

# CHALLENGES, RESILIENCY AND EMPOWERMENT IN UNCERTAIN TIMES: JAIME INCLÁN'S ORAL HISTORY OF THE ROBERTO CLEMENTE FAMILY GUIDANCE CENTER\*

DESAFÍOS, RESILIENCIA Y EMPODERAMIENTO EN TIEMPOS INCIERTOS: LA HISTORIA ORAL DE JAIME INCLÁN DEL CENTRO DE ORIENTACIÓN FAMILIAR ROBERTO CLEMENTE

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## RESUMEN

La Ciudad de Nueva York, como una encarnación de progreso y resiliencia, ha desempeñado un papel histórico respecto al acceso de servicios de salud mental por comunidades marginadas, como lo es el Lower East Side desde principios de los años 60 y 70. En aquel momento, el Lower East Side era considerado un refugio para el crimen y la adicción a las drogas. Los líderes comunitarios y los profesionales de la salud mental levantaron la conciencia sobre la urgencia de abordar las necesidades de la comunidad a través de la organización comunitaria y la autosuficiencia, la creación de instituciones y el establecimiento de una agenda. El siguiente estudio tiene como objetivo examinar las fuerzas sociohistóricas externas e internas que condujeron al desarrollo del Roberto Clemente Family Guidance Center a través de una entrevista de historia oral. Con este objetivo, un historiador oral realizó dos (2) sesiones de entrevistas de aproximadamente 90 minutos cada una en el Roberto Clemente Family Guidance Center. La entrevista fue grabada en video y transcrita para su análisis. Los hallazgos fueron organizados según tres grandes temas: 1) Desafíos en el establecimiento de una clínica de salud mental comunitaria, 2) Promoción y empoderamiento de la comunidad, y 3) La responsabilidad social de asumir la salud mental en tiempos de incertidumbre. Jaime Inclán habló sobre las maneras en que abogó y se involucró con la comunidad durante los sucesos históricos que condujeron al desarrollo del Roberto Clemente Family Guidance Center.

**PALABRAS CLAVE:** Empoderamiento Comunitario, Organización de base comunitaria Puertorriqueños, Servicios de Salud Mental Teoría Ecológica.

## ABSTRACT

The City of New York as an embodiment of progress and resiliency have played an historical role towards accessible mental health services for underserved communities such as Loisaida since the early 60's and 70's. At the time, Loisaida was considered a haven for crime and drug addiction. Community leaders and mental health practitioners raised the awareness of addressing community needs through community organizing and self-reliance, institution-building and agenda setting. The following study aims to examine external and internal socio-historical forces that led to the development of the Roberto Clemente Family Guidance Center through oral history. Two (2) interview sessions of approximately 90 minutes each were conducted at the Roberto Clemente Family Guidance Center by an oral historian. The interview was video recorded and transcribed for analysis. Findings were organized by three emerging themes: 1) Challenges in establishing a community mental health clinic, 2) Community advocacy and empowerment, and 3) Uncertain times for mental health as a social responsibility. Jaime Inclán discussed his advocacy efforts and community engagement in connection with the historical events that led to the development of the Roberto Clemente Family Guidance Center.

**KEYWORDS:** Community Empowerment, Ecological Theory, Grassroots Organization, Mental Health Services, Puerto Ricans.

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At the time of a swift urban decay produced by the sequels of the 1975 financial default of New York City, Puerto Rican communities throughout the Lower East Side confronted years of institutional, political, cultural and social neglect. As a backdrop to the organizations established in the late 70's, Puerto Rican grass-roots organizations sprung out of the Great Society and the War on Poverty<sup>1</sup> initiatives until most of them disappeared by the mid 70's. Particularly the Lower East Side, a settlement of mobilized Puerto Rican neighborhoods since the 1950s, found a community seasoned and ready to organize beyond the War on Poverty years' institutional and funding models. The context was perfect for Puerto Rican institutions to fight back against a context of institutionalized racism and oppression and strong anti-Puerto Rican sentiment from elected political elites and public institutions.

Since the 1950s the Lower East Side housed exemplary cases of political and social mobilization, a matrilineal tradition of activism represented in the 1970's by Petra Santiago, the spearhead of organizations such as Mobilization for Youth, United Child Day Care Council, Coalition for Decent Housing, United Organizations of Suffolk Street, and Mobilization for Mothers, among others. At various levels Puerto Ricans from New York and newcomers from Puerto Rico incited a young movement that aimed to address community needs and political vindications in Puerto Rico. Radical organizations such as El Comité, the Puerto Rican Socialist Party, the Young Lords and in electoral politics, New Jíbaro Democrats, opened up new venues for political mobilization and activism that looked for Puerto Rican solutions to Puerto Rican challenges. From 1977 to 1980 the foundation of institutions such as Charas, the New Rican

Village Cultural and Education Center and Loisaida Inc. signaled the sophistication of a community moving forward through the creation and preservation of affordable housing, music, arts, national identities and political vindications. The disappearance of the War on Poverty funded organizations was the catalyst of a renewed and reinvigorated activism that by the early 1980's was establishing multilevel institutions to galvanize unmet Puerto Rican agenda (Colón, 2016; Song-Ha, 2016).

In the 1970's drug trafficking and crime became a top concern for leaders and a transversal challenge that threatened the *modus vivendi* of this historic Puerto Rican neighborhood. Hence community leaders at that time were also concerned of the subsequent effects resulted from these challenges on mental health and on its toll within the Puerto Rican youth. According to multiple press releases by the New York Times and local papers, the neighborhood was known as a capital drug trade for the city (Chambers, 1982; Gottlieb, 1982; & Hernández, 1982).

During those years, certain movements emerged such as the systemic theory, specifically, the ecological approach and the returned of community-based mental health clinics. The ecological framework derived initially from early works on systemic theory from Karl Marx and Lev Vigotsky. Both systemic and the ecological theory have been attributed to biologist, L. von Bertalanffy. The system theory shared four domains which includes the object, attributes, interplay or relationship, and its environment subscribed by its boundaries. The approach also place important attention to open and close systems as part of the development and its evolution.

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1. The Great Society was a set of Federal programs launched by Democratic President Lyndon B. Johnson in 1964–65. The main goal was the total elimination of poverty through major investment in programs that tackle education, medical care, urban problems, rural poverty, and transportation problems were launched during this period. As a part of the Great Society, Johnson believed in expanding the federal government's roles in education and health care as poverty reduction strategies. Within the legal framework of the Great Society, the War on Poverty became the unofficial name for this set

of legislation first introduced by President Johnson during his State of the Union address on Wednesday, January 8, 1964: the United States Congress to pass the Economic Opportunity Act, which established the Office of Economic Opportunity (OEO) to administer the local application of federal funds targeted against poverty. The administration of local federal funds in New York City, allowed grassroots organizations to fund community empowerment, affordable housing and social services initiatives.

