

THE PEOPLE'S FREE MEDICAL CLINICS

Patients don't get a political rap before they see a physician[,] but the very existence of the clinic is political.

—Volunteer, People's Free Medical Clinic,
“The Free Clinics; Ghetto Care Centers
Struggle to Survive,” *American Medical News*

A February 1970 issue of the *Black Panther* featured two articles that dramatized how mainstream medicine could fail poor communities. One account told of the untimely death of James Anthony Nero, an African American infant, in Brooklyn, New York. Suffering from fever and chest congestion, James was taken to the emergency room of a local hospital. Doctors “hurriedly” examined the baby and allegedly sent him home with medication, but without a proper diagnosis.¹ Several days later, James was discovered unconscious by his mother, Hattie. Taken again to the emergency room, the infant was pronounced dead on arrival. He was four months old. A photograph of baby James in his tiny casket accompanied the story.²

The *Black Panther* piece conjectured that getting “to the essence of James’ tragic death” necessitated a consideration of the “circumstances surrounding it.” Criticism was especially heaped on the failed social service system: the Black Panthers’ account of this incident underscored the fact that the Nero family lived in Brownsville, a Brooklyn neighborhood so neglected by municipal services that “garbage piled up,” attracting “rats, mice, roaches.” The diagnosis that had allegedly eluded James Nero’s doctors was then ventured by the Party; the newspaper declared that “pneumonia and flu viruses [run] rampant” in impoverished settings such as this.³

A second article employed anecdotal vignettes to depict the dismal

state of healthcare services for the underprivileged in the Bay Area. Shining a light on the disrespectful, unprofessional, and even authoritarian encounters between physicians and their patients at San Francisco General—a public, teaching hospital affiliated with the University of California—the piece’s unnamed author declared that this public facility should not be regarded as “a charity hospital because there is no charity practiced there.”⁴ Represented as typical of this hospital were patient–doctor interactions such as the one described here: “The intern who examines you at first at least says hello, but the resident who comes in to check up on him hurts you and ignores you. He talks to you as though you weren’t there.”⁵ Affronts to women seeking reproductive healthcare at S.F. General received extended consideration in the article in its portrayal of the many hurdles and indignities faced by a hypothetical impoverished, pregnant everywoman of color, who was getting by with Medicaid assistance. Shuttled between prurient social workers and public health nurses, poorly managed municipal health facilities, and callous physicians depicted as lobbying expectant mothers to choose abortions over childbirth—and waiting for hours to be seen in each instance—poor women’s pursuit of maternal care was presented as a frustrating, coercive, and demeaning affair.⁶

The article spins out from these vignettes to a broader critique of the medical–industrial complex:

The drug companies, the doctors, the insurance companies and the equipment suppliers take in huge profits from private hospitals . . . [because] they don’t have to deal with the . . . poor people in this city. The Department of Public Health is in collusion with these doctors, with the health industry, with the Chamber of Commerce, because it maintains an undersupplied, drastically understaffed, overpoliced, over-social-worked institution—San Francisco General Hospital, which has no respect whatsoever for the privacy and dignity of people who have no choice but to use it.⁷

This account closes with a rallying cry for support for the Party’s own healthcare facilities. “Our people are dying of medical miscare—we must all work to make the People’s Free Health Clinics a reality.”⁸

Running side by side in the newspaper, these two articles encapsulated the activists’ interpretation of the challenges confronting medically underserved communities, including inadequate facilities, negligent care, and paternalistic (and sexist) interactions with medical authorities. More particularly, dealing as they did with the pragmatics of healthcare

access, the newspaper accounts offered ready justification for forming the Party's *own* clinics. An announcement celebrating the recent opening of a PFMC in Berkeley underscored the necessity of the Panthers' alternative institutions:

We have initiated a Free Health Clinic to combat the health problems which exist among poor and oppressed people. We realize that a person's health is his most valuable possession. We also realize that health care and inadequate facilities can be used as a tool to perpetrate genocide against a people. We know that as long as the oppressor controls the institutions within our oppressed communities, we will be subjected to institutionalized genocide whether it comes from inadequate housing, the barrel of a pig's shotgun, or from inadequate medical attention. . . . [We] must create institutions within our communities that are controlled and maintained by the people.⁹

In April 1970 Bobby Seale issued an organizationwide directive that all Party chapters establish local, free healthcare facilities. Called the People's Free Medical Clinics, the resulting clinics became the infrastructure for the Party's health programs.¹⁰



Bobby Seale at the Bobby Seale Free Medical Clinic in Berkeley. In 1970 Seale mandated that all party chapters establish a People's Free Medical Clinic. This PFMC was renamed for George Jackson in the summer of 1971. Courtesy of It's About Time Black Panther Party Archive.

Having established in chapter 2 why health politics came to be important to the Party's activism—and how this politics evolved from a confluence of founding principles, political ideology, and tactical exigency—I illustrate its breadth in this chapter and the two that follow. Here I describe the formation of the organization's network of health clinics. How did Party chapters convert Seale's 1970s mandate into local institutions? What hurdles did Party members confront in creating clinics? How did the PFMCs evince the Panthers' social health perspective?

In the early 1970s creating alternative healthcare facilities, if a radical act, was not a radically new idea. Nor was the idea for the PFMCs crafted out of whole cloth by the Panther leadership. The formation of the clinics reflected, on the one hand, a tradition of African American institution building as a form of recourse to health inequality. On the other, the Panther clinics were part of a broader New Left activism scene in which establishing independent clinics became a calling card of the radical health movement.¹¹

The inspiration for the PFMCs, however, also arose directly from the Panthers' inimitable political perspective. With its clinics, the Party sought to remedy the lack of sufficient, affordable, and respectful healthcare services for the disadvantaged, who were often relegated to teaching hospitals and their often inexperienced staff. These sites also provided trustworthy alternatives for the vulnerable poor who were especially at risk for medical discrimination, ranging from disrespectful or incompetent treatment to unethical experimentation, in both private and public healthcare settings. As community-based operations, the Panther clinics offered a local option in contrast to health facilities that were often at great distances from black communities. Norma Armour described the spatial segregation and psychic distance—that served as a hurdle to healthcare access in Los Angeles—in this way:

You know, in those days, we didn't travel far. I never went west of Western Avenue, if I even went that far. Maybe Vermont Avenue. I don't think I went west of Vermont until I was in college. . . . USC General Hospital was all the way in East L.A. That's where you had to go [if you were poor or uninsured]. No car? Then you met somebody for a ride or said "let's get on the bus and get over there."¹²

Offering services at no cost to clients, the clinics were also imagined as an alternative to profit-driven healthcare.

In addition, the PFMCs were experiments in a different culture

of healthcare; medical authority was demystified at the clinics, as lay people—including many of the Panthers—were vital to their operation. The Party, like other radical health activists, valorized this nonexpert wisdom from members of the community, both patients and volunteers, who brought valuable experience and knowledge to the clinic. In this same vein, at Party clinics volunteer medical professionals trained community health workers to provide basic healthcare; this transmission of expert knowledge was central to the Panthers' health politics.¹³ Thus in addition to offering needed treatment, the clinics also embodied the Party's critique of medical authority, professionalization, and the medical-industrial complex. At the same time, because health activism of the kind that the Party was engaged in depended on forms of expertise, the operation of the clinics would have been impossible without collaboration with its *trusted experts*, such as members of the MCHR. As the Panthers' health work bore out, the Party did not reject medicine outright; rather, it sought to provide and model respectful and reliable medical practice.

The clinics also served as a broad base of operation for the Party in at least two ways. First, the PFMCs were the organizational and administrative infrastructure for its platform of health initiatives. Second, given the Panthers' attention to the "circumstances surrounding" illness, in the case of baby James and more generally, their brick-and-mortar clinics were unsurprisingly also put to the purpose of broader social welfare needs. In keeping with the Party's social health prerogative, its clinics were ecumenical spaces in which medical care was the central but not the sole aim; the PFMCs had wide-ranging missions. Local residents could receive assistance from a "patient advocate"—a Party member or volunteer—on such matters as physical health, housing issues, and legal aid. In this way, the clinics were also bases of operation for the Panthers' wider "serve the people" agenda. This interpersonal support epitomized the advocacy the Party hoped to provide on a larger social scale. The clinics embodied a critique of mainstream social programs and the medical care system by exposing what Huey P. Newton called the "contradiction" between what the Panthers could accomplish with will and few resources and what the state did not accomplish with much more. Material embodiments of the Party's critique of both the healthcare state and the commodification of medicine, "the very existence of" the PFMCs was "political," as a staffer at the Chicago chapter's clinic declared.¹⁴

Clinic Culture and the Radical Health Movement

To fully realize its health politics, the Party worked with others to put these theories into action. Somewhat unique among modes of political mobilization, health activism may require mastery of biomedical information or the acquisition of technical skills and, therefore, frequently involves collaboration between activists and persons with expertise in medicine and science.¹⁵ The Panthers partnered with health activists who were able to impart the knowledge necessary to administer Party initiatives and who also shared its commitment to patient empowerment to demystify medicine, to the deprofessionalization of medical practice, and to a conception of healthcare as a human right, rather than a commodity.

Others in the radical health movement aided the Party in developing its health politics, including medical professionals who supported its work but were not affiliated with the group, for example, Tolbert Small and members of social movement organizations such as the MCHR and the Student Health Organization.¹⁶ Both the MCHR and the SHO regarded community health service as central to their missions; the MCHR, in particular, played a key role in advancing the Party's health-based activism.¹⁷ Notably, these activist-professionals often came to the aid of the Panthers themselves, serving as personal physicians to cadre. In turn, the Panthers helped these activists realize their own political aims to assist medically underserved communities by allowing health workers entrée into those communities most in need of their assistance. In addition to linking volunteer experts and underprivileged groups, as former Harlem Panther Cleo Silvers explained to me, the Party also sought to "reeducate" the medical professionals who partnered with them by exposing them to the ideas of Mao Zedong, Frantz Fanon, and other political thinkers.¹⁸ These writings helped convey the Party's political perspective to its collaborators. Collective reading of these works also helped communicate the life perspective of the mostly black and poor lay activists to their mostly white and elite allies. Stressing the necessity of this second objective, Silvers explained, "essentially . . . people in the medical establishment . . . come from privileged backgrounds and, usually they don't have a clue as to the culture of the people they are supposed to be treating. They didn't understand what our conditions were."¹⁹ The political reeducation that the Party required of its expert collaborators was intended to build a bridge of understanding.

