their area. Other neighborhood groups, including the Downtown Neighborhood Association, the Seabright Neighborhood Association, the newly formed River Flats Neighborhood Association, the Western Limits Neighborhood Association and members of the Santa Cruz Housing Action Committee, a pro-rent control group, joined in supporting the health clinic concept and demanded more neighborhood oriented priorities for federal HCD funds.

At the Council meeting itself, once again the chambers were packed full with a noisy crowd of Westside Neighbors and other supporters of the health center and other neighborhood projects requesting HCD funding. Despite the opposition of the neighborhood people at the

meeting, the conservative Council majority supported spending \$106,000 of HCD money on city water mains. But Councilmember Mellis voted with the progressive minority to appropriate \$10,000 for a study of westside health needs and to set aside a contingency fund of \$50,000 for potential health center funding. The same four also agreed to fund a small park in the Beach Flats neighborhood.

However, upon the urging of conservative Councilmember Dr. Mahaney, one of the partners in the Santa Cruz Medical Clinic, Mellis made his support contingent upon the creation of a "review board" including himself, Westside Health Board members, representatives of the local "medical community," and the Director of the regional Health Systems Agency (HSA). This review board would, with City Planning Staff help, draw up a request for proposals and make a recommendation to the City Council concerning which group should be awarded a contract to undertake the study of westside health needs.

Councilmember Rotkin had earlier been advised by the Westside Steering Committee to vote down any meaningless compromises, but members from the Westside Steering Committee held a quick huddle and decided that they would be willing to accept these stipulations and signaled Rotkin not to kill the compromise. It passed on a 4-3 roll call vote. As it turned out in the following two months, the review board was easily controlled by the Westside Health Board members. Councilmember Mellis never attended meetings; the Director of the HSA attended rarely, and when he did he deferred to members of the Health Board, and the medical community representative turned out to be a nurse who was sympathetic to the neighborhood's desires for a neighborhood-controlled health center. The City staff were particularly helpful in drawing up the request for proposals.

The successful proposal was a consortium that consisted of Community Studies Professor Nancy Shaw from UCSC, a public health nurse, two recent UCSC sociology graduates who had created a survey research firm, a survey research specialist, and a local human services activist. The consortium was chosen over two more traditional survey research firms because of the depth they offered with respect to knowledge of health and social service delivery systems, potential funding sources, and the participatory nature of their proposed survey. Neighbors were to be trained in formal interview techniques as well as helping in the development of the survey instrument. In this way the consortium helped demystify their role as experts and reinforced the neighbors involvement and commitment to the struggle for the health center.

The study itself[16] was conducted through the spring and summer of 1981. When it was completed and a summary of it published in August in the daily paper, *The Santa Cruz Sentinel*, and the *Westside Story*, the study demonstrated beyond any doubt the necessity and feasibility of

a neighborhood-controlled health center on the westside of Santa Cruz. The neighborhood began gearing up for a struggle over the \$50,000 set aside by the City Council to actually fund the health center.

Meanwhile during 1981, the Westside Neighbors had been working on a number of other smaller, successful projects. In January, several scores of neighbors participated in a beautification project at the Bay View Elementary School. While only a small number had weathered the bureaucratic struggle for School Board and City approval, over fifty individuals came out on two weekends to plant shrubs and trees between the school and Mission Street, a busy state highway and city arterial street. In the following two years, a small contingent of neighbors and parents from the school Site Council were able to win City Council support and eventual State funding for a sound wall along the highway as well.

The Westside Neighbors were also successful in the spring of 1981, in getting the Transit District to construct a covered bus stop in front of the Garfield Park Village retirement housing project. In June of 1981, the City's Neighborhood Crime Watch Program was introduced to the westside by the Westside Neighbors who helped organize the block committees and publicized the program through the *Westside Story*.

By October, however, the major focus of the Westside Neighbors became the struggle over the \$50,000 HCD contingency fund. On the ninth of October, the neighbors called a press conference at City Hall. In order to dramatize the health needs of the neighborhood, a "sick-in" was organized with scores of neighbors appearing on crutches, wrapped head-to-toe in bandages or being carried on litters. Forewarned that there would be wonderful photo opportunities, the local press showed up in force. In addition to great "photo ops" the press received written copies of oral statements by two Westside Neighbors Steering Committee members, a representative of the Westside Community Health Board, and Councilmember Rotkin, as well as a copy of the formal request to the Council from the Health Board. The event received strong coverage in all of the daily media.

