

New American Movement and Grassroots Organizing in Santa Cruz, California¹

Mike Rotkin

Mike Rotkin has a unique political résumé for a socialist-feminist activist in the U.S. Through his efforts in the Santa Cruz, California chapter of the New American Movement to establish a community health center, he was elected to serve his first of six terms on the Santa Cruz City Council and his first of four terms as the city's mayor.

Rotkin grew up in Washington, D.C., and, after failing out of Cornell University, was radicalized by his experience in VISTA (the domestic Peace Corps) working with migrants in Florida. After returning to Cornell, he was further radicalized in the antiwar and student movements in the '60s. He came to Santa Cruz in 1969 for a summer job and decided to stay. His community organizing experience led him to help found and lead a local New American Movement (NAM) chapter and serve in national NAM leadership positions, including two years on the National Interim Committee. During the 1970s, while organizing for a community health care center in Santa Cruz, Rotkin taught and coordinated a field studies program in the Community Studies Department at University of California, Santa Cruz. Today, he continues his work there and is local president and statewide vice-president in the University Council of the American Federation of Teachers (UC-AFT).

Introduction

In 1981, reversing more than a century of conservative rule, a new progressive majority elected a socialist-feminist candidate to Mayor of Santa Cruz. Key to this historic transformation was the role played by a small chapter of NAM in Santa Cruz. This chapter had an explicit three-part strategy that included undertaking projects related to socialist-feminist work, helping to mobilize and consolidate a broad progressive community movement, and organizing in grassroots neighborhoods. The latter, unique for an explicitly socialist organization in twentieth-century America, is the focus of this paper.

The Santa Cruz NAM Chapter

Santa Cruz NAM originated on the University of California, Santa Cruz campus and was started by Elaine Draper and others with connections to the national group that founded NAM. The chapter had

WORKS AND DAYS 55/56: Vol. 28, 2010

a committed core of about 25 members, and five or ten prospective members or people interested in a particular topic, at most meetings. In 1975, after about two years of socialist and anti-imperialist educational work centered primarily on campus, Santa Cruz NAM began to talk seriously about developing local political work that would allow it to break out of the small Left circles that had previously circumscribed its work. The group began discussing issues that might speak to the needs of ordinary people while exposing the limitations of capitalism.²

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 discussion. Meetings were often devoted to discussion of selections from works such as *Strategy for Labor* by Andre Gorz,³ and whether and how a particular issue might lend itself to development of the kinds of revolutionary reforms promoted by Gorz. These discussions went on for almost a year. Many members, often the most energetic, decided to leave the group because they were looking for more action and less abstract debate.

Meanwhile, at the national level, NAM pushed members and chapters to take a new approach to mass practice. It was no longer sufficient to think about taking NAM's issues to a wider audience. Mass work was slowly 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, but the idea that mass work meant some form of grassroots organizing was gaining strong support with most of the organization.⁴

Finally, by early 1976, the Santa Cruz chapter had settled on the issue of health care. Consistent with NAM's commitment to building a movement not focused solely on the poor, the group liked the health care issue because it was a concern that affected people regardless of their income. Newspapers carried headlines about the growing health care crisis in the United States, and, at every level of government, that issue was on legislative agendas. Also, health care raised many explicitly feminist concerns, such as reproductive rights and family access to care. A functioning Health Care Commission in NAM supported the group in this decision. It joined the Gray Panthers in endorsing the National Medical Service bill (carried by U.S. Congressman Ronald Dellums), published *Health Activist Digest* several times a year, analyzed the health care crisis and potential solutions, and held conferences on this topic.

In late 1976, Santa Cruz NAM formed the Santa Cruz Health Care Coalition to approach the crisis comprehensively. Rather than focus on specific issues like abortion or birth care, they attempted to build a broad-based community effort to develop health care solutions. Initial members included five NAM members, two Women's Health Collective members, a public health nurse, and three other individuals. At first, the Health Care Coalition saw its role as one of building an autonomous neighborhood group capable of developing solutions to its own health care needs. This was consistent with NAM's long-term strategy for socialism: a movement built by regular people and not delivered to them by a vanguard party.

The Health Care Coalition held a number of meetings and used outside research in deciding which Santa Cruz neighborhood to se-

lect for a grassroots organizing drive. Health care needs alone might have dictated a choice of the city's poorest neighborhood, a 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 people. 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 meant selecting a multi-racial neighborhood. After much demographic analysis and discussion, the Health Care Coalition finally chose the Westside neighborhood—an area that seemed to best meet its criteria. The neighborhood had no apparent self-identity and was somewhat defined as the 5,000 or so homes bordered by two major streets, Bay and Mission, and the Pacific Ocean.

The Westside reflected the tenant/homeowner ratio of the city: a little over 50 percent of residents rented their homes. Property values were slightly below average for the city and well below the county and state medians. Also, a diverse population of tenants and homeowners, and a mix of expensive and inexpensive homes, existed on almost every street. The neighborhood was five to ten percent Hispanic and had the second largest concentration of Blacks in the city, perhaps five percent of the Westside's population. These families lived throughout the neighborhood, although a larger number of Blacks resided in the Circles area around two Black churches. In addition, about 15-20 Filipinos, many of whom spoke only Tagalog, lived in a three-block area along one edge of the neighborhood.