The Party's clinics must be understood in the context of the "neighborhood health centers," "community health centers," or "community clinics" movement that was also taking place during this time.²⁰ In addition to the Panthers, the radical health movement of the 1970s included feminist groups; hippie counterculturalists; leftists such as Students for a Democratic Society and Health/PAC; politicized medical professionals and students, including the MCHR and the SHO; and the Party's allies in the "rainbow coalition," most notably, the Young Lords Party.²¹ This multifaceted radical health community was a decentralized aggregate of groups, collectives, and organizations with distinct missions that sought to transform medicine, institutionally and interpersonally. In keeping with the DIY spirit of the era, the activists enacted the better world they imagined by establishing their own independent healthcare initiatives and institutions; the radical health movement modeled practices that, in the slogan of the Berkeley Free Clinic—a Party collaborator—valued "Health Care for People Not Profit."²²



Boston's Franklin Lynch PFMC, located in a trailer parked on a city street. Clinics varied by chapter and according to each chapter's resources. Courtesy of It's About Time Black Panther Party Archive.

This mission was frequently manifested as activist-run no-cost or low-cost clinics, such as the Panthers' PFMCs. Consistent with the period's antiauthoritarian zeitgeist, activists encouraged patients to have a voice in the medical encounter and urged laypeople to claim the mantle of expertise by taking a hand in their healthcare—and, sometimes, in producing medical knowledge as well. The democratization of both medical practice and biomedical knowledge, often in the clinic setting, was a tactical cornerstone of radical health politics. Members of the radical health movement worked in solidarity—and sometimes, in tandem—to provide inexpensive alternatives to mainstream medicine. The free and low-cost clinics that were founded to fulfill the healthcare needs of underserved groups reached a critical mass in the early 1970s.²³ By 1972 this phenomenon was considerable enough to spur the formation of the National Free Clinic Council. The council's first meeting, held that same year in Washington, D.C., was attended by over eight hundred activists, representing more than two hundred health facilities across the United States.²⁴ The majority of these clinics were organized by and served feminist and minority groups like the Party.²⁵

Although communities and collectives had long established their own medical facilities in response to nonexistent or inadequate healthcare services—African Americans' efforts to establish healthcare facilities in the early twentieth century is a case in point—this renaissance in alternative-institution making was more immediately inspired by the health programs launched as a part of the Freedom Summer initiative in 1964.²⁶ This renaissance flowered alongside the free clinic movement that arose from hippie culture in San Francisco beginning in 1967.²⁷ The network of activist relationships and collaborations that arose from these developments became the scaffolding for the broader radical health movement.

The emergence of activist-run health facilities such as the Panthers' PFMCs was deeply influenced by Freedom Summer. In some cases, the link was direct: both Stokely Carmichael and H. Rap Brown, each of whom went on to serve roles in the Party as honorary prime minister and minister of justice, respectively, participated in the Freedom Summer as members of SNCC.²⁸ For this campaign, SNCC joined forces with the politicized health workers of the MCHR because, as the historian John Dittmer notes, its leadership recognized that the arrival of thousands of activists from the North to Mississippi would "increase the level of violence in the state."²⁹ Doctors, nurses, surgeons, medical and nursing

students, pharmacists and lab technicians, and others were therefore needed to provide emergency medical treatment and “attention for problems resulting from stress” in addition to tending to “normal ailments.”³⁰

As summer faded, so too did this particular SNCC campaign, but the struggles for racial justice and health equality intensified. MCHR members were stirred further to action by their experiences in Mississippi. Several of these volunteers, including the physicians Alvin Pouissant and H. Jack Geiger, continued to work with the poor in the South.³¹ In the period immediately after Freedom Summer, the MCHR was thus transformed from “medical presence” for southern civil rights struggles to “the medical arm of the New Left,” mostly in the urban North and East.³² In this latter capacity, the MCHR became a vital player in the radical health community, helping the Panthers, the Young Lords Party, feminist groups, and others to staff (and, in some cases, coordinate) clinics and other healthcare projects as it extended its efforts to other regions of the United States.³³ Following Freedom Summer, Geiger would play a prominent role in the development of the federal community clinic program. With more than one million dollars in funding from the Office of Economic Opportunity, he established successful clinics in Bayou Mound, Mississippi, and Boston. The facilities that Geiger spearheaded were a source of inspiration for the Party. In Branch’s words, Boston “had a wonderful clinic plan that we wanted to adopt.”³⁴

On top of the formative influence of the Freedom Summer health programs and projects closely modeled on them, the model of San Francisco counterculturalists, who instituted primary healthcare services during the so-called Summer of Love, encouraged the growth of the health radical clinic network. Hippies, who came to the city by the tens of thousands for several weeks beginning in 1967 to “turn on, tune in [and] drop out,” in LSD-enthusiast Timothy Leary’s memorable phrasing, were in need of care that could be delivered inexpensively and in a nonjudgmental setting for drug-related illnesses, sexually transmitted diseases, and other ailments. The counterculture free clinic was the brainchild of Dr. David Smith, an internist at the University of California, San Francisco Medical Center.³⁵ The creation in June 1967 of the first such facility, the Haight-Ashbury Free Clinic, was, in Smith’s words, “a political statement . . . [about] inadequacies in the health care delivery system.”³⁶ This clinic begot others sponsored by counterculturalists and members of the New Left, including many in the Bay Area such as the still-functioning Berkeley Free Clinic, and added both substance and

velocity to health radicals' drive to develop alternative healthcare sites as a form of political critique. Berkeley and its surrounding communities became major sites of health politics in the 1970s. The former Panther Armour, who worked in the Party's clinics in both Southern and Northern California, recalls that the Bay Area was home to an active "health consortium" of which the Panthers, the Berkeley Free Clinic, feminist health collectives, and other members of the local radical health movement were members.³⁷

Trusted Experts

Consistent with its vanguardist principles, the Party viewed and represented itself as standing in for the interests of "the people"—its health-underserved urban constituency.³⁸ Like SNCC in the South, the Panthers (as well as the Young Lords Party and other groups) necessarily facilitated the community service aspirations of its health radical allies. The Party was a "bio-cultural broker" that mediated between medically underserved poor, black communities distrustful of mainstream medicine and medical expert health radicals, who sought to use their skills to bridge health inequality.³⁹

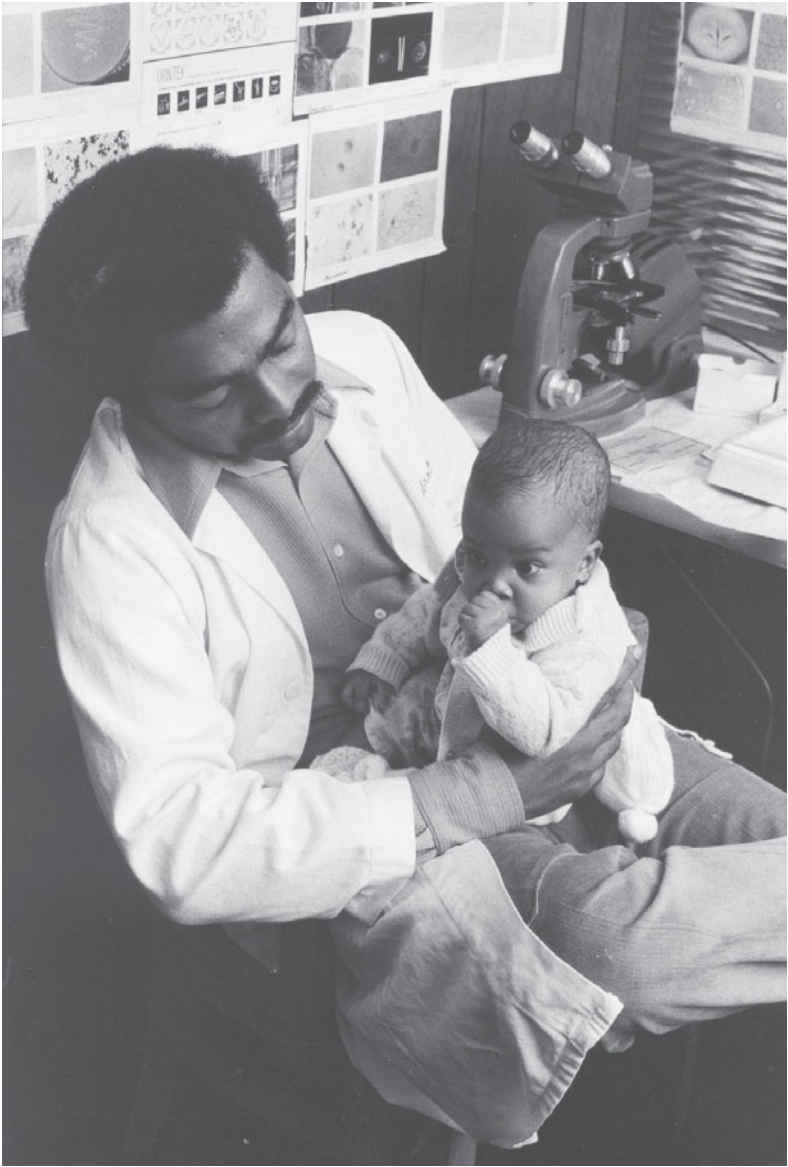
This trust warrant was symbolically performed in the New Left and counterculture health radical communities. Here it was deemed appropriate that the appearance of the doctors, nurses, and others working with this population more closely resemble their patients than their colleagues.⁴⁰ Patients and practitioners were supposed to "share the same values and life styles. . . . Professionals [did] not hide behind the symbols of uniforms or authoritarian roles," observed a report on a San Francisco Bay Area free clinic.⁴¹ Hippie health workers wore jeans and T-shirts under their white coats, if they wore white coats at all.

