

Unveiling the Black Panther Party Legacy to Public Health

In October 1966, 50 years ago, the Black Panther Party (BPP) was founded in Oakland, California. The new organization aimed to give political leadership and provide physical defense for the Black community that had just obtained its civil rights but was still overwhelmingly poor, oppressed, and vulnerable to violence.

HEALTH ACTIVISM OF THE 1960S

The lack of access to hygiene and health services is often poverty's most revolting aspect. A 1969 documentary film "Out in the Rural" (vimeo.com/9307557) shows massive poverty and underemployment as well as a dearth of sanitary facilities, potable water, health care, and education in a Black community in rural Mississippi. Living conditions there had hardly changed since the beginning of the century. As H. Jack Geiger recalls in this issue, decent living and working conditions were and are the prerequisite to health.¹ Southern Blacks who migrated to cities in these years lived in poor urban ghettos also plagued by unemployment and lack of services.

The 1960s saw a flurry of initiatives to improve the health of the poor. Some attacked poverty directly and

worked to help the poor gain access to the existing but still segregated health care services. Others developed new structures such as community health centers.

FREE HEALTH CLINICS

The BPP chose to create these new structures in urban ghettos. To this most depressed population in America, the BPP opted to offer modern forms of community care and prevention. There were doctors eager to help the Panthers and a population eager to be served. "Make no mistake," wrote physician Quentin Young in the section of his autobiography reproduced in this issue, "these young lions and lionesses were dedicated and skilled. They simply liked this idea of organic unity with the patients."²(p1755) The BPP launched programs to provide free breakfast to children, free health clinics staffed with nurses, doctors, and health science students as well as activists, and pioneered screening for genetic disorders (such as sickle cell anemia, thalassemia, or G6PD) prevalent in the communities they served. It also promoted the concept of community health workers—community members trained to provide social and health-related services. These actions were embedded in a larger

political strategy, but their success attests to the formidable and genuine dedication of the BPP to public health. Its programs were not mere propaganda. Imagine what it takes to run a clinic, providing care but making no income in terms of financing, organization, resources, supplies, staffing, and training. The Winston-Salem, North Carolina, clinic even had a free ambulance service. The commitment was real, ambitious, and, in that context, effective.

A LONG-TERM IMPRINT . . .

What's left of the public health initiatives of the BPP? The BPP is mainly remembered as a political organization of self-defense that underwent violent confrontation with the state and was defeated. In the haze of its confused fall, it is easy to lose sight of its tremendous dedication to serving the people.

However, as we show in this issue of *AJPH*, the revolt against racism and injustice that arose in the 1950s and 1960s in the

slavery belt and in the poor neighborhoods of Oakland is resurfacing, but, this time, on elite campuses and at the top of our public health institutions. At Howard, UCLA, Columbia, University of Chicago, and more, movements such as White Coats for Black Lives (WC4BL) claim both their connection with and their differences from the BPP.³ The public health legacy of "serving the people body and soul" is revisited by Alondra Nelson, this country's most brilliant student of the BPP.⁴ Former members of or sympathizers with the BPP now holding major positions in public health still view themselves as "serving the people," as exemplified by Mary T. Bassett, New York City Health Commissioner,⁵ and Cleo Silvers, former Outreach Director at the Mount Sinai School of Medicine, New York.⁶

. . . BUT AN ELUSIVE LEGACY

Their examples are compatible with the idea that the BPP legacy remains alive today. It may also be that the activism of the 1960s elicited some response from government agencies (e.g., neighborhood

ABOUT THE AUTHOR

Alfredo Morabia is the Editor-in-Chief of *AJPH*, Washington, DC.

Correspondence should be sent to Alfredo Morabia, MD, PhD, Barry Commoner Center for Health and the Environment, Queens College, CUNY, 65-30 Kissena Boulevard, Flushing NY 11367 (e-mail: amorabia@qc.cuny.edu). Reprints can be ordered at <http://www.ajph.org> by clicking the "Reprints" link.

This editorial was accepted July 21, 2016.
doi: 10.2105/AJPH.2016.303405

health centers) and the health system, including industry, to offer some insurance and services to disadvantaged communities. President Nixon's Health Maintenance Organization (HMO) Act of 1973 (Pub L No. 93-222) reflected a volte-face of political conservatives in their opposition to the HMO concept: before the 1970s, HMOs were viewed as path to socialized medicine. In the 1970s, HMOs had become an alternative to socialized medicine. These may not have been quite what the health activists had wanted, but they *were* responses. Probably the most direct connection between the BPP initiatives and state responses were the Nixon administration's funding for research into the eradication of sickle cell anemia, and, more generally, the universal newborn screenings for genetic diseases that started in the 1970s. Silvers also mentions that housing in the Bronx still bears some positive imprint of the Young Lords, a mostly Latino health activist organization of that time.