The ecological approach extend above notions by examining the interplay of collective agents organized at the macro, exo, meso, and micro systems where history, culture, economics, politics, community, family and the individual as well as others shape the person's development. The framework has also served as an approach for the understanding of the multiple challenges faced by Puerto Ricans and other Latino families as well as communities. Some of the challenges presented by Latinos varies, but in general, focused on areas such as migration, institutional racism, poverty as contributing factors on health disparities. Leading psychologists in New York City such as Edgar Auerswald, interested in working with underserved communities noticed the importance of an ecological stance on these issues by highlighting once again the need of situating clinics within these neighborhoods and sensitive towards the population. Community leaders along with other mental health practitioners understood the importance of addressing this need and some of these efforts lead to projects such as a community outpatient mental health clinic known as the Roberto Clemente Family Guidance Center. Among the many key figures involved with the project is crucial to mention the main founder, Dr. Jaime Inclán and how his endeavors lead to community advocacy and the Roberto Clemente Family Guidance Center. In spite of these pivotal historical juncture and actors, there is no analysis of such aspects from a social history approach employing oral history as a research tool. Our essay aims to offer an insight about neglected and overlooked Puerto Rican communities and its strategies to create innovative ways to counter institutional racism through institution-building and agenda-setting for self-reliance, community power and resiliency. Therefore, our objective is to examine how external and internal social, political and historical forces contributed to the development of community mental health clinics and approaches in the city of New York through the lenses of an oral history on the Roberto Clemente Family Guidance Center.

## METHOD

Jaime Inclán's Oral History was selected for the Center for Puerto Rican Studies, Oral History Project and Collection due to his contributions as a Puerto Rican within the field of clinical psychology, community and mental health advocacy in New York City, United States (Inclán, 2016). Jaime Inclán, consented to participate in the Oral History Project. The interview was conducted and video recorded in English by an oral historian, on June 6 and June 13, 2016. The following study is part of the oral history collection approved by the institutional review board of Hunter College, City University of New York.

Inclán's oral history interview followed the protocols established within the methodological objectives of the Center for Puerto Rican Study's Oral History Project. The oral history interview is a very detailed and rigorous process: first, the interviewee is vetted by the assigned oral historian; the oral history questionnaire is reviewed, and the content discussed by the program manager of the Oral History Project. After approval, the questionnaire is later presented to the interviewer for a content and chronological revision as part of the pre-interview process. Lastly, the oral history questionnaire is also discussed with actors involved in the historical juncture and work of the interview subject. As part of the selection of the Puerto Rican trailblazers to be interviewed for the Oral History Project, the contributions of the potential interview subjects are discussed with community leaders and scholars that know or have researched the interviewee and his contributions to particular professional fields, industries, government entities and the community.

Within the 2014-2016 period 70 oral histories were conducted by 13 oral historians in cities such as Boston, New York, Orlando, Holyoke, Camden, Philadelphia and Chicago. Through these oral histories, researchers can find accurate testimonies that offer detailed and accurate accounts of political, social,

cultural and economic junctures and struggles led by diverse Puerto Rican individuals and communities in the second half of the XX century.

According to Centro's Oral History Project' protocol, Jaime Inclán's interview was reviewed and passed through the methodological and quality control explained in the latter. In addition, supporting historical archives and documents were also used to increase content accuracy as suggested by Vancina (1985). Several themes emerged after the oral history conclusion. Those themes were once again assessed by the research team for content analysis. Themes presented here are: 1) Challenges in Establishing a Community Mental Health Clinic, 2) Community Advocacy and Empowerment and 3) Uncertain Times for Mental Health as a Social Responsibility. Each theme is discussed in the commentary section after the edited transcript. For reference, the following coding is used: 1) OH- Oral Historian and 2) JI – Jaime Inclán.

Theme I: Challenges in establishing a community mental health clinic

OH: Can you tell me what you consider the highest achievement?

JI: The highest achievement professionally speaking, really, is not only establishing the Roberto Clemente Center, but being able to nurture and support it for the 30-some years that we have done that. Unfortunately, it has not been an easy path, and that's kind of a sad statement. And something that concerns me about the liability of programs like this and their sustainability and the implications. To me that has been my professional life's biggest enterprise and the biggest achievement. There are a lot of subsets of things I got with that in terms of what we have contributed, if you want to say that, as part of this team here that has being a glorious team from the beginning. I have been the most privileged

professor in New York University. Being able really to work with, year after year, with an outstanding group of persons both staff and students which is a big part of what we do to help develop and be part of the education of young professionals. It has been a growing experience for everybody. I consider it also one of the things that have been an achievement per se in terms of what's happening. At least because we have really created here a little bit of an island to conduct the laboratory that is Roberto Clemente Center. We are part of a larger institution, but we are relatively functionally independent of the larger institution. That is of course not part of the difficulty in getting things done. From the beginning of the program, when it was being conceptualized there were plenty of persons that were suggesting, "Why don't you set up this as a C3<sup>2</sup> that would have that kind of independence in the community?" I felt that it was not the way to go. I felt that there has to be a good public education system and good public health system, and that's a social responsibility and that's the way to go. Not either into what has now become charter schools or private business community clinics or networks of community clinics. That's something that we can say that from the beginning, we took effort and we were conscious of doing it. It's not something that happened, there were choices made, that had to do with that.

OH: Can you tell me more about the community and your method?