The white coat of medical science could have a different connotation in black communities. Because the Party worked with populations that historically had not had regular contact with medical professionals, the white coat, worn by trusted experts, could be a welcome sign of long-sought access to quality healthcare *as well as* an emblem of the potential excesses of medical power. Accordingly, at the Party's clinics, community volunteers, health workers, and Panther health cadre alike donned this symbol of medical science that had evolved from late-nineteenth-century lab coats.⁴²

Even if they were not expected to undergo a sartorial transformation, activist health professionals who joined forces with the Party were often



Wearing a white clinician's coat with a badge that reads "Black Panther Party Community Survival Programs," Party member Norma Armour made a house call to check the result of a TB test given to a girl in Oakland. Courtesy of Steven Shames.



Henry "Smitty" Smith was a leader of the Black Panther Party health cadre. At its George Jackson PFMC in Berkeley, he conducted electrophoresis analysis for the local chapter's sickle cell anemia program. Courtesy of It's About Time Black Panther Party Archive / Billy X. Jennings.

required to participate in political training. For some of the Panthers' allies in the radical health movement, ideological indoctrination was the price of trustworthiness, a sign of solidarity. The physician Fitzhugh Mullan remembered that during his time as part of the Lincoln Hospital Collective in the Bronx, New York, the Panthers and the Young Lords Party required that activist doctors take PE classes from them.⁴³ In these sessions, works by writers such as Joshua S. Horn, Mao, and Fanon were read, scrutinized, and committed to memory.⁴⁴ Although Mullan grew to find the required rote learning of these and other texts pedantic and tiresome, he also conveyed that the experiences were important political and ideological "stimulants" for himself and other radical health workers.⁴⁵ The education was mutual. Silvers explained how this reciprocal interchange between medical professionals and Panthers worked:

I was responsible for giving political education to the doctor's collective [that] had agreed to work with us . . . [and] they taught us. The doctors taught us to use the equipment. We didn't come up with these ideas about the results of the ingestion of lead poisoning [by] ourselves, the doctors who did the research brought the [information] to us. We broke it down and explained it to the community and acted on it: We did this as a group. We had a doctor, a nurse, and a community person and a Young Lord or a Panther.⁴⁶

The Party thus held a pivotal place in the radical health community, linking the medically underserved and the wider health movement. Although the Panthers could count on the assistance of some African American health workers such as Branch, at a time when black women and men made up a mere fraction of the total number of physicians and nurses in the United States, the organization relied heavily on a multi-racial cast of medical professionals to carry out its preventive healthcare projects and other initiatives.⁴⁷ Concomitantly, the vanguardist Panthers facilitated the activities of these and other health radicals among poor people of color who were historically neglected by mainstream medicine and remained distrustful of it, while also vouching for these trusted expert collaborators.⁴⁸

The Demystification of Medical Power

"We are training some of the young people to do laboratory urinalysis and blood tests and teams of people from the community are organized to canvass the neighborhood and bring the center to the people. . . . Our teams take their blood pressure, medical histories, and in general

determine if people are suffering from illness.”⁴⁹ So explained Sylvia Woods, a nurse volunteer at the Chicago Party’s clinic in 1970. Through such expansions of responsibility for health outreach and medical treatment from professionals to community members, the Party put a check on medical authority by transforming its standard practice. This course of demystification took at least two paths: first, the valorization of nonexperts’ experience over physicians’ expert knowledge, and second, and related to this, the promotion of the practice of self-help healthcare, or “self health.” As with other health radicals (most notably, women’s health activists), the Party held that “the people”—be they the impoverished, the uninsured, pain sufferers, genetic trait carriers, or racialized and gendered bodies—had access to a special and valuable perspective on disease and illness. A mode of expertise based on the distinctive standpoint or vantage obtained through life encounters and personal observations, experiential knowledge was a central tenet of the Party’s health politics. This knowledge reflected the premium placed by the activists on the potential of community members to be both health workers and health educators, building from the standpoint of their own lives. The Black Panther organization endeavored to give voice to patients’ experiences partly by privileging the judgment and perspective of those individuals or communities over that of healthcare professionals. At Party clinics, health cadre underscored the fact that professional volunteers largely served at the pleasure of their patients.⁵⁰ In free clinic examination rooms in Berkeley and elsewhere, patients learned to ask questions of the health professionals who treated them; they “frequently challenge[d] the behavior of professionals” if they found it to be inappropriate and, furthermore, were encouraged to do so.⁵¹ Additionally, during the height of the radical health movement, it was not uncommon for health workers to be dismissed from activist-run clinics if they were deemed disrespectful to patients.⁵² “We . . . require[d] the best from the doctors,” Armour recollected. “People started complaining about . . . one pediatrician that came to work for us. The parents were complaining about some things that he said about their kids. . . . Have you ever heard of firing a volunteer? I had to tell him we didn’t need his services anymore!”⁵³

This experiential knowledge tack was partly a remedy to what health radicals diagnosed as the “built-in racism and male chauvinism” of mainstream medicine.⁵⁴ Medical patriarchy was a concern of feminist health radicals in particular, who argued that women too often found

the mostly male, mostly white physician cohort typical of this era to be “condescending, paternalistic, judgmental and non-informative.”⁵⁵ The Young Lords Party and the Panthers further highlighted the problems of racial discrimination and class inequality inherent in the medical encounter.

This ideal of lay expertise among health radicals extended to the very exercise of medicine.⁵⁶ Along with patients’ increased agency, at its healthcare clinics the Party encouraged the transfer of technical skills from health professionals to nonexperts. Activists and patients alike engaged in larger and more active roles in a quite literal sense, taking the provision and delivery of healthcare services “into their own hands.”⁵⁷ These self-health activities included and could also well exceed the bounds of what might be expected to transpire at typically rudimentary clinic settings.

Self-health was an important and transformative practice among feminist health radicals. The work of the women’s health centers comprised not only rape counseling, birth control services, midwifery, and such “self-help gynecology” as cervical self-examination but also obstetric procedures and, in some rare cases, abortions.⁵⁸ The Panther health cadre also engaged in self-help reproductive health practices alongside local community members. “Know your body, know thyself. Own your own speculum. Do your own examinations,” Armour remembered. She continued, “We practiced doing Pap smears on each other. And then, we sent them to the lab [for results].”⁵⁹ This would prove a life-saving practice for Armour, who was able to detect her own cervical cancer at an early stage. “Had I not been doing [self-examination], I might not even be here today,” Armour revealed to me.⁶⁰

Self-health was even promoted by those health radicals with the most to lose—credentialed healthcare workers like the Party’s collaborators Woods, Branch, and Terry Kupers, an MCHR physician, whose professional authority was challenged by this realignment of power. While radical physicians and students of nursing and medicine could be deeply committed to their professional identities, many also recognized that systematic change in medicine was long overdue.⁶¹ For example, in a September 1971 “position paper on national healthcare,” the MCHR recommended that health facilities, including clinics, hospitals, and medical schools, should be administered by trained health workers as well as “community-worker councils” made up of “patients and health workers.”⁶²

Seale conjectured that self-health also planted seeds of political transformation. “Another aspect of the ‘survival programs’ is that we have drawn a good many community people into them. . . . We are now training community people to do sickle cell anemia testing. The people themselves have become very involved in running these programs. . . . At some point or another, the people can actually choose to defend . . . those clinics that they know they have a right to as decent human beings.”⁶³ For the Party, then, in addition to providing concrete medical services, lay expertise also represented revolutionary possibility. Self-health was thus a multivalent tactic that provided real benefits, demystified medical authority, and as Seale suggested, potentially exposed both the deficiencies and the priorities of the U.S. welfare state.

Clinics for the People

In the spring of 1970 Seale ordered that community service work of all Party chapters should minimally consist of a Free Breakfast for Children Program and a health clinic. This directive was partly an effort at centralization responding to the fact that as the Panthers gained national notoriety, Party chapters were springing up across the United States (and internationally), sometimes without permission or oversight from the organization’s leadership. More importantly, for the purposes of this discussion, this mandate confirmed health politics as a core element of the Panthers’ work.

With the formal establishment of a national network of PFMCs, health politics came to have an integral role in the Party’s plan to “serve the people, body and soul.” The plan to expand the clinic program was first announced by the Party’s minister of education Ray “Masai” Hewitt at a press conference in the fall of 1969.⁶⁴ PFMCs were launched as early as 1968 in several cities, including Kansas City, Missouri; Chicago; and Seattle, with Portland following suit in 1969.⁶⁵ The Los Angeles chapter’s Alprentice “Bunchy” Carter Clinic, located in the Watts neighborhood, opened in late December 1969.⁶⁶ Soon after the clinic mandate was handed down, Panther clinics were launched in New York, Cleveland, Boston, Winston-Salem, and Philadelphia.⁶⁷ The New Haven clinic, located at 27 Dixwell Avenue, opened in February 1971. The Party medical clinic located closest to its Oakland headquarters—the Berkeley-based Bobby Seale PFMC (later renamed for George Jackson)—would not open until April 1971.⁶⁸ The Party headquarters opened its clinic after several

THE BLACK PANTHER PARTY

ANNOUNCES.....

THE GRAND OPENING OF



THE BOBBY SEALE PEOPLE'S FREE HEALTH CLINIC

SATURDAY
APRIL 24th 1971
2:00 P.M.

3236 Adeline St. Berkeley

A persons' health is their most valuable possession. Improper health care and inadequate facilities can be used to perpetrate genocide on a people. The present facist, racist government used its facilities for that purpose -- the genocide of poor and oppressed people. The people must create institutions within our communities that are controlled and run by the people in order to insure our survival. With this in mind, the Black Panther Party announces the opening of our first Free Health Clinic in the Bay Area.