Coalition members felt that here they could test the possibility of building a left-leaning populist alternative to the right-wing populist revival already beginning to take hold in California and other parts of the United States. The challenge would be to do it in a working class neighborhood with a conservative voting record in local elections.

Hitting the Streets

Organizing began with Health Care Coalition members knocking on doors to meet people, assess their health care needs, and probe for additional neighborhood concerns. While the Coalition felt that reopening the County Hospital was its major goal, residents made it clear they had little interest in that issue because they perceived a County Hospital as "poor people's health care." Because the Coalition's took seriously its mission of listening to what the residents felt was important, Coalition members began to think about gathering support for a neighborhood health clinic.

Door-to-door interviews confirmed high interest in health care issues. Residents were also concerned about not knowing their neighbors, the student influx, rising rents, growing traffic, and, in some areas, parking problems. They were cynical that anything would or could be done. Besides the door-to-door work, Health Care Coalition members spent time in neighborhood markets and the branch library getting to know people and talking about neighborhood issues.

Additional support came from a study group on grassroots organizing, led by a Coalition member through a local socialist school organized primarily by non-NAM members. Coalition members, members of a city-wide tenant organizing project, and other NAM members and community activists met weekly for two months. In this study group, Coalition members learned about grassroots organizing principles and tried to apply them to their own work. Discussions about strategy and tactics, as well as the ethics and organization of grassroots organizing, were important in preparing Health Care Coalition activists for the long struggle ahead. Material from established organizations, such as ACORN, and from organizer-training institutes, such as the Midwest Academy in Chicago, were extremely helpful.

The Coalition looked for ways to increase contact with the people and solidarity among the neighbors themselves. The local Red Cross helped Health Care Coalition members organize and advertise classes on first aid and CPR. The County Health Department and the Visiting Nurses Association offered a well-baby clinic. After participating in these classes, the organizers increased their skills and knowledge, established new contacts, and created a health care discussion forum.

Coalition members also organized several successful neighborhood film events, offering an entertaining and educational mix of cartoons for the kids (and adults) with short films about health care issues. Films that radically critiqued the health system were met with surprising interest and support. In addition, organizers made important connections with residents by answering their questions regarding emergency childcare, rides to medical services, and government bureaucracies. These sessions were often time consuming but established more trust than discussion alone would have provided.

Perhaps the most important step of this early organizing was the neighborhood health watch created in the Circles area. Modeled on successful neighborhood crime watches elsewhere, the health watch allowed residents in a 15-square block area to get to know their neighbors at several house meetings and informal social events. These activities also increased their sense of community. The health watch made it possible for neighbors, particularly seniors, to get help from one another by providing first aid, CPR, and rides to doctors or hospitals in emergencies. The health watch, films, and classes organized by the Health Care Coalition and the Red Cross, plus some free blood pressure checks, created a dynamic sense that health care services were underway on the Westside. These also provided a sense of progress for both the residents of the Westside and the young organizers in the Coalition.

By the end of 1977, Health Care Coalition membership grew to twenty-five, eighteen of whom were NAM members.

The work pace was quite demanding. Meetings took place every two weeks, and ad hoc and subcommittee meetings were often held once or twice a week for the more active members. While the group generally got along well, there were heated discussions on several topics. Also, a low-level friction existed between the group's most active member, a man, and the three women who spent 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 project itself. The group's willingness to spend significant time resolving interpersonal matters resulted from their commitment to NAM's feminist ideology and a belief that such concerns deserved a high priority in the group's work—particularly because in this case the tension was between a more dominant male organizer and three younger women activists.

Because few racial minorities or seniors attended meetings, the Health Care Coalition began to make more contact with them in the Westside neighborhood. Coalition members began attending Black church services, meeting with Black ministers, contacting Black and Latino youth through talks at high school health classes, and establishing meetings with city-wide senior groups and with seniors at the Garfield Park Village. Members also established contact with a Filipino community leader and held two successful house meetings, with about six Hispanic couples attending each one.

Westside Neighbors

The neighborhood's big breakthrough finally came in June 1978, sparked by two events. Late in May, the Santa Cruz Medical Clinic—the only general medicine or family practice in the western half of Santa Cruz—announced its proposed move to a new facility on the eastern edge of the city. At the same time, California Proposition 13, the Jarvis-Gann tax reform measure, passed on the first Tuesday in June. The director of the City-County Library closed the Garfield Branch Library the following day. This small library, with one librarian, ran on an annual budget of \$13,000, but it was both accessible and served as a social gathering place. Thus, it had been a major contact point for the Health Care Coalition outreach work to neighborhood seniors.