The strategic approach to the fight for Council funding was complicated by the upcoming November 1981 election. Incumbent conservative Councilmembers Mellis and Edler were running for re-election. They were being opposed by an informal slate of "progressive" candidates who had made strong commitments to the westside health center along with other neighborhood and human service issues. The progressive candidates included Mardi Wormhoudt, a leader of the Downtown Neighborhood Association and member of the Westside Community Health Center Board; John Laird, a member of the Westside Neighbors and long-time human service activist; and Ed Porter, one of the leaders in the struggle to preserve the

natural character of Lighthouse Field on the westside. Throughout the summer and fall of 1981, Westside Neighbors meetings and the Westside Story had focused attention on the upcoming election and large numbers of neighborhood residents had been active in one or more of the progressive campaigns.[17] Over 150 neighborhood residents attended a candidates forum sponsored by Westside Neighbors.

As a result, members of the Westside Neighbors, as well as other neighborhood and progressive activists, were caught in a dilemma. If the group was successful in lobbying either Mellis or Edler to support funding for the health center, the incumbents might use that support to get re-elected and then find some way to reverse or undermine their decision at a later date. On the other hand, despite growing confidence in the possibility of a progressive victory in November, the outcome was far from certain, and the pressure of the election represented a rare opportunity to get conservative support for the neighborhood health center.

In the end, it was decided to lobby both incumbents for their support in converting the contingency money into health center funding. In meetings with representatives from the Health Board and the Westside Neighbors, both incumbents remained vaguely supportive but refused to make any firm commitment to vote for funding. The Westside Neighbors organized to bring hundreds of residents to the October 13, 1981 meeting. Anticipating a large crowd, the Council meeting was scheduled for the Civic Auditorium. After thousands of announcements went out encouraging people to come to the evening meeting, the conservative Mayor, Joe Ghio, changed the item to the afternoon agenda at the last minute. In the afternoon meeting, because two of the conservatives were absent, Councilmember Rotkin was successful at getting the issue returned to the evening agenda. However, for technical reasons the issue had to be placed last on the already overcrowded agenda, not at 8pm as had originally been announced.

As a result of all of this confusion and a long and drawn-out meeting, only about 50 health center supporters were still in attendance at 11pm when the item was rescheduled for a special Council meeting on the 27th of October, about a week before the upcoming November election. A large crowd attended in support of health center funding. When neither Mellis nor Edler appeared during the first half hour of the meeting, there was rampant speculation that they might just try to "duck" the issue until after the election. However, they did arrive in time for the health center vote and many in the crowd were surprised when both Mellis and Edler voted to appropriate up to "\$50,000 for purchase, rent, or rehabilitation of a site for a westside community health center."

A week later, progressives Wormhoudt and Laird were elected to the Santa Cruz City Council along with the incumbent Spiro Mellis, who received about 30% fewer votes than either

Laird or Wormhoudt. In early December, Councilmember Mike Rotkin was elected Mayor of Santa Cruz by the new progressive Council majority and Councilmember and Downtown Neighbors Association member Bruce Van Allen was elected Vice-Mayor. A huge crowd of Westside Neighbors was in attendance at the election and inauguration with many unable to even get inside the Council chambers. In December, the Westside Neighbors held a large and successful holiday party to celebrate their double victory and Rotkin played Santa Claus.

In the Shadow of the State

By the time of the November 1981 election, the Health Care Coalition had ceased to exist. As early as the spring of 1980, there had been questions about its viability or necessity given the independence and stability of the Westside Neighbors and its Steering Committee. But the Coalition had continued to function on a sporadic basis. By the summer of 1981, most of its functions had been assumed by the Steering Committee of the Westside Neighbors and most of its members had either gotten more involved directly in the Westside Neighbors, in City Council elections, or left the area.

Throughout 1982 and 1983, work continued to secure funding necessary for the actual operation of a neighborhood health center. A projected first year budget had been established by the Health Board that included \$59,060 in anticipated patient fees in addition to the building costs appropriated by the Council. However \$89,350 in operating costs still needed to be obtained. Funding proposals were written and sent to a number of foundations. A site committee of the Health Board began to study a number of potential sites for a westside health center.