ALSO.....FREE FOOD & CLOTHING ON OPENING DAY

For further Information contact

*Black Panther Party...Berkeley Branch
2230 10th St. Berkeley...Phone 848-7740*

A flyer announces the opening of the Bobby Seale PFMC in Berkeley in April 1971. This Black Panther Party headquarters clinic was established later than some of the other clinics. Courtesy of It's About Time Black Panther Party Archive / Billy X. Jennings.

other chapters had formed PFMCs. Small, an African American physician who volunteered with the Party, recounted that “it was kind of an embarrassment for the Oakland chapter of the Black Panther Party that although the Party had free clinics . . . they didn’t have one in the Oakland area. So . . . we got together with the Berkeley branch of the Panther Party and we opened the Berkeley clinic.”⁶⁹ The Washington, D.C., chapter’s clinic was launched in 1973.⁷⁰ The Panther clinics eventually spanned thirteen cities, with New York City and Portland each having more than one.⁷¹

As this uneven rollout of the Party clinics implies, although Party leadership mandated that all of its chapters establish clinics, it was not able to offer direct support toward this end. Thus the clinic mandate—that required at the very least a location, equipment, personnel, and supplies—presented a great challenge to most chapters and frequently required considerable ingenuity on the part of the Party rank and file. Formation of clinics in cities throughout the United States necessitated the acquisition and mobilization of many human and economic resources, not to mention real estate and supplies. Attempts to set up a PFMC in Milwaukee, for example, floundered altogether when the chapter disbanded in 1969.⁷² Hewitt, who held a national position in the Party but was based in Los Angeles, acknowledged the difficulties the chapters might face in setting up medical clinics: “Finding places in underprivileged areas where we can do the job” was difficult.⁷³ This being the case, Panther membership often had to repurpose spaces, such as storefronts or trailers, by renovating the sites and converting them into workable clinics.⁷⁴

The challenge of finding sites appropriate for PFMCs was often compounded by the fact that clinic real estate often required adequate security. Hewitt noted that owing to police harassment of the Black Panthers, safety concerns had to be taken into account. The PFMCs “can’t be structured like Harlem Hospital. We have to be conscious of the problems of sabotage and security,” he expressed in a press interview.⁷⁵ In Seattle the chapter’s headquarters and clinic initially shared the same space: an examination table and medical supplies were located a room that also contained security paraphernalia, and “sandbags lined the walls, boards covered the windows and a couple of rifles leaned against a doorway” as defense against a police raid.⁷⁶

Of the thirteen Black Panther clinics established during the late 1960s and early 1970s, all contained examination tables, offered pri-



Boston's Franklin Lynch PPMC. Courtesy of It's About Time Black Panther Party Archive / Billy X. Jennings.

many healthcare, collaborated with medical professionals, and relied on donations of supplies and labor. These PFMCs were decidedly grass-roots institutions. Each chapter had to garner independently the resources necessary to found a PPMC. The healthcare services offered at a given Panther clinic were thus indicative of the resourcefulness of a Party chapter, the extent to which the chapter was supported by the surrounding neighborhood, and the availability of local supplies. Portland's Fred Hampton Memorial PPMC, for instance, was the only chapter to provide dentistry because it developed a working relationship with an area dental school. PPMC services thus both responded to the needs of particular communities and relied on their succor.⁷⁷

“Woe to he who behaves as though his body were his own.”

This chapter outlines how the Party operated the clinics that were a cornerstone of its health politics. Just as the PFMCs were structurally necessary to the group's health interventions, the able hands and healthy bodies of its membership were consequential to the organization—and indispensable to its sweeping broader mission. Accordingly, the healthcare

access that the Party sought for marginalized communities was also essential for the activists, who emerged from the same underserved communities. Individual well-being—understood in a social health frame—was stressed by the Party. As Armour explained, “We had a slogan: ‘Woe to he who behaves as though his body were his own.’ [It meant that] your body belongs to the revolution, so you have to take care of it.”⁷⁸ The activists’ healthcare needs were incorporated into the Party’s vision for a “people’s medical plan.”⁷⁹ The proposal for this plan asserted that “the maintenance of health among the BPP is presently very low in priority”; this state of affairs was characterized as a “contradiction both to the aspiration and practice of the liberation struggle.”⁸⁰

Panther field marshal Don Cox noted some of the health problems that burdened the membership: “Party members have some of the worst health in the country. . . . They suffer from inadequate rest, improper diet. In New York[,] there are five sisters who are anemic. Two have sickle cell anemia. . . . Two brothers have been to the hospital to find out why they have been passing out . . . but they’re not being treated.”⁸¹ On top of this, “ulcers and pneumonia [were] recurrent problems.”⁸² Some of these health problems likely stemmed from the stressful conditions under which the activists lived and worked. “There are no part time Panthers,” Newton frequently emphasized.⁸³ But it was also the case that Party members commonly worked *more* than full time.

In addition to the physical toll of Party service, the group’s communal living arrangements could exacerbate the spread of illness. As a consequence, the activists developed their own internal public health system to contain infectious disease and less serious communicable illnesses. For example, in the early 1970s, the Party’s Oakland Community School—where up to three hundred students boarded in dormitories during the week—experienced an outbreak of shigella, a highly contagious bacterial infection that typically affects children. To staunch the infection’s spread, Armour, Ericka Huggins, and others designated one of the Party’s homes as a “quarantine dorm,” where persons with shigella were housed until the epidemic passed. There was “a whole house,” Armour described. “Everybody that was sick had to go there. The doctor would come daily to check that everybody was there, to see how they were doing (do cultures, make sure there was no blood in the stool, and stuff like that). We had developed really, really good relationships with the physicians.”⁸⁴

In the “free love” seventies, the Party also had to contend with the

presence of sexually transmitted diseases among its membership. The Party developed the “freeze list” to prevent the spread of STDs. The list was a public document, and all members were required to keep track of the names on it and, by doing so, to play a role in health surveillance: Panthers monitored each other to ensure that required medications were being taken and that individual behaviors were aligned with the goal of a healthy community. Brown relayed the purpose and operation of the freeze list in this way: “We decided as an organization that we had to take precautions regarding disease, we couldn’t afford to have disease in the community.” She continued, “People could call the clinic and ask if a certain person was on the list. Women would mostly call about the brothers. Don’t be on the list and drinking alcohol [that might counteract the effects of the medication]. Norma [Armour] and [Sheba] Haven mostly managed the list.”⁸⁵ To describe someone in the Party—usually a man—as “on the freeze” was to say that the person was taking a course of medication for treatment of an STD and was therefore not available to engage in sexual intercourse. “If a brother was on the freeze, he didn’t get ‘any,’” a former Party member elaborated. The list “became institutionalized in the organization,” Brown recounted.⁸⁶

Staffing

The primary responsibility for the staffing of the PFMCs fell to Party members. The Washington, D.C., clinic was reportedly run with “the part-time efforts of 35 or 40 members.”⁸⁷ In 1970 the medical staff of the Chicago chapter’s clinic consisted of “10 doctors, twelve nurses, and two registered technicians” as well as interns “from medical schools around the city.”⁸⁸ In Oakland, for several years, Carol Rucker’s principal responsibility as a Party member was working as a nurse at the George Jackson clinic. Small, the Panthers’ medical adviser, described the staffing arrangement as similar to military service. “Being in the Party was a lot like being in the Army,” he observed. “It wasn’t like you chose to do something. . . . They would select people to do various things. Some of the [members] expressed an interest in working in the clinic, too, which is why they got in.”⁸⁹ The Panther Nelson Malloy, a leader of the Winston-Salem Party’s health-related programs (and presently a member of the city council there) had paramedic training. When the many chapters of the Black Panther organization were consolidated at the national headquarters beginning in 1970, after Newton’s release from prison, Malloy and two members of the South Carolina chapter—his girlfriend, Maria

Moore, and Charles Zolacoffer—moved to the Bay Area. (The chapter's other leader, Larry Little, remained in Winston-Salem and became an influential local politician.) In Oakland Malloy worked alongside Rucker and other Party members at the group's Berkeley clinic.⁹⁰

The Party health cadre was mostly composed of black women. This is unsurprising given that Seale estimated that within three years of the Party's founding approximately 60 percent of its members were women activists.⁹¹ On the national and local level, women filled many of the ranks of the Party leadership. They included Elaine Brown, who was the Party's chairperson between 1974 and 1977; Ericka Huggins, who was head of the Intercommunal Youth Institute; and Kathleen Cleaver, who for several years in the late 1960s was the group's communication secretary and press agent.⁹² Women's presence was also considerable at the local chapter level. Black women made up about one-third of the Portland chapter's fifty members.⁹³ Additionally, women Panthers often organized the Party's highly successful breakfast programs.

The labors and leadership of Panther women were also essential to the operation of the clinics. Branch, a registered nurse, was "the *only* black medical professional" who volunteered her services in the Southern California chapter's clinic. In New York City the Panther Assata Shakur worked in the "medical cadre" of the Harlem chapter under the supervision of Joan Bird, a nursing student.⁹⁴ (Shakur was also involved with this chapter's Liberation School and its Free Breakfast for Children Program.) In Washington, D.C., the registered nurse and Party member Catherine Showell was the "health coordinator" for that chapter's PFMC.⁹⁵ New Haven Panthers Frances Carter, Carolyn Jones, and Rosemary Mealy are credited with conceiving of and launching the Panther free clinic in that city.⁹⁶

The historian Tracye Matthews argues that women's participation in the service programs might be regarded as "an extension of 'traditional' roles for women in the family: nurturers, caretakers of children, transmitters of morals, etc."⁹⁷ These programs fit squarely with conventional ideas of "women's things" like "feeding children" and "taking care of the sick."⁹⁸ Matthews's observations were clearly borne out by the Party's health activism, and it was also the case that women both envisioned and led these programs, in addition to making up a large percentage of the organization's rank-and-file membership.⁹⁹

A second important source of staff at the PFMCs was volunteer medical professionals (e.g., physicians, nurses, pharmacists, lab techni-

cians, medical technologists, and medical students). The Bay Area optometrist Elichi Tsuchida, for example, in a letter to Newton, offered to provide vision care services at the Berkeley PFMC.¹⁰⁰ In Seattle students and faculty from the University of Washington's medical school volunteered their services and helped the Sydney Miller PFMC obtain supplies.

