

HEALTH-PAC

HEALTH POLICY ADVISORY CENTER
INSTITUTE FOR POLICY STUDIES

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August 1968

Interns and Residents . . .

CITY HOSPITAL NEGLECT CHALLENGED

THE WELL-PUBLICIZED PROTEST and crisis report of the Committee of Interns and Residents (CIR) at its inception ten years ago led to the affiliation plan for municipal hospitals as a stop-gap measure. This young doctors' group is now demanding that City funds go more directly and fully to improving hospital physician staffing and to carrying out total reform of the municipal hospitals as community service institutions.

The Committee, representing more than 1500 house staff at municipal hospitals and at a few voluntary hospitals with City affiliations, is now engaged in what its leaders consider "historic negotiation" with City officials for a one-year contract regarding house staff salaries and working conditions. Their old contract expired June 30th. The group is demanding salaries "on a scale somewhat commensurate with . . . responsibilities," almost three times the present salaries, which start now for interns at \$4500.

"Many of the residents are paid \$11.40 an hours to serve as attending physicians during their vacations to do the same work done during a 100-hour work week at \$6,000 a year, or barely more than a dollar an hour," says Dr. David Goldman, of Bellevue, president of the Committee. He says that most of the new Medicare and Medicaid money is going to pay part-time and office-practice physicians and is not being used to improve the quality and organization of care at the hospitals where most of the neediest still must turn. He notes that City-employed veterinarians are paid twice as much as these hospital physicians.

While they acknowledge that they are also receiving training for positions that can pay much more later, the CIR leaders insist that they be "entitled to the paid value of the services they render, discounted by the value of the training they receive." As more than two-thirds of medical graduates nationally now seek specialty training, four or five years of residency now are seen as normal prerequisites for practice.

An increasing responsibility for patient care, especially for medically indigent, has been left to the house staffs in recent years. The recent State Investigating Commission report on City hospitals noted that ". . . day to day patient treatment is generally . . . entrusted to interns and residents . . . the only physicians even expected to be present in City hospitals to care for patients in evenings and on weekends are still the interns and residents." The percentage hospital house staff of the total number of physicians dispensing medical care in New York City, according to a recent survey, has risen from 15% in 1959 to 25% in 1966. The actual percentage of medical care provided by house staff is far beyond this, because of the incredible around-the-clock activity of these physicians and because some of those listed as practicing physicians do not actually provide care. "We would like to improve the salary level and working conditions of these house staff positions so that more could be committed to staying on

New Breed of Doctors?

This issue of HEALTH-PAC BULLETIN is especially devoted to reports on activities of the "new breed" of health professionals—interns and residents in City hospitals organized to demand a new deal and a reformed institutional setting for hospital staff physicians, health science students in summer projects, and young physicians recruiting for the nation's first community-owned and controlled health center in a low-income area.

This new breed does not heed professional elders' advice to "cool it . . . concentrate only on your professional status." These young health professionals are part of the more general youth revolt of the Sixties against racism and poverty at home and against America's policing the Third World, often by using medicine as a weapon of empire. Their desire for change in the health system is part of a larger goal of changing America—from the bottom up.

—Robb K. Burlage, *Director,*
Health Policy Advisory Center

in service to these hospitals and in neighborhood health centers associated with these hospitals," says Dr. Goldman.

Michael A. Horowitz, Counsel for the Committee, believes that one of the reasons that young persons from

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Interns and Residents . . .

low-income or minority group background do not seek to be in a profession already infamous for its socio-economic restrictiveness (most medical students are from upper middle class or wealthier backgrounds) is the socially squeezed and debt-ridden "hell years" of internship and residency.

Major emphasis in negotiations with the City and among CIR groups at various institutions are demands for improvement of the overall hospital settings to assure better patient care. They are seeking better medical support supervision, more paramedical and auxiliary staffing, such as nurses and aides; "assistant medical officers," possibly ex-military medics; clinic and ward clerks, record-keepers, medical report stenographers and computer programmers, security guards; and around-the-clock laboratory, pharmaceutical, and x-ray services. They hope that more "new career" positions will be developed in the hospital to develop more effective teamwork and to best utilize scarce physicians time. At many hospitals house staff are still regularly required to perform many functions which could be performed more efficiently by other personnel: message-running, patient-escort, report-transcribing, routine blood drawing, routine electrocardiogram examinations, and starting of routine intravenous administerings.

