

Healthcare as care

A red line drawing of two hands cupping the text 'as care'. The hands are drawn with simple, expressive lines, with fingers slightly curled as if holding something gently. The word 'as' is positioned between the two hands, and 'care' is positioned below it, both words appearing to be held within the palms of the hands.

on radical and revolutionary
practices of healthcare



"Power anywhere where
there's people."

Fred Hampton

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SOCI 345: Medical Sociology

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INTRODUCTION

When we think about the history of healthcare and health activism, we seldom remember the revolutionary groups of the 1960s and 1970s, such as the Black Panther Party and the Young Lords Party. These organizations, however, brought transformative social change during their time, and their legacy shapes the way we view grassroots movements and community-based healthcare today.

Their strategic organizing and needs-based programs responded to severe racial inequities in health and resources, many of which still persist today. Thus, it is important to learn about and honor the groups who engendered powerful services, initiatives, and reforms for their communities when institutions failed them.

This zine seeks to discuss a lesser-known but ever-important aspect of these groups' social justice efforts – **healthcare**. We take these lessons from the margins in activism, love, and care in their truest form.

PART 1

THE BLACK PANTHER PARTY



Healthcare for community by community.

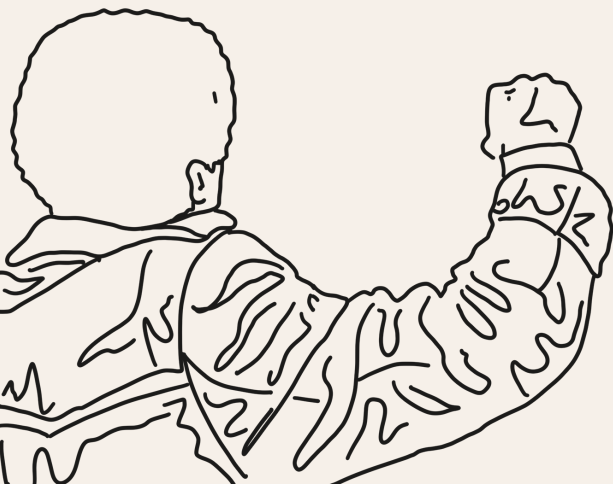
In 1966 – a young Huey P. Newton and Bobby Seal in Oakland, California, founded the Black Panther Party for Self Defense to protect their communities from police brutality (Delli Carpini, 2000). The organization eventually developed a “Ten-Point Program” that outlined their demands and created the baseline for what their community programs would look like (Gosse, 2005). In 1972, the Black Panthers officially added a healthcare point to their original “Ten-Point Program”:

"WE WANT COMPLETELY FREE HEALTH CARE FOR ALL BLACK AND OPPRESSED PEOPLE"

"We believe that the government must provide, free of charge, for the people, health facilities that will not only treat our illnesses, most of which have come about as a result of our oppression, but which will also develop preventive medical programs to guarantee our future survival."

Reading about the Black Panthers, you may never come across accounts of their healthcare initiatives. In mainstream media and formal education, their histories are painted as violent. **As criminal.** When do we get to learn about the Free Breakfast for School Children Program that the Black Panthers created, which fed thousands of students? When do we learn about the free clothing program they created? When do we learn about the Sickle Cell anemia testing program that sought to educate black communities who are disproportionately affected by the disease?

We should see and understand the way the party recognized that receiving healthcare was no longer just a question of being treated but was a social and political process that should be a **right for everyone**, not something that is able to be afforded by some.



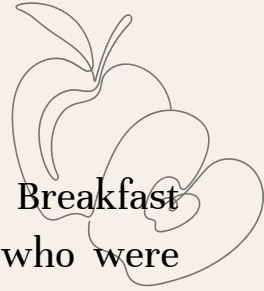
FREE BREAKFAST FOR CHILDREN PROGRAM

The first and most successful community program that the Black Panther Party had was the Free Breakfast for Children Program (Harris, 2001). In 1968, the National School Lunch Program had reduced-price, but not free lunches, and the National School Breakfast Program was limited to a few schools. As a result, most poor children went to school hungry and stayed hungry.