The Health Care Coalition already had planned a neighborhood newsletter, dubbed the *Westside Story*, for early June distribution. For several months, the group had developed a distribution network of 20 to 40 people who would deliver the newsletter to neighbors on their block. In the middle of June, the first issue came out, and it was delivered to about 3,000 doorsteps in the Westside. The issue included stories about the library closing, the health center's moving, and the Health Care Coalition. There was also a gardening column, a profile of a neighborhood resident, and a back page announcement of a neighborhood meeting at the church in the middle of the Circles.⁵

On July 13, 1978, about seventy residents and ten Coalition members attended the meeting called by the Health Care Coalition to address the crisis of the for-profit health center leaving Santa Cruz's Westside. Reverend Ed Muggee, a conservative, life-long resident who had been active in disabled veteran issues, welcomed the attendees. His speech began, "We're all kinds of people here: Republicans, Democrats, independents, socialists, but one thing you have to admit, we all need health care." The meeting lasted about two

hours, and the Coalition provided childcare and refreshments as well as simultaneous translation of Rev. Muggee's speech in both Spanish and Tagalog. Everyone introduced himself or herself, and though the meeting was unstructured, people decided by consensus to take up the issues of a health clinic and reopening Garfield Park Library. One subcommittee volunteered to meet with the Library Director as soon as possible, and another to meet with the Director of the Santa Cruz Medical Clinic about the timing of its departure from the Westside. By meeting's end, those present also had voted unanimously for the Westside Neighbors as an informal neighborhood organization. Ten people, including two Health Care Coalition members, one Black woman, and one Hispanic woman were nominated and unanimously elected to the steering committee.

In the following weeks, Health Care Coalition members worked with the neighborhood group subcommittees and for the main Westside Neighbors meetings. They also prepared reports for the main Westside Neighbors meetings. The clinic and library directors' arrogance and intransigence prompted even the most conciliatory members of the two subcommittees to agree that only direct confrontation would lead to progress on their issue. 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 library subcommittee, which met with the library director on August 1, 1978, decided to organize a late-August confrontation with the City Council. Individuals from the group met with each of the City Councilmembers. Although two of them expressed some sympathy for reopening the library, the Council unanimously agreed that funding was impossible because of the passage of Proposition 13. 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 attend as a group the next Council meeting's "oral communication" period. A great deal of energy went into advertising and preparing for the confrontation, with members of NAM, the Health Care Coalition, and the distribution network of the *Westside Story* taking part in planning. It was a tremendous success. At the Council meeting, in a room designed for 150, everyone was stunned to see a crowd of more than 350 people wearing Westside Neighbors buttons and with children bearing signs saying "Let Us Read." This was the largest crowd the Santa Cruz City Council had seen in anyone's memory. Following the presentations by the six spokespersons, and despite a 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 Chamber cheering, promising to attend the next Westside Neighborhood meeting. The Garfield Park Library reopened the next morning at 10:00.

Consolidation and the Clinic

More than 90 residents attended the September 1978 meeting of the Westside Neighbors. Health Care Coalition members, recalling the library victory, emphasized the efficacy of collective action and the need for confrontation when all else fails. However, it took no prompting to refocus the group's concern on health care. If anything, the quick victory with the library had raised unrealistic expectations about how easily the group might gain City Council support for a neighborhood-controlled health center.

General meeting discussions established the goal of a neighborhood health center, run by a board of residents, that provided services on a sliding-scale fee basis. Residents clearly rejected 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 the group adopted, strongly suggested by the Health Care Coalition organizers, centered on obtaining federal Housing and Community Development (HCD) funding from Santa Cruz for the health center.⁶ Each year, the City received over a half million dollars from the federal government for "projects serving the needs of low- and moderate-income residents." Throughout the mid-1970s, the Council had allocated this money to capital improvements benefitting the City. In the fall of 1978, they planned to use the money similarly. One proposal that particularly raised the neighbors' ire was to subsidize a luxury downtown department store. Ostensibly, this project could meet federal guidelines by providing jobs for low-income residents as janitors in the new store.

To obtain some of this money for its health center, the neighbors gathered petitions to support using \$100,000 in HCD money. They gathered over 3,000 signatures throughout Santa Cruz and presented them to the City Council during that November's public hearings on the city's HCD priorities. Despite the petitions and the hundreds of people present at the hearings, the Council voted to adopt its earlier priorities on public works and the luxury department store.

To pressure the City Council further, whose members anticipated an election the following March, another delegation of neighbors visited federal officials in San Francisco to complain about the City's misuse of HCD funds. They were vindicated the following June when the federal government rejected the Santa Cruz HCD application.

The federal government charged the Westside Neighbors with demonstrating the neighborhood's health care needs. To maintain momentum after failing to obtain HCD funding for a health center, the Westside Neighbors launched an intensive survey to show how health care in the Westside neighborhood did not meet people's needs. With help from Health Care Coalition members, they designed a survey and trained residents to administer it throughout the Westside in spring 1979. The project was well advertised in the *Westside Story* and in flyers targeted to neighborhoods just before the arrival of surveyors. The process took hundreds of volunteer hours, but it reinforced the commitment of both the surveyors and the neighborhood to the creation of a health center. The survey revealed many

residents, particularly seniors and families with children, could not locate or afford adequate medical treatment when they needed it. This group included many with chronic problems that had gone untreated for a long time.