Unfortunately, the violent confrontations of the BPP with the state tends to obscure the community service dimension of their legacy. Evidence abounds that in this confrontation between the BPP and the state, government authorities did not always act within the bounds of law and ethics. But this confrontation also distorted the BPP legacy, emphasizing berets and guns while relegating to oblivion the community service and organizational aspects that profoundly motivated Panthers. As a result, it is extremely difficult to put a finger on the exact path connecting specific BPP community service contributions to related

developments that occurred shortly afterward in the wider American society. The historical context and the chronology are highly suggestive but—in the absence of new evidence—it would be difficult to prepare a documentary that decomposes the process as, for example, Ben Cotner and Ryan White did in “The Case against 8” in California. Unlike what the lesbian, gay, bisexual, and transgender community was able to achieve since the 1990s, the more troubled pages of the BPP saga disenfranchised the party from the possibility of putting its mark on the laws, rules, and regulations to the adoption of which it has contributed.

A TIME FOR REFLECTION

Now that a new generation is carrying on the ideals of the health activists of the 1960s, it is time to revisit this history, understand the strengths and weaknesses of the BPP public health initiatives, and have a frank debate about what really happened. The stakes are huge for an emerging generation unwilling to accept that certain lives matter less than others, and that, as the recent massive lead contamination of the Flint, Michigan, water system shows,⁷ many poor (and Black) communities still remain defenseless against such overtly aggressive assaults to their health in a context in which, as Angus Deaton puts it, the infamous one percent is not only richer but much healthier.

This key moment in our history deserves a deep and reflective discussion to which, I hope, this issue of *AJPH* will contribute.

THE CONSTRUCTIVE PATH

All things considered, the public health legacy of the BPP may have benefited our society, leaving a lasting imprint on our current health care institutions and inspiring some of its leading personnel. As with other aging inmates who have served substantial prison sentences, it may be appropriate for governors (or the President in the case of a federal crime) to consider granting pardons for convicted BPP members and close this unique chapter in American history. This would help create a propitious climate for today's young voices to take the constructive, even though difficult, path that leads to lasting societal changes. We cannot afford to have another generation's altruistic dedication get lost in confrontation and violence. *AJPH*

Alfredo Morabia, MD, PhD
@AlfredoMorabia

ACKNOWLEDGMENTS

Stanley Nelson's movie “The Black Panthers: Vanguard of the Revolution” unveiled for me the public health legacy of the BPP, which led me to Alondra Nelson's multi-award winning book “Body and Soul, The Black Panther Party and the Fight against Medical Discrimination” (University of Minnesota Press, 2011), to the idea of discussing the topic in *AJPH*, and finally to Professor Alondra Nelson herself. Thanks to her vast knowledge of this history, the issue, and the people, Alondra Nelson was instrumental in conceiving the contents of the special section, identifying the authors I commissioned, and adding her direct contribution. I am also indebted to Theodore Brown for bringing the biography of Quentin Young to my attention and helping with this issue, H. Jack Geiger for allowing me to interview him about his experience in the 1960s and contributing an original piece to this issue, and Theodore Brown, Alondra Nelson and Mark Rothstein for comments on an earlier version of this editorial.

REFERENCES

1. Geiger, J. The first community health center in Mississippi: communities empowering themselves. *Am J Public Health*. 2016;106(10):1738–1740.
2. Brown T. Quentin Young on the Black Panther Party free clinic in Chicago. *Am J Public Health*. 2016;106(10):1754–1757.
3. Garvey A, Woode D, Austin CS. Reclaiming the white coat for Black lives. *Am J Public Health*. 2016;106(10):1749–1751.
4. Nelson A. The *longue durée* of Black Lives Matter. *Am J Public Health*. 2016;106(10):1734–1737.
5. Bassett MT. Beyond berets: the Black Panthers as health activists. *Am J Public Health*. 2016;106(10):1741–1743.
6. Nelson A. “Genuine struggle and care”: an interview with Cleo Silvers. *Am J Public Health*. 2016;106(10):1744–1748.
7. Hanna-Attisha M, LaChance J, Sadler RC, Champney Schnepf A. Elevated Blood Lead Levels in Children Associated With the Flint Drinking Water Crisis: A Spatial Analysis of Risk and Public Health Response. *Am J Public Health*. 2016;106(2):283–290.