In January of 1969, after seeing this need, the Panthers started the Free Breakfast Program at St. Augustin's Church in Oakland, which quickly spread to 23 cities by the end of the year (Pien, 2010). The Panthers were able to feed **more than 20,000 children** (Pien, 2010).


The Free Breakfast Program gained national attention by showcasing the urgent need to give poor children nutritious meals so that they could succeed in school. In 1973, Congress dramatically increased the National School Lunch Program funding to expand the program to all public schools (Pien, 2010).

The Breakfast Program would help Black children “grow and intellectually develop because children can’t learn on empty stomachs.”




Said Forbes, explaining how beneficial the Breakfast Program was (Robertson, 2016). Students who were served free breakfast before school showed huge improvements as they were not "falling asleep in class, they weren't crying with stomach cramps," as one principal exclaimed (Pellizzari, 2020). The Black Panther Party saw a need to provide early childhood developmental resources to communities that would eventually influence their future career and life path. The positive effects of the Breakfast Program in black communities helped target inequities in health and invested in early childhood interventions (Williams & Copper, 2019). Not only were they increasing the physical and mental health of children in these black communities, but they were also ensuring these children would have better access to employment opportunities since they could finally take full advantage of their education with a full stomach, resulting in additional incomes that lead to improved health in the future (Williams & Copper, 2019).

SICKLE CELL TESTING PROGRAM



One of the most notable healthcare initiatives was their sickle cell disease testing program. In the United States, 1 in 365 African-Americans are affected by sickle cell anemia, a disproportionately high amount, considering that 100,000 Americans are affected by the disease each year (CDC, 2022).

The Black Panther Party was not only aware of the disorder's disparate impact on Black populations but also of how the disease was neglected in public health. Even before the days of neat infographics and national discourse on inequality, the BPP had a grammar for what it meant to experience and tackle health disparities in this country.

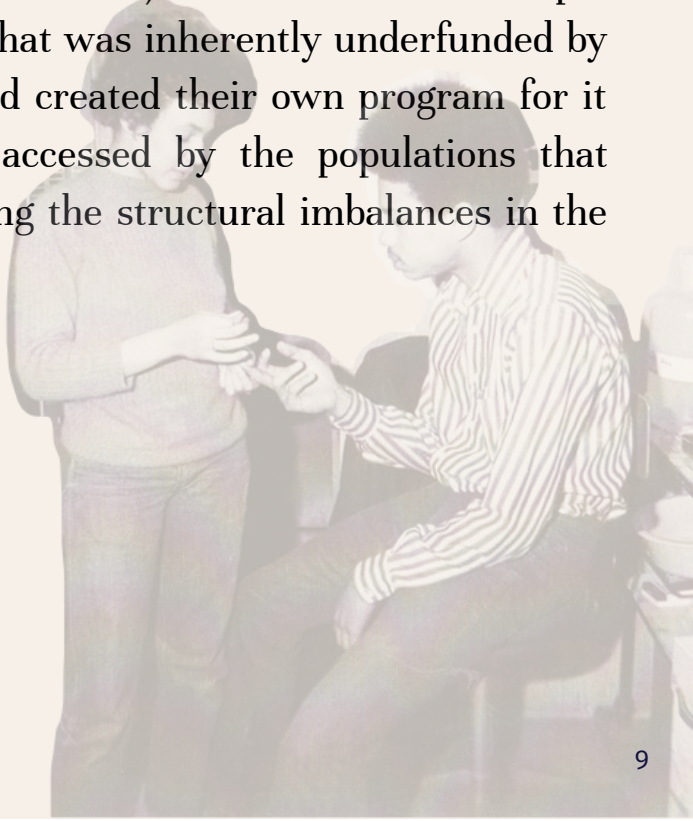


They launched a national screening program, recruiting college students and volunteer medical and community members to run genetic screening tests at a vast number of locations around the country (Bassett, 2016).

Where the actual healthcare institutions failed to serve the people most, the community organizers filled in.