JI: The Lower East Side that you see now is not the Lower East Side that we came to. It's a changing community that's called a sign that is a live community or organism that evolves and changes and grows over time. When we came here, and there's a little story about that too, because we obtained the funds from this grant, it was originally one demonstration project grant given by the New York State Office of Mental Health. That's in a way a little part of the story too, if you will, because back

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<sup>2</sup> Terminology or acronyms used was later clarified by Jaime Inclán. It refers to 501 (C)(3) for non-profit organizations.

then in 1980 there was the minority advisory council established. Dr. Phyllis Harrison Ross, a prominent psychiatrist at Metropolitan Hospital was the leading voice to establish an advisory council to a commission at the time of the New York Office of Mental Health. What was the advisory' role? We were concerned that the state funds for mental health were going to hospitals and to psychiatric hospitals, and were not reaching the communities. We were a multi-cultural advisory committee. There were Americans, African Americans and Latinos. Among the Latinos there was Irma Serrano, Rosa Hill and myself. We were three representing the minority Latino community in the minority advisory council. By 1982 there was a minority demonstration project established<sup>3</sup>. That's how we got the funding to establish this program. There was a three-year funding. It was \$300,000. That would be the little engine that would start to set up something that would be able to be mainstream and would have a life after the demonstration project funding. Unfortunately, that was not the case for the other four programs that were established. They pretty much lived out the life course of the grant and maybe a year later or two afterwards. We were ready to establish that program in this community. Those state processes being always -- all of these processes political, we got word that the State was not inclined to fund the program that was being proposed here so that was the first gathering of community. I reached out to community persons at the time, Paul Ramos was already here, José Nazario, Carmen Pabón was also around, Luis Arce<sup>4</sup>, other people in the community and would call for meetings with the state and begun an advocacy project, the effort that led to consider this program. I think, they were supposed to be four and then they were five and they just accommodated additional programs so that we could also be funded.

The program was originally to be established when we went out to the community. At that time, I knew the executive director of the hospital, Alan Rosenbloom, because I have worked at Gouverneur before as a psychology intern and then with a staff position for three years. I met him subsequently also at Morrisania and then he was back here at Gouverneur. I also then met Dr. Neal Coleman, who was the director of the Department of Psychiatry and I presented the idea of what we wanted to do and how we wanted to do it and he was supportive also. We started to plan for it and we thought that we had identified a site for establishing the Roberto Clemente Center. At that time, the site was going to be called Loisaida Family Guidance Center. That was the proposal's name and it was between Avenue A and 6th street. There was a program there. There was a big building and we will use two of its floors. We had talked with the owner. They were ready to rent it to us for a reasonable fee that was within what we had established at that time in the confines of the grant.

Then we started to get the surprises and calls from Gouverneur Hospital. I was called to come and meet with someone. It was Ms. Judy Rapfogle. I didn't know who Judy Rapfogle was, but I soon learned that she identified herself as somebody who worked in this community and with the politicians who have been involved in this community. In that area, there was also the office of the State Senator Martin Connor and all of their offices in that general area. Ms. Rapfogle started to communicate to me that the location was not the best site for the program. I didn't understand why she was considering this was not the best site for the program, when she was not the person involved with the program, number one and then when she continued to mention things like the program was to serve Puerto Ricans and Latin Americans and poor families. It started by the way pretty much like

<sup>3</sup>. For more information on the Roberto Clemente Center as a demonstration project, see New York State Office of Mental Health (1982).

<sup>4</sup>. All names mentioned have contributed to the Lower East Side community and were part of Latino organizations such as CHARAS,

Betances Health Services, Pueblo Nuevo, Loisaida, Inc. and others. Special acknowledgment to Carmen Pabón, also known as the "Mother of Loisaida", who actively advocate for the community since early 1970s and 1980s.

that. The demonstration programs were targeted for services with different ethnic communities. It started as part of this cultural awareness and development of culturally sensitive program efforts. Each program was targeted for services in a defined ethnic community. We were one of the Latino programs. Another one was for the treatment program to also support it through this effort.

She started to say that data was not supported, or there were not that many of the people that we wanted to serve in that location. I started to smell what was going on here and so we went back out, we got census data, track data and that kind of thing. Then came back with data to suggest that we don't know what she was talking about, because the demographic data suggested that it was a community precisely that the grant was targeted for and we have the site identified. That led to other conversations.

OH: Can you tell me about these clashes?

Jl: The short of it is that they told us, "You should go with your people, where you belong." I say, "Well, that's where we are". It became very black and white, that they were opposing. There were community struggles about integrating housing (Gottlieb, 1982). The partners or the combatants and conflict were among groups. That's a little bit divided along those lines. We were working in a system that had a community board that was very much composed and dominated by the traditional interest<sup>5</sup>, if you want to call it that, at the Lower East Side. To make a long story short, I kind of confer with some of the people that I knew. Even though I knew this community, I wasn't really fully integrated here. We started to evaluate the possibility that we would do more on this. We would really fight this. In retrospect, I feel it was the right judgment. We did not have the forces to win the fight, and even if we won the fight then, how we're going to be mainstream after three years?

<sup>5</sup> Jaime, refers to real estate developers as illustrated by the academic work of Mele, C. (2000).

We'll need to add members by talking with everybody here that we'll go wherever we need to go, and we'll do a program that will reverberate the community. That's how we ended up on this site, by 540 East 13th Street, the outermost limit of the district. As a matter of fact, this site, the south side of 13th Street was in the district and the north side of 13th Street - across the street - was not. This was apparently in some ways as far away as it could be. The second struggle that we had was the name Loisaida. There were a lot of groups in the community that were already established with the name or similar. There was Mobilization for Youth, there was the Puerto Rican poets, and there was Charas. Organized groups within the community established services in different areas. Cultural services, educational service, youth services, drug programs and health program like Ryan Nina. They were the initial efforts of bringing back or the attempt to bring back a community that had been abandoned and the buildings burned.

That community, in general, had coalesced around the identity of the name of Loisaida<sup>6</sup> and so we thought that we would be part of the community if we are call Loisaida. There was another struggle with the interest in the community that were represented. The fight was not us, the fight was really the territory, and the fight was real estate. There were groups that tried to preserve real estate, and develop, restore housing under the name Loisaida. As a result of that, and with efforts of activists like Julia Ressler and Puerto Rican women among the Health and Hospital Corporation board like Elena Padilla, there was an opportunity. They came to me and said; I think it was Elena who proposed, "Well, why don't we name it Roberto Clemente?"

I said, "Well, if that's what it takes to open the door, we'll gladly do it." We don't consider a second rate name in any sense because it's a globally known and Puerto Rican. That's

<sup>6</sup> For more information on the origins of Loisaida's name, see Rivera-Monclova, M. (2010).

how the clinic was established in 1984<sup>7</sup>. But we operated two years out of Gouverneur Hospital while the site was then rehabilitated so when it started functioning here in 1984. From its beginning - we had four to five principles before we organized the service. We think of the program along those lines. That the program will be community based not hospital based. The staff we'll all be bilingual or bi-cultural. That gave us some sort attention.

At that time, those days were the days of reverse discrimination and lawsuits against opening opportunities for people disenfranchised and racial and social class minorities. It seemed to be very simple and clear that the instrument of healing should not be a conversation with a therapist who you don't understand. From the beginning, we say it's not just the language. In other words, everything we create, even our culture. We create our communities. That's part of the individual. Human life includes not just what is inside the perimeter of one individual but includes all the creations of humankind if you will, and groups of people. We said that the program would be systems oriented in particular family therapy oriented<sup>8</sup>.