Health Care Coalition discussions during the last two months in 1978 and into 1979 focused on ways to make the group stronger, an autonomous force. Coalition organizers wrote several guides on how to carry on activities like setting up a press conference or preparing for a community meeting. 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, a more common charge in later years was that the transfer of real decision-making power to the neighborhood Steering Committee evidenced the Health Care Coalition "abandoning the neighborhood." Generally, the HCC's empowerment approach was consistent with NAM's perspective that its role was not to lead a social change movement or direct it, but rather to support and catalyze a broader working class movement that would develop its own leaders in the process of struggling for change.

Along with its effort for a health center, perhaps the organization's greatest strength in its remaining years was the social networks and neighborhood projects it established. The organization sponsored holiday parties, picnics, block parties, and community forums on a variety of health-related topics. The meetings were social events with refreshments, a time for making new acquaintances and formally introducing new members. Westside Neighbors paralleled the elaborate subgroups seen in the heyday of the pre-World War I German Social Democratic party. There was a stamp club, a coin collectors' group, and an elaborate recycling program. The latter offered twice-monthly pickups of cans, bottles, and newspaper, and it resulted in over \$1,000 a year profit for the Westside Neighbors' treasury. 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.⁷

Throughout 1979 and 1980, the Westside Neighbors continued to focus political energy on creating a health care center. In February 1979, a delegation met with U.S. Congress member Leon Panetta (later Chief of Staff for President Clinton) and State Senator Henry Mello. The meetings resulted in their endorsements of the health center proposal and general, but vague, promises to "help in any way possible" from both politicians. They reconfirmed their support in September 1981.

Confronting the State

In March 1979, the City Council held at-large elections for four open seats on the seven-member Council. Mike Rotkin,⁸ an active member of Westside Neighbors, NAM, and the Health Care Coalition, came in first out of 19 candidates and was seated on the city council.

The campaign for a City Council seat had begun in January 1979, conceived as a protest to pressure the City Council about the health

care issue. Having failed to obtain support for HCD funding, despite massive neighborhood support at Council meetings, the organizers were unclear as to what might persuade Councilmembers. Despite his distaste for electoral politics, Rotkin agreed to run, pressured by a combination of Coalition organizers and others in NAM who were interested in advancing progressive politics in Santa Cruz. Because he would be running as "socialist-feminist," no one expected Rotkin to win, but the organizers hoped a strong showing would convince the City Council to take the Westside Neighbors' health care concerns seriously.

Rotkin announced his intention to seek a city council seat at a Westside Neighbors meeting on January 17, 1979. Until then, the group had avoided elections, and many worried that this might be divisive to the group. But one senior said, "This is different. Mike is a founding member of this group, and we all know he is only doing this to get us a health center." A unanimous endorsement quickly followed.

Although the campaign was organized separately from the Westside Neighbors, many members became active in it. Twenty or thirty individuals walked electoral precincts; others helped organize fundraisers, distribute or display yard signs, or develop radio spots. They held a city council election forum at a local elementary school and invited all candidates. At their next meeting, they endorsed a slate of four neighborhood and environmental candidates, including Rotkin and Bruce Van Allen (also a NAM member from the Downtown Neighbors Association.) One *Westside Story* issue 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 seriously concerned the organizers. However, widespread knowledge of Rotkin's involvement in the neighborhood group since its inception soon overcame any major worries. One 84-year old woman, active in the Westside Neighbors and in Rotkin's campaign, had been active in Republican politics for years and had helped in directing Senator Barry Goldwater's Santa Cruz County campaign for U.S. President in 1964. When asked by several of her friends and former political associates how she could 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 and second in the election. Along with previously elected liberal Bert Muhly, they remained a minority on the Council, which was still controlled by four conservative members. However, their neighborhood work and subsequent support made it possible for these inexperienced candidates, saddled with a difficult labels, to get elected. In formerly conservative Westside precincts, including the one where conservative incumbents lived, Rotkin, and sometimes Van Allen, received more votes than the conservatives. It was possible for open socialists to contest with the right wing for electoral power in working class neighborhoods, even during a period of right-wing ascendancy in the United States.

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

That November, the Westside Neighbors again approached the City Council for HCD funding. The conservative majority continued to insist there was "no demonstrated need for a health center." In response, one progressive Councilmember made a motion to give the Westside Neighbors \$9,300 for a study of neighborhood health needs, but the motion failed on a 3-4 vote.

At the end of 1979 and through most of 1980, the Westside Neighbors focused less on the City Council and more on leadership development, social connections, and smaller issues such as storm drains, stop signs, and traffic islands on Woodrow Avenue, one of the widest streets on the Westside. Meanwhile, the Community Action Board (CAB), an organization channeling federal poverty funds into Santa Cruz County, responded positively to a request for health care planning money. With help from CAB-funded consultants, the Health Board developed a clearer idea of how a neighborhood-controlled health center might function.⁹ Also in early 1980, the Westside Neighbors mobilized to prevent the Garfield Park Library branch's closing again. Many members attended a council meeting, turned in thousands of petitions protesting the closing, and again successfully prevented the closing recommended by the city manager.