This screening initiative was supplemented with a nationwide educational campaign, intending to not only explain the disease of sickle cell anemia and treatment options but also place the disease into the broader social and political contexts it occupied. They also learned of the genetic basis of the disease and sought to educate others of its hereditary nature and how specifically it can get passed down to children by disseminating materials to increase public knowledge of this. In their publication *Black Panther*, they published a cover story titled “Black Genocide: Sickle Cell Anemia,” which included information on the biological processes that underlay the disease, increasing the awareness and knowledge on sickle cell that African Americans did not have access to at the time (Nelson, 2011).

The lack of government initiative and national awareness of sickle cell disease was not a neutral position – the populations at risk of institutional inaction were the same ones currently facing socioeconomic disparities and who historically faced oppression. Mary T. Bassett, a then pre-medical undergraduate student, recounts her involvement in the national sickle cell disease screening program, administering the finger stick test to screen sickle cell. She recalls that the sickle cell screening program was “more than just a service—it was an organizing tool” (Bassett, 2016, p.1741–1743). The BPP took a simple testing procedure that was inherently underfunded by the government and created their own program for it to be able to be accessed by the populations that needed it – revealing the structural imbalances in the public health field.



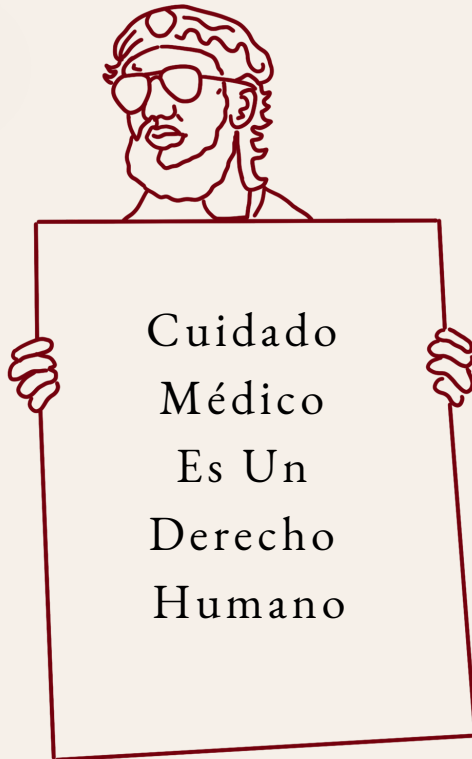
FREE MEDICAL CLINICS

In 1968, the Black Panthers started People's Free Medical Clinics (PFMC) due to the discrimination against African Americans in hospitals and private medical practices (Frierson, 2020). Government hospitals and clinics, such as President Lyndon B. Johnson's Great Society's community health centers, were poorly funded, yet this is where most African Americans got their health care from. These clinics stepped in to provide African Americans with medical services from those who actually care.

The first clinic was established in Kansas City, Missouri, and was named the Bobby Hutton Community Clinic after the BPP's "first slain martyr" (Kirkby, 2011). In 1970, BPP required that all chapters create PFMCs. Because this was the most expensive program, each chapter would raise funds for its clinic from local businesses, churches, etc., and they were staffed by volunteers. PFMCs offered checkups, immunizations, blood tests, and health education (Basset, 2019).

PART 2

THE YOUNG LORDS PARTY



In 1959, what we now know as the Young Lords Party was a street gang in Chicago as a means of connecting Puerto Ricans in the Lincoln Park area (Enck-Wanzer et al., 2010, p.117). What began as a humble means of social connection and protection in a primarily white area turned into a massive radical movement that linked cities across the country.

Among their many initiatives was one that centered on disparities within health care. When a member of the organization passed away in New York from a treatable wound while waiting for an ambulance while police stood nearby, the Young Lords began to recognize and mobilize against the failures of the healthcare system in the city (Enck-Wanzer et al., 2010, p.647). What they found was a breadth of issues, as detailed in their publication, the “Young Lords Organization.” These problems began with public health concerns – dilapidated buildings causing lead poisoning, tuberculosis going undetected in vulnerable populations, and nutrition accessibility issues – all things that would be able to be addressed with social programs for people (Lazú, 2013).