As the former Panther JoNina Abron noted, "Medical cadres in the Party received first aid training," but "the survival of the health clinics depended upon health professional workers such as African American physician Tolbert Small, to donate their time."¹⁰¹ A native of Coldwater, Mississippi, Small was reared under Jim Crow. As a young adult, he was involved in civil rights activities. He was a member of Friends of SNCC. He was also involved with the Mississippi Freedom Democratic Party and counts serving as a driver for Fannie Lou Hamer when she went on fund-raising tours at southern churches as one of the prouder moments of his life. Small would also be on hand when Hamer and other members of the Freedom Party attempted to unseat the Democratic Party's segregationist delegates and stood vigil with scores of other activists outside the Atlantic City convention center.

Small spent his summers in Mississippi after his family moved north. He was educated in Michigan, first at the University of Detroit and then at medical school at Wayne State University. It was in 1968 when the young doctor moved to Oakland to take an internal medicine internship and residency at Highland Hospital.¹⁰²

Rather than join the Party, Small came to his work with the Black Panthers independently and, moreover, initiated what would become a long-standing and substantial collaboration with the Party. Soon after he began working at Highland, Small offered his assistance to the Party. In early 1970, he remembered, "I drove by Grove Street and just left my name and said 'If you ever need a doctor, give me a call. I'm available.'"¹⁰³ Never formally a Panther, the doctor helped establish, with the Panthers Claudia Grayson and Rucker, the Bobby Seale People's Free Medical Clinic in Berkeley (later renamed after George Jackson) and served as its director until 1974. He was also the Party's medical director from 1970 until 1974 and, during this time, supervised its sickle cell anemia outreach.¹⁰⁴

In Portland a white organizer and health radical named Jon Moscow played a formative role in organizing that chapter's PFMCs. A former member of the Congress of Racial Equality, Moscow became inspired

by the work of Health/PAC while working for another organization on a report about the New York City hospital system. After he returned to Portland to resume college, he formed Health/RAP, “a research and action project,” on the model of Health/PAC. Working with the local Party leader Kent Ford, Moscow played a formative role in creating the Fred Hampton Memorial PFMC.¹⁰⁵

Other trusted experts were often affiliated with the MCHR, which was SNCC’s “medical arm” during the Freedom Summer campaign of 1964. Some volunteers in the summer program remained in rural Mississippi to help cultivate a rudimentary healthcare system. Others returned to their places of origin and continued the work they had begun in the South closer to home, particularly in urban settings in the Northeast, West, and Midwest.¹⁰⁶

The Party gave the MCHR “much credit” for the advisory role the health professionals played in the “formulation of its [health] program.”¹⁰⁷ Its collaboration with MCHR members was multidimensional and reciprocal; lay and expert radical health activists needed each other both in practical and in ideological terms. Party chapters called on members of the MCHR when they needed to establish clinics or when they required medical care.

Such was the case with the physician Michael Wilkins. Having recently completed medical school in the Midwest, Wilkins moved to the borough of Staten Island in New York City, where he worked at Willowbrook State School, a state institution for mentally disabled children.¹⁰⁸ At this time he also began attending MCHR meetings with his fellow physician and Vietnam veteran David McClanahan.¹⁰⁹ Wilkins and McClanahan were contacted by Neil Smith, minister of defense for the Staten Island Party, about helping that chapter establish a health clinic. “He just called us up and said, ‘You know, we heard you work with the Medical Committee for Human Rights, and we’d like to know if you would work with us and develop a clinic.’”¹¹⁰ Soon after, Wilkins signed on; the clinic opened in a storefront on Jersey Street on Staten Island, with Wilkins working there at least one evening a week.

These health professionals also tended to the health of Party members. The physician Phillip Shapiro, chair of the prison health committee of the Bay Area chapter of the MCHR, advocated on behalf of David Hilliard when the Panther was incarcerated in the California Medical Facility at Vacaville. Shapiro protested “the negligence of medical care afforded” to Hilliard and drew attention to his deteriorating health and

inadequate treatment, recommending that he “be granted parole at the earliest possible date so that necessary therapy not available at the CMF might be obtained” from “a physician of his own choice.”¹¹¹ Small was the personal physician to Newton and many Bay Area Party members. In this capacity, he visited George Jackson and Angela Davis when they were incarcerated. He also treated the rank and file and their children for a variety of illnesses, both at the clinic and in their homes.¹¹²

Community volunteers were also important to the functioning of the PFMCs. Some of these volunteers were political progressives who had training in the health professions; others were laypeople. Party members and lay volunteers at the Chicago and Berkeley clinics were taught by health professionals and more experienced nonexpert volunteers to take medical histories, vital signs, and blood pressure, and to do lab work, including urine and blood analysis.¹¹³ “We would train them to work to some extent like paramedics or physician’s assistants,” Small explained.¹¹⁴ “We actually trained some of the women to do pelvic [examinations] and gonorrhea screening. . . . You had a lot of sharp people who learned things very quickly.”¹¹⁵ In some instances this training was quite extensive; some of the individuals trained at the Portland clinics, for example, reportedly developed skills that sufficiently prepared them to work as lab technicians and dental assistants.¹¹⁶

Volunteers and health cadre did administrative work in the clinics as well. They were in charge of the day-to-day operations, from making phone calls, doing clerical work, and receiving and organizing supplies to scheduling patient appointments; scheduling doctors, nurses, technicians, and other volunteers; arranging referrals to other clinics, hospitals, or medical specialists as necessary; keeping patient records; and doing basic lab tests.¹¹⁷ Survey teams of volunteers also made home visits during which they recruited members of the community to come to the clinic for health services.¹¹⁸

In administering its clinics, the Party valorized the experiential knowledge of “the people” by transmitting technical skills from medical professionals to laypersons and, in doing so, sought to empower communities.¹¹⁹ The Los Angeles PFMC, for example, invited “doctors, nurses, pharmacists and other medical technicians to donate their time and skills,” emphasizing that these volunteers would also train community members in first aid and basic medicine so that the clinics could “be turned over to the people because all programs and institutions should be controlled by the people and run as they would have them run.”¹²⁰

Similarly, an article for the second of two clinics in Portland founded by that Party chapter explained that the People's Health Clinic would "initially . . . be run jointly by the Black Panther Party and HEALTH-RAP; [but] as soon as possible, control will be handed over to the black and white communities."¹²¹

Clinic staff worked rotating schedules, often balancing clinic duties with paid work, schoolwork, or home responsibilities. The clinics were typically open in the afternoon and evenings—when the people they served were most likely to be able to come to them. The Portland and Seattle clinics were open for three or four hours a day on most weekday evenings.¹²² The Los Angeles clinic initially opened all day on Saturdays.¹²³ By 1971 the booming Chicago Spurgeon "Jake" Winters PFMC claimed fourteen hundred registered patients and averaged more than fifty patients per week (although it was not open every day).¹²⁴ In 1970 Portland's Fred Hampton Memorial PFMC claimed a substantial staff that included "27 doctors, plus nurses and medical students."¹²⁵

The Berkeley clinic, staffed by Small and other medical and community volunteers, was open several days a week, mostly during the evening.¹²⁶ "The clinic hours were supposed to start around six. But sometimes Dr. Small wouldn't get there until ten because he was coming from his job at Highland Hospital. So, if we were busy, the clinic would be open until midnight or one or two in the morning. Besides the evening clinics, we had weekend clinics. . . . Whenever [health workers] were available, that's when we had the clinic," explained Armour.¹²⁷ Twice a week, during the day, this site offered pediatric services with the help of medical residents from nearby Oakland Children's Hospital. This clinic opened every day of the week, even when expert volunteers were not present. "If the doctor wasn't there, we were open for health education and referral information," Armour said. "When things were slow at the clinic we used to practice on each other. . . . I learned to draw blood, give injections. . . . We also learned to do Pap smears. . . . We used to have people at the clinic who were corpsmen in the Vietnam War and they taught us a lot," she recalled.¹²⁸ At the Los Angeles PFMC, Branch and Kupers worked in the clinic themselves and solicited assistance for the clinics from their UCLA colleagues. "I would have people from work . . . nursing friends and some of my [other] friends, come and help the clinic," Branch recalled.¹²⁹

When plans for the organization's clinics were just getting under way, Hewitt publicly declared that getting "'personnel is no problem.' . . .



THE



BLACK PANTHER PARTY

FREE HEALTH CLINIC

THE BLACK PANTHER PARTY HAS OPENED A FREE MEDICAL CLINIC AT 173 20th AVENUE.
THE HOURS ARE MONDAY THRU THURSDAY 5:30 to 9:00 PM.

THE BLACK PANTHER PARTY REALIZES THAT THE FASCIST NIXON REGIME HAS NO CONCERN FOR THE HEALTH AND WELFARE OF THE PEOPLE OF THIS COUNTRY AND IT IS CLEAR THROUGH ITS ACTIONS HERE IN AMERICA, IN VIETNAM, AND THROUGHOUT THE WORLD THAT THIS COUNTRY HAS NO INTENTIONS OF CORRECTING ITS OPPRESSIVE, EXPLOITATIVE WAYS. THE BLACK PANTHER PARTY REALIZES THAT THE BASIC NEEDS OF THE PEOPLE MUST BE MET, AND WE WILL MOVE FORTH WITH THE SUPPORT AND HELP OF THE PEOPLE TO MEET THOSE NEEDS THROUGH FUNCTIONAL AND PRACTICAL PROGRAMS LIKE THE FREE BREAKFAST PROGRAM AND THE MEDICAL CLINIC.

WE SAY LATER FOR PIG NIXON AND ALL THE REST OF HIS LACKEYS WHO WILL NOT AND CANNOT MEET THE NEEDS OF THE PEOPLE THROUGH THE EXISTING CAPITALISTIC SYSTEM THAT IS BASED ON INEQUITIES

SEIZE THE TIME

POWER TO THE PEOPLE

Flyer advertising that the Seattle PFMC was open four evenings each week. Courtesy of Black Heritage Society of Washington State.