At Metropolitan Hospital some house staff united with nursing and auxiliary staff to demand reorganization and "beefing up" of supplies and staffing when they discovered during the recent heat wave that some patients were dying because of shortages of medical ward personnel. They are moving directly to create new "health teams" of hospital and attending physicians, nurses, and aides to work together more closely and effectively on the wards. (The City hospitals' nurses' contract also expired June 30th, and they are also demanding revamped salaries and working conditions.) Many Bellevue interns were shocked to discover when they arrived July 1 to begin their year that a number of chronic care patients in some areas had been left essentially without physician coverage almost two weeks in the transfer of Columbia University house staff supervision away from Bellevue. (For years Columbia had been responsible for teaching supervision and house

staff recruitment for a section of Bellevue, but as of July 1 full responsibility was turned over to New York University Medical Center.)

At one city hospital a group of interns, alarmed at the medical disorganization and lack of staffing and supply support which they had linked to a number of neo-natal mortalities, planned to stage a "medical teach-in" during staff rounds reports. "Just a shift of time of some of these super-research-project guys for awhile to develop a real intensive care program is all that is basically needed in this case," remarked one intern. At two other city hospitals groups of house staff were preparing "Intern X" reports on some of the most serious problems, which they planned to make available for community organizations interested in reforms.

Many house staff at larger City hospitals also complain that the City must start regulating more effectively the "dumping" of dangerously ill patients from private or privately controlled City hospitals. Interns and residents themselves have been blamed, as front-line workers for the research-oriented medical centers, for over-emphasizing medically interesting specialty cases and for over-stressing surgical procedures for "practice."

Dr. Goldman says that intensive surveys of all hospital conditions are being made by the CIR groups at different hospitals to bolster demands city-wide and within particular institutions. The CIR is also demanding house staff representation on the medical boards at all hospitals.

"Unfortunately," one leader stated, "the enormous demands imposed on house staff during their most economically vulnerable years tend, in some cases, to cause doctors to feel that their public responsibility has been exhausted by their early years of house staff practice."

If the negotiations are not successfully concluded through the City Office of Labor Relations, it could be referred to independent fact-finding and arbitration. City officials are reportedly nervous about bargaining with the increasingly militant house staff group. Within the past year similar groups in Boston and Washington, D.C. have held "heal-in," protests admitting all patients to the hospitals with minimally justifiable conditions, and a house staff strike was conducted in Detroit a couple of years ago.

Already, some of the more institutional-reform minded among the CIR leaders have discovered that alliances with neighborhood groups do not necessarily come easily. There are deep-seated suspicions about self-seeking medical trainees who only see their hospital ward and clinic patients as interesting (or uninteresting) teaching and research material. One neighborhood leader on the Lower East Side told a house staff representative that they would have to prove to the community first that they are concerned about overall improvement of the hospitals for the benefit of the patients.

"We intend to work steadily in our particular institutions and communities and city-wide to develop reform programs that are clearly for the benefit of the entire team of health workers and of all patients and families," Dr. Goldman says. He feels that a vital step toward this is the realization among house staff that they must work jointly to achieve the improvements in personal remuneration and working conditions to allow them truly to be community physicians, not exhausted peonage personnel.

HEALTH-PAC IS an independent, non-government center for the public, serving as a Health Ombudsman, Health Information Service, Social Analysis Laboratory, and Technical Assistance and Communications Center.

HEALTH-PAC monitors public policy in the monthly HEALTH-PAC BULLETIN and in other publications, conducts workshops for improved community services, assists research and reporting about the problems, issues and power forces in the changing metropolitan health services setting.

Its commitment is to the basic principles and overall social analysis articulated in the Institute for Policy Study's report critical of the Affiliation Plan for New York City's Municipal Hospitals (the Burlage Report).

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STUDENTS FACE NITTY-GRITTY

LEAD POISONING in the South Bronx—Community demands for neighborhood health centers in Brooklyn—Social distance from and acute fragmentation of health services on the Lower East Side—Reform of a decayed and neglected City hospital in Newark—Demands for community control over hospitals and health services in Harlem . . .

These and other challenges in these five sections of the New York area are being tackled this summer as part of the Student Health Project. The Project comprises 95 health science and other health-interested graduate students from throughout the nation, 20 administrative and community liaison staff, and 50 Neighborhood Youth Corpsmen.

