

Ken and Diana Tittle — UFW Volunteers 1971-73

Diana and I had gone from Boston to northern New Mexico and southern Colorado the summer of 1970 on a United Presbyterian health education-based community organizing project called the Health Fair project (something that a classmate of mine, Jon Kay, and I had first developed for the Presbyterians in the Southeast in 1966). We worked some with Presbyterian Medical Services down there (PMS, not initials one would choose these days), and were considering returning to northwestern New Mexico the next year. My idea, though, was to offer myself as an organizing focus. I would say to the people in that doctor-deprived area, “Clearly, one doctor cannot meet your medical needs, and I am not going to try, but I am willing to negotiate with a community group to give you a defined amount of physician services — a contract — and you would have to decide how you wanted to use those services and then how you would address the rest of the medical needs.”

I was not interested in going there as a solo doctor just to burn out in a year or two, and I was committed to the idea that “community competence” to address their needs was actually more important to the community’s health than whatever a doctor might do, so in principle, the whole thing seemed to make a lot of sense. But in practice, I had never heard of anyone ever doing or even proposing such a thing before, so it was a little daunting. (“Community competence” was, in fact, a concept and term I myself had invented to sell the Health Fair idea to the Presbyterians, something drawing on my Friends Service Committee experiences.)

In the meantime, we returned to Boston for another year, where I had a position as a special fellow in ambulatory medicine (and later an instructorship in internal medicine) with the Harvard Teaching Hospitals. Diana already had a fascinating and challenging assignment as a middle school ESL classroom teacher at Boston’s troubled Columbia Point.

Long story short, partway through the year, one of the other fellows, Sheldon Greenfield, came to me and said, “I was at the Medical Committee for Human Rights meeting the other night, and there was this guy from the United Farm Workers there, looking for doctors for California for \$5 a week. You are the only guy I know maybe crazy enough to do it.”

Well, to interject here, I had followed Cesar and the UFW for a time already. In medical school in New York City, we shared mailboxes with another student, by alphabetical order, and my partner used to get the *Wall Street Journal* every day. The only periodical that regularly showed up for me in our shared box was *El Malcriado*. I am sure my partner didn’t approve.

Anyway, thus we met Marcos Munoz (and Andrea) at the Boston Boycott house, and we were captivated. Marcos had been out on the boycott for a long time at

that time, but he was excited about the idealistic vision for the Forty Acres, as it had been formulated when last he was in Delano. At the garage, he said, people won't just have their cars repaired, they will work with the mechanics and learn, so that they can be more self-sufficient when they are out on the migrant swing. And similarly, there will be a clinic at the Forty Acres, but it won't be like a usual medical clinic. The patients and their families will be participants and will learn, so they can be more savvy on health issues and less liable to be exploited out on the circuit.

It was a vision exactly congruent with my own views about the relative unimportance to community health of the doctor's services per se and the importance of building the community competence. I thought, if the union is actually doing this sort of thing, then probably we ought to go out there for a year or two and learn whatever we can before we head to New Mexico. We signed on, and Marcos was jubilant, reporting back to La Paz that he had bagged a doctor out in Boston for the Forty Acres.

In June, 1971, I finished my fellowship and resigned my Harvard teaching position, and Diana and I loaded our goods into a U-Haul truck and headed for Delano. The union had a little apartment ready for us just east of the freeway, but nobody was there to help us unpack, and it was beastly hot, especially coming out of Boston. We had some secondhand furniture and a BUNCH of boxes, lots of books, etc. I was bushed by the time we finished, and boxes were stacked everywhere. The next day I was still exhausted and couldn't do anything, and the following day I was worse, with swollen glands and abdominal pain, and I realized I was getting very sick. We left our stuff all unpacked and got into the car to head south over the Grapevine to my aunt's house in Glendale, near Los Angeles. Diana did not drive in those days, and I was so sick I was not sure I was even going to be able to make it. For a month I was completely out of it, with a severe case of mononucleosis, until we could return to Delano and start the unpacking.

Before we had even unpacked, Richard came by and said that Cesar wanted to come and meet us. So shortly, Richard and Cesar and two bodyguards and the two "little bear" German Shepherds all filled our little living room, and we talked about health policy, among other things. As I remember, Cesar talked about how very important he considered the health-care issues to be for the farmworkers — his commitment to addressing those needs — and I talked some about my organizer's orientation to health care and health issues, about "community competence," and about my understanding of Marcos's vision of the Forty Acres health center, which was at that time nearly completed and close to opening. Cesar asked great questions and understood immediately what I was driving at, and at one point he turned to Richard and said something like, "Maybe we have our health policy here."

Only thing was, there was no obvious place for me. Unbeknownst to Marcos, three physicians, friends from medical school, had already contracted together after their residencies to come to the Forty Acres (with part of the agreement, as I understood it, being that they would be able to stay together there and have the authority to do the clinic “the right way”). Additionally, a fourth physician, the redoubtable Dan Murphy, had already signed on and was assigned to the clinic as well, so there was really no place there for me.