Offers [from] volunteer medicals 'are pouring in.'¹³⁰ Many of the Black Panther medical clinics were indeed well-staffed and many prospered, with a handful of these remaining open well into the late 1970s. However, for other chapters, the staffing hurdle sometimes proved too steep at times or was altogether debilitating. The Kansas City Party's Bobby Hutton Community Clinic opened in August 1969. Yet by several

THE PEOPLE'S FREE MEDICAL CLINICS [101]

accounts, the clinic was barely operable by 1970 and offered screening only for sickle cell and high blood pressure on an ad hoc basis.¹³¹ Staffing issues frustrated this chapter's efforts. The MCHR members and Wilkins, who had collaborated with Staten Island Panthers in the formation of its clinic before moving to the Midwest in late 1971, made several unsuccessful attempts to help Pete O'Neal, the leader of the Kansas City Party, "find a . . . radical doctor that would run the clinic."¹³² Despite great effort, the Houston Black Panthers' struggles to start a medical clinic were utterly thwarted by a potent combination of limited human and financial resources and relentless police repression that diminished the group's ranks and the support of the surrounding communities.¹³³

Even the Seattle chapter, which ran one of the more successful clinics, the Sidney Miller PFMC, also experienced "staffing problems." These issues were attributed to health professionals' waning interest after the novelty of the effort had worn off and the fact that working in the "inner city" was inconvenient for some physicians based at suburban medical practices and hospitals.¹³⁴ This made the clinic's services unreliable. According to former Seattle Party head Elmer Dixon, "Sometimes we had a roomful of patients waiting to be seen and the doctor wouldn't be there."¹³⁵

Donations and Supplies

The equipment necessary to operate the PFMCs was begged, borrowed, purchased, scavenged, and sometimes just appeared on the doorstep.¹³⁶ Businesses, churches, and other organizations provided financial support for the Party's health programs. Pharmaceutical companies donated drugs to the Black Panther clinics in Oregon.¹³⁷ Corporate donations were similarly an important source of support for the Seattle chapter.¹³⁸ Kupers, who helped shape the Los Angeles chapter's Bunchy Carter People's Free Medical Clinic, and Small sought donations from medical supply and pharmaceutical companies on behalf of the Panthers. Small personally solicited donations from Bay Area medical and laboratory supply companies, including Bischoff's Medical and Libby Lab.¹³⁹ The pastor of St. Matthew's Roman Catholic Church in Brooklyn, New York, held a benefit featuring a Trinidadian steel drum band to support the local Party chapter's clinic and breakfast program in the Brownsville neighborhood.¹⁴⁰ In Connecticut, students from the University of New Haven made a substantial monetary contribution to that city's PFMC.¹⁴¹

ALPRENTICE BUNCHY CARTER FREE CLINIC

AND BLACK PANTHER PARTY

COMMUNITY INFORMATION CENTER

CLINIC HOURS:

Tuesdays 2pm - 4pm

Thursdays 7pm - 9pm

& Saturdays 10pm - 4pm

CENTER OPEN

Monday thru Saturday

10am - 5pm



3223 S. CENTRAL AVE. - 233-7044

OTHER BLACK PANTHER PARTY
COMMUNITY INFORMATION CENTERS:

2043 E. STOCKWELL, COMPTON
636-1763/4

731 E. 78th ST., L.A.
750-5509

Healthcare services were coupled with other social services at the PFMCs, as shown on this flyer from 1970 advertising Los Angeles's Alprentice Bunchy Carter clinic. Courtesy of Dr. Marie Branch.

The Panthers' Washington, D.C., clinic opened in the spring of 1973, "with a shoestring budget."¹⁴² Chapters requested donations of all kinds via flyers, newsletters, and the press. In a local alternative newspaper, the Chicago Panthers put in a request for "anything anyone can give—time, money, talent . . . food for the breakfast for children program . . . medical supplies for the clinic."¹⁴³ Party chapters also gained some funds through the sale of the group's national newspaper.¹⁴⁴ Fund-raising efforts were carried out by Party members and volunteers through door-to-door neighborhood solicitations and events and outreach on college campuses.¹⁴⁵

The PFMCs were also supplied through the generosity of physicians via donations of small medical equipment such as needles and syringes, as well as drug samples. Kupers, who was also a psychiatry resident at UCLA, sought out his teachers' assistance to keep the clinic stocked. "I would just go to my professors and I would say 'This is what we're doing in South Central and we need your help. Can you give us

Now open in Southeast Los Angeles and serving the people, is the Alprentice Bunchy Carter People's Medical Center, located at 3223 South Central Avenue. The Medical Center is sponsored by the Black Panther Party. Like all of our other socialistic programs, services provided at the facility are free, because we fully understand the medical conditions in our Black communities and how difficult it is to receive medical attention when you don't have money, right then, to pay for it.

Some of the services we provide are: physical examinations, child immunizations, laboratory work (blood tests, urinalyses, pap smears), minor surgery, treatment of common ailments (such as anemia, bronchitis, sinusitis, detection and treatment of venereal diseases). Most medicines are free. On Wednesday evenings at 7:30 first aid and health classes are held at the Clinic.

Besides regular medical doctors or general practitioners, we also provide a pediatrician (baby doctor) and a surgeon.

Community as well as medical professional help is needed. If you are interested in helping with the Clinic, call 233-7044 or 636-1763. For appointments and more information call 233-7044.

ALL POWER TO THE PEOPLE !

Health to those who have been deprived
for so many years!

Healthcare services offered at the Alprentice Bunchy Carter PFMC included gynecological screening, childhood immunizations, and minor surgery. Courtesy of Dr. Marie Branch.

your samples of medication?” He continued, “People were happy to help.”¹⁴⁶ The Party also had friends in the pharmaceutical industry. As Armour recalled from her time in Los Angeles, “Black folks who worked for pharmaceutical companies would bring us [drug] samples and we would use these” in the clinic.¹⁴⁷

The Oakland Party also relied on the generosity of other health radicals. A colleague from another community clinic in the city helped keep the Party clinic stocked with supplies. “A pharmacist who worked at the West Oakland Health Center [a Bay Area community clinic with which Small was affiliated] would come down . . . occasionally to take a look at the pharmacy,” to see if there were drugs that were needed.¹⁴⁸ “We had a regular pharmacy [at the clinic]. We had a whole wall of medications that we attempted to keep supplied,”¹⁴⁹ Small explained. With donated medications, some PFMCs were able to assemble adequately stocked clinic pharmacies.

Although the Seattle Panthers’ small real estate initially served as both an administrative hub and a medical clinic, its Sidney Miller PFMC moved to a separate location when “a building for the clinic was do-

nated by its millionaire owner.”¹⁵⁰ Donations were also acquired in unexpected ways. Sometimes equipment arrived at the PFMCs through the generosity of those working in solidarity with them. Supplies from radical health clinics that ceased operation were sometimes donated to the Party chapters. Branch recounted that when a free clinic in Los Angeles’s Willowbrook neighborhood closed, its sponsors “loaded up their equipment and brought it to our clinic.”¹⁵¹ In 1969 equipment and supplies left over from the mobile medical units used at the historic Woodstock concert in upstate New York were delivered to the Harlem Party.¹⁵² In California the UCLA medical center daily discarded supplies that were still usable. These items became part of the supply cache at the Bunchy Carter PFMC: “We would just take them and we were given them,” Kupers reported.¹⁵³

Some chapters were able to secure municipal, state, or federal funding to support their initiatives. Doing so was initially frowned on by Party higher-ups and was regarded as antithetical to the organization’s mission of “show[ing] what people can do for themselves without government assistance.”¹⁵⁴ The Party, moreover, regarded its PFMCs as necessary alternatives to those of the federally backed community clinic movement funded by War on Poverty monies. An article in the Party’s *Community News Service*, a publication of the Los Angeles chapter, lamented, for example, that “there are many government financed ‘Free’ clinics. These clinics are therefore required to adhere to the directive of the government.”¹⁵⁵ In contrast, this article underscored the fact that services at the Bunchy Carter PFMC were *free*. Its healthcare services were supplied at no cost “by doctors, nurses, and community workers whose primary interest is to serve the People.”¹⁵⁶ In this context, *free* here also intimated that the Black Panthers’ clinics functioned with an autonomy that state-sponsored clinics could not.

On the other hand, there was sentiment among some in the Party that it was perfectly reasonable to appropriate the government’s money and make better use of it. As Armour, who wrote several successful grant applications for public funding during her time in the Party, put it, “We sought resources from wherever we could get them . . . as long as it didn’t go against our ideology.”¹⁵⁷ The Portland Panthers accepted state funding. Its People’s Clinic, the outcome of “a coalition of social actions groups” and health radicals that included the Panthers and Health/RAP, was established with state, federal, and private grant monies.¹⁵⁸ The activists, however, also raised contributions for the operation of the

clinic, which was supplied with donated equipment and run with volunteer labor by members of the community and health professionals.¹⁵⁹ The Party's Seattle chapter reportedly received grant funding from the Boeing corporation to support its health clinics.¹⁶⁰ By 1974, when Elaine Brown took over as leader of the Party, grant writing at Party headquarters was *de rigueur*. The organization regularly wrote grant applications to garner support for its community service programs, even soliciting money from unexpected sources, like criminal justice agencies that typically funded police interests. Brown relished the Panthers' success in appropriating and redirecting state money. The Portland Panthers benefited from the largesse of a private dentistry society that donated equipment to its dental clinic, for example.¹⁶¹ The clinics were also supported with government grants. Indeed, when this city's health centers ceased operation in 1980, it was attributed to a decline in funding from the state. "As soon as [President Ronald] Reagan got in there," Portland head Ford maintained, "we just couldn't sustain the funding anymore."¹⁶²