The Project is one part of a program which had an inauspicious beginning as a summer project in California three years ago. Today, the Student Health Organization, an activist, national confederation of health science students, has projects operating under local control in about a dozen areas, including Chicago, New Haven, Boston, Philadelphia, Milwaukee, Cleveland, Denver, New Orleans, Cincinnati, and California. More than 100 persons were in the program last summer in the South Bronx alone.

This summer's New York area program was developed by students of the medical schools in the communities affected (Einstein, Downstate, NYU, New Jersey Medical College, and Columbia) in cooperation with community groups under a grant from the Federal Regional Medical

Programs, administered through Montefiore Hospital. The lead poisoning project is utilizing the expertise of another professional group—the New York Scientists' Committee for Public Information (based primarily at Rockefeller University)—which is helping SHPers design a project to gather and analyse ghetto children's urine samples.

Their program interests, in addition to those mentioned above, also involve group study on the impact of Medicaid and its cutback, a Youth Corps-written and produced "guerilla theatre" on dental problems, and development of "physician-aide" positions at two Brooklyn hospitals.

Simeon Grader, of Einstein, one of the SHP co-directors, says the students do not expect to make instant changes in "the system" as a result of a little more than two months of summer energy and exposure. They do hope, he says, to provide some assistance to community organizations, and especially the youth of these areas, in developing better health programs while learning first-hand the most acute human problems of medicine and society. The most challenging question posed by low-income residents to the students, says Grader, is not "Who are you?" but "Will you be back when you get your medical degree?"

(The historical account of the national development of the SHO and the Student Health Projects by Drs. Michael R. McGarvey, Fitzhugh Mullan, and Steven S. Sharfstein, three former leaders, is in the July 11 issue of *The New England Journal of Medicine*.)

Doctors' Rx: Soul and Quality

COMMUNITY SERVICE is the test of the emerging new professional idealism. Will the new breed actually shape their careers to give patient-oriented service in the neediest areas? Will physicians accept the lead and review of the community itself in developing health centers under their control? Will the smaller community hospitals become involved in this new approach to comprehensive care? Can medical quality and participatory "soul" be mixed?

These basic questions are being answered in hard experience with the North East Neighborhood Association (NENA) Health Center, which will open its doors in a low-income neighborhood of the Lower East Side next January. The Center will be directed by a neighborhood board with a professional staff. [See HEALTH-PAC BULLETIN No. 2.]

Dr. David Zimmerman, the 32-year-old medical director of the Center, is currently recruiting staff with an eye toward social awareness: "It must be a doctor who is relatively social minded, because we will be serving a population that has not had medical care and is very unsophisticated in terms of medicine." The director will judge the medical qualifications of the applicants, and, before hiring, all professional staff will be screened for attitudes by the neighborhood board.

The director's interviews also will go beyond strictly medical considerations. He explains to the applicants: "Once you take a job here it's a commitment—it's a commitment to these people to take care of them as your own private patients. This means there will be evening clinics, Saturday clinics

for working people, and a rotating night-call system."

There has been a special effort to recruit Spanish-speaking and black doctors. The neighborhood of 60,000 persons, which stretches from 14th Street to Houston Street and from Avenue A to the East River, is predominantly Puerto Rican and Negro.

The Assistant Director, Dr. Desmond Callan, is a pediatrician from the Yale University Medical Center, in New Haven, Conn. He describes the type of doctor the Center is seeking in the following way:

"We have to find that rare balance of physician with good medical qualifications and at the same time enough qualities of 'soul' that they will want to start making somewhat of a break with the uptight professionals' world . . ."

Dr. Zimmerman, who had no special training in community medicine, sees the Center as an exciting venture, but mainly one within which a doctor will be able to practice "good medicine." He hopes the young men now in medical school will pursue the concept of medical service within the community. "The medical students in the Student Health Organization seem to have this kind of commitment. It was different when I was in medical school—perhaps we were not as affluent—but we were interested in going into research at a big teaching hospital medical center or in opening a lucrative private practice." Dr. Zimmerman, a graduate of Albert Einstein College of Medicine and a doctor of internal medicine at

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MH Center *Sí* Columbia *No!*

PLANS BY COLUMBIA UNIVERSITY to build a community mental health center on the Upper West Side are in full swing. But community groups claim the only community-based organization being consulted regularly by the City Community Mental Health Board is Columbia University.