Meanwhile, although much of the initiative had shifted to the Health Board, the Westside Neighbors continued to function at a somewhat reduced level of activity. In January of 1982, Santa Cruz was hit by a devastating flood which destroyed water, power, and phone systems. The *Westside Story* network was used to distribute 2800 emergency procedures leaflets in one and a half hours. In February both the neighborhood meeting and the *Westside Story* focused attention on Black History Month. Many of the activities of the Westside Neighbors such as recycling, health screenings, the crime watch program, block parties and Steering Committee meetings continued to function and, in many cases, even expand. However, throughout the remainder of 1982 and 1983, the Westside Neighbors did not continue with their regular monthly meeting schedule of the previous four years. Meetings were less frequent and less well-attended than in the past. In addition, the *Westside Story* came out less frequently and several of the issues had significantly fewer pages than were typical in earlier issues.

At the same time that the meetings got smaller and less frequent, the percentage of members who were new appearing at each meeting increased dramatically. Most of these

individuals were new to the westside and knew little of the history of the group. Many were UCSC students and most were younger and had different cultural assumptions than the previous members of the group. As a result, an increasing number of meetings of the Westside Neighbors got diffused by a range of issues that seemed foreign to many of the older members of the group. A number of the newer members wanted the group to endorse third party campaigns or other national issues, gay initiatives, or campaigns to legalize marijuana. And whereas the group might have done education in the Westside Story or accepted meeting announcements around many such issues in the past, people had worked hard to avoid potentially divisive issues. Even worse was the arrogant assumption held by many such new members that everyone would agree with their point of view on an issue without even the need for full explanations. Generally the Steering Committee members were successful in de-escalating potential conflicts, but many meetings ended with an uneasy tension in the air.

Also during this period, significant leadership and energy was being drained from the Westside Neighbors. Some individuals were focusing their energy on the Health Board. Others had gotten active in local government, either on the City Council or were appointed to one of the City's numerous advisory boards and commissions. There were scores of positions to be filled by the new progressive majority on the Council, and naturally they looked to neighborhood activists to fill positions on the Planning and Water Commissions and dozens of other city advisory bodies. Although this did not happen overnight, the effect was significant and noticeable within six months of the progressive's election to the majority at city hall.

In March of 1982, the Health Board worked on submitting a proposal to the City Council for federal Revenue Sharing funds for the operation of the Westside Community Health Center. Small grants had been received from two foundations for operating costs, but more funding was needed before a center could actually be opened. A significant conflict developed over the proposal. One of the Health Board members, who had been working almost full-time on a volunteer basis for over two years, did most of the work to put the Revenue Sharing proposal together. The proposal that he wrote included a salary for an administrator but none for a doctor or other medical staff. (It was discovered only later that his assumption was the medical staff would be paid out of patient fees and other support generated by the administrator.) The immediate response to the proposal, however, was outrage by several other Health Board and Westside Neighbors Steering Committee members. Some members felt that the organizer was creating a job for himself at the expense of the health center. Others simply felt that he should have consulted more people in the process of drawing up the proposal.

A last-minute meeting of the Health Board, called at a time when the author of the proposal was unable to attend, completely reversed the concept of the proposal drafting it to request \$35,000 for a medical doctor at 16 hours a week, a 3/4-time nurse practitioner, and a neighborhood health educator at 15 hours a week. This would allow a more rapid delivery of at least some clinic services, which it was felt was important given the time that had already been spent on the project without ever providing more than screening services. This proposal was submitted to the City of Santa Cruz for Revenue Sharing funds in late March, without ever being seen by the Health Board organizer. Several difficult meetings followed, with several individuals, but particularly the volunteer organizer, feeling completely betrayed and devastated by the process. The organizer resigned and withdrew from the local political scene.

Throughout the spring of 1982, the Health Board canvassed the neighborhood to sign up "members" for the new health center. Initial membership was one dollar a year and the members were to formally elect a Westside Community Health Center Board of Directors at the first annual meeting, planned for June 30, 1982. The canvassing work was coordinated by a group of three Community Studies students from UCSC. They were taking a class in community organizing and chose the health center membership canvas for their required class project. Over a three-month period they helped sign up over 400 dues paying members, a task made more difficult because "membership" in the center conferred no benefits other than the right to help select the future board of directors of the center. The students also helped coordinate a raffle and several yard sales that raised an additional thousand dollars for the health center. At the meeting in June, a new Health Board was elected by the seventy or so people attending the first membership meeting of the Westside Community Health Center. Among those elected was Jane Weed, an alternative energy activist and future Mayor of Santa Cruz.