They were shocked to realize that institutions would rather have people consult a doctor when it was too late than target the problems early on. They also criticized the American Medical Association for creating barriers to medical education in order to accumulate wealth on the level of doctors, while people (on the patient level) living in poverty could not afford basic health care plans. The intersection between capital and politics also came into play here when they discovered that drug companies lobby politicians to impact public policy in a way beneficial to corporations.



TUBERCULOSIS

TESTING

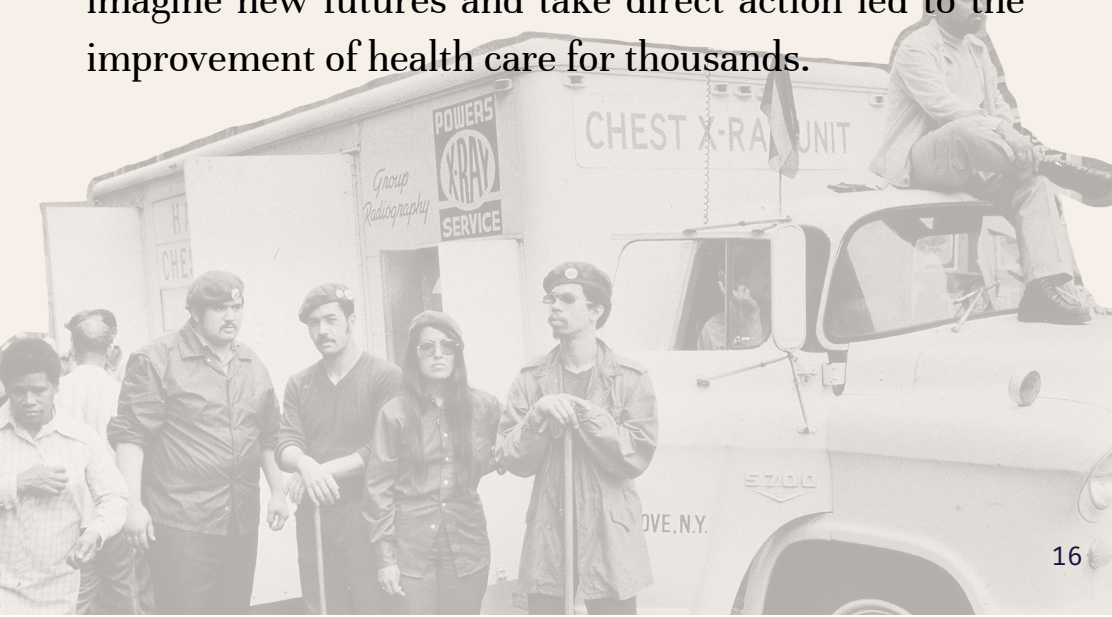
The disproportionate spread of Tuberculosis across black and brown populations in New York in the 1960s was not a coincidental occurrence. Tuberculosis is known to be an indicator of socioeconomic conditions; it spreads more easily in dilapidated, poor living conditions, especially in urban spaces with a large density of people (Pedro et al., 2017). Lack of ventilation and space, as well as nutrition, increased the presence of the disease for marginalized groups much more than the national spread level. Tuberculosis testing in the city was inaccessible to the very people affected the most. Early diagnosis is crucial, and to confirm a positive TB test, an individual must undergo a chest X-ray. Mobile testing units came to their areas of the city only on certain days and exclusively during working hours, which limited the ability for anyone with any form of a job to access the unit.

After extensive communication with the city, which refused to budge on the testing truck issue, the Young Lords party staged a highly publicized takeover of an X-ray truck, in an effort to increase its accessibility to an extent where vulnerable populations could reasonably access it. They took the truck to a site in East Harlem, seeking to provide tests to the neighborhood, and made a very loud statement that the public health department was not adequately serving the needs of the people. They screened over 50 people that day, and eventually, the health department repented, allowed them to keep the location of that unit, and expanded the hours of the service in their neighborhoods (Narvaez, 1970).