According to upper West Side community spokesmen, Columbia is about to make several of the same mistakes it made when it decided unilaterally to build a gymnasium in Morningside Park, a move which sparked a student-community occupation of University buildings last spring.

Where does the community draw parallels? (1) Columbia has purchased and plans to raze the Audubon Ballroom, one of the oldest and most popular nightspots in the area. (2) The mental health center (which will serve sections of both Washington Heights, primarily black and Puerto Rican—and Inwood, white middle class) architectural plans provide for separate entrances for each community, or "just another separate and unequal institution." Columbia also planned separate gyms. (3) Until now, not one minority group, professional or lay community group has been involved in planning or implementation of either the facility or the services for the center.

According to Dr. Ruben Mora, director of the Puerto Rican Guidance Center and chairman of the City-wide Health and Mental Health Council, the most recent snubbing of local groups concerned with mental health came July 11 when they

were not invited to a planning meeting called by Dr. Lawrence Kolb, Chairman of the Columbia Department of Psychiatry, and Dr. Herbert Fill, Acting Commissioner of the City Community Mental Health Board. As a result, scores of the "outs" attended the meeting in protest. Among those groups not invited were the Ad-hoc Committee of the Washington Heights Community Health Center and the Guidance Center.

The hosts of the meeting say persons from these groups were not invited to represent "community" because they are "professionals," although those attending included medical students, professional members of the staff and faculty of Columbia, as well as the professional staff members of the Mental Health Board. Those left out claim the recent guidelines on community participation handed down by the Mental Health Board deliberately separate and exclude the residents who are also professionals working as advocates in their own community by placing them on separate (and powerless) committees.

The protesting groups not only are demanding a role in the planning (the Federal funds have been awarded and the site has been purchased), but they also are insisting that the Mental Health Board enforce anti-discrimination laws by seeing that Columbia eliminate all practices of discrimination in salary, hiring and promotion of staff, and in student and in patient selection for the new mental health center.

Doctors' Rx . . .

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the NYU Medical Center, is leaving a post as head of ambulatory care at French Hospital in Chelsea (Manhattan).

Even though the Center will be paying competitive salaries, Dr. Zimmerman points out that many doctors still feel a certain amount of financial insecurity about committing themselves full-time to such a new Center. He says, however, young doctors are more likely to be attracted to such a health center because they need not give up established practices. Thus far the median age of applicants is about 34 years.

NENA's doctors will practice "progressive" medicine. Families coming to the clinic will be enrolled as a unit and will always be seen by their "family doctor." The professional staff will use a team approach, with each team headed by an internist and a pediatrician and complemented by a public health nurse, a social worker, a nutritionist and a neighborhood health aide. Part-time medical personnel are being sought—particularly among specialists. Patients will see specialists at the clinic only on referral of their family doctors.

To many small, voluntary hospitals in low-income areas, a new community orientation is becoming a matter of life or death. Such institutions often lack substantial philanthropic backing, an essentially private-paying population, and are bypassed by Federal money which favors the large, research-oriented medical centers.

The New York Infirmary, a 250-bed voluntary hospital on the edge of the neighborhood will serve as the primary backup hospital to the Center. Dr. Kathleen Klochhoff, Executive Medical Director of the Infirmary, thinks the NENA Center is "a

good approach to medicine." She says, "It is a family approach which is similar to the 'Old Doc Brady-type' of service and then expanded to the excellent consultation service of today. The Center will serve a community person from infancy through marriage and beyond. Ideally the Center will provide excellent health care, health education and health job training to the neighborhood residents."

All NENA physicians will have admitting and hospital privileges at the Infirmary. The Infirmary is medically qualified to serve most cases from NENA requiring hospitalization, but if any special services are not available at the Infirmary, NYU Medical Center will provide backup. The Center physicians, particularly those part-time specialists, will retain their affiliations with other New York City hospitals if they have them. This is seen by Drs. Zimmerman and Callan as an area of concern. Dr. Zimmerman sees advantages to multi-affiliations with other hospitals in the city because it increases the available beds and specialty care for the patients. On the other hand, Dr. Callan stresses the importance of admitting most of the patients to the Infirmary. He says:

"There are real advantages to having most of our patients in one hospital. Not only is this a matter of convenience and mutual coverage and common educational effort for the MD's, but it prevents the community's patients from being divided one from the other . . . We are concerned that we build a real community effort at NENA, with as great as possible identification of staff with the patients and the Lower East Side community."