In June and July of 1982, the new progressive majority on the Santa Cruz City Council faced its first city budget. On a series of four to three votes, they dramatically increased funding for non-profit, human service programs in the City of Santa Cruz. Along with first-time funding for many child care centers, a women's health center, senior meal programs, recreation and counseling programs for low-income youth, job training, and women's self-defense classes, they funded the full request from the Westside Community Health Center. The four-fold increase in human service funding was all the more remarkable because it occurred in the face of decreased federal and state funding for local governments, including, of particular note, a cutback in federal Revenue Sharing funds to the City of Santa Cruz.

In September 1982, the Westside Community Health Center Board signed a lease for space in the old Santa Cruz Medical Clinic on Mission Street. Volunteers helped to rehabilitate

the space for the new Health Center. In December of 1982 and January of 1983# the new center opened its doors for one-day health screening events. In February of 1983t the first issue of the Health Center newsletter, the Neighborhood Health Watch was distributed inside the Westside Story.

In April, Barbara Garcia, a Community Studies UCSC graduate from the early 70s, was hired as the first director of the health center. In June, a bi-lingual doctor with experience in family practice in Puerto Rico was hired on a part-time basis along with a three-quarter time nurse practitioner and two part-time outreach workers. One of the outreach workers was a Black neighborhood resident and the other was a more recent Hispanic graduate of the Community Studies program at UCSC. In addition, the center employed a part-time bookkeeper and receptionist. In late June 1983, after over almost a half a decade of work and struggle, the Westside Community Health Center opened its doors for regularly scheduled clinic services for the first time.

By fiscal year 1989-1990, the center was serving over 1500 clients a year, with a total of just under 5000 visits a year. Of these clients, 69% were White, 21% were Hispanic, 5% were Black, and 3% were Asian or Pacific Islanders. Eighty-two percent of all clients were either low- or very low-income, Seventy percent of those served were female.

The clinic was open five days a week including two evenings and was planning to begin Saturday morning hours the following fall. The staff included a half-time medical director, two part-time physicians, and three part-time physician assistants as well as a nurse-midwife and a book keeper/ receptionist and other support staff. The annual budget was over \$425,000 with just under 1/5 coming from the City of Santa Cruz. The remainder was raised from patient fees, Medi-Cal (a California medical subsidy for low-income residents), and various federal programs.

In the meantime, the Westside Neighbors continued to decline as an organization. With the exception of twice monthly recycling, which continued to grow in terms of neighborhood involvement and the number of people using the service, and a flurry of activity around the November 1983 City Council election, the focus of activity had moved elsewhere. With a less clear perspective about their role, even the Steering Committee of the Westside Neighbors began to meet less frequently. They did, however, still have a clear sense of their link to progressive electoral politics even if the continuing role of a grassroots neighborhood organization was not so obvious. It is certainly not by chance alone that the last two issues of the *Westside Story* and meetings of the Westside Neighbors were in October 1983 and June 1984, just before City Council and County Board of Supervisors elections, A unique era in local politics was over.[18]

The Westside Neighbors in Retrospect

The people who started the Westside Neighbors had a number of diverse goals and had mixed success in meeting them. In significant ways, the successful accomplishment of some goals undermined the attainment of others. A careful analysis, however, may demonstrate that there was no way to avoid such contradictory results.

But before we even come to the analysis of final results, we need to understand the basis of what was accomplished; how it was possible to create an organization with the kind of citizen involvement seen and experienced in Westside Neighbors. Above all we must recognize that, despite the myriad of forces militating against the possibility of community in the United States today, the struggle is not yet lost. It is true that all of us are pushed into privatized, individualistic, consumer-centered and mass media-dominated lives. But the possibility of resistance is ever present. Given an opportunity to act with others in productive ways, individuals will form or discover community where neither they nor anyone else expected it to appear. Given the opportunity, individuals will not only see themselves as part of a community but will act to build such a community. They will expend effort, take unexpected risks and make sacrifices that they, themselves, would not have been prepared to make at an earlier time. They will gain new knowledge and, through imaginative synthesis, create new contexts for further thought and action. The neighbors on the westside were successful in creating a neighborhood-controlled health center along with many other necessary services. Collective, community-based action can be efficacious and the experience of the Westside Neighbors certainly demonstrates this in an exciting and persuasive fashion.