We said also that there would be a service/academic model. It's easier to take for granted now, but at that time and before that time the real paradigm was that the medical schools, and the medical centers were based on education training research. Public sector provides the services, and then some of what we call affiliation agreement where public sector money were given to universities and in this case to departments of psychiatry affiliated with NYU. That's how I am an Associate Professor of Psychiatry at the NYU School of Medicine. Back then, the academia was in the medical school and they were the leading edge of science and medicine. In order to bring that to the public hospitals, public funds were given to the medical schools

and medical schools would appoint heads of department.

They were heads of pediatric, of mental health, so on and so forth. It was a little bit of an exception because there was a behavioral health department at Gouverneur, but I demanded an academic position at the department of psychiatry at the NYU School of Medicine and that our program would be service/academic. That's has been a major component. The last component was that it would be community involved and we would be part of this community. That should be reflected where we are, our name, what we do and how we do it. That is always a key component for this program. This program it's going to be an alternative to hospital-based care, and to be able to survive and thrive. The community embrace from its' elected leaders, and appointed leaders, to the community of users - the people who use the center. We have enjoyed, basically, the support throughout our stay here, and if not, frankly, we would not be operating today.

The contradiction and challenge we proposed to the hospital is that we're going to establish a program to meet the needs that you're not meeting. It's going to be an alternative program. They're based on things that are relevant to that particular community. But there's a natural tension, "What is this stationary that says here, Roberto Clemente Center? Why does not say Gouverneur or Roberto Clemente down here or something else? Every patient has to have individual treatment and then something else if they need.

#### Commentaries

The preceding excerpt from Jaime's oral history could be seen as a detailed account of the events that led to the clinic considered by him as his major lifetime achievement. From the start, he points out how the clinic was

<sup>7</sup> For more information on Roberto Clemente Center's opening, see Gillcrist, S.E. (1983, February 5), Katorosz, O. (1984, September 13), and New York State Psychologist Association (1984).

<sup>8</sup> See McDaniel, S., Lusteran, D.D. & Philpot, C.L. (2001).

initially conceived as a demonstration project. As he stated, during late 70's and early 80's the city of New York was among the first cities to show interest in community-based mental health services to minorities from a culturally sensitive approach (Lafollette & Pilisuk, 1981). He added the following "It seemed to be very simple and clear that the instrument of healing should not be a conversation with a therapist who you don't understand" (p.10).

Community clinics were once again at the epicenter of mental health as the result of serious discussion of their purpose and mission. The urge was driven by the lack of connection between the community and emerging policies in contrast to the late 50's to 60's stands on health following the historical events of the civil rights and anti-psychiatry movements (Minkoff, 2015; Robin & Wagenfeld, 1988). In spite of the growing interest in providing mental health services for these communities, several questions needed to be answered such as: who is the community we intend to serve, in this case, the Lower East Side. What would be our role with the community in terms of advocacy and policies? And, are we going to be welcome and stay relevant for the community?

In his years as a New York University graduate student, Jaime became more actively involved with the community and political organizations like the Puerto Rican Socialist Party at the Lower East Side (LES) also known by Puerto Ricans residents as "Loisaida" (Inclán, 2016 ; Moreno de Toro, 1998). His participation led him to understand not only the far extent of Puerto Rican and Latino needs of a community with an historical gap between access to healthcare and mental health, but also their resiliency to overcome the challenges ahead.

His connection with the community along with key community leaders allowed the process to gain momentum and relevancy. As many scholars have argued, early community participation and decision making in shaping local programs as well as policies lead to decreased stigma, improve prevention and

social capital (Brolan, Hussain, Ruano, Mulumba, Rusike, Beiersmann & Hill, 2014; Osborne, Baldwin & Thomsen, 2016). Participation in programs and policies linked to health can normalize the conversation, for example, toward mental health in communities and more importantly, build a support network for its residents. In addition, when making local policies, the community's voice and actions should be respected. This served as a cautionary tale for outside parties with responsible missions when it comes to the blur line between becoming an agent for the community vs. being the enforcer or colonizer.

Other community efforts highlighted by Jaime included state, local and other governance modalities such as hospital directors from Gouverneur Health, Health + Hospitals, senators as well as members from congress. Major issues rose from the inception of the clinic, including the site location and name, which eventually led to the current facility. As he eloquently describes, the effectiveness and the relevance of the clinic from its start as a demonstration project to an established facility for mental health services has been the result of community engagement. The community role as the backbone of clinic is also situated with his four core principles (community based, bilingual staff, system oriented and service/academic model) discussed in this fragment. Therefore, Jaime's views goes beyond the common approach of "working for" to a more sustainable one by "working with" communities as active agents of social change and prevention.

#### Theme II: Community Advocacy and Empowerment

OH: Can you tell me a little bit about the support that you got from community members, maybe other community organizations?

Jl: Our primary care program was being attacked. During the Giuliani administration, there was an effort to close community health centers. We stood up for that and the

community stood up with us. There were pickets that were held here. There were also pickets that were held in front of Bellevue Hospital. This is already in the 90's and people had already forgotten that communities sometimes express themselves with marches.

Certainly, there was a lot of attention that we received, but people came from other organizations to support us. The priests from St. Mark's Church came marching with us, and so on and so forth. People came from different aspects of the community to join us and our patients in preserving the services here at the Roberto Clemente.

My good friend, may he rest in peace, Edgar Auerswald, one of the leaders really in the movement - ecological thinking and mental health - who started in Gouverneur. That's where he did a lot of the original work for both academic and services program. He told me, "You have to be ready, because you're going to be seen as a rebel..."

One of the greatest things that affected us here is purely at the micro systemic level and it has to do with a conservative ideology in this country. From Ronald Regan years down to Bush the first, that was 12 years of service followed by 8 years of Bill Clinton. Conservative voices. Disastrous times in our country in terms of changes that affect every aspect of life in the community. Its 20 years of disastrous outcomes where the philosophy was changed from the time of Lyndon B. Johnson and Jimmy Carter. It was a great society where there was responsibility towards services and mental health. Therefore, it was the State responsibility.