—Maxine Kenny

City Foot-Dragging Midst Criticism

" . . . I have observed the wholesale dismissal of experienced competent and unpaid doctors in favor of highly paid, inexperienced men whose interest in teaching and research far outweighs any desire to participate personally in patient care.

"I have also seen scarce clinic space taken away in favor of research laboratories and fancy offices filled with costly fixtures while patients have gone without bed linens in the same institutions.

" . . . despite promises . . . there has been absolutely no unbiased medical audit of the City's hospitals under affiliation. . . It is . . . time for Mayor Lindsay and Health Services Administrator Bernard Bucove to order a full scale medical audit by outside medical experts who will not be awed by the New York City medical establishment and its unrelenting, self-praising public relations outflow."

—Dr. Donald C. Meyer, President,
Doctors Association of the Dept. of Health,
(Letter to NY Times, July 13, 1968)

* * *

" . . . The voluntary institutions are paid 'reasonable costs'—reasonable? They can hire the number and kind of staff needed and the City pays. The City institutions, on the other hand, cannot fill positions, cannot hire middle management staff, in many cases cannot compete with the voluntary institutions in salary for middle, top professional staff and therefore lose them. The City is enabling the voluntary hospitals to outbid the municipal hospitals in the hiring of scarce medical personnel. In a sense, the City is bidding against itself. . . "

—Mrs. Max Ascoli, testifying
for the Citizens' Committee for
Children at 1968-69 City Budget Hearings

* * *

"One often-heard recommendation is for the City to 'get out of the hospital business' and turn over its municipal institutions to the voluntaries (non-profit hospitals). The failure of the voluntaries to demonstrate a meaningful sense of social responsibility and their exploitation of city hospitals under affiliation, are sufficient evidence that this is not the solution."

—State of New York Commission
of Investigation's report concerning
municipal hospitals and affiliation.

* * *

Affiliation contracts for municipal hospitals have cost the City more than \$300,000,000 over the past six years. The overhead "brokerage fee" alone (upwards of 10% paid to these institutions) has cost more than the total budget for Harlem Hospital Center for a year, or enough to pay all the existing municipal hospital house staff more than twice their current annual salaries for two years.

But most of the City Health officials have turned a deaf ear to the emphatic conclusion of the recent State Investiga-

tion Commission report (see above), the latest in a long series of critiques of the affiliation approach.

Reaction by most City Budget and Health Services officials to criticism of the abuses of affiliation contracts by private institutions is highly defensive. Even though City Hospital budgets have been doubled in the last few years, they say, the public should be grateful that any doctors or nurses at all have been kept in these hospitals. They should not be bitter that funds, in many cases, have been misallocated and that most of the problems for ordinary patients remain.

They appear to presume that the city must "beg" private institutions, no matter the total cost or wasteful expenditure, to give some attention to municipal hospitals despite these institutions' growing dependence on public funds and growing need for access to more patients for teaching and research programs. Despite the lessons of affiliation thus far, these officials appear to have no real insights nor deep concerns about how actually to guarantee responsibility for and equity for publicly-supported patients. Neither do they appear to have the commitment to create positive public planning capacities for health (witness bureaucratic foot-dragging about developing a broad City planning and regulatory staff for health services). Nor do they seem interested in assuring new community control of these institutions (witness the almost totally perfunctory role, if any, of so-called City Hospitals and Health Center community advisory boards.)

Despite hints from the Mayor and his closest aides that they will not accept a publicly unaccountable "Bridge and

Affiliation contract disputes and confusions have been factors in the overall organization paralyzes slowing to a standstill the new construction or total renovation of at least four major municipal hospitals (Lincoln, Morrisania, Fordham, Queens Hospital Center), according to a dismaying report by Dr. Herbert J. Ranschberg and his staff at the Citizens Budget Commission (51 E. 42nd St., NYC), entitled "City Construction: Progress Zero!" (July, 1968)

Tunnel Authority for Hospitals," placing all control of public hospitals in private, elite hands, many Budget and Health Services officials continue to yearn and loosely plan for a corporation to "get the City out of the hospital business."