The three docs were very tight with one another, from fairly prestigious programs, and very confident. Rightly or wrongly, it always seemed to me that they kept Dan, with his University of Iowa and Staten Island training, a little on the margins. As for me, at least subconsciously they probably were not particularly pleased to have me arrive with still more prestigious credentials than they and having been deeply involved already in organizing two community clinics in Boston, and in training community health workers, and with a community organizing background. At least I was not brought into their discussions about organizing the clinic, and they made it quite clear that I wasn't needed in Delano.

When the Forty Acres clinic first opened, with the doctors resplendent in long white lab coats, I was covering the laboratory to draw blood, temporarily. I also had my camera and was clicking away to document the day (photos that we seem to have lost). The very first patient was Chris (? I am blocking on his last name), who was a union staffer and photographer (as I recall) and who was proud as could be to be the first patient ever at the Forty Acres. I had pictures of his intake and taking his weight and blood pressure. Then I followed him down the hall to the examination room to document that first visit. However, at the door to the room, Peter Cummings summarily threw me out, citing “patient confidentiality,” and at that point I knew without a doubt that I was not accepted as a physician by the triumvirate. I mostly felt sorry for Chris, deprived of his moment of glory.

It worked out pretty well for me, because I got assigned to the organizers to go out and sell the clinic and the health plan to the workers, and I learned a lot. Got to know Richard pretty well, the other organizers, and got to sit in as Fred Ross, Jr. imparted his wisdom to us. (Sort of like sitting at Alinsky's feet, but with one degree of separation. I actually had gotten to go to a series of lectures that Alinsky had given at Union Theological about four years before, and they had had an impact on me. My organizing training had initially been American Friends Service Committee, and Alinsky and working with the Black Panther free clinics had given considerably more edge to my organizing orientation).

As this was going on, Diana was the valuable member of the pair. She was working in the field office and became the outstanding choice to be Andy Imutan's secretary and assistant as he took over the field office. In the meantime, Marcos had come back and was living in Bakersfield, so we went to visit one

Sunday and had a great time (including our introduction to menudo). Marcos was talking about the things that he was dealing with there in Bakersfield and I was talking about my situation in limbo, and — well, we got going and got very excited about working together there in Bakersfield, organizing around medical issues, taking on the bureaucracy and discrimination at Kern County General, etc. We were both jazzed. (Marcos was nothing if not a thinker outside the box.)

Monday morning early, as Marcos tells it (I never heard Cesar tell his side), Marcos was at La Paz to talk to Cesar. “I want Tittle to come work with me in Bakersfield.” And Cesar said that they were not ready to start medical services in Bakersfield. “I don’t want him as a doctor; I want him as an organizer.” Cesar was aghast, according to Marcos. No way! A doctor is much too valuable to use as an organizer. So it wasn’t going to happen.

I’ll get back to Marcos in a second, but just parenthetically, Cesar could be quite hard and demanding on his organizers, but I always felt that he was a little too deferential to his doctors (I don’t know about the lawyers). That statement about a doctor being too valuable seems fully in character, because Cesar at various times made comments about doctors (when I was recruiting for the Health Group, for example) that seemed to me to indicate that he had trouble understanding why any doctor, with all that training and employability, would ever commit to come to the union. It seemed to him an immensely greater sacrifice to make than what his organizers were making, whereas from my perspective, there was very little sacrifice for us, compared to the farmworkers — if at any time things got too tough, we had a world of well-paid opportunities to choose from, and we could bail.

Perhaps it wasn’t so much that Cesar was unduly deferential to the professionals but rather just realistic about how easy it would be for us to bail and pessimistic about how easy it would be to find some other “loco” to replace us. However, I always marveled that the three Forty Acres doctors were able to say to Cesar (as I understood it, at least), either we all three come together and we do it our way, or we don’t come, and that Cesar agreed to that. That, at least, would seem to have been out of character for Cesar in other venues.

Anyway, not long after Marcos made his play for medical organizing in Bakersfield, the Delano field office instituted a policy that field office staff would rotate and take turns running the front desk and switchboard. That included Diana, but the problem was that as extremely gifted and capable as Diana is, she is not inherently a multi-tasker and she hated the switchboard. So, I volunteered to take her next turn at the switchboard. It seemed totally like a win-win situation all around. I had always wondered what running a switchboard would be like, and I wasn’t really doing much anyway; Andy would not have to do without his trusted secretary that day, and if Diana was happier, so was I.

It worked out just fine. Only thing was, about the second or third time I took her shift, who should walk into the Forty Acres but Marcos. He hooted when he found me running the switchboard, and the very next day he was on the phone to Cesar. "I thought you said a doctor was too valuable to use as an organizer! Do you know your doctor is running the switchboard at the field office?" Well, it didn't get me to Bakersfield, but before long, Diana and I were in La Paz and I was working with LeRoy as the "medical director" for the National Farm Workers Health Group, troubleshooting and mostly recruiting and getting some feel for some of the health policy decisions that undergirded the NFWHG.

Long-term, I don't know how that would have worked. Short-term, I sometimes felt like I had been doing more good for *La Causa* at the Delano switchboard, but it was wonderful to have had those few months in La Paz, to get to know Cesar and Elena and LeRoy and so many others, and to have that perspective on the union. (Not so wonderful living in an old TBC sanatorium hospital room, but even that was okay. Those were interesting times and it was worth it.)