#### Commentaries

This fragment examined the multiple efforts made by some members of the community to keep the Roberto Clemente Center as a vital source of service delivery for the Lower East Side community and other parts of the city. One of the forefronts of community activism in New York City has been health-related efforts

in contested spaces. Some of these efforts have been possible due to the political activism of community agents and/or organizations such as faith-based organizations, the Black Panthers, Young Lords as well as individuals (Beadle-Holder, 2011; Enck-Wanzer, Morales & Oliver-Vélez, 2010; Livingston, Bell, Dawson, Williams, Mohabir, Eleanya, Cliette & Brandon, 2017; Mombia, 2016). In the case of the Young Lords, the lack of community health services and the pauperization of public health institutions in Puerto Rican and Black community enclaves became an outcry to the extent that the reform of health policies and the neglect the community experienced in these realms served as a rallying struggle that galvanized further community engagement in many other human rights issues. At the beginning of the political struggle for community health, the Lords forced the city to offer public health clinics and lead poisoning screenings to later occupy defunded and abandoned hospitals such as the takeover of the Lincoln Hospital in July 17, 1970 (Enck-Wanzer, Morales & Oliver-Vélez, 2010).

It is worth mentioning Jaime's recognition of his mentor and friend, Edgar Auerswald as one key individual in the development of clinic. Edgar Auerswald's lifetime work on ecosystemic thinking and practice within the field of mental health is without doubt consistent with a community mental health model like the Roberto Clemente Center. His views on family as an ongoing process at the micro to a wider structural level including cultural, historical, political and economic forces resonates today, as Jaime points out with his oral history on the clinic (Auerswald, 1985; McDaniel, Lusterman & Philpot, 2001). Some of the groundbreaking work on the topic have argued that a lot have change in terms of the ideologies on mental health from the 1960's to early 1990's. Consistently, some of these works have pointed out several issues such as targeting poor communities, abandonment of the notion of health, including mental health, as a social responsibility of the

State<sup>9</sup> and privatizing healthcare to mitigate cost (Grob, 2005; Kennedy, Greeden & Riba, 2013; Robin & Wagenfeld, 1988). The remnants of these presidencies have led to undermine or limit the services provided to communities in need.

Theme III: Uncertain Times for Mental Health as a Social Responsibility

OH: Can you tell me how this affected your work at Roberto Clemente Family Guidance Center?

Jl: The most significant point that I'd like to make is represented in the following. The most recent comparison from postgraduate degrees - MBA<sup>10</sup> as they say - goes to 2011-2012 to 1970-1971. In 1970, 11.2% of the postgraduate degrees issued were MBA's<sup>11</sup>. In 2011, 2012 that percentage grew to 25.4%. How does that get represented? Well, that's consistent with the conservative philosophy that everything is a business and not a social service. That's going to lead to the administrators of services, being not professionals, but business people. That's going to lead to things like Bloomberg here saying, "I'm a businessman. I can be Mayor" or Trump saying, "I'm a business man. I can be President" and talk about those credentials as if everybody can understand. That is a tremendous fallacy.

I remember when I started with this project Roberto Clemente Center for the first time. One of the administrators in the department of mental health was an MBA. He became a friend of mine but he was there as an MBA and he was there to change the culture into signing in, signing out, then you put a red line, when you got in and when you did not. That was part of a change from vision, leadership and caring to a business model under the disguise of efficiency. What we have done here at the clinic and one of our great, I think, successes is that we have been more patient and community oriented instead of consumer

oriented. In fact, we have been able to be extended to the community systematically by encouraging education on humanities as a way out of poverty instead of the traditional thinking of others privileging training to work. In other words, is like poor people were seen as the cause of the problem. This effort lead to what it will be known as the Clemente courses<sup>12</sup>. The model has been replicated in other states and even in Puerto Rico at the Caño Martin Peña and is supported by the Interamerican University of Puerto Rico.

OH: You were talking about this kind of MBA model, kind of new mentality and how you at Roberto Clemente Center do it completely different. How do you find relevance in what you do here in the community?

Jl: These are consequences that have to do with that general transition to conservative thinking and making health and mental health services a business and not a social responsibility. There was a local area council that was part of the Department of Mental Health that would evaluate new proposals for services in the community. The criteria would be whether the program was needed or for meaningful service in that community. Those are gone. There is no community engagement.

Now, is mainly seeing more patients, which is not really even true. In the older days, we used to talk of the bad guys as Medicaid mills, where they're just processing patients. Now, that's a treatment model. Make sure the patient goes through this service and that service is called comprehensive care. The idea is a good one; I'm not speaking against comprehensive care because it's consistent with the idea of ecological and the totality of patient care. But the practice of it, the implementation of it in the hands of business people, and/or the hands even of good people run by business people, is very dangerous

<sup>9</sup>. Social responsibility of the State is usually attributed to the presidencies of John F. Kennedy, Lyndon B. Johnson and Jimmy Carter. For more information, refer to cited references.

<sup>10</sup>. MBA stands for Master in Business Administration.

<sup>11</sup>. Jaime Inclán cited the following report, U.S. Department of Education. National Center for Statistics (2013).

<sup>12</sup>. For more information on the Clemente Courses, see The Clemente Course in Humanities (2017).

frankly, in terms of what it can do to the health of individuals and health of communities.

There's a community at large. The community at large used to be the community of neighbors. Now, we manage care companies. We are like in biblical times, because there is a virtual community of members of that community, of that managed care plan. In theory, the neighbors here in front of our doors, mainly a neighbor in this building will have to put an X, like you can't come here, because you don't have the proper managed care plan, and the other one can come. It depends of what insurance coverage you have.

You can easily see, what that does to the life of a community. Where one can come, and another can't? Then we work for them and say, "Would you like to change your insurance to be an insurance that we accept?" The patient may have other practitioners that he or she sees in another place, but that kind of open system has become a closed system and that affects the life of communities in general.

That's a community as in our geographical community, but there's also a professional community. We figure that we not only would be helping to serve people in the community, but that we would have a responsibility for our service academic model and towards the professional community. We would not do our job if we were not better equipped and better trained to work in public health, underserved communities and people from different ethnic backgrounds.

OH: Following your thoughts in your legacy and all the work you have done for the Roberto Clemente Center. With the challenges ahead like the new Affordable Care Act and the new Diagnostic and Statistical Manual of Mental Disorders (DSM- 5), how do you see the future of the RCC? In addition to the challenges you faced due to a health business model, how do you hope to engage with the community?

Jl: We would have to find some other ways. These are evolving new ideas, organizing health, and mental health in particular. We've been fortunate in many ways that substantively we have at so many points – let's say by luck - been ahead of the curve. Now, everybody's running around trying to establish community clinics. We were here when people say, "What?" Now the hospitals are fighting to get patients with Medicaid coverage. They didn't want it before. They are our constituents. Now, they have this initiative to provide more comprehensive care and that includes having integrating primary care health.