Where is the leadership to change government structures so they will help people in their communities change the systems their lives depend upon, rather than to issue more blank checks for the discredited elite?

As Dr. Howard Brown, former City Health Services Administrator, said two years ago when speaking at the Institute for Policy Studies: "The only force that can really effectively remedy the problem is the poor themselves, acquiring power and seeking a better share of health services . . . The poor, involved in planning and operating their own services, might affect the self-interest of the professions and the often niggardly financing of local government."

—Robb K. Burlage

Letters to Editor

Consumer Power

Dear HEALTH-PAC:

I am glad to see the development of a strong voice outside of the formal establishment that concerns itself with questions of health policy. This kind of thing, coupled with the organization of consumers in relation to health care services and costs, is essential in bringing about the sweeping changes that are required to bring health care services in line with existing technical capabilities.

—Douglas A. Fenderson, Ph.D.
Director of Education,
American Rehabilitation Foundation,
(Minneapolis, Minn.)

Agenda Items

Dear HEALTH-PAC:

. . . Some points of concentration might be in order [for the HEALTH-PAC agenda]. Crucial among them are:

(1) The concrete and specific implications of the emasculation of Medicaid, translated into patient terms, which will be felt most acutely this coming winter; they are already being felt and this information is absolutely necessary to serve as a basis for the all-out campaign for the restoration of some of the benefits which must begin as early as possible after elections. To my amazement and dismay, I find that almost no-one, and I repeat, no-one, is aware that the clock has been turned back to the era prior to 1929, prior to the depression, with all the gains made between 1930 and 1965 wiped out . . .

(2) More study is required and in greater detail of how specifically to reorganize and create a unified hospital system subject and responsible to public interest and control. General principles are okay and are easy to write. But—what laws need re-writing, what New York State and New York City Charter provisions need amendment, how can this be best accomplished, etc. . .

—Benjamin Wainfeld, M.D.
Director, Ambulatory Health Services,
Maimonides Medical Center

Problems of Recruiting

Dear HEALTH-PAC:

. . . I tend to agree essentially with what you say about the situation here in New York. The one point, however, which you tend to skim over is that the only people who can recruit physicians to work in New York are the universities and the strong voluntary hospitals. The city cannot recruit these important professional people. Neither can the community even though they labor under the delusion that they can just go out into the market and hire physicians.

Another immediate point which one must face realistically is the immediate impossibility of changing the City Charter enough to make work in the Department of Hospitals less than totally cumbersome. I have worked in a City hospital for 13 years and, believe me, the rules and regulations are formidable . . .

—Lewis M. Fraad, M.D.
Professor of Pediatrics,
Albert Einstein College of Medicine,
President-Elect,
Nat'l Physicians Forum

Establishment Views?

Dear HEALTH-PAC:

. . . It seems to me that the effectiveness of [The BULLETIN] might be enhanced if you would include, from time to time, the justification set forth by the "health establishment" in regard to planning, etc. . . .

—Harold Light
Assistant Administrator, St. Vincent's
Hospital and Medical Center

NEWS BRIEFS

Activist Consortium

Peace, Civil Rights, and community action-oriented groups among health professionals in New York City are planning closer cooperation and coordination of programs and action through a new coordinating council, according to Dr. June Finer of the Medical Committee for Human Rights. The council includes two elected representatives from local MCHR, Physicians Forum, the Student Health Organization, the New York Medical Committee to the End of the War, and the Health Professionals Resistance Union. Temporary coordinator of the council is Mrs. Evelyn Mauss (evenings, NE 4-7162 and NE 4-6711). During the day interested persons can call MCHR at MU 8-3166 or Physicians Forum at MU 8-3290 (Mrs. Patricia Lievow).

Doctors Union

A Hospital Doctors Association was founded last June 4 under the auspices of the Doctors Associations of the City Departments of Health and Hospitals. This new Association is open to all doctors in the New York area. The Association hopes to protect the economic and professional rights of those who have hospital staff appointments, as well as obtain appointments for those who seek them.

Liberated Curriculum

A seminar exploring "the New York City health power structure and how to change it" meets every Thursday at 10 p.m. (through August) at the "Summer Liberation School" at 556 West 114th St. (a Columbia University fraternity house). The seminar, involving medical and non-medical students, community-oriented physicians, community organizers, and others, is one of a broad range of courses at the School which is sponsored by the Columbia Student Strike Committee.