One of the most important lessons that one can learn from the westside organizing experience is that people are capable of changing themselves in the process of changing the world. One concrete example brought this reality home in a dramatic way. At a neighborhood meeting in April 1982, a guest speaker had been invited to speak on "Reaganism and its Effects on Seniors." The speaker minced no words in his contempt for President Reagan and his "mean-spirited domestic policies." As the talk progressed, it appeared that several of the senior members of the Westside Neighbors were being made uncomfortable by such a scathing attack on the Office of the President of the United States. One older member of the audience, a life-long Republican and born-again Christian who had been active in the neighborhood group since its inception, seemed particularly upset. When the question and comment period opened after the conclusion of the talk, her hand shot up for recognition, and

several of the organizers commented under their breath to the effect that this could be the beginning of a major split in Westside Neighbors.

When she was called upon, she said “I am very upset with our speaker tonight. He attacked our President for this long list of things he is doing to hurt older Americans...and he didn’t even bother to explain that it is his misguided foreign policy and military spending that is responsible for cutbacks in the programs that we all need here at home.” It was only in later discussions that the organizers understood the way in which her practical experience in fighting for a neighborhood health center over a four-year period had begun to radically affect her general world-view. In the next several years, she and her husband got active in the nuclear freeze movement and played a particularly important role in bringing the movement into local Santa Cruz churches. It is hard to imagine a more dramatic example of the idea that changed activity changes consciousness.[I9]

Grassroots organizing changes not only individuals, but entire communities as well. When the previously conservative westside precincts reversed their traditional pattern and gave progressive Mike Rotkin more votes than the conservative incumbent Joe Ghio in his own neighborhood, it was not simply the result of a successful electoral campaign. Neighbors who had organized themselves to confront the Council around getting their own needs met, had learned, in a very practical way, the implications of Ghio’s politics for their lives. They had a different kind of stake in the election than that generally held by the electorate in most electoral contests. It affected their views and the commitment with which they sought to spread them to others. And it did so on a mass scale.

But the kind of community and public action that burst forth on the westside of Santa Cruz is not a pre-determined necessity. If significant numbers of individuals are to break out of the quotidian nexus that binds us to privatized pursuits and public inaction, the existence and creation of community organizers -- people who set as their political objective the creation of organized communities -- is also a necessary, critical factor. The Westside Neighbors were blessed with a particularly committed and talented group of organizers in the form of the Health Care Coalition and others that later took up organizing tasks.

Without taking anything away from the many individuals who took primary or secondary roles in the neighborhood organizing effort, the presence of one young UCSC student, and later graduate, Craig Merrilees, was particularly critical. Although he certainly gained many insights and much practical and emotional support from his Community Studies training and his fellow organizers in the New American Movement and the Health Care Coalition, his intuitive grasp of political strategy and tactics as well as his unique ability to work with, inspire, and mobilize the

diverse people of the westside neighborhood was certainly a key factor in the creation and success of the group. His ability to sustain his work, based initially on the Community Studies program at UCSC and latter on support from the Vanguard Foundation was also not insignificant.

More generally, the existence of the Community Studies program at UCSC played an important and continuing role in the success of the grassroots organizing effort. Eight students from the program worked as organizers, many on a full-time basis over the years. Graduates from the program helped run the health center in its first year of operation. Mike Rotkin, a Lecturer and Field Studies Coordinator in the program, played a key role in the entire organizing effort, and Nancy Shaw, a faculty member in the program, conducted a critical study in support of the neighborhood health center.

The existence of this outside support for the neighborhood organizing effort raises the question of manipulation or, as it was sometimes called by Councilmembers hostile the Westside Neighbors and their goals, "outside agitation." One should not attempt to gloss over the importance of this issue however simplistic or wrong-headed the charges may have seemed at the time. What one has to do, however, is to get beyond a reified conception of community and organizing. As described in Chapter III, organizing must be understood as a process of development, neither, on the one hand, a finished product, nor, on the other, as a never-ending form of external manipulation.