By fall, however, HCD funding once again became a major focus of Westside Neighbors and the Health Board. Because most Councilmembers, including Spiro Mellis, still insisted a formal study was required that showed the need for a health center, the Westside Neighbors put in a two-phase request for HCD funding. They first requested \$10,000 in HCD money for a Westside health needs study, and a \$50,000 contingency fund for the health center's startup.

Once again, Westside Neighbors mobilized to garner HCD funding from City Council. They devoted one meeting to strategies that would get the four votes needed for the HCD money. They called a special meeting to make signs, distributed thousands of blank post cards neighbors could use to lobby City Council, and chose lobbying teams to meet with each Councilmember before the HCD hearings in November.

In this third struggle, Westside Neighbors found strong allies in many other neighborhood groups around the city. A struggling new organization, started by two Health Care Coalition members in the city's poorest neighborhood, Beach Flats, drew residents interested in parks for Flats children. Other 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)

supported the health clinic concept and demanded more neighborhood-oriented priorities for HCD funds.

Once again a noisy crowd of Westside Neighbors, joined by other neighborhood groups, packed Council chambers. They all requested HCD funding for their projects. Despite the opposition at the meeting, the conservative Council majority supported spending \$106,000 in HCD money on city water mains. 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 health center funding. The same four also agreed to fund a small park in the Beach Flats neighborhood.

The health center study was conducted throughout the spring and summer of 1981. Summaries were published in August in the daily *Santa Cruz Sentinel* and in the *Westside Story*, and the study demonstrated, beyond any doubt, the necessity and feasibility of a neighborhood-controlled health center on Santa Cruz's Westside. The Neighbors thus began gearing up for their second request, the \$50,000 contingent appropriation to fund the health center.¹⁰ This money quickly became the Westside Neighbors' major focus.

On October 9, the neighbors called a press conference at city hall. To dramatize their health needs, many residents appeared for a "sick-in" either on crutches, or wrapped head to toe in bandages, or carried on litters. Forewarned of these wonderful photo opportunities, the local press showed up in force, and the event received major coverage in all the daily media.

The November 1981 election complicated the strategic approach for Council funding. Incumbent conservative Councilmembers Mellis and Edler were running for re-election. Their opposition was an informal slate of progressive candidates who had made strong commitments to the Westside health center and other neighborhood and human service issues.

As a result, the Westside Neighbors and other neighborhood and progressive activists were caught in a dilemma. If they successfully lobbied incumbents Mellis or Edler to support funding for the health center, the candidates might use that support to get re-elected and then renege on their promises later. On the other hand, despite growing confidence of a progressive victory in November, the outcome was uncertain, and the election represented a rare opportunity to get conservative support for the health center.

Ultimately, voters lobbied both incumbents to support converting the contingency money into actual funding. In meetings with representatives from the Health Board and from Westside Neighbors, both incumbents remained vaguely supportive but refused to make any firm commitment to vote for funding. The Neighbors brought hundreds of residents to the October 13, 1981 meeting. This was rescheduled for a special Council meeting on October 27th, roughly a week before the election. A large crowd attended in support of health center funding. When neither Mellis nor Edler appeared during the first half hour, there was rampant speculation they might just try to "duck" the issue until after the election. However, they arrived in time for the funding vote and, surprisingly, 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 incumbent Spiro Mellis, who received about 30 percent 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 Council Member and Downtown Neighbors Association member Bruce Van Allen was elected vice-mayor. A huge crowd of Westside Neighbors attended the election and inauguration, too many to get inside Council chambers. The Westside Neighbors held a large and successful holiday party to celebrate their double victory; Rotkin played Santa Claus.

In the Shadow of the State

Paradoxically, these successes had an impact on the community that few had foreseen. By the November 1981 election, the Health Care Coalition had ceased to exist. As early as spring 1980, questions arose about its necessity given the independence and stability of the Westside Neighbors and its Steering Committee. But the Coalition continued to function sporadically. In summer 1981, the Westside Neighbors' Steering Committee assumed most of its functions, and most members had either become more involved in the Westside Neighbors or the city council elections, or had left the area.

Throughout spring of 1982, the Health Board canvassed the neighborhood to enroll residents in the new health center. Initial membership was \$1 a year. Enrollees formally were to elect a Westside Community Health Center Board of Directors at the first annual meeting, planned for June 30, 1982.¹¹ In June and July 1982, the new progressive majority on the Santa Cruz City Council faced its first city budget. In a series of 4-3 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 a cutback in federal revenue sharing funds to the City of Santa Cruz.

In September 1982, the Westside Community Health Center Board leased space in the old Santa Cruz Medical Clinic on Mission Street. Volunteers helped rehabilitate it for the Health Center. That December and into January, the center opened its doors for one-day health screening events. In February 1983, 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 health center director. In June, a bilingual doctor with family practice experience in Puerto Rico, a nurse practitioner, two outreach workers, a bookkeeper, and receptionist were hired part-time. One of the outreach workers was

a Black neighborhood resident; the other was a recent Hispanic graduate of the Community Studies program at UCSC. By late June 1983, after nearly five years of work and struggle, the Westside Community Health Center began regularly scheduled clinic services.

