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- 1 The prolonged, acrimonious debate over the Affordable Care Act and its impact on electoral politics testify to the complex significance of health in America's collective consciousness. In many ways, this was a proxy debate on the intractable issues of race and inequality. Historically, discrimination against African-Americans in health care has been pervasive, enduring, and multiform: segregated facilities, a segregated medical profession, denial of care, health inequalities. African-Americans' current distrust of biomedicine is also rooted in traumatic past experiences such as the Tuskegee syphilis experiment.
- 2 In this study of the Black Panther Party's health activism in the late 60s and early 70s, Alondra Nelson, Professor of Sociology and Gender Studies at Columbia, sheds lights on an underappreciated aspect of the radical organization's politics. Her objective is to explore "why and how health issues, broadly understood, came to be an indispensable element of the party's politics" (5). The author, whose research interests lie at the intersection of race and science, analyzes the strategies used by the BPP to expose and challenge the ways biomedical science was used to maintain existing racial hierarchies. The group's health-related activities served a practical purpose: to provide care to underserved communities; but also an ideological/political one: to fight racism and contest prevailing scientific notions of racial inferiority. The book's first chapter provides an account of the historic dimension of African-American resistance to medical discrimination, while the rest of the volume focuses on BPP health activism, with three case studies: the group's free medical clinics, its sickle cell anemia

campaign, and its fight against the use of biology to support race-based theories of violence. Nelson's approach is both historical and sociological, and she makes extensive use of the BPP's weekly newspaper, *The Black Panther*. She also draws upon medical and scientific sources from the 60s and 70s, and on interviews with former Black Panthers.

- 3 The book's title is borrowed from the BPP's March 1972 Survival Conference in Oakland, where a banner proudly proclaimed the organization's stated mission: "Serve the people body and soul." The conference showcased the group's health related activities, which had been part of its community service programs for years, along with nutrition and educational programs and voter registration drives. However, in her introduction, Nelson points to the unique significance of health in the long civil rights movements. The BPP's health activism is to be viewed as rooted in the long tradition of African-Americans' struggle against discrimination, but its collaboration with the Medical Committee for Human Rights, a physician organization involved in health projects in the segregated South, shows it was also part and parcel of the civil rights movement. It should also be seen in the broader context of major changes in the health care landscape in the mid and late sixties. On the one hand, policy initiatives from the political establishment, as part of the War on Poverty, led to the creation of Medicare, Medicaid, and community health centers. On the other hand, grassroots movements contesting medical authority as a proxy for the oppressive power of the state promoted alternative health practices as a means to empower patients. Through their activism, the BPP, which adopted the UN perspective on health,¹ aimed to bridge the gap between the formal civil rights granted in 1964 and 1965 and the social rights that most African-Americans were still denied because of poverty and racism.
- 4 Putting the BPP's health politics into historical perspective is vital to understand how their initiatives fit into the "long civil rights movement" from the Progressive Era to the early sixties. Using the concepts of "institution building," "integrationism," and "the politics of knowledge," the author demonstrates that the Panthers were heirs to a vibrant tradition of resistance to medical discrimination through the building of alternative health care facilities such as Provident Hospital in Chicago in 1881 or through education campaigns such as Booker T. Washington's National Negro Health Week. However, it was the Medical Committee for Human Rights that directly inspired the creation of the BPP's signature health program, the free medical clinics.
- 5 Integration was a major goal of the "medical civil rights movement." Until well into the 60s, U.S. hospitals in the South had segregated wards, and African-American patients were often turned down or received substandard care. Black physicians and dentists were excluded from local medical societies which barred them from hospital privileges. The struggle for integration was conducted jointly by the NAACP and the National Medical Association² to end discrimination in public health care facilities and promote medical education through campaigns and conferences, but it was through litigation that they scored a major victory. The 1964 landmark decision *Simkins v. Cone*, striking down the "separate but equal" clause of the Hill-Burton Act which provided federal funds for the construction of private hospitals, led to the integration of health facilities, just as *Brown*, which had received broader attention, had led to school integration a decade earlier.
- 6 By challenging the theoretical justification of medical discrimination, the BPP was also heir to a movement of black intellectuals and scientists such as W.E.B. DuBois, which sought, through scientific analysis, to counter the biomedical arguments (such as

natural vulnerability to disease) used to accredit the notion of black inferiority. The “politics of knowledge” aimed to challenge prevailing theories of race by, among other things, stressing the importance of environmental and social factors in the high mortality rates of blacks.