The Westside Neighbors were fortunate in having a group of organizers who shared an unwavering commitment to the creation of autonomous, self-directed organization. And more important than the abstract commitment to democracy -- with which, no doubt, many eventual despots begin -- was the organizational commitment of the New American Movement and the Health Care Coalition to constantly measure daily organizing decisions against the broad goal of the need to form an autonomous, democratic group. There was never a guarantee that the organizers would want to and be able to progressively transfer real power to the neighborhood-controlled Steering Committee, but it was certainly no accident that it occurred.

The experience of interaction with the neighborhood residents required the youthful and often idealistic organizers to adjust many of their ideas about social change, often quite dramatically. Perhaps most significantly they had to learn to articulate their socialist goals in a mainstream American idiom. Where a relatively well-developed socialist vision appeared to conflict with the neighborhood residents' own populist conceptions--for example in the case of the neighborhood rejection of government-run health clinics--the organizers tended to transform or even abandon their earlier concrete goals.

With the exception of the most fundamental goal, the creation of a democratic, autonomous neighborhood group, the organizers held no particular goal as sacred. And even when the organizers held onto long-term goals not readily adopted by the neighborhood itself, the organizers learned about the limits to simplistically conflating long-term socialist goals with the immediate goals of the neighborhood struggle. As individuals, they began to understand the need for a multi-layered struggle for social change.[20] More than anything else, they were successful in avoiding the traditional left trap of seeing the neighborhood organizing as a merely building a "constituency" to be recruited to left organizations or rallied behind a left agenda.

This is not to say that they did not bring an agenda to the neighborhood. In order to be successful, even in the most limited terms, the organizing work itself demanded a forceful approach to the problems of racism, sexism, and ageism in the neighborhood. Perhaps the greatest strength of the Westside Neighbors was that they did not attempt to avoid confronting the problem of racial division early in the organizing process -- before an all-White organization was created and not after. The extra energy focused on the creation of a multi-racial organization was critical during the many years of difficult struggle. Similarly, the special attention paid to developing female and senior leadership within the organization created a wide base of neighborhood support and provided the group with ideas and energy that was simply not available from other sources.

Beyond this, a generally populist approach with an attack on government bureaucracy, corporate power, and authoritarianism in general created a framework for advancing understanding in the neighborhood about the nature of the health care crisis and the general fiscal crisis of the state during the late 1970s and early 1980s. The *Westside Story* provided an excellent forum for attacks on regressive tax and spending proposals at the state and federal level. Ironically, periodic red-baiting attacks on organizers who had already gained the respect of the neighborhood residents allowed one of the few opportunities for organizers to discuss their socialist vision for society.

Yet for all of its success, the Westside Neighborhood organizing experience confronted a major contradiction. Because the group was unable to solve its problems and accomplish its goals without confronting and eventually entering the state, in the form of the local City Council, the grassroots effort itself was ultimately undermined by the group's success. This contradiction manifested itself in a number of ways.

First, as explained above, many of the most energetic leaders and potential leaders of the neighborhood group were elected or appointed to city offices, advisory boards and commissions. In addition to the direct loss of available energy for neighborhood meetings and other activities,

the election or appointment to such positions often meant that the individuals so appointed brought more city-wide concerns to neighborhood meetings and diffused the focus of the group. While the organizers who found themselves in such positions made a conscious and deliberate effort to avoid conflating neighborhood and city issues, other neighbors were less concerned about the danger this might present to the existence of the neighborhood organization.

Second, the election of a City Council majority sympathetic to neighborhood concerns eventually resulted in the city replacing the voluntary, participatory activities of individuals that had been part of the Westside Neighbors organizing effort with official city services using paid city employees or city-funded, non-profit activities which also used paid employees to carry on the activities formerly conducted by the neighbors themselves. For example, because of pressure from Councilmember Jane Weed and other progressives, the City of Santa Cruz instituted a curb-side recycling program in the middle 1980s that completely obviated the need for the Westside Neighbors' recycling program. While the new services were much more convenient for residents, more environmentally sound in that they resulted in a massive increase in the amount of materials recycled, and more efficient inasmuch as they used less people hours and replaced human labor with industrial scale, mechanized recycling equipment, they also undermined the major source of income for the neighborhood group. More significantly, they instantaneously removed a significant community gathering place and opportunity for neighbors to meet each other and learn collective organizing and leadership skills. In this sense, the institution of city-wide curb-side recycling is a classic example of the community shattering effects of modern industrial society in general. [21]

There were similar contradictions with the institution of city-funded non-profit services. The city-funded Westside Community Health Center replaced the all volunteer health, dental and vision screening efforts which had been previously organized and staffed by members of the Westside Neighbors. Many, though not all, of the neighborhood organized childcare collectives were replaced by city-funded day care centers. City-funded senior meal programs replaced the traditional Westside Neighbors Thanksgiving dinner.

