

# A brief overview of protest medicine

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This paper was inspired by an important aspect of Victor W. Sidel's career that is not usually associated with an academic in medicine: his arrest record.

Prominently displayed in Vic's office is a picture of a very determined (and somewhat younger) Vic Sidel being carried off in handcuffs by two policemen. The picture, taken in 1985 at an anti-apartheid protest, was published in *The Nation's Health*, the newspaper of the American Public Health Association. This was one of several arrests in Vic's career. As recently as 2012, Vic generously offered to be arrested as part of the Occupy Wall Street protests, citing his arrest record as qualification for this rather dangerous proposal.

Arrests—and specifically arrests of health care workers—have been very much on our minds recently in New York City. Many Montefiore Medical Center staff (both house officers and attendings) and Albert Einstein College of Medicine students have participated in the Occupy Wall Street movement. Indeed, these clinicians have been central to the health-related aspects of the protests through groups like Healthcare for the 99% and Doctors for the 99%.<sup>1</sup> Health-related protests continue to happen nearly weekly, most recently related to the Strike Debt campaign and the movement to keep New York City hospitals open. In September and November 2012, Montefiore staff and Einstein students

participated in two protests, one against the defunding of Medicare at the Waldorf Astoria and the other against the city's slow response to Hurricane Sandy. As part of their orientation month in October 2012, residents from Montefiore's Social Medicine Program participated in Occupy Sandy, an ongoing relief effort for those affected by the storm.

Participation in protests led us to consider our responsibilities as health care providers taking part in demonstrations. Broadly speaking, two challenges emerged in New York City: caring for protesters in a setting of widespread police brutality and providing medical services/advice in Zuccotti Park (or other more or less fixed venues).

Despite the importance of medical services at demonstrations, we are not aware of any textbook on protest medicine, nor is it part of any specialty. In fact, the academic literature seems to have been silent on this issue for the past several decades. This is surprising given the role played by medical professionals in protests around the world. Media reports of protests in countries such as Greece, Chile, Egypt, and Russia typically include images of white-coated medical professionals providing care.

The existing academic literature on protest medicine is several decades old. Nonetheless, it shows that the challenges faced at Zuccotti Park were similar to those faced in earlier protests. In fact our two institutions—Montefiore and Einstein—played a key role in medical solidarity with the Civil Rights Movement. In this paper, we offer “snapshots” of protest medicine during the 1930s and 1960s. This is not meant as a comprehensive review but rather an overview of some of the main issues of this fascinating history. Our hope is to better inform current efforts to protect the safety and health of protestors.

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**1932: The Hunger Marches in England**

The 1932 Hunger Marches in England are a good place to begin. The Hunger Marches were protests

carried out during the early part of the 20<sup>th</sup> century to protest unemployment and the hunger that followed from not having a job. In England, these marches were often associated with the Communist Party and were brutally suppressed.

We have a description of the medical response that emerged during the 1932 Hunger March to London. It is written by Joshua Horn, then a medical student at University College, where he had participated in the founding of the Socialist Society. Later, Horn would spend 15 years working in Mao's China. Here he discusses the student response to the Hunger March:

*Towards the end of 1932 the first of the Hunger Marchers converged on London to protest and win public support. They were contingents of angry, footsore, unemployed workers from all over the country and especially from the 'depressed areas' in Scotland, Wales and the North of England. I have a vivid recollection of a mass meeting of welcome in Hyde Park for it was the first time I experienced unprovoked police brutality. The Government had mobilized the Special Constables to take over regular police duties, so as to be able to concentrate large numbers of regular police in the Park. Without warning they charged into the peaceful demonstration, the mounted police trampling people underfoot, swinging their batons with the utmost viciousness.<sup>2</sup>*

This is eerily reminiscent of what we saw in the fall of 2011 and the spring of 2012. Massive numbers of New York City police would surround peaceful Occupy Wall Street protestors and attack them with the utmost brutality. Such brutality, of course, is a daily reality for members of minority communities in the city, particularly for young black and Latino males who are the subject of the infamous NYPD "Stop and Frisk" campaign.

Horn continues:

*We medicals in the college Socialist Society saw the Hunger March as an opportunity to give full play to our political convictions and medical knowledge. We set up first aid posts and organized teams to go to the collecting points and*

*dosshouses where the Hunger Marchers lodged, to treat their ailments and bolster up their morale. I doubt whether we did any good in either respect. Our professional skill was almost non-existent for so far we had dealt only with corpses and test-tubes. We swotted up something about the treatment of blisters, bunions, and flat feet but, as it turned out, the men were more troubled with lice and hemorrhoids and they knew more about these than we did. As for bolstering up their morale, they had marched hundreds of miles and suffered great hardships while those who lacked determination had already dropped out. ... We did not speak their language and they did not speak ours. Although we did not benefit them, I think they helped us. I still recall my sense of incongruity when I returned home after a session at the Shoreditch Baths and my mother gave me a succulent kipper for tea. A few hours before, we had handed out plates of bread and margarine to the marchers, feeling pious as we did so.<sup>2</sup>*

This description not only highlights the class differences between the medical providers and the protestors, but it also implicitly recognizes that the protestors had more practical knowledge than the professionals. This consideration would become more relevant at the close of the 20<sup>th</sup> century when the care of protestors was assumed largely by lay street medics.