Part Two

I say "those few months in La Paz," but when I do the numbers, I realize that there were only a few weeks in La Paz. We were in Calexico by January, 1972, and I marvel at how much was compressed into our first six months with the union, especially given that the first month I was out sick.

The real "father" of the Delano clinic, of course, would have to be Marian Moses, and interestingly, we have never met Marian personally. During our time with the union, I believe Marian was in Philadelphia getting her M.D., and we were gone by the time Dr. Moses returned, but she was really the one who made that alliance between medical services and health professionals and *La Causa*, while I was still only reading *El Malcriado* in New York City. Of the five physicians who were in Delano when the clinic opened, the triumvirate of Peter Cummings, Peter Rudd, and Caleb Foote was what I would say were the "real doctors," invested deeply in the career of medicine, and they moved on from Delano. I never followed the journeys, but if I am not mistaken, I think at least Peter Rudd became an academic physician of some distinction. Only Dan Murphy and I "stayed," but in very different ways.

Dan turns out to have been much more deeply committed even than I to the idea that his medical knowledge needed to be used to support the political causes of justice. After many years at the Delano clinic, when he left the union, he left the country, saying there were no longer any causes in the U.S. which he felt merited his commitment.

Just a few weeks ago, in probably April 2007, I was listening to National Public Radio, to the Public Radio International program "The World," and their geographic quiz was about the world's youngest nation and its turbulent genesis.

I knew the answer, East Timor, as they spoke, and then they said, "In a few moments when we return with the answer, we are going to speak with an American doctor who has been working in this nation since before its independence," and I said to myself, "I bet I know who that is," and sure enough. It was a remarkable interview, in the sense that the clip they ran was quite long, and it was only Dan, speaking without interruption and without prompting, eloquent and articulate about the conditions they were dealing with and about people's human rights for health and health care and freedom from tyranny and exploitation and for self-determination. I can imagine the producers listening to the tape and concluding, there is nothing to edit here; run the whole thing. Good for Dan.

I will, I imagine, discuss our decision to leave the union at the end of our two years as these recollections go on, but we have stayed down in the Imperial Valley, working, mostly in Spanish, with lower income patients. (I am still caring for some patients who were Chavistas and *buelgistas* and were first my patients in 1972.) I guess I have taken medicine more as a ministry to the individual patients and their families, as well as my day job, as I have taken on other causes (returned to my AFSC organizing roots), but we largely stepped out of the political maelstroms. I guess in a sense I can agree with Dan that it is very difficult to see today in the U.S. how to use our medical training so directly in support of worthy political causes as we were able to do with the UFW in those days. There was a time there when we had the tremendous luxury of knowing that we were clearly on the side of the good guys, without any ambivalences or ambiguities whatsoever. That can never last forever.

The first patients I took care of in California were actually not UFW patients. During our time in La Paz (or perhaps just before we went to La Paz), the union loaned me to the federally funded migrant health clinic in Orange Cove in west Fresno County, to do some vacation coverage for them for a couple of weeks. Diana had just had a miscarriage, and while we were up there, she went into the Kaweah Delta Hospital in Tulare for a D&C. With the money that Orange Cove must have paid for my services, hopefully it was a wash for the union. She got very good care there, and it was nice to have that time to recover and grieve, apart from all the union stuff, at this secluded house out in the orange groves where we stayed.

The migrant health funds had been pushed through mostly by liberal Democrats who were sympathetic to the union, but it has never seemed likely to me that it was a coincidence that in all the country, the first two federally funded migrant health clinics were not in Florida or Texas or Michigan, but in California, in Brawley, where Cesar was organizing the lettuce in the Imperial Valley, and in Orange Cove, where many people expected the UFW to go next, to the citrus.

When we came to the Imperial Valley, the Brawley Clinic was a few months old, and its controversial presence there in some ways made our job of organizing the

Calexico UFW clinic easier, as I will describe later. But my point here is that there were four very fine doctors at the Brawley migrant health clinic, all Cesar Chavez supporters who felt that they were doing their part to support the farmworkers, so they were not exactly thrilled to have me tell them that we considered them the “enemy.” It was the same discussion Cesar and I had had on health policy, starting from Cesar’s first visit to our Delano apartment. We held that the union was far more important to farmworker health than any medical services could ever be, by raising salaries, by changing the working conditions, by providing health insurance, by increasing worker self-respect, etc., and particularly, as Cesar so emphatically would point out, through job security and seniority, because, Cesar said (and he was right), that was what would allow a farmworker to work out his working career in the fields with security, so that his family, particularly his kids, wouldn’t have to go into the fields and could go on to get an education.

Farm labor would increasingly mechanize, Cesar told us, and it was only the hiring halls and seniority and job security that would allow the farm labor market to contract in an orderly fashion without wrenching disruptions, dislocations, and injustices for farmworker families — would allow heads of households to remain heads of households without the young bucks shouldering them aside and would allow their kids to look elsewhere than farm labor. Our brief time with the UFW saw what in my mind was the watershed event, with the entry of the Teamsters and their sweetheart contracts into the grapes in Coachella. In fact, the growers had given up on making the UFW disappear and had caved on ALMOST everything — on health insurance and working conditions and salaries and unionization, just as long as they could get rid of the hiring halls and seniority, allowing them to keep the upper hand in a constricting job market, as Cesar had understood. Way too few of the farmworkers understood the long-term implications of surrendering the hiring halls. They were all confident that the new arrangements would work for them, and certainly they were far better than anything they had known pre-UFW.