- 7 If the Panthers’ 1966 founding charter made no specific reference to health, by 1970 all chapters had to establish free medical clinics, and in 1972 the party’s platform was amended to demand “completely free health care for all black and oppressed people.” Nelson interprets the growing prominence of health issues in the party’s core commitments as the result of three factors, analyzed in Chapter 2.
- 8 One was the deeply-felt belief that the progressive legislation passed in 1964-65 would not and was not meant to address the root causes of inequality and oppression. BPP leaders Newton and Seale had an inside knowledge of War on Poverty Programs. The Community Action Programs in which they had been involved inspired some of the party’s survival programs, but with an added ideological/Marxist twist that distinguished them from the government’s programs. Indeed, the BPP saw community service programs as filling a void, but also as a vehicle to promote their ideology of self-determination and freedom for blacks. Another, tactical reason why Panthers activities shifted to service provision after 1968 was to survive, after its leaders were killed or imprisoned in violent confrontations with police. Moving from self-defense and armed struggle to social welfare programs was a way for the BPP to improve its image in the community, where violence had alienated many poor blacks. The party’s “survival programs” aimed both at meeting the basic needs of poor African-Americans (food, clothing, medical care) but also, literally, at ensuring the survival of a group which was a prime target for police brutality and government surveillance.
- 9 Several “Third World intellectual activists,” and their perspective on medicine as an instrument of liberation but also of repression, influenced both the ideology and tactics of the party. Che Guevara and Frantz Fanon, both physicians, inspired the party’s political vision of health care as a pathway to the fulfillment of revolutionary ideals. Fanon’s *Wretched of the Earth*, which presented medicine as an instrument of oppression in colonial Algeria inspired the party’s criticism of the medical-industrial system which harms those it is supposed to treat. Mao’s determination to valorize the experience of lay workers and alternative medicine against the expertise of trained medical professionals provided an ideological basis to the BPP’s challenge to the legitimacy of biomedicine.
- 10 In Chapter 3, the author shows how the BPP’s interpretation of the political and social role of medicine found expression in its core welfare program, the People’s Free Medical Clinics. Although their emergence was in keeping with the African-American tradition of community service, the PFMCs were also part of a broader, radical health movement. Free clinics, a grassroots version of community health centers, were born in the late 60s out of disillusionment with official government agencies and rebellion against the medical establishment, medical hierarchies, and traditional modes of health delivery, which they saw as insensitive to the needs of specific groups such as women, minorities, or young drug users. These clinics had different objectives but they all aimed at the decommodification of medicine and the empowerment of patients. The national network of BPP clinics that were created in the late 60s-early 70s in a number of cities including New York, Oakland, Berkeley, Chicago, Seattle and Boston, provided discrimination-free, basic care to underserved black communities and offered a variety

of social welfare programs beyond medical care. They challenged medical authority by emphasizing lay expertise and self-help, while collaborating with radical medical organizations such as the MCHR or the Student Health Organization. Female black volunteers played a central role, but time and supplies donated by health professionals were crucial to the operation of the clinics. And like other such facilities, the PFMCs were faced with financial challenges and a shortage of human and material resources. Seen as hotbeds of radicals, they were also subject to frequent harassment from the police and public health agencies, especially in Chicago, which was at the forefront of the alternative health movement with a dozen or so free clinics sponsored by various groups.

