Programmed Failure: 
The Lincoln Hospital Story

Robert Shaw, M.D.*
Carol J. Eagle, Ph.D.

ABSTRACT: The events described are conceptualized in terms of the struggle for control of the Mental Health Center and as steps in the transfer of power from a white middle-class medical school to a ghetto population. Implications of the use of local citizens as mental health workers are emphasized.

Some community mental health workers who have heard about the events at Lincoln Hospital Mental Health Services in March of 1969 believe that a cataclysm struck and destroyed the service. Dr. Mel Roman (1969, p.4), former associate director, described the events as a “breakdown,” beginning with an “explosive strike” and resulting in “an almost complete debilitation of the program” which he labels as a “social tragedy.”

It is important to examine the events leading to this description more closely so that there can be greater sophistication in the handling of the prestages of confrontation, thereby avoiding the destructive potential of stereotypic responses. We hope in this paper to show that the set of circumstances prevailing at the time constituted a structure of such inherent contradictions and conflicts that the probability of a disruptive explosion was great enough to amount to a programmed failure.

We will discuss several details of Dr. Roman’s paper as it is the only other recorded account (of which we are aware) of the Lincoln events. We feel that his account distorts, by virtue of omission and inappropriate emphasis of facts, the reality. We are sympathetic to his retrospective apologia but are concerned lest the wide circulation given this paper lead to erroneous impressions.

* Dr. Shaw is Associate Director Herrick-Berkeley Mental Health Center, Berkeley, California; he was formerly Assistant Professor of Psychiatry (Child), Albert Einstein College of Medicine and Director, Child Psychiatry, Lincoln Hospital, New York. Dr. Eagle is Assistant Clinical Professor of Psychiatry (Child) and Director, Evaluation Unit, Department of Psychiatry, Lincoln Hospital, 333 Southern Boulevard, Bronx, N.Y. 10454. She was formerly Assistant Director, Child Psychiatry, Lincoln Hospital. Parts of this paper were presented at the Ninth Annual Conference of the Mental Health Career Development Programs of the National Institute of Mental Health, Tampa, Florida, January, 1970.

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THE BEGINNINGS OF THE MENTAL HEALTH CENTER

The Lincoln Hospital Mental Health Center enjoyed for a while an almost unprecedented reputation throughout the country because it was considered to be a demonstration of an innovative means of effective intervention in the relatively untouched mental health problems of the ghetto.

Its theoretical approach centered around comprehensive social action including the employment of indigenous nonprofessionals together with the concept of a career ladder for them. This approach established the center as a critical test ground for what would become an important contribution to the mental health of the inner city ghetto. This was particularly meaningful in light of the \textit{zeitgeist} of the times when liberal mental health professionals were searching for means to implement broader strategies of comprehensive mental health service delivery.

The following are personal observations during the two years that we functioned as Director and Assistant Director of Children's Mental Health Services at Lincoln Hospital, together with some theoretical notions of structural difficulties inherent in the introduction of such a mental health center into an urban ghetto.

For those unfamiliar with the Lincoln Hospital program it should be pointed out that beginning in 1963 an affiliation contract was signed with the New York City Department of Hospitals which provided for a Department of Psychiatry to be run by the Division of Community and Social Psychiatry of the Department of Psychiatry of the Albert Einstein College of Medicine of Yeshiva University. This new Lincoln Hospital Department of Psychiatry was to be known as Lincoln Hospital Mental Health Services and was to launch a massive community psychiatric attack on the fragmentation, apathy, and social pathology of the South Bronx. In 1965 the Office of Economic Opportunity provided funds for a three-year demonstration project involving the use of neighborhood service centers primarily manned by trained indigenous nonprofessionals and emphasizing social action in an attack on the chronic shortage of vital services and supplies in the ghetto.

THE 1969 "STRIKE"

In March 1969 "an explosive strike" (Roman, 1969, p.4) took place. A large proportion of staff, mainly nonprofessionals, but including 67 faculty members, engaged in a work action that set off a train of circumstances causing a temporary suspension of services and ultimately the removal of top management. In the course of this action the protesting group, comprising approximately 70% of the entire staff, complained about personnel practices, inefficient