And therefore (I told the Brawley Clinica de Salubridad physicians, at least one of whom had seriously considered the UFW but had been unable to accept the \$5 a week idea), by coming into Brawley and offering excellent medical care to all farmworker families, you are seriously *damaging* farmworker health because you are undercutting a major UFW organizing tool, the health plan and the clinics. One less reason why they should take the risks and pay the price to organize. “Why do you think this clinic is in Brawley and not in Texas?”

Nevertheless, we had extremely cordial relationships with the Brawley clinic and physicians, and the Brawley Chicano activists who were strong with Clinica de Salubridad were also some of the strongest UFW activists in the North End. (We lament Cesar Rodriguez’s recent death.) In particular, Dr. Pete Saracco was absolutely crucial to our very successful obstetrical program, and Dr. John Radebaugh covered our back in pediatrics.

Radebaugh, who was the one who as a professor of pediatrics had tried to negotiate a salary with Cesar before deciding to come to Brawley, used to say to me, “How can you possibly live on expenses plus \$5 a week?” and I would laugh and say, “John, *by definition* anyone can live on expenses plus \$5 a week.” Doctors actually got preferential treatment, living each in our own apartment, and we still remember Angel Quintero, when he was our field office director, looking around our little apartment in Calexico, with the books and secondhand furniture from our Boston days, and saying, “*Aqui parece casa de ricos.*” (“Looks like a house of rich people.”)

I went to Calexico and Mexicali in the fall of 1971, sent directly and very personally by Cesar “to investigate.” I don’t remember why Diana didn’t go with me, and because of some commitment (I think covering the laboratory in Delano, I didn’t leave until late, so I drove down alone and arrived in the middle of the night. I slept in our Volkswagen fastback at the city park across from the police station — seemed safe enough.

It was only a three-day visit, but I have gotten a lot of mileage out of some of the stories from that trip. Much of it had to do with my broken Spanish. Of our five doctors, I may have been the only one with much Spanish — not sure — but it certainly was not the complete package. (In later years, I would often get compliments about my Spanish, and someone who had known me that first year would say, “Oh, boy! You should have heard him when he first came down here. I couldn’t understand a word he said!” And it would often be someone with whom I had conversed extensively, according to me.) Looking back, I am amazed what good service I was able to wring out of my Spanish on that first trip, but....

That first morning, I woke up very early (as one does, sleeping in the car) and hungry, and I remembered the menudo (tripe soup) we had shared with Marcos and Andrea in Bakersfield. Down here on the border, I reasoned, I should be able to get some really good menudo, so I went looking.

At one point I found a billboard(!), in Spanish, that I understood to be advertising the best menudo, at a place called “La Chicana.” I didn’t find that, but I did end up at the Border Café for some good menudo. Maybe a year or so later, I was waiting for the train to cross to get into Mexicali, and I again spotted the billboard for “*el mejor menudo.*” What it actually said was, “*Mayoreo y menudeo, Almacen Ropa La Chicana.*” (Roughly translated: “wholesale and retail clothing warehouse ‘La Chicana.’”) Somehow it had not occurred to me to wonder at a billboard advertising menudo.

Thus fortified by breakfast, I went around the block to the field office, but it was still early and the field office staff was not in yet. As I waited in the field office, I was listening to the workers talking. One in particular was a highly animated

storyteller who was keeping people entertained by his stories about the broccoli fields, and I was straining my Spanish to understand. However, one particular word was obviously crucial and not part of my vocabulary, and I wasn't sure I was getting it right from the context. He was saying that the *cabrón* did this and the *cabrón* did that, and then the *cabrón* sent us there and then the *cabrón*... well, you get the picture. Later that morning, I asked Dorotea, "Dorothy, what is a *cabrón*? Is that something like a foreman?" She had a good laugh and said, "Something like that." (*Cabrón* being roughly the farmworker equivalent of "bastard" or SOB.) Later, she filled me in.

Eliseo Medina arrived shortly, and we headed out to the fields. The Valley looked beautiful in the fall (flat, but beautiful). We contrived to arrive around 10 a.m. for the morning break, to join the workers sitting around little smoldering fires because, as Eliseo informed me, they always have tacos to share around (which they did). Later on, he turned me over to Phil and Carol Traynor and we headed to Mexicali.

Phil and Carol did a great job (seemed to me) with the Mexicali clinic and had a delightful support staff. (Phil was an ex-priest who had studied canon law in Rome, and his Spanish tended toward creatively recycled Italian; Carol was an R.N. who didn't really speak Spanish.) The workers liked the Traynors, and they liked the clinic, where they were attended by Mexican doctors in the Mexican style and had medications dispensed right there — so many medicines, the Traynors said, that they had learned to stock the dispensary with paper bags so that people could carry them home. And so many medicines that the drug costs were readily outstripping the drug costs at the bigger Forty Acres clinic, as I said earlier.

Phil is the one who knows the history of the Mexicali clinic. ("Carolina" died tragically several years ago of a cerebral hemorrhage.) What I will outline here is quite second-hand, things mostly that relate to the subsequent development of the Calexico clinic as the second established clinic in the U.S.