Later that year, in the Summer of 1970, for 12 hours, the Young Lords party occupied the administrative building of Lincoln Hospital, a worn-down medical institution in the South Bronx. As the primary hospital for mainly black and brown patients, the residents served by the hospital were appalled by the lack of resources and low quality of the healthcare provided.

These inadequacies were not a simple inconvenience but led to preventable deaths in the community. Once again, they made their demands clear – immediate funds to staff the hospital, preventative care programs, a daycare center for hospital workers and patients, and a community board say in the hospital's operations.

They advocated for 12 hours, refusing to leave the sit-in and dubbing the hospital "the People's Hospital" – a manifestation of their idealized vision of free healthcare. These demands eventually led to the first patient's bill of rights, accountability mechanisms for medical malpractice, a radical acupuncture detoxification clinic, and restorations of the deteriorating Lincoln Hospital building. Their ability to imagine new futures and take direct action led to the improvement of health care for thousands.



POLITICAL EDUCATION AS A TOOL IN HEALTHCARE ACTIVISM



Similar to the ten-point plan of the Black Panther Party, the Young Lords had a ten-point plan of their own, but instead, focused on healthcare and its distribution. These demands showed the Young Lords' emphasis on health care as a right for all. They began to organize and center their activism around this goal – preventing their community from harm that stems from the lack of preventative programs and the accessibility of healthcare services (Young Lords Party & Michael Abramson, 1971).

Through direct action, they worked on a slew of initiatives, one of which included collaborating with the Black Panther Party in 1970 on to create an acupuncture detoxification program run by the community to support addicts who faced neglect from the current medical structures in place.

The drug testing program took over a nurses' floor at Lincoln's hospital and ran entirely for free, serving hundreds and hundreds of people over the span of months. It also provided access to political education, mirroring the way the Black Panther Party paired their Sickle Cell Anemia Testing program with their nationwide educational campaign – regardless of the efficacy of the therapeutic programs, both these radical groups sought to situate the patient within the broader institutions.

*These people weren't **failures**, as the hardships and disparities they faced made them feel, but rather were **failed** by the system.*



PART 3

CARE & SOLIDARITY

Critical Theories on Practicing Community





The coalition is a symbol of true solidarity on the ground; how do we take the love, care, and compassion we hold for each other and manifest it in material ways? How do we assess community needs to create survival programs as the Black Panthers did?

Fred Hampton tells us about the masses – he’s “talking about the white masses, [he’s] talking about the black masses, and the brown masses.” He says, “you don’t fight racism with racism. We’re gonna fight racism with solidarity” (Hampton 1969).

What do we take away from the radical healthcare practices of the Black Panther Party and Young Lords of the 1960s-70s?

From their practices, we learn that structural disparities are inherently tied to healthcare. Before national conversation turned this page recently, these groups were tying their lived experiences to the harsh realities underlying infrastructural inequalities in society.

The Young Lords' lead poisoning testing program of 1969, as well as the tuberculosis unit takeover, showed that they understood the ways people's geographical, socioeconomic, and educational access affected their health and that early public preventive programs were the way to tackle this. Before the term "environmental racism" was coined, the BPP and Young Lords recognized and made aware of the ways marginalized communities are often exposed to much more toxic conditions, leading to the exacerbation of healthcare disparities that were already present in the healthcare system through economic barriers.

They also showed us the power of organizing and imagining better futures. Their praxis was tied closely to their theory – the way they organized around socialist medicine – the BPP establishing their People's Free Medical Clinics (through which they administered their sickle cell screening program), or the YLO's plight for equal resource distribution to underfunded hospitals demonstrated this. Their vision and goals were inherent to their demands on institutions, and their legacy today has undoubtedly changed the lives of millions of people.

As we continue to see groups take direct action, we can continue to be reminded of the ways that the BPP and YLO's community-based medical practices changed the landscape of how we are able to visualize what healthcare looks like –

*as a practice of solidarity, as inherently political, as a mode of mutual aid, and of course, as **care** for one another.*



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