Third, in a more general way, the success of the neighborhood movement at city hall undermined the neighborhood organizing effort as a whole. Despite a serious commitment on the part of the neighborhood-backed Councilmembers to the maintenance of strong, autonomous neighborhood organizations, the City Council and eventually the city staff replaced the neighborhood groups as mechanisms for resolving problems and meeting the needs of citizens. Because of their responsiveness to neighborhood concerns, the Council opened up city government to citizen input. Open public hearings were scheduled before any significant

decisions were made about planning, funding or even relatively minor ministerial or technical decisions that previously would have been made by city department heads.

Neighbors might and did often ask themselves, "why should I try and get a neighborhood meeting together to solve this problem when a simple call to a Councilmember or a department head could resolve the issue much more quickly?" Many problems or potential problems of concern to neighborhood residents were being addressed by the progressive Council majority without neighbors needing to take any initiative at all. Increasingly, initiative passed from the neighborhood groups to the Council and its advisory bodies. After a number of years, the Council began to anticipate neighborhood demands before anyone from the neighborhood articulated or even formulated a sense of need.

And whereas, at first, the Councilmembers sought "input" on future decisions, eventually, they were willing to accept "feedback" on decisions that had already been worked out in a general way. In the first few years of the new Council majority, neighborhood groups and individuals came to Council meetings in large numbers. Over time, however, despite increased opportunities and advertisement about public hearings, neighborhood participation fell off. It is a testimony to the democratic commitment of the new Council majority that they continued to expand avenues for public participation in the decision-making process, but the commitment and effort to encourage such participation was apparently at odds with most people's sense that the Council was taking care of their needs and that they could return to private life.

Thus, in direct opposition to the strong desire of the neighborhood-backed Council majority, to use the Council as a means of increasing citizen participation in the decision-making process, the democratization of city government succeeded only in demobilizing and disempowering first the neighborhood organizations and, subsequently, the individual neighbors. Such an outcome is best conceptualized as a contradiction rather than a failure because it is difficult to imagine how it might have been resolved in more favorable terms. It is difficult to imagine how the grassroots organizing effort might have avoided the strategic need to first confront and then enter the state. Given the hegemonic ideology and practice of the period, it is even more difficult to imagine what might have kept citizens from returning to private life once the state began to more or less effectively meet the goals that they had defined for themselves.

That unmet personal and social needs continue to be created and elaborated among the population of the westside neighborhood is beyond challenge. Unfortunately, most of them cannot be adequately addressed by either a group limited to the arena of grassroots,

neighborhood-based organizing nor even a group focusing on the level of a single city. The creation of an ongoing and sustainable movement that might be capable of helping people pry themselves out of a life circumscribed by privatism, consumerism, and alienation must certainly transcend or go beyond the limits of a grassroots effort conceptualized within the limits of populism and localism. However, unless it also incorporates such a participatory, democratic grassroots component, it cannot even pretend to be moving in the right direction.

¹ The reference source for this chapter is participant observation buttressed by extensive field notes and calendar entries and a fairly complete set of un-published documents produced by the Westside Neighbors, the Santa Cruz Health Care Coalition, and the Westside Community Health Center Board. These documents include meeting agendas, treasurer's reports, Westside Neighbors Steering Committee minutes, Health Board minutes, minutes of retreats and evaluation sessions held by the Santa Cruz Chapter of the New American Movement, monthly reports by various organizers, a complete set of the Westside Neighbors' published newsletter, *Westside Story*, and *Santa Cruz Sentinel* accounts of the events discussed.

² The concept was essentially that described by Leon Trotsky in his concept of the transitional program, (Leon Trotsky, *The Transitional Program for Socialist Revolution* (New York: Pathfinder Press, 1964) although the NAM group never explicitly discussed this work at the time.