One thing that Cesar had told me on the drive to Bakersfield was that Mexico was a foreign country to him, that things were different in Mexico, where they had their own understanding of power and their own experiences with unionization, and that his cousin Manuel was the one who knew his way around Mexicali and had played the principal role in developing the medical services there as well.

Apparently, that was true. My understanding was that the initial arrangements were with a couple of well-known (or notorious, depending upon your point of view) Marxist physicians in Mexicali, Dr. Prado and Dr. Tinajero, friends of Manuel. Inpatient and obstetrics were provided at Prado's sanatorium out on the west side on Twelfth (or Eleventh?), and mostly under Tinajero's care. (I never met Prado, and only superficially met Tinajero.)

Standards of care were, well, pretty fuzzy, and there were some medical misadventures there that were pretty distressing for me (including a couple of fully avoidable deaths that Carol related to me). But as it turns out, it was not much different than a lot of what was happening generally in Mexicali in those days, and at least the union members had their health coverage for access to doctors.

Most of what I learned on that first trip, I learned from the two younger doctors who were providing most of the outpatient care (combining, I think, time at the clinic on Villahermosa and also seeing UFW patients in their own little offices, but I am not sure how that worked out).

Juan Escobedo was surely one of the most decent people and gentlest doctors I have known, from an *ejido* in the Mexicali Valley (where eventually he returned to practice). He was with the UFW because he wanted to be on the side of justice — a man of the people and very unpretentious. He was very respectful with me, almost deferential.

Juan was young, dark, and handsome, and considerably to the quiet side of taciturn — the silent type. He had some patients waiting, and as a courtesy invited me to sit in on the consultations. That was an important educational experience for me.

There was a small, battered old wooden desk, and Juan, wearing a long white lab coat, sat at the desk in front of an equally old and battered little typewriter. There were two straight chairs on the other side of the desk for the patient, or commonly, for the patient and the spouse. The couple would enter humbly; Juan would gravely nod them to the chairs and wait. One or the other would then spill out their story and Juan would nod again and then solemnly type out a prescription with two or three medicines on it and pass it across to the patient. Next patient, please.

Initially, in my doctor mode, I would try to ask questions to clarify (in all honesty, as I might have done when one of my medical students had given me an incomplete presentation), but soon I realized the nature of the encounters, and I stayed silent. However, Juan noticed my discomfort, and once in a while he would pause midway through typing out the prescription and turn to me. “Would you like to ask them anything?” and I would respectfully decline. I was not there to teach medicine.

That insight into the doctor-patient transaction was critical for me in understanding the dynamics of my own subsequent interactions. Juan and I remained on good terms for many years, but, unfortunately, he had a disabling stroke many years ago, still at a young age (from untreated hypertension, I was told by some mutual patients).

Pedro (Vargas, I think?) was much more talkative. I interviewed him in his own little two-room office (Chilpancingo and Sonora), untroubled by any staff or patients (because there were none). I was an organizer myself, so we did all the pleasantries first and, eventually, when we got to the kernel of the matter, he had decided to trust me and was most informative. The UFW doctors in Mexicali, I observed, prescribed a lot more medicines than we tended to do in the U.S. Why was that? Was that the style of medicine they were taught? Pedro took me under his arm (figuratively, at least). "Look around," he said. "There is a doctor's office on every second corner in Mexicali. It isn't like the U.S. Our patients don't have money for a lot of tests and studies. And if your medicine doesn't work, they are not going to come back to you for another chance. They will simply look for another doctor. So you have one chance to prescribe, and you hope that one of your medicines will do the trick."

So then I observed that there seemed a lot of dependence upon injections in Mexicali. Was that part of their medical training? "You have to understand," he said, "that here you can get practically any medicine you can name, without a prescription, from the drugstore. The medications that the doctors control are the injections, and in this setting, if a patient comes to you and you don't prescribe an injection, they think that you are not taking their illness seriously, only giving them what they could have gotten from the drugstore." (Some valuable medical education you don't get from textbooks.)

And finally, I said, "But you are working for the UFW, and they aren't asking you to cater to the patients' desires like that." "Friend," he said, "the union is well and good, but it's American, and we don't know how long they will be here. If they pull out, then what happens to me will depend on what my patients think of me. I want my patients to come back to me, union or no union."

Dr. Vargas was forthright and practical, it seemed; Dr. Escobedo was downright noble; Tinajero and Prado may have been none of those things. In addition to the problems we could see with the medical care and the medication costs (and some problems with kickback demands from pharmacy suppliers), as I recall, there were enough indications that the Marxists, Tinajero and Prado, did not really recognize us as ideological soul mates, but more as a prominent U.S. organization with resources for the taking. It was not a match made in heaven. (There was nothing very Marxist about our ideology, to be sure. I seem to recall that Tinajero may have been a compadre of Manuel Chavez, but I doubt he was ever our political ally. They may have rationalized some padding of the bills, etc., ideologically.)

So... the Valley was very pretty in the fall, Mexicali and the border were fascinating, Phil and Carol Traynor seemed like real soul mates, and Eliseo Medina and the field office were very impressive. But the problems with the Mexicali clinic were formidable, and the different expectations and styles for medical care were daunting. I for one had no idea how they might be addressed

effectively as I returned to report to Cesar. Turns out, that was not my job, to figure out the solution. Cesar had me pegged to be the solution, in a manner of speaking.