Six years later, by fiscal year 1989-1990, the Center served over 1,500 clients a year, in almost 5,000 visits. Of these, sixty-nine percent were white, twenty-one percent were Hispanic, five percent Black, and three percent were Asian or Pacific Islander. Of all clients, eighty-two percent were either low- or very low-income, and seventy percent were female. The clinic was open five days a week, including two evenings, and planned to offer Saturday morning hours the following fall. The staff included a part-time medical director, two part-time physicians, three part-time physician assistants, a nurse-midwife, a bookkeeper/receptionist, and other support staff. The annual budget was over \$425,000 with just under one-fifth of the budget coming from Santa Cruz and the remainder from patient fees, Medi-Cal (a California medical subsidy for low-income residents), and various federal programs.

At this same time, Westside Neighbors was losing significant leadership. Some members were focusing their energy on the Health Board; others had become active in local government, either on the City Council or on one of the City's numerous advisory boards and commissions. There were open positions for the new progressive Council majority, 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 after just six months following the progressives' election to the majority at City Hall. Except for twice-monthly recycling and a flurry of activity around the November 1983 City Council election, the focus of activity had moved elsewhere.¹² A unique era in local politics was over.

The Westside Neighbors in Retrospect

The people who started the Westside Neighbors had many diverse goals and mixed success in meeting them. In significant ways, accomplishing some goals undermined their success, even though avoiding such contradictory results was impossible.

One of the most important lessons from the Westside organizing experience is that people are capable of changing themselves while changing the world. This was brought home dramatically at an April 1982 neighborhood meeting. A guest speaker, invited to speak on "Reaganism and its Effects on Seniors," minced no words in his contempt for President Reagan and his "mean-spirited domestic policies." As the talk progressed, several senior Westside Neighbors seemed uncomfortable with such a scathing attack on the President of the United States. One older woman, a lifelong 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, she shot her hand up for recognition, and several organizers commented under their breath that this could be the beginning of a major split in Westside Neighbors.

When the lady 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 his misguided foreign policy and military spending are responsible for cutbacks in the programs that we all need here at home." Only later did the organizers understand how her practical experience fighting for a neighborhood health center had radically affected her world view. Over the next several years, she and her husband became active in the nuclear freeze movement and helped bring the movement into local Santa Cruz churches. It is hard to imagine a more dramatic example of the idea that changed activity changes consciousness.

Grassroots organizing not only changes individuals but entire communities as well. When the previously conservative Westside precincts reversed their traditional voting pattern and gave Rotkin more votes than the conservative incumbent Ghio (in his own neighborhood), it was not simply the result of a successful campaign. Neighbors had organized to confront the Council to get their own needs met and had become aware how the implications of Ghio's politics would impact their lives. They had a different kind of stake in that election than voters generally have. It affected their views and their commitment to enlighten others on a mass scale.

But the community and public action that burst forth on the Westside of Santa Cruz is not a pre-determined necessity. If individuals are to break out of the nexus binding them to privatization and public inaction, the creation of community organizers is also necessary. The Westside Neighbors were blessed with a particularly committed and talented group of organizers from the NAM chapter, the Health Care Coalition they created, and others who later took on these tasks.

The organizers' fundamental goal was creating a democratic, autonomous neighborhood coalition. They held no particular project as sacred. When they presented long-term goals not readily adopted by the neighborhood, the organizers learned about the limits of conflating long-term socialist goals with a neighborhood's immediate needs. As individuals, they began to understand the necessity of a multi-layered struggle for social change. More than anything, they successfully avoided the traditional Left "trap" of seeing neighborhood organizing as a way to build a constituency from which to recruit to Left organizations or to rally behind a leftist agenda.

This is not to say that they did not bring an agenda to the neighborhood. To be successful even in the most limited terms, organizing demanded a forceful approach to the neighborhood's problems with racism, sexism, and ageism. Perhaps the Westside Neighbors' greatest strength was their willingness to confront the problem of racial division early in the organizing process—before an all-white organization was created. Similarly, the special attention paid to developing female and senior leadership created a wide base of support and provided the group with ideas and energy not available from other sources.

Yet for all of its success, the Westside Neighborhood organizing experience had a major contradiction. Because the group was unable to solve its problems and accomplish its goals without the help

of the local City Council, its success ultimately undermined its grassroots effort. This contradiction manifested in various ways.

First, as explained above, many potential neighborhood leaders were elected or appointed to city offices, advisory boards, and commissions. This not only led to the direct loss of energy for neighborhood meetings and other activities; the election or appointment of neighborhood group members to such positions often meant that the individuals brought city-wide concerns to neighborhood meetings, diffusing the group's focus. While organizers made a conscious effort to avoid conflating neighborhood and city issues, other neighbors were not concerned this might downplay the importance of the neighborhood organization.