One of the things that most concerns me, not exclusively about the integration of a new program, but the future of the program itself. The only way to prepare for that is by having power. Power only comes from the community. I'm not talking about force. Power really comes from being part of the community, and the community being able to support what we do.

#### Commentaries

In this section, Jaime provides us with more in depth perspective on how community healthcare, including mental health have dramatically shifted to a non-participant/ non-sustainable model. His remarks on the contradictions of emerging models of business on healthcare has resulted in failed attempts to integrate efforts under the premise of effectiveness. As he points out, large communities have been displaced and in some cases, striped from services due to "comprehensive care programs" based on insurance coverage. He alludes to "fragmented communities seeking healthcare" as the results of the exclusion of the population it serves and from decision making policy as we point out earlier. Consequently, for decades, community clinics have struggled and many have shut down. These communities may face a staggering number of challenges such as: feelings of abandonment, social isolation, decrease access, interrupted

care, transportation challenges, poor planning as well as community outreach (Countouris, Gilmore & Yonas, 2014; Romero, Kwan, Swearingen, Nestler & Cohen, 2012; 2012).

This also represents a stepping-stone for clinics such as the Roberto Clemente Center, in constantly innovating and generating alternatives towards the community. Dr. Inclán mentioned the importance of bridging early mental health practitioners and those in training to the community it serves. In addition, he stated the importance of the exchange of different cultures in training within the field of mental health and welcome their contributions in therapy. Furthermore, he seems to recognize and embrace the preventive outreach role of practitioners in primary care as pointed out. In this sense, Jaime makes a powerful claim by sustaining the importance of the inclusiveness and sustainability of communities in tailoring healthcare in times where there is a misconception about the needs of addressing equity among the underserved.

Although the Roberto Clemente Family Guidance Center was created through the dedication and contribution of many players, much of the goals and practices of the center are consistent to the values Jaime has acquired in his life. A clear reading of Jaime's entire oral history available at the Center for Puerto Rican Studies' archives, demonstrates his historical sensibilities that lead him to start the Roberto Clemente Center (Hamilton, 2005). His role as an active participant in the historical moment along with his professional and academic development allowed him to see the need for an ecological and systemic approach in working with Puerto Ricans and the mental health community. His humanistic education, his participation in social movements and his background in Puerto Rico helped foster the model of the Roberto Clemente Center. The mural<sup>13</sup> outside of the Center illustrated in Figure 1, speaks of all the community efforts of preserving their history and invites others to join.

Jaime's oral history not only describes the center's impact on the community, but also the potential Puerto Ricans have in finding empowerment through community health, education and leadership. His words on community mental health echoes some of the challenges ahead and holds promise for future generations of mental health practitioners interested in working side by side with communities. As he points out in the oral history, the Lower East Side is a changing community, and it will require the community to work together to maintain its health.

Note: To understand the paradigmatic change within some of the health policies discussed by Dr. Jaime Inclán, the authors have prepared a brief overview of historical events to contextualize the origin of the Roberto Clemente Family Guidance Center and current present, as shown on Figure 2.

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<sup>13</sup>. For mural images, see Gobetz, W. (2007).



## Roberto Clemente Center

### MURAL DESCRIPTION

The mural was painted in 1996 by the well known Lower East Side muralist CHICO. The Mural represents the mixing of Latin American cultures, races, and identities up to the current period of immigration to North America.

The mural is done in two levels. The lower level depicts symbols of the evolution of cultures. (see bottom of page) From left to right it presents: native Indians, followed by the arrival of the Spanish. The mixing of those two races resulted in the evolution of our peasant, the Jibaro, (depicted with a typical hat and machete). The Jibaro's culture is represented by string musical instruments. Similarly, the African influence in our nationality is represented by the drums. These cultures and races mixed and resulted in our racially mixed, "trigueño" nation. Following that is the representation of immigration to the U.S. in search of economic and other freedoms (statue of liberty).

The top level of the mural (see top of page) depicts eight outstanding symbols of our racially integrated Latin American pride: men and women; "trigueños", black, and white; Dominican, Puerto Rican, Mexican, Venezuelan, Cuban, Salvadorean – all representative of the honor of being South and Central American, Mexican, and Caribbean.

From left to right the figures are: Anacaona (Dominican Indian leader); Benito Juarez (Mexican constitutional reformer); Simon Bolivar (Liberator of South America); Luisa Capetillo (Puerto Rican feminist); Ramon E. Betances (noted physician, and Puerto Rican liberation leader); Jose Marti (leader of Cuban independence); Julia de Burgos (Puerto Rican poet); and Archbishop Romero (Salvadorean leader of the rights of the poor). To the extreme right is the figure of Roberto Clemente, in his Pittsburgh Pirates #23 uniform. (Not shown above)

The mural is done in honor of the children in our community and celebrates their right to honor their history and culture.



FIGURE 1.  
Roberto Clemente Center Mural description.