Services

Panther clinics mainly provided basic healthcare. First aid and basic services—including testing for high blood pressure, lead poisoning, tuberculosis, and diabetes; "cancer detection tests"; physical exams; treatments for colds and flu; and immunization against polio, measles, rubella, and diphtheria—were available at many PFMCs.¹⁶³ In some instances, clinics screened for sickle cell anemia and offered optometry services, well-baby services, pediatrics, and gynecological exams.¹⁶⁴ For the most part, Party health cadre attended to basic health needs that might have otherwise gone unconsidered or untreated. Kupers, who with Armour, Brown, Branch, and Hewitt launched the Los Angeles chapter's clinic, acknowledged that the facility "couldn't handle anything very serious."¹⁶⁵ He continued, describing the types of ailments that PFMC staffers were likely to come across: "We did a lot of kids' infections, sore throats, and that kind of thing. We did basic work-ups. We were basically a triage system."¹⁶⁶

Nevertheless, the PFMCs also tried to make preventive healthcare available. As Kupers explained of the L.A. clinic, "We had a lot of people who had chronic illnesses that were not life threatening—things like hypertension, ulcers, [and] diabetes—who, just because [they gave their health] a low priority or did not receive enough attention from health professionals, weren't taking care of themselves. And, I would say to

somebody, ‘You know, your blood pressure is really too high. . . . You would really do well to do some exercise and lose a little weight.’” Kupers concluded that “it was the subtle everyday preventive medicine that I think we were most effective at. We got people more conscious about their health . . . we got a lot of people to start thinking about it and start changing.”¹⁶⁷

When treatment for more complex or serious healthcare issues was required, the PFMC workers, in a manner not dissimilar from an insurance system, made an effort to provide referrals to other facilities or other medical professionals. Patients needing more extensive care than the Portland clinic could provide, for example, were referred to contacts at the University of Oregon Medical School, where the client could receive care at no or low cost and the treatment was ideally provided by students or teaching faculty who shared the activists’ health political commitments and even volunteered at the PFMC in their spare time. The Portland PFMC also referred its clients for private specialist care. “We have specialty referrals to private offices on a free basis in surgery, internal medicine, dermatology, hematology, neurology, pediatrics and cancer therapy,” Moscow wrote in an alternative press article announcing the opening of the Portland clinic.¹⁶⁸

On some occasions at the L.A. clinic, the Panthers were able to arrange for “specialist[s] of one kind or another—a surgeon, an orthopedic surgeon, a cardiologist—to come and drop by [on] a certain day of the week . . . and then [we’d] line up all [the] patients” needing specialized care, Kupers remembered.¹⁶⁹ The MCHR had a dense network of health workers, and referrals to specialists could also readily be arranged with members of that organization. Physicians, nurses, and medical students from this group came to the Party clinic to see patients needing more extensive care than what the PFMCs typically provided. At other times, patients—often escorted by a member of the Party medical cadre—would be seen by MCHR senior medical professionals and specialists at their medical offices.¹⁷⁰

In a contemporaneous account of the Black Panthers’ activities, an observer commented that the Party’s health activism in Seattle could amount to little more than referrals when the chapter’s clinic and headquarters were housed together: “A doctor helped to found and operate the clinic, which was open two days per week, a former Seattle Panther said, but lack of privacy and the presence of Panthers with guns tended to discourage community use of the facility. Services offered involved

PANTHERS OPEN



FREE CLINIC

DENNIS LEVITT

Saturday, December 27, the Black Panther Party opened a free medical clinic for the benefit of the community. It is named the Alprentice Bunchy Carter Free Clinic, in memory of Panther Bunchy Carter who was paraded down on the UCLA campus January 17. The clinic will provide the community with free medical service from 4111 So. Central Ave., two doors down from Panther Headquarters.

Organizing and planning of the clinic has been going on for some time now, since before the December 4 raid on Panther Headquarters. At the time of that raid, the building was very severely damaged by gunshot and heavy doses of tear gas. At 4111, the gas was no heavy two weeks after the raid that it was impossible to work there. Volunteer helpers could not prepare the building in time for the opening of the clinic, so on the day of the opening, most patients had to be treated in a VW bus parked on the street.

Besides providing medical care, the Panther program includes a number of classes in Natural Medicine and General First Aid. The teaching began weeks ago, but had to be stopped after the December 4 raid. The class in Natural Medicine will deal basically with helping people to help each other. A passing on of information about what to do until the doctor comes, how to recognize certain types of illness, child care, etc. That class in General First Aid will deal with self-exploration. But due to the political situation in the community, the class will deal with one area not normally covered in first aid classes, that area being tear gas exposure. A



Al Prentice Bunchy Carter Free Clinic Watts — Treating the patient is Dr. Terry Kupers.

Photos by Andrew Kent

number of people who live in the area of Panther Headquarters have been affected by tear gas recently, bloodshot and swollen eyes from gas exposure are commonplace. One five month old baby had to be hospitalized. The problem is very real.

A personal clinic which can relate to the needs of the people is very much needed because county hospitals have abandoned the people. County General, the closest public hospital, although many miles away, is much too large and a six hour wait in the

waiting room is not uncommon. Treatment is very impersonal and leaves much to be desired. Marie Branch, a nurse at the clinic and one of its organizers, described an instance where a baby who was treated for tear gas exposure at University Hos-

pital ended up with diarrhea and vomiting and had to spend four days in Children's Hospital. Due to this situation, people with minor ailments sometimes ignore the ailments rather than go to the county hospital. The ailments then get worse and treatment becomes more difficult. Carter clinic can help these people and avoid those kinds of problems.

Dr. Terry Kupers, one of the coordinators, says the clinic will also have a political effect in the community. Dr. Kupers says the clinic will "educate people to what health care can be like... and what kind of health care they are entitled to. They are theoretically entitled to it at county hospital, but they don't get it." Dr. Kupers went on to say that once people become educated to this, they can begin to demand the kind of care they are entitled to.

In the community, reaction to the project seems to be very good. One interested observer, whose daughter was treated for a cold at the clinic, said, "It can be maintained without too much outside harassment. It'll be a real good thing for the community." He felt the treatment his little girl received was very good and quite professional.

The coordinators of the clinic plan to keep it open every Saturday and eventually everyday. But they are having their problems. The Panthers are being threatened with eviction from the clinic building as well as from their headquarters. But the clinic organizers say the clinic will remain open and continue to function, either in VW buses as on December 27, or at a new location.

Group forms in Berkeley to defend Black Panthers

"Citizens to Defend the Black Panther Party" is a newly formed Berkeley coalition of groups concerned that the recent attacks against the Panthers in Chicago and Los Angeles indicate a national drive which might soon manifest itself in a raid upon the Panther national headquarters on Shattuck Avenue in Berkeley.

The group was called together Dec. 11 by Frank Dard of the Berkeley Coalition, Conn Hallinan of the teaching assistants union at UC, and ASUC President Dan Siegel. The meeting included members of the three campus unions, the Oakland Black Caucus, the American Civil Liberties Union, the National Lawyers Guild, the Economic Opportunity Organization of the Berkeley Area, the Committee of Concerned Asian Scholars, the Welfare Rights Organization, and the Communist Party, USA. After discussions with members of the Black Panther Party, the following demands were presented to the Berkeley Police Chief Bruce Baker on Dec. 15:

1. That no warrant for the arrest of any member of the Black Panther Party or for a search for weapons be served until it is made public or communicated to a person chosen by the Black Panther Party; that no warrant be served at Party Headquarters unless it is so directed on the face of the warrant, and that the judge issuing the warrant or a member of the private bar chosen by the judge accompany police serving the warrant at Black Panther Headquarters.

2. That no warrant for the arrest of any member of the Black Panther Party or for a search for weapons be served until it is made public or communicated to a person chosen by the Black Panther Party; that no warrant be served at Party Headquarters unless it is so directed on the face of the warrant, and that the judge issuing the warrant or a member of the private bar chosen by the judge accompany police serving the warrant at Black Panther Headquarters.

3. That the police make public all contingent plans for attacking the Black Panther Party headquarters and all instructions from and communications with the FBI, the Justice Department,

concerning attacks upon the Black Panther Party.

4. That no weapons ever be used against black people by members of the Berkeley Police Department unless absolutely necessary for the preservation of life.

5. That the Berkeley Police be put under genuine community control. Chief Baker said that he was well aware of the latest police raids upon Panther offices and was concerned about preventing similar incidents in Berkeley. He stated that it was his intention not to conduct secret or pre-dawn raids against Panther headquarters and he agreed to the proposal that Berkeley Police contact the Black Panther Party or its attorneys before attempting to serve a warrant at Panther headquarters or upon an individual Panther sought by the police.

He also agreed with the suggestion that if the judges agreed a judge or member of the private

party police serving any warrant at Panther headquarters.

Baker also claimed that the Berkeley Police Department possesses no attack plans for Party headquarters and that the plan

More on LAPD atrocities

MICHAEL HANSON

The next time I hear some wind bag pontificating about the Great American Principle that is a lie "innocent until proven guilty" I fear the politest response I will be capable of will be a derisive laugh.

On my day, there are hundreds of men and women, who have been accused but not yet convicted of any crime, being punished in the medieval dungeons euphemistically called the Los Angeles County Jail. Yet because no bail has been set, or because they lack the money for the bond premium, or because they do not own real property to put up as col-

lateral published in local newspapers was simply a set of notes dealing with the possibility of a gun battle between Panthers and a rival black group.

sit in jail and are treated like cowed prisoners. Just as if he had a right to do so, the sheriff imposes rules that reduce their contact with the outside to a bare minimum, feeds them on slop and thoroughly regimented their lives.

The only legal purpose for pretrial confinement is to insure the appearance of the accused in court. Yet the sheriff uses pretrial confinement as an excuse to punish and punish he does.

The jail atrocieties committed against the Panthers arrested Dec. 8 are only slightly more sharp and violent than the usual

Marie Branch (above) was a UCLA nursing professor who helped run the Alprentice Bunchy Carter PFMC outside the clinic. Dr. Terry Kupers (below), a UCLA resident and MCHR member, worked at the Alprentice Bunchy Carter PFMC. From Los Angeles Free Press, January 1970. Courtesy of Dr. Terry Kupers.

‘referrals’ more often than treatment.”¹⁷¹ The Sidney Miller PFMC subsequently moved to a new location where it was led by the Panther Carolyn Downs. The fact that today a county clinic pays tribute to this Party medical clinic and to Downs suggests that Seattle’s health politics became more efficacious over time.