Second, the election of a City Council majority, sympathetic to neighborhood concerns, eventually replaced with city services the voluntary activities that had been part of the Westside Neighbors organizing efforts. The City could now use paid municipal employees, or city-funded, non-profit employees, to carry out activities formerly conducted by the residents. For example, because of pressure from Council Member Jane Weed and other progressives, in the mid-'80s the City of Santa Cruz instituted a curbside recycling program that completely obviated the need for the Westside Neighbors' recycling program. While the new services were more convenient, efficient, and productive (they resulted in a massive increase in the amount of materials recycled), 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 learn collective organizing and leadership skills. In this sense, Santa Cruz's city-wide curbside recycling is a classic example of the community-shattering effects of general modern industrial society.¹³

There were similar contradictions with the institution of city-funded non-profit services. When the city-funded Westside Community Health Center finally opened its doors in June 1983, it replaced the all-volunteer health, dental, and vision screening which had been previously organized and staffed by 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 neighborhood movement's success at city hall undermined the neighborhood organizing. Despite a serious commitment by the neighborhood-backed Councilmembers to maintain strong, autonomous neighborhood organizations, the Council, and eventually the city staff, replaced the neighborhood groups as a means of resolving problems and meeting the citizens' needs. Because of their responsiveness to neighborhood concerns, the Council opened city government to citizen input. Open public hearings were scheduled before any significant decisions were made about planning or funding. Even relatively minor administrative or technical decisions that previously would have been made by city department heads were now open to public debate.

Initially, Councilmembers sought *direction* and *input* on future decisions, but they eventually sought *feedback* on decisions already

made. 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, participation fell off. A testimony to the new Council majority's democratic commitment is that they continued to expand avenues for public participation in their decisionmaking. But these efforts failed because most people felt the council attended to their needs, and they need not be involved. Thus, despite the Council's desire to increase citizen participation, its plan backfired. The government's democratization demobilized and disempowered first the neighborhood organizations and, subsequently, individual residents.

Such an outcome is best conceptualized as a contradiction rather than a failure. It is difficult to know how a grassroots effort might have avoided the need first to confront and then to enter the state. Given the period's hegemonic ideology and practice, it is even more difficult to know what might have encouraged citizen involvement once the state began to meet most of the residents' goals.

Westside Neighbors's success allows us to recognize that despite the myriad forces militating against the community in the United States today, the struggle is not lost. Given an opportunity to act with others in productive ways, individuals will form or discover community where neither they nor anyone else expected it. They will expend effort, take unexpected risks, and make sacrifices they would not have been prepared to make earlier. They will learn and, through imaginative synthesis, create new projects for further thought and action. Collective, community-based action can be efficacious, and the experience of the Westside Neighbors certainly demonstrates this in an exciting and persuasive fashion.

NAM in Retrospect

Santa Cruz NAM was eclipsed also by its success in the election resulting from the neighborhood organizing work. As an explicitly socialist-feminist group, NAM members had always believed that one key to their success was the emphasis the group placed on process and interaction of members on a personal level. The NAM organizers' deep dedication and commitment could only be sustained with the support of an organization that provided deep personal connections as well as political guidance necessary for success.

Many, if not all, NAM chapters had to struggle with the contradiction of building a sustainable community organization while, unlike most sectarian "Left" groups, having to focus most of its energy on building a broad movement for democratic socialism. Santa Cruz NAM managed this contradiction by making itself a dedicated cadre of committed activists and a friendship network in which the members' personal and political development was considered essential.

When national NAM merged with the Democratic Socialist Organizing Committee (DSOC) to form the Democratic Socialists of America (DSA) in the early 1980s, their emphasis on working with existing mass organizations, such as trade unions and the Demo-

cratic Party, moved the local NAM group's emphasis away from nurturing previously critical interpersonal relationships. This reinforced the tendency of the group's success in local elections to dissipate energy from neighborhood organizing and the life of the chapter. Ironically, the newly-formed DSA's desire to promote the Santa Cruz NAM chapter's election success literally drew local NAM members away to national DSA meetings and speaking engagements. And, of course, this drained vital energy necessary to sustain the local chapter and the neighborhood group.

Ultimately, none of this is a criticism of the activists involved. What remains problematic is how to build a democratic model of socialism, particularly a *participatory* version, envisioned by the socialist-feminists who built NAM in a society in which most working people remain disaffected and alienated from such a vision for themselves and their children.

Notes

¹ I would like to acknowledge the extensive, detailed, careful editing of this essay by Tracy Lassiter. I would also like to acknowledge the support of Victor Cohen in the production of this article. He encouraged me to write it (based on a chapter of my doctoral dissertation) and was a tremendous help in editing it into its current form. Of course, I remain solely responsible for any errors in the final concepts and text.

² The concept was essentially described by Leon Trotsky in his concept of the transitional program (Leon Trotsky, *The Transitional Program for Socialist Revolution* [New York: Pathfinder Press, 1973]), although the NAM group never explicitly discussed this work at the time.

³ Andre Gorz, *Strategy for Labor*, Boston: Beacon Press, 1966, especially the introduction.

⁴ For clear evidence, see resolutions passed at the 1976 NAM convention and at following conventions and the dramatic shift in the nature of NAM *Discussion Bulletins* from #14 to #15 and following.