Although Cesar ostensibly sent me to Calexico to investigate problems with the Mexicali clinic, he had already decided that he needed to move the Mexicali clinic across to the U.S. side of the border. (Surely, the main thing being investigated was Dr. Tittle.)

There was a lot at stake in launching a new clinic in Calexico, and Cesar, having used the trip to Bakersfield to sound me out, then used my mission to Calexico to allow Eliseo Medina and Phil Traynor to size me up. I was concerned about what I needed to report back to Cesar; probably Cesar was primarily concerned with evaluating how well I had sized up the situation. Cesar had already talked with Eliseo before I ever got back to La Paz (and possibly had talked with Phil also, although I never asked). In other words, I am pretty sure that the operative question was not, as I had assumed, how to address the problems in Mexicali, but rather, was Dr. Tittle adequate for the Calexico Clinic task, or did they need to find someone else?

I gave my report to Cesar and he received it without much question or major comment. Then he told me that he felt we needed to establish a clinic in Calexico, to move away from the Mexican doctors, and how did I feel about going down there to do that? I accepted, of course. It was Cesar's decision, I felt, and I liked the context down there.

The only other thing I remember from that brief meeting was that I shared my misgivings about the decision to move services to the U.S.: Medical care for the workers' dependents seemed terribly important to the membership, and because most of the dependents lived in Mexicali and had no "papers," they would not have access to our Calexico clinic. At that, Cesar assured me, without details, that there would be "ways to work that out." (Probably LeRoy can fill in the blanks here, but given how it played out, I have always assumed that for Cesar to be able to say that, he apparently already had assurances from Bobby Kennedy, which is one of the reasons I surmise that the decision to move to Calexico had already been made before I was dispatched to Calexico.)

As an aside here, in Boston I had read a three-part article in the *New Yorker* magazine about the Imperial Valley and the political struggles to establish the federally funded Clinica de Salubridad in Brawley. So, on our trip from Boston to California, Diana had asked me, "What is California like?" I said, "Well, there is something of everything in California, but I'm willing to go anywhere the union wants to send us except the Imperial Valley."

"So what's wrong with the Imperial Valley?"

“Well, I’ve never been there, but all I know about it, from the *New Yorker* articles, is that the weather and the politics are terrible.”

Sure enough, Diana and I left La Paz and moved to the Imperial Valley in January, 1972 to team up with Phil and Carol Traynor to set up a NFWHG clinic in Calexico.

We saw our first patients in May. Once again, when I look at the actual time line, it really does not seem possible. Things fell together very rapidly. In fact, much of it is something of a blur and I am not sure how well I can tell that story. (These days, of course, that time line would likely *not* be possible in California, with its tangled web of regulations.)

Given the *New Yorker* magazine accounts of right-wing and racist politics opposing the Clinica de Salubridad, establishing the Calexico UFW clinic was a little anticlimactic. In the first place, Brawley, 25 miles north of the border, was worlds different from Calexico, on the border. Calexico was (and is) overwhelmingly Mexican and Mexican-American, with its cultural ties mostly with the metropolis of Mexicali across the fence. Additionally, while the county’s economic and political structure was largely agriculture-dominated, Calexico was a merchant community with the highest per capita retail sales in California (higher than Beverly Hills), thanks to the overvalued Mexican peso at the time and 300,000 people in Mexicali. And finally, four of the five city councilmen were Latino, and three of the councilmen were strong UFW supporters. We went in ready to fight, and instead we were welcomed warmly by a city that was looking for doctors, and we ended up locating our clinic in a city-owned clinic building behind the Calexico Hospital. (At the last minute, a Cuban emigré doctor also looking to move into town told the Anglo city manager that Dr. Tittle was a communist, and he tried to block the deal, but we had a rock-solid council majority and he quickly gave it up.) One of the reasons we were able to start up so quickly was that the building was already there as a turnkey medical facility to recruit doctors.

Despite the violent opposition to the Brawley migrant health clinic, and to a degree because of it, we even came into the Valley with reasonable support from the medical community. In the first place, the battle cry against Salubridad had been “socialized medicine,” so when the doctors I spoke with started their song and dance, I only needed to assure them that Cesar was adamant against receiving any federal monies, and they had no alternative objections to offer (even though some doctors’ wives were leaders of the Citizens Committee for Agriculture, the local anti-UFW organization).

Secondly, my academic and faculty credentials were more than the equal of any doctor in the Valley except for Radebaugh, the Salubridad pediatrician, so there was nothing they could say about our medical standards, either. We readily got promised medical cooperation from the private specialists.

Cesar kept closely in touch with the process, an indication of the importance he placed on this. At one point early on, we met about the clinic, with Cesar and Richard and Eliseo and Phil Traynor and me in Calexico, and Cesar was considering building a facility. On the north edge of town, there was a sign for a 5-acre plot of land offered by one of the prominent ranchers (cattle rancher, to be sure). Let's check it out, said Cesar, and as the Anglo doctor new to town, I was delegated to go talk to old man LaBrucherie. (Someone at the field office told me the ranch was "about 3 or 4 miles out of Calexico," so I rode my clunky old bicycle out there. It turned out to be almost 10 miles, and I was half gassed by the time I got there.)