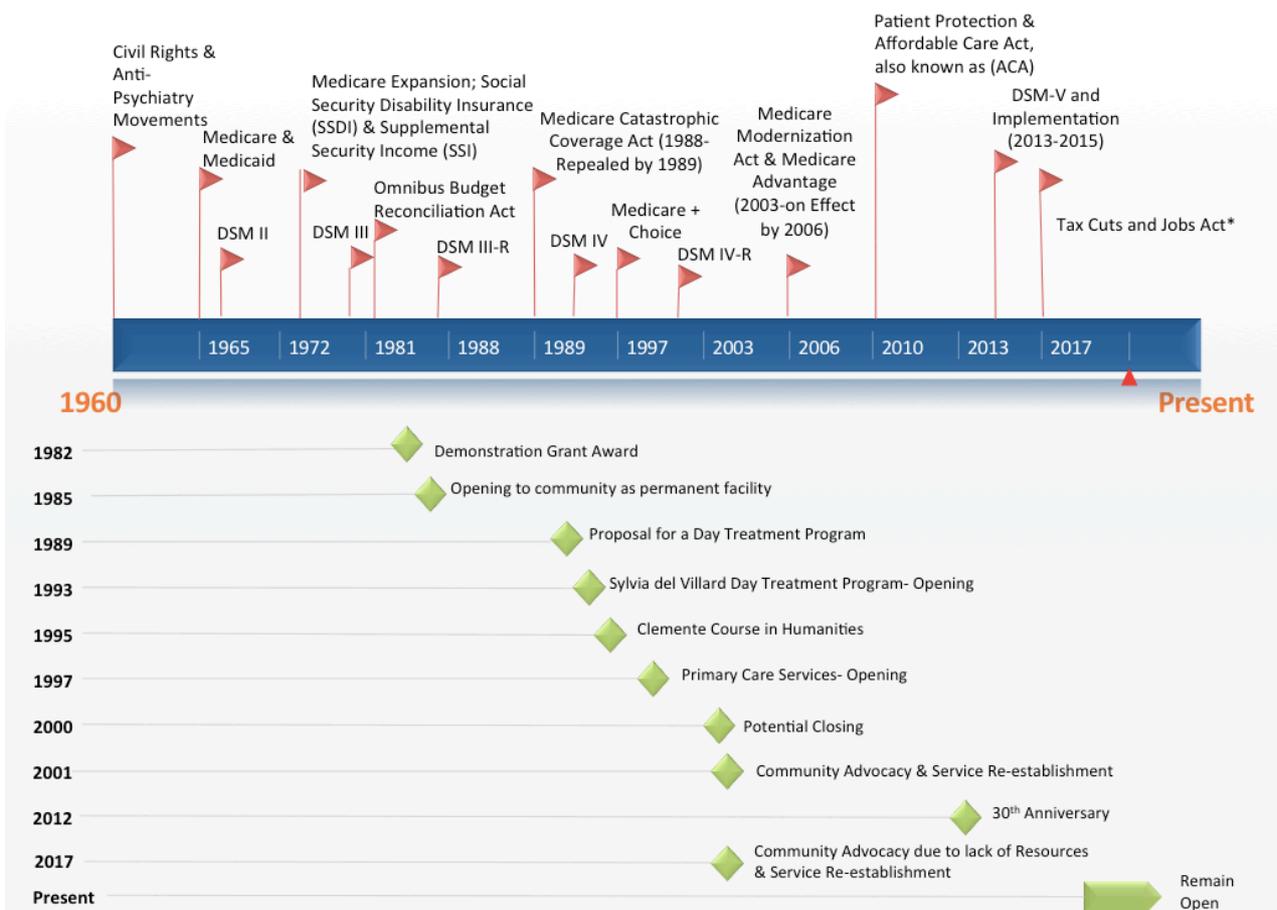


FIGURE 2. U.S. Health Policies, Mental Health Practice from 1960 to Present and Roberto Clemente Family Guidance Center Timeline: A Brief Overview.

CONCLUSION

Jaime Inclans' participation in community mental health activism in the Lower East Side of the 1970's and 1980's led him to understand the dimensions of Puerto Rican and Latino health needs and challenges. Jaime's entire oral history, available at the Center for Puerto Rican Studies' archives, demonstrates his historical and political sensibilities as a humanist that prompted him to galvanize efforts to establish the Roberto Clemente Family Guidance Center. His role as an active participant and his professional and academic development allowed him to see the need for an ecological and systemic approach in working with Puerto Ricans and the mental health community.

The effectiveness and relevance of the clinic lays in its inception as a facility for mental health services catalyzed by community engagement. One of the forefronts of community activism in New York City has been health-related efforts in contested spaces. Some of these efforts have been possible due to the political activism of community agents and/or organizations such as faith-based organizations, the Black Panthers and Young Lords, highlighting the need for a systematic study of the history and prospects of community-led transformation of health systems nationwide at times of the consolidation of mental healthcare corporatization.

The process for the creation of the Roberto Clemente Family Guidance Center was spearheaded by the Puerto Rican and Latino communities and mental health experts at times when the city of New York had an interest in community-based mental health services catering minorities from a culturally sensitive approach. In this context, mental health care professionals such as Inclan, and their connection to the community and its leaders allowed for a lasting community participation and decision making in shaping local programs as well as policies aimed to decrease stigma and improve prevention in ethnically and economically segregated urban areas. Certainly, Jaime Inclan's and the Roberto Clemente Family Guidance Center serves as a case work on how community engagement in local policymaking helps rationalizing and streamlining public and private resources, service philosophies and community goals and objectives to avoid health services dislocations, distortions and mismatch in relation to community mentalities, cultures, languages, practices, histories, values and agency. The Roberto Clemente Family Guidance Center Role is an emblematic community experience in which community health professionals, scholars and practitioners served as interlocutors between interest groups, the academia, health institution, government agencies, politicians and the organized community around specific mental health needs and challenges. Through this experience, community clinics are at the epicenter of mental health as the result of serious discussion of their purpose and mission.

Inclan's recognition of his mentor and friend, Edgar Auerswald as one key influence in the development of the clinic suggest the formation of an epistemic community on mental health community issues consistent with a community mental health model like the Roberto Clemente Family Guidance Center. An epistemic community is a network of knowledge-based experts who help decision-makers to define the problems they face and identify various policy solutions and assess

the policy outcomes. In this case, this experience starts as something that could be called as 'community-based epistemic community' as the actors of this community efforts had vital relations as doctorate students but lived within the confinement of the ethnically and income segregated urban space.

A valuable contribution of this interview and oral history essay is the analysis offered by Inclan about how community healthcare, including mental health have dramatically shifted to a non-participant/ non-sustainable model. His remarks on the contradictions of emerging corporatization models on healthcare has resulted in failed attempts to integrate efforts under the premise of efficiency. As he points out, large communities have been displaced and disconnected from services due to health care programs based on insurance coverage. This represents a vicious cycle of "fragmented communities seeking healthcare" in marginalized urban areas that physically excludes and alienate the community from policy making.

#### REFERENCES

- Amy Moreno de Toro, A. (1998). An oral history of the Puerto Rican Socialist Party in Boston, 1972-1978. In A. Torres & J. Velázquez (Eds.), *The Puerto Rican movement. Voices from the diaspora* (pp.246-262). Philadelphia: Temple University Press.
- Auerswald E.H. (1985). Thinking about thinking in family therapy. *Family Process*, 24(1),1-12. doi:10.1111/j.1545-5300.1985.00001.x.
- Beadle-Holder, M. (2011). Black churches creating safe spaces to combat silence and stigma related to AIDS. *Journal of African American Studies*, 15, 248-267. doi: 10.1007/s12111-011-9159-0.
- Bertalanffy, von, L. (1968). *General systems theory*. New York: Braziller.
- Brolan, C., Hussain, S., Friedman, Ruano, Mulumba, Rusike, Beiersmann, C. & Hill, P. (2014). Community participation in