⁵ *Westside Story's* production and distribution was a labor-intensive collective activity. A wide group of neighbors was encouraged to write short articles ranging from political analysis and meeting reports to favorite recipes and gardening suggestions. Organizers regularly interviewed key neighborhood activists or potential group leaders, and actively solicited photos. Five to ten people typed articles, laid them out on prefabricated boards, helped develop and mask negatives, and make plates. They printed the eight- to twenty-page issues on a Multi-Lith 1250 printing press to which the Santa Cruz NAM had free access. The printer, who was a NAM Health Care Coalition member, also served on the Westside Neighbors Steering Committee. He taught several members of each group to run the press. Five to ten neighbors met at the Garfield Park Village for collating parties, 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 50 people. Although the Health Care Coalition organizers often filled in for people who did not follow through, distributing the *Story* by neighbors to neighbors became a significant basis for communication and solidarity on the Westside for years.

⁶ The Department of Housing and Urban Development (HUD) administers the HCD block grant funds mentioned.

⁷ The Westside Neighbors continued with other issues that engaged the residents' interest and commitment. They formed a group to address safety

problems faced by children going to school, and they were able to get new stop signs and crosswalks put in by the City. Westside Neighbors formed a co-ed softball team in spring 1979 and competed for two years in the City softball league. In October 1979, the group organized a neighborhood cleanup of the state beach that abutted the neighborhood. Over 50 neighbors participated. For the rest of 1979 and into the 1980s, Westside Neighbors sponsored numerous bake and rummage sales to raise funds. The group sponsored a booth at the City's annual spring fair in 1980 and 1981 and involved scores of residents who prepared and sold barbecued chicken in a joint effort to raise funds for the neighborhood group and the Black church where Westside Neighbors held 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, many movie evenings, and two craft days. Westside Neighbors' meetings also provided forums for candidates and for issues in several State elections in 1980. This work and social activity helped hold the group together during 1979 and when progress on the central issue of the health care center was slow.

⁸ While it may appear strange or even affected for me to refer to myself in the third person here and in the text, the participant observation method of research upon which this article, and the doctoral dissertation from which it is drawn, provides the framework for the careful and distanced manner in which I observe and reflect upon my participation in the events I describe and analyze here. Although I am, of course, subject to perhaps more temptation toward distortion than a more distanced observer, the careful way in which I triangulated my own detailed field notes with public media and notes from and interviews with others involved in these events, should provide a sufficient justification for this approach. For those readers interested in such methodological questions, the first chapter of my Ph.D. dissertation, which provides an extended discussion of objectivity in the social sciences and its relation to participant observation methodology, may prove to be of interest. Michael E. Rotkin, "Class, Populism, and Progressive Politics: Santa Cruz, California 1970-1982" (Ph.D. diss., University of California, Santa Cruz, 1991).

⁹ The Health Board was granted \$4,000 to hire planners to develop a plan based on past neighborhood research and their expertise in health delivery systems. The Health Board hired Rosenberg and Associates, a group from San Francisco, sympathetic to the neighborhood control aspirations of the Westside Neighbors and the Health Board. Rosenberg and Associates helped educate 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 Health Board members and helped develop realistic goals regarding personnel, space requirements, legal structures, rate structures, and other funding sources.

¹⁰ Meanwhile, during 1981, the Westside Neighbors worked on several other smaller, successful projects. In January, 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 50 came out on two weekends to plant shrubs and trees between the school and Mission Street, a busy State highway and city street. In the following two years, a small contingent of neighbors and parents from the school Site Council won City Council support and eventual State funding for a sound wall along the highway as well. The Westside Neighbors also succeeded, in spring 1981, in getting the Transit District to construct a covered bus stop in front of Garfield Park Village retirement housing. In June 1981, the City's Neighborhood Crime Watch Program was in-

troduced to the Westside by the Neighbors who helped organize the block committees and publicized the program through the *Westside Story*.

¹¹ Three UCSC Communities Studies students coordinated the canvassing. They were taking a class in community organizing and chose the health center membership canvass 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 center's future board of directors. The students also helped coordinate a raffle and several yard sales that raised an additional \$1,000 for the health center. At the June meeting, 70 or so people attending the first Westside Community Health Center membership meeting elected a new Health Board. Among those elected was Jane Weed, an alternative energy activist who became a future Mayor of Santa Cruz.

¹² In the October 1983 election, the neighborhood held a joint forum with the Downtown Neighborhood Association and endorsed Mike Rotkin and Bruce Van Allen for another term, along with Jane Weed, a member of the Westside Community Center Health Board, and Ed Porter, a member of Westside Neighbors and the earlier Lighthouse Point Neighborhood Association. Rotkin and Weed were elected and, with Laird and Wormhoudt, maintained the progressive majority on the City Council.

¹³ There is a parallel here, for example, with the effects of piping water to individual homes on the former communal gathering places for women in many third world villages. What appears as community *progress* ends up undermining institutions critical to the community's solidarity. For a broad theoretical discussion of this issue, see Emile Durkheim, *Division Labor in Society* (New York: Free Press, 1964).