LaBrucherie seemed not sure what to make of me as I explained that I was interested in his property as a possible site for a clinic for "lower income patients," and I don't know if he knew or suspected that I had any connection with the UFW, but he was basically cordial. I came back and reported to Cesar that the price for the property was \$5000 (or maybe \$7000, I don't remember). One of the city councilmen, Luis Legaspi (later to be county supervisor), was with Cesar at the time, and they both sat up straight at that news. Cesar was ready to go for it immediately, but unfortunately, in my naiveté I hadn't realized that LaBrucherie had meant \$5000 per half-acre parcel. As I say, we ultimately rented a prebuilt medical facility from the city at a low price.

I had two fine doctors with me the first year. With me when we opened was John Cummings, a big, jovial, red-bearded guy whose first love was playing bluegrass guitar. I am not sure how John was recruited (it was not by me). After leaving Calexico, he and his lovely, artistic wife, Magda, went to San Diego where he took a position with a community health clinic. He was not much into farmworker politics and knew he wasn't going to be there a long time, so, although he had quite a bit of basic Spanish, he wasn't too motivated to polish it, and the patients thought he knew less than he actually did. But he was a good doctor and had a much better obstetrics background than I, which was important.

By the summer we were joined by Graham Finke and his lovely, intellectual, feminist wife, Heidi (Ulrich?). Graham had been in the intern class a year behind me at the Beth Israel in Boston and had done a first-year medical residency there. They had heard about what we were doing and got interested in perhaps coming out to join us. So they visited. Coming from Boston in February, needless to say, they found the warm sunny weather glorious, but we still remember the moment when a look came over Graham's face — "Wait a minute. If it is like this in February...." But they came anyway.

After leaving Calexico, Graham and Heidi returned to Boston, where Graham eventually went on to become an attending in infectious diseases in the Harvard Teaching Hospitals.

It would have been hard to find a more congenial trio of physicians (or a better qualified trio, either, unless you are one of those people who think experience is important). And hard to find a more gifted and gracious, unpretentious trio of doctors' wives, either. Along with Phil and Carol, a thoroughly capable and compatible group. I don't remember any significant problems, although more of our socializing was with Phil and Carol because we were more immersed in the political and organizing side of things down there than were the other doctors. Phil and I basically had the responsibilities for setting up and running the clinic — administrator and medical director — and those discussions were often carried out well into the night, sharing tostadas and cheap wine in plastic cups at Phil and Carol's apartment.

Thinking of the things I would like to ask LeRoy or Dolores or Richard or Eliseo (the ones who would most likely know, I would guess), I don't think I fully understand why it was so important to Cesar to move the clinic to the U.S. side. Even in retrospect, it seems to have been a high-risk decision from an organizing perspective, and I have long wondered whether there were broader strategic considerations than just uneasiness with the Mexican doctors and the high pharmacy costs. (Five years later, the union would close the Calexico Clinic and return to using paneled doctors in Mexicali.)

As I said, most of our membership in the area, and most of our prospective membership as well, lived in Mexicali at the time, and while they had their green cards, most of their dependents, especially the children, did not. Cesar had casually assured me that there would be ways to work that out. When the time came, a UFW photographer went to Mexicali and took group pictures, family by family. They mounted the group photo on one side of a small ID card; on the back side was listed each of the family members with his or her birthdate. (I believe the card was flimsily laminated, but maybe not even that — there must still be some of those cards around as UFW relics.)

The word went to Washington, the word came back to the border, and at the Calexico station the INS was ordered to allow people to cross the border — “parole” them across — to access their UFW medical care *using our clinic credential as their only identification!* It is all the more amazing when you consider that “accessing their UFW medical care” included delivering their babies at the Calexico Hospital. For the INS, it must have been a burr in their saddle all the time it lasted, although I must say that in those more innocent times, our dealings with INS, and particularly with port director Eldon Woolley, were usually fair and cordial.

In May, 1972, John Cummings and I began to provide services at the Calexico UFW Clinic (as we called it) in a city-owned building behind the Calexico Hospital about 14 blocks from the Port of Entry (“*La Garrita*”). Graham Finke joined us shortly.

John and I were marginally Spanish-speaking; Graham and our R.N.s were well below that margin. Most of our staff and most of our patients did not speak English. Rosalva (Petu) in front, whose father, Juan Guicho, worked in the field office, Diana, working in the lab in back, and Phil (Felipe), with his recycled Italian, and UFW volunteer Christy Willis(?) were some of the only really bilingual staff there, but we had a wonderful group of young women from the high school's future nurses club who worked as volunteer translators for us all through that first summer and even beyond, as their schedules allowed. They did a great job.

For an organizer, it is interesting to ask how we got away with it. How could we have closed down the Mexicali services and required people to cross the border to get their services from these Anglo doctors without it becoming a tremendous organizing liability?