- formulating the post-2015 health and development goal agenda: reflections of a multi-country research collaboration. *International Journal of Equity in Health*, 13, 66, 1-7. doi: 10.1186/s12939-014-0066-6
- Brofenbrenner, U. (1994). *Ecological models of human development*. In *International Encyclopedia of Education*, (2nd Ed.) Oxford: Elsevier.
- Chambers, M. (1982, July 7). City seeks to dislodge drug trade by demolishing tenement havens. *The New York Times*, pp.23-24.
- Colón, E. (2016, July 7). Interviewed by J. Ortiz-Luquis [Video Recording]. Oral History Collection. Center for Puerto Rican Studies, Library & Archives at Hunter College, CUNY, New York.
- Countouris, M., Gilmore, S. & Yonas, M. (2014). Exploring the impact of a community hospital closure on older adults: A focus group study. *Health & Place*, 26, 143-148. doi: 10.1016/j.healthplace.2013.11.008.
- Enck-Wanzer, D., Morales, I. & Oliver-Velez, D. (2010). Health and Hospitals. In Darrel E.W., Iris M. & Denise O. (pp.188-201). *The Young Lords: A Reader*. New York: NYU Press.
- Gillcrist, S.E. (1983, February 5). Sicólogo puertorriqueño dirige clínica de salud mental. *Nuevo Amanecer*, pp.9.
- Gobetz, W. (2007). NYC- East Village: Roberto Clemente Center-Mural. Retrieved from: <https://www.flickr.com/photos/wallyg/498687911/in/photostream/>
- Gottlieb, M. (1982, December 14). Space invaders. Land grab on the Lower East Side. *The Village: Voice*, pp.10-20.
- Grob, G. (2005). Public policy and mental illnesses: Jimmy Carter's presidential commission on mental health. *The Milbank Quarterly*, 83(3), 425-456. doi:10.1111/j.1468-0009.2005.00408.x.
- Hamilton, P. (2005). "The Oral Historian as Memorist." *The Oral History Review*, 32(1), 11-18. doi: <https://doi.org/10.1525/ohr.2005.32.1.11>
- Hernández, C. (1982, September 23). Friedlander: Acabaré con las drogas en Loisaida. *El Diario-La Prensa*, pp.18.
- Inclán, J. (2016, June 6 and 13). Interviewed by A. Viñales [Video Recording]. Oral History Project. Center for Puerto Rican Studies, Library & Archives at Hunter College, CUNY, New York.
- Katorosz, O. (1984, September 13). Abrirán clínica siquiátrica Roberto Clemente en Loisaida. *El Diario-La Prensa*, pp. 6.
- Kennedy, P.J., Greeden, J., Riba, M. (2013). The nest 50 years: A new vision of "community of mental health". *American Journal of Psychiatry*, 170(10), 1097-1098. doi:10.1176/appi.ajp.2013.13060827
- Lafollete, J. & Pilisuk, M. (1981). Changing models of community mental health services. *Journal of Community Psychology*, 9, 210-223.
- Livingston, J., Bell, K., Dawson, D., Williams, A., Mohabir, J., Eleanya, A., Cliette, G. & Brandon, D. (2017). Feeling no ways tired: A resurgence of activism in the African American community. *Journal of Black Studies*, 48(3), 279-304. doi: 10.1177/0021934717690526.
- McDaniel, S., Lusteran, D.D. & Philpot, C.L. (2001). Introduction to integrative ecosystemic family therapy. In S. McDaniel., D.D. Lusteran & C.L. Philpot (Eds.), *Casebook of integrating family therapy: An ecosystemic approach* (pp. 3-17). Washington: American Psychological Association.
- Mele, C. (2000). *Selling the Lower East Side: Culture, real estate and resistance in New York City*. Minneapolis, MN: University of Minnesota Press.
- Minkoff, K. (2015). Rebranding "community mental health". *Community Mental Health Journal*, 51(4), 383-384. doi: 10.1007/s10597-015-9878-0.
- Mombia, A. (2016). Unveiling the Black Panther Party legacy to public health. *American Journal of Public Health*, 106(10), 1732-1733. doi:10.2105/AJPH.2016.303405.

- New York State Office of Mental Health (1982). New service delivery methods to minorities will be tested. *New York State Office of Mental Health Bulletin*, 5(8), 6-7.
- New York State Psychological Association (1984). Bringing mental health care to the Loisaida. *The New York State Psychologist*, 35(6), 12-14.
- Osborne, C., Baldwin, C. & Thomsen, D. (2016). Contributions of social capital to best practice urban planning outcomes. *Urban Policy and Research*, 34(3), 212-224. doi: <http://dx.doi.org/10.1080/08111146.2015.1062361>.
- Rivera-Monclova, M. (2010). Palm trees in the projects: Puerto Rican counterinvasion in Edgardo Vega Yunque's Loisaida. In D. Smith, T. Tagirova & S. Engman, (Eds.), *Critical perspectives on Caribbean Literature and Culture* (pp. 184-214). Newcastle: Cambridge Scholars Publishing.
- Robin, S. & Wagenfeld, M. (1988). Community activism and community mental health: A chimera of the sixties, a view from the eighties. *Journal of Community Psychology*, 16(3), 273-286. doi: 10.1002/1520-6629(198807)16:3<273::AID-JCOP2290160303>3.0.CO;2-J.
- Romero, D., Kwan, A., Swearingen, J., Nestler, S. & Cohen, N. (2012). Impact of the Closure of a Large Urban Medical Center: A Qualitative Assessment (Part I). *Journal of Community Health*, 37(5), 982-994. doi: 10.1007/s10900-012-9550-3.
- Romero, D., Kwan, A., Swearingen, J., Nestler, S. & Cohen, N. (2012). Impact of the Closure of a Large Urban Medical Center: A Qualitative Assessment (Part II). *Journal of Community Health*, 37(5), 995-1005. doi: 10.1007/s10900-012-9551-2
- Song-Ha, S. (2016). *Building a Latino civil rights movement: Puerto Ricans, African Americans and the pursuit of racial justice in New York City*. North Carolina: The University of North Carolina Press.
- The Clemente Course in the Humanities (2017). The Clemente Course in Humanities. Retrieved from: <https://www.clementecourse.org/>
- U.S. Department of Education. National Center for Education Statistics. (2013). Bachelor's, master, and doctor's degrees conferred by postsecondary institutions, by field of study: Selected years, 1970-71 through 2011-12. Retrieved from: [http://nces.ed.gov/programs/digest/d13/tables/dt13\\_318.20.asp](http://nces.ed.gov/programs/digest/d13/tables/dt13_318.20.asp)