### **1964: Freedom Summer in the US South**

Let us move now to the civil rights struggle in the summer of 1964 and the Freedom Summer project. Freedom Summer was a campaign led by four civil rights groups: the Student Non-Violent Coordinating Committee (SNCC), the Congress of Racial Equality (CORE), the National Association for the Advancement of Colored People (NAACP), and the Southern Christian Leadership Council (SCLC). The goal was to register African Americans to vote. The campaign was met with violence, and in June 1964 two CORE organizers (James Chaney and Michael Schwerner) and a CORE volunteer (Andrew Goodman) were first arrested by the Nesboha County, Mississippi, Sheriff's office and then released to be murdered by the Klan. In the hopes of mitigating the

violence, a proposal was made to bring observers from the North to focus national attention on violence against civil rights workers.

Schwerner and Goodman were both New Yorkers and both Jewish. As the “disappearances” of these two New Yorkers was making news, a group of New York City doctors, primarily from Montefiore and other Einstein-associated hospitals, formed what would eventually become the Medical Committee for Human Rights (MCHR). Group members flew down to Jackson, Mississippi, with the goal of setting up medical services for protesters. Among that group was Elliott S. Hurwitz, MD, then chief of surgery at Montefiore.<sup>3</sup>

They encountered some of the same challenges that we faced in Zuccotti Park and elsewhere. Some of these were legal challenges. We would like to quote from John Ditmar’s excellent book, *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care*, which tells the story of MCHR:

*Originally, the [N]orthern doctors assumed they would come into the state, get licensed, and practice. But the Mississippi Department of Health, under the leadership of Archie Gray, a vehement segregationist, made it clear these outsiders would not get licensed. Administering first aid, however, was not prohibited, and that summer some doctors stretched the definition to fit the occasion. Still, doctors ran the risk of arrest for practicing without a license, a felony, and a number of the volunteer physicians decided to leave their black bags at home.*<sup>3</sup>

Similar concerns about professional licensure were present in our discussions at Zuccotti Park. Could professionals from outside of New York provide care at our protests? Could we—with New York licenses—provide medical care at protests in other states? What about malpractice coverage?

We have a very interesting 1966 MCHR document that served as a training manual for out-of-state doctors who were coming to the South. It raises questions of professional authority that echo Horn’s comments:

*When you arrive at the office of the Civil Rights group which will be your base of operation, do*

*not expect to be received with open arms. There may be a brief period of social trial before you are accepted—and this period may be extended indefinitely by any evidence of a paternalistic or authoritarian attitude on your part. Do not make the mistake of telling them how to “run things” on the basis of the experience gathered in your brief stay. It is also important that you seek an appointment with the local people in the Civil Rights groups to discuss how you can repeat and possibly improve upon the services previously provided by the Committee Members who have preceded you. If you are the first one in your area, it is important that the best ways of meeting the prevalent (sic) needs within the limitations of what the MCHR offers be worked out in this discussion. Clarity at this point can be extremely helpful later.*<sup>4</sup>

#### **1967: The Poor People’s Campaign**

In 1967, Reverend Martin Luther King, Jr. announced the Poor People’s Campaign, designed to bring a multiracial army of the poor to Washington, DC in the spring of 1968. This was not simply a civil rights campaign; it was conceived as part of a broader movement to create an Economic Bill of Rights and reflected King’s socialist ideals.

The march arrived in Washington in May 1968, but it was not led by King; he had been assassinated the month before. The marchers set up Resurrection City, an encampment on the West Potomac that was limited—by a park permit—to 3,000 people. A medical support committee was established: the Health Services Coordinating Committee. Although the politics were complicated, the DC Department of Health ultimately supported medical services at the camp, granting temporary licenses to out-of-state physicians.<sup>5</sup>

Conditions in the camp deteriorated over time, with problems that seem common to such efforts and were echoed in the Occupy movement. These included lack of security, drug use (alcohol in Washington, DC in the 1960s; heroin in Zuccotti Park in 2011), violence, untreated mental illness, and deteriorating living conditions. (There were torrential rains in DC and the encampment was based on tents.) Despite these conditions, medical cover-

age was provided to camp residents 24/7 over the five-week lifespan of Resurrection City, and some children got their first vaccinations.<sup>6</sup>

### 1970: Antiwar demonstrations in Washington, DC

The sophistication and experience of MCHR grew during this period and was demonstrated at the May 9, 1970 antiwar demonstration in Washington. This rally involved some 100,000 people, a truly massive number. An article published in the *American Journal of Public Health* a year later gives a sense of the medical presence and organization:

*On Saturday morning, 740 medical students, 120 nurses, 180 physicians and 50 vehicles with drivers assembled at the church and we registered in the main hall. Names and telephone numbers were taken from everyone; physicians showing adequate identification were given numbered D.C. Department of Health armbands and drivers received MCHR placards after vehicle license numbers had been reported.*<sup>7</sup>

The article goes on to describe in great detail the meticulous organization of relief stations and mobile teams, the communications and command system, the contents of medical supply kits, the conditions treated (primarily heat exhaustion), and the protocol for treating tear gas injuries. This was an article we studied closely last fall as we organized medical support for Occupy Wall Street.

### Discussion

After the amazing period of activism in the 1960s and early 1970s, the interest in protest medicine died and MCHR eventually disbanded. In the next decades, a different group of people would assume the role of caring for protestors: street medics. Although we will not review the more recent history

in this paper, we offer some preliminary conclusions about protest medicine based on the above “snapshots” and our own experience in providing medical care at protests:

1. Providing health services at protests requires specific knowledge and training that is not normally provided to health care personnel, including doctors.
2. Violence on the part of the state is the major threat to protesters and speaks to the profoundly anti-democratic nature of modern democracies.
3. Social movements reflect the broader society in which they are created; this creates social problems within the movement, which are reflected in health issues.
4. Medical personnel must learn to collaborate and not dictate.

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