- 11 The sickle cell anemia campaign launched in 1971 was the most dramatic, politically and emotionally charged BPP health initiative. It also enhanced the legitimacy of the BPP in black communities and contributed to the passage of national legislation. For a long time, this inherited blood disease that predominantly affects people of African descent lacked public visibility—until the publication of an article in the *Journal of the American Medical Association* in 1970, which denounced the severe underfunding of research on SCA, compared to other diseases affecting fewer, but mostly white individuals. The awareness-raising campaigns of the BPP carried a potent political message on the racialization of disease and the social sickness of the black community, while its genetic screening programs brought attention to a long neglected condition. Sickle cell was emblematic of the oppression suffered by blacks, since it was traced to slavery, and had long been used by whites to justify the biological inferiority of African-Americans, anti-miscegenation laws, as well as forced sterilization. The BPP's discourse on the social construction of the disease highlighted the experience of sickle cell sufferers as evidence of white indifference and of racial bias in medical research. The mass screenings were highly publicized events, and inspired similar initiatives by the Chicago Board of Health. Ironically, the Nixon Administration also made political use of the disease to win over blacks, an increasingly politically active portion of the electorate, and in 1972 Congress passed the National Sickle Cell Anemia Control Act, sharply increasing funding for research and prevention. Paradoxically, however, when sickle cell prevention and treatment became part of the medical mainstream, it deprived the BPP of a political tool to denounce race-based social inequalities.
- 12 A third aspect of the group's health activism was its campaign against what Nelson refers to as the "biologization" of violence, the attempt to ascribe it to a mental condition rooted in the individual and to use biomedicine as an instrument of state power. Using both the "politics of knowledge" and litigation, the BPP conducted a successful campaign to oppose a UCLA research project backed by Governor Reagan with the support of federal law enforcement authorities to explore the genetic cause of violence and recommend treatment, including brain surgery. Because the research was supposed to respond to increasing concerns about urban violence, and would use prison inmates, a population where African-Americans were overrepresented, for experiments in psychosurgery, the BPP denounced the resurgence of old science-based racist theories that claimed blacks had unique genetic traits. In addition, redefining violence as the product of a diseased brain amounted to a denial of the toxic environment which generates it and of the need to address these problems through social reform. Just like the accusations of "Black Genocide" a year earlier when the sickle cell initiative was launched, the campaign against the violence center struck a sensitive chord in a population traumatized by the recently aired Tuskegee syphilis

study and deeply distrustful of the medical establishment. The project triggered a national controversy, and the Panthers' activism was part of a broader coalition, including radical student movements and feminists, whose efforts, through legal action and mass protests, ultimately led to its demise.

- 13 This analysis of the BPP's social welfare politics is a welcome contribution to the complex history of the organization's multifaceted activities, too often overshadowed by its reputation for violence. It also assesses the strategic use of health/disease to promote a radical social agenda. The book's original, first-hand accounts of personal life stories, its illness narratives, numerous historical documents and photographs provide a fascinating insight into the issues the organization tried to address, at the nexus of race, class, and health. The author contextualizes the BPP's activism by highlighting its collaboration or convergence with other social movements in the radical late 60s. Particularly noteworthy is the most comprehensive account to date of the BPP's free clinics, a valuable addition to the rare literature on these alternative health facilities born in the 1960s, whose motto was "health is a right, not a privilege," and which re-emerged in the 1990s following welfare state retrenchment and declining private insurance coverage. The Panthers' sickle cell campaign testifies to the ambivalence of race, a central concept both rejected and used by the BPP to further its ideological goals, anticipating the notion of "biological citizenship" to claim rights. And all three cases highlight the difficulty of avoiding co-optation by the mainstream and the delicate balance needed to achieve concrete results without deviating from ideological goals, a dilemma they shared with other radical health related movements contesting expert knowledge in the 1970s.
- 14 From a theoretical point of view, the BPP's health activism as analyzed by Nelson fits into the categorization of health social movements defined by sociologist Phil Brown:³ it addressed health-care access, health inequality based on ethnicity (this cuts across all three dimensions of the BPP's initiatives), and disease experience. The book raises the issue of a rights-based response to the inadequacies of the U.S. health care system, which was sidestepped in the debate over the Affordable Care Act. Although race-based disparities have emerged as a major concern in recent decades with the creation of an Office for Minority Health and the publication of numerous studies, the complex issues of race and disease are far from being solved. They are reflected in the current debate on the racial factor in medical research and the fine line between addressing inequalities and categorizing individuals on the basis of race.

NOTES

1. "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946.
2. A black physician professional organization, established in 1895 in response to the exclusion of African-Americans from the main physician organization, the American Medical Association.

3. Phil Brown *et al.*, “Embodied Social Movements: New Approaches to Social Movements in Health”, in *Sociology of Health and Illness*, vol. 26, n°1, 2004, 50-80.
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