In instances when advanced treatment required patients under the Black Panthers’ canopy to seek care at a local public health facility or county hospital, Party cadre or patient’s advocates were dispatched to accompany the person seeking healthcare. The patient advocate system that was most developed in Chicago but present in several Party clinics was a clear example of how the clinics were envisioned to do broader work of social transformation and reflected the organization’s social health perspective.¹⁷² The advocate, often a member of the Party, translated medical diagnoses and procedures to patients. This person also informed clients of their rights as a patient. At the Los Angeles chapter, patient advocates often did the work of ensuring that those in the community needing care beyond what the Party could provide received it: “If we found something [serious], then what we would do is advocate,” explained Kupers. “Panther members would be the advocates. We’d send someone with them to stand up for them. If necessary, these advocates represented the interests of the patient, ensured that he or she did not have to wait extensively to be seen by making a fuss, or insisted that a patient be treated respectfully by appropriate medical personnel.”¹⁷³

Modeling the type of care that the community should expect, the clinics served not only to treat the ill but to also “educate people about their healthcare” and to empower them; at the PFMCs members of the community were instructed to “stand up to their doctors” and demand their rights to respectful and suitable care.”¹⁷⁴ Dr. William Davis, a medical adviser to the Portland PFMC, echoed this sentiment: the clinic was about “becoming aware of your healthcare condition . . . and doing something about it. Enabling you to do something about it . . . a place . . . where the Afro-Americans and poor people could [have] a little less formal atmosphere and they would not be intimidated.”¹⁷⁵

The clinics also conveyed aid distinctive to a chapter’s resources or a community’s specific needs. In the fall of 1969, after Los Angeles Party headquarters was raided by police, resulting in injuries to Party members and volunteers, the Bunchy Carter PFMC began offering classes on how to treat tear gas exposure; this California clinic characteristically also dispensed natural medicines and remedies.¹⁷⁶

In Winston-Salem emergency medical services were “often distributed on a racial basis rather than on the basis of need.”¹⁷⁷ Sick or injured persons requiring medical transportation were allegedly vetted by callous ambulance dispatchers who were instructed by their supervisors not to send assistance to poor blacks who might be unable to pay. If callers could not prove that they were ill to a dispatcher’s satisfaction or that they had the resources to pay for the service, they were denied transport to the hospital.¹⁷⁸ In instances in which county ambulance service was dispatched, it might arrive late or medics might refuse to transport a person in need of care to the hospital. An occasion in which this medical discrimination proved fatal was the death of a black teenager from a gunshot wound. The municipal ambulance service took thirty minutes to arrive on the scene and then refused to provide treatment or transport to the emergency room. The youth later died. The Panther Larry Little complained that “we had people who died because these ambulance employees, who were county employees, determined these people were not in an emergency situation.”¹⁷⁹

In response, the Winston-Salem Party initiated a service to provide free medical transport. In 1971 the Panther repurposed a late-model hearse as an ambulance. At the same time, Party members took classes to become proficient in first aid and some became certified emergency medical technicians,¹⁸⁰ as part of its People’s Free Ambulance Service. This program began in 1972 using a donation from a deceased Panther, Joseph Waddell, who died in prison under suspicious circumstances and had named the Winston-Salem Black Panther chapter as the beneficiary of his life insurance policy.¹⁸¹ The ambulance service was suspended briefly during this year when the vehicle’s insurance premiums proved too high for the chapter to maintain. The formerly part-time service resumed in 1973—after the Panthers received \$35,700 in financial backing from the national Episcopal Church—and they began serving the community twenty-four hours per day with a new ambulance obtained through these monies, with Malloy as its director and a staff of emergency medical technicians and drivers.¹⁸² The renamed Joseph Waddell People’s Free Ambulance Service was in operation until 1977 when Malloy moved to Oakland.¹⁸³

The Portland Party’s health activities were notable for the fact it operated three PFMCS. Its Fred Hampton Memorial PPMC was dedicated to general medical care, and a second location housed its Malcolm X People’s Free Dental Clinic, which opened in March 1970. The success

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WINSTON-SALEM FREE AMBULANCE SERVICE OPENS



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In June 1971 the Black Panther announced the start of the Winston-Salem chapter's unique "Serve the People" Program—The People's Free Ambulance Service. Courtesy of It's About Time Black Panther Party Archive / Billy X. Jennings.

of the healthcare PFMC encouraged Ford and another Panther, Sandra Britt, to establish a second healthcare facility—the People's Clinic—in that city.¹⁸⁴ At the dental clinic located around the corner from the chapter's medical facility, free emergency and preventive dental care was dispensed by students and faculty affiliated with the University of Oregon

Dental School.¹⁸⁵ Members of a professional society of dentists also volunteered at the Black Panthers' only clinic dedicated to oral health and donated equipment and supplies.¹⁸⁶ The oral care program was coordinated with Portland's Free Breakfast for Children Program. Volunteer dentists and dentistry students gave presentations to children about proper care for their teeth.¹⁸⁷

The diverse constituencies of the radical health movement were, for the most, consistent in their goal of overturning health inequality by improving healthcare services and putting a check on biomedical authority. Offering alternatives to mainstream healthcare, at their clinics these activists supplied urgently needed services. With their support for the practice of self-health, the radical health movement sought to give patients a measure of agency in their healthcare decisions and medical treatment. Activists also undermined medical professionals' elite status. Transferring this authority, in turn, to trusted experts, community volunteers, and to patients themselves (by valorizing experiential knowledge), health radicals hoped to empower some of those most in need of healthcare.

Toward this end, at its clinics the Panther organization supplied a range of services to local communities. Because the health activist tactic of institution building is especially resource demanding, requiring both outlays of capital and access to (trusted) expert collaborators, the Party's clinic program was a mixed endeavor.

The Black Panthers' PFMCs were a centerpiece of its health activism and engendered the support and approval of the communities they served. Thus police and public health agencies that sought to discredit the Party often took aim at its clinics. Human and financial resources aside, repression and regulatory hounding by authorities presented a formidable challenge to the success of the PFMCs. An urban renewal plan that never came to fruition forced the Portland chapter to be evicted from its clinic site. The local sheriff cleared out equipment and medical supplies from the site before the activists were able to do so. Nevertheless, this chapter was able to reestablish its clinic in a nearby location.¹⁸⁸

City police, likely working with the FBI, destroyed the Chicago clinic during a police raid in the summer of 1969. Also in Chicago, home to large numbers of radical health movement free clinics,¹⁸⁹ the health board cited the Party for violation in 1970 because its clinic "was not adequately set up under the terms of the city ordinance."¹⁹⁰ The MCHR physicians Alfred Klinger and Quentin Young, who helped launch the

Chicago clinic, deemed this “harassment” by “some political forces in the city [that] are trying to demolish anything the Panthers do.”¹⁹¹ The Party rejected this gambit. The Chicago chapter refused to apply for a license from the health board to dispense healthcare services because doing so would have permitted “city [health] inspectors to make at-random checks at the clinic.”¹⁹² Several months later, the Chicago city council considered an ordinance to “regulate free health care centers” there. Because existing laws were not applied to all health clinics, at least one councilmember charged that this was an effort by the city to “selectively . . . discriminate against free clinics established by political groups such as the Black Panthers and Young Lords.”¹⁹³

Other chapters were also forced to untangle bureaucratic red tape. For example, the Portland Public Solicitations Commission in charge of approving individuals and organizations that did public fund-raising, for example, initially denied the Black Panther Party the permit necessary to solicit monies.¹⁹⁴ After an outcry from the local community, a permit was granted to the chapter. Oakland police, at the behest of the FBI, routinely harassed the local Party chapter for soliciting money to support its clinics and sickle cell anemia screening initiatives without proper permits. Clinics also drew seemingly more “positive” attention from the state. The success of the New Haven PFMC brought the notice of the Nixon administration, which sent an envoy to the clinic to observe its workings. The government’s suggestion to take over the clinic was rebuffed by the Panthers, who feared co-optation by the state.¹⁹⁵

In Los Angeles the Party headquarters and nascent clinic located at 4115 South Central Avenue came under fire by a police raid before it was fully realized. The attack, on December 8, 1969, left the facilities destroyed, a score of Party members injured (and imprisoned), and three police officers wounded.¹⁹⁶ The previous evening Branch, several Party members, and Party supporters had gathered at the Los Angeles headquarters to finalize clinic planning.¹⁹⁷ The police raid delayed, for a time, the opening of the clinic a few doors away at 3223 South Central Avenue, because the building had been “very severely damaged by gunshot” in the raid on the headquarters.¹⁹⁸ But within a few weeks, the Bunchy Carter PFMC was open for business. The clinic opened in the shadow of a year of catastrophic violence—both the Panther killed on the campus of UCLA in January 1969 in an altercation with the US Organization, for whom the clinic was named, and the destructive, fatal December 1969 encounter that this Party chapter had with the police.

The launching of the clinic thus signaled the Party's perseverance and foreshadowed its turn to rededication to community service.

By 1971 the Black Panthers had established a national network of health clinics. In this and other ways, the Party encouraged the poor and predominantly African American communities on whose behalf it advocated to take some measure of control over their healthcare.¹⁹⁹ Traditionally, doctors alone set the tone and agenda of the medical encounter. Health radicals empowered patients to be agents in these interactions. The Party's health activism evidenced the multilayered interactions and the sometimes overlapping commitments of the radical health movement. Certainly, then, the Party's health politics was not a brand-new idea. It was part of a larger health political terrain. The Party's health activism, both within and beyond its clinics, was distinctive in its attention to class, health, *and* race. The organization combined elements of radical health activism with an extant tradition of black communities' responses to myriad forms of health inequality. Moreover, the Party brought to the efforts of the radical health movement its own social health perspective. This agenda, reflecting the formative influence of the social medicine tradition, assumed a holistic view of disease and illness and incorporated antiracism, Marxist-Leninist ideology, and a critique of medical authority. Conceived as sites of social change, Party medical clinics attended to more than just narrowly defined health needs.