For one, we really were excellent physicians providing quality care, and we were all committed to the Cause, and in that sense were much more "their doctors" than the Mexicali docs (except for Juan Escobedo). That must have helped some in the long run, although not nearly as much as we might have wished in that first year. One of my favorite anecdotes of all times rather sums things up:

A few months into this, Eliseo had been reassigned and Angel (I forget his last name at the moment) was the field office director. Angel was a fine guy, truly honorable, and a very humble and simple man of the people, and always very polite and respectful with us. The clinic was going well, functioning to high standards, busy, providing really good care in a unique and challenging situation. I was quite proud of it. One day, Angel and I were on our way someplace together, and I took the opportunity to ask him how he thought the clinic was doing from the organizers' viewpoint.

Angel got a little uncomfortable. "Ummm," he said, "people are not so sure. They ask whether or not you guys are real doctors or just students."

"Why is that, Angel?" I asked, thinking perhaps because we looked young.

"Well, they say they come to the clinic, and they get asked all these questions about their parents, and whether they smoke or not, and lots of other things, and then the doctor comes in and asks lots more questions, and then they have to get undressed and get examined, and after all of that, the doctor says he has to get some tests and then they will see. In Mexicali, they say, the doctors always know right away what to prescribe."

I was cool, remembering Escobedo listening gravely to his patients across the desk and then typing out his prescriptions. "So what do you tell them, Angel?"

“I just try to explain to them that the union doesn’t have much money, and that this is the best we are able to do.” And he said it in the most respectful way possible, totally sincere with no criticism implied. Angel believed in us, that we were doing our best, even if.... (Clearly I was a long way from Harvard Med and Columbia Physicians & Surgeons.) I don’t know how successfully I was able to explain things to Angel, but I had to control my laughter before I could even try.

How did we manage this without becoming a major organizing liability? (Because, people’s misgivings aside, we were clearly not a major organizing liability.) I am sure there were many factors. Cesar’s ability to pull off the clinic credential arrangement with Washington, D.C. had to have been impressive for the farmworkers. Probably there had been some good organizing before we ever got to Calexico to get the local leaders to buy into the move.

There was some continuity: We retained what staff from Mexicali we could. Felipe and Carolina (Phil and Carol Traynor) were well established and well regarded by the membership. And the Mexicali charts were all transferred over, which must have been reassuring for the patients, even if it didn’t usually help us much medically.

The clinic itself was a real, multiroom, multiprovider, clean, staffed and equipped clinic, which had to be impressive when the Mexicali clinic had felt like the storefront operation it was, and the typical Mexicali *consultorio* was a little two-room affair where the doctor sat at a desk to await a client and then took them himself back into a spartan “exam room.” (Even some self-styled cardiologists in Chicali did not have their own EKG machine.) It looked like the UFW had a “real” medical facility, even if they weren’t sure the doctors were real doctors.

Petu Guicho, even as a teenager, was a superb receptionist — the best ever, perhaps — with the people skills, plus the organizational ability, plus a phenomenal memory. (Charts were filed according to the social security number of the head of household, and on more than one occasion I saw her greet a patient by name as he or she walked in and then reach over and pull out the chart without even having to look up the number.) It’s hard to measure how much her competence helped.

One of the best things that I brought along was to introduce the community health worker concept (these days it would be called “*promotoras*”): We took some of the Mexicali staff who were not able to work in the U.S. and trained them and some other farmworker dependents as community health workers. They were then able to go out on follow-ups, do patient teaching, respond in Mexicali to concerns that came up, etc., and they made a huge contribution to our ability to provide cross-border care. Their feedback to us was invaluable; but more important from an organizing standpoint, they were able to help bridge the different gaps, cultural and geographic, between the clinic doctors and the

membership, especially since in many cases they already knew the patients from the Mexicali clinic.

Bottom line, though, there were probably two key things we were able to offer that the Mexicali clinic had not offered — two things that were not much discussed, so I don't know how premeditated they were or central to the decision to move to Calexico, but two things that probably made the Calexico Clinic an organizing success.

The first was new U.S. citizens. We had a very active obstetrical practice, and most of it was done using our homespun clinic credential for U.S. access. (I am not sure, but I think we did around 175 deliveries at the Calexico hospital the first year, or maybe more, sometimes four or five a week or more — Bobby Kennedy babies.) By the grace of God, I had had good obstetrical training at Columbia, and John Cummings had had more. (I believe he had done a rotating internship that had included OB.) Plus, Pete Saracco at the Brawley clinic and Don Ehman at the Brawley hospital were outstanding OB guys who backed us up generously. We were conservative, did good prenatal care, and had a phenomenally good run in OB (like good midwives, some would have said, although providence or good fortune probably also figured in), and that was immensely appreciated by the membership.

The second was less talked about. Dolores Huerta and some others in the union had spoken out publicly against birth control as genocidal, and there was the Roman Catholic official opposition, but there was no articulated NFWHG policy that we had ever heard of (not that I ever asked), and without ever discussing things openly, seemingly everyone in the clinic, including our ex-Servite priest administrator, was of a similar mind, that the decision to use birth control was the woman's personal decision, and that what was said or done in the exam room was confidential. We gave out a lot of birth control, both pills and IUDs, and those women, most already with "enough" kids (from their perspective) and with limited resources and hoping to get their families immigrated, were immensely grateful. In some cases we pretty well knew that the wives were not planning to tell their husbands, and we were always expecting something to flare up over this, but the general acceptance of birth control was very widespread among the membership, Catholicism notwithstanding, and since we weren't pushing it, to my knowledge no problems ever arose.