

# Health Care In The Nation's Capital During 30 Mass Assemblies



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From January 1968 through June 1971, the D.C. Department of Human Resources (formerly the Department of Public Health, Washington, D.C.) provided health care for participants in 30 assemblies and demonstrations and a riot in the nation's capital. For the largest events, other District and Federal agencies and voluntary health organizations assisted this department (see list, page 125).

About an equal number of assemblies occurred for which

health care was not provided by the Department or was provided solely by volunteer groups. Only the events in which the Department participated are described in this article and summarized in table 1.

Twenty-three of the 30 events were related to the Federal Government: 12 were directed against its war policies and three against its domestic policies; four were held to support its war policies, and four were national ceremonies. Of the other seven as-

**Table 1. Chronological summary of 30 assemblies for which the D.C. Department of Human Resources provided health care**

Event	Date started	Plan-ning days	Event days	Target	Character	Crowd days	Number receiving—		
							Primary medical treat-ment	Emer-gency room treat-ment	Hos-pital admis-sion
Riot.....	Apr. 4, 1968	1	8	Federal domestic policies	Violent.....	56,000	0	<sup>1</sup> 1,202	<sup>2</sup> 107
Resurrection City..	May 8, 1968	15	54	Federal domestic policies	Peaceful; large disruptive potential	108,000	2,928	619	23
R. F. Kennedy Funeral	June 8, 1968	3	1	Federal ceremony	Peaceful; large disruptive potential	4,000	45	2	1
Solidarity Day.....	June 19, 1968	10	1	Federal domestic policies	Peaceful; large disruptive potential	60,000	912	29	3
Jehovah's Witnesses Convention	July 18, 1968	10	4	Neutral.....	Peaceful; large disruptive potential	200,000	350	4	0
Youth Jamboree...	July 27, 1968	3	1	District Govern-ment	Peaceful; large disruptive potential	3,000	4	0	0
Inaugural Head-quarters	Nov. 15, 1968	25	50	Federal ceremony	Peaceful; large disruptive potential	25,000	165	0	0
Nixon Inaugural Day	Jan. 20, 1969	75	1	Federal ceremony	Peaceful; large disruptive potential	500,000	200	<sup>3</sup> 47	1
Eisenhower Funeral	Mar. 28, 1969	3	4	Federal ceremony	Peaceful.....	10,000	20	1	1
Martin Luther King Anniversary	Apr. 4, 1969	6	1	Neutral.....	Peaceful.....	2,000	0	0	0
Howard University Demonstration	May 8, 1969	1	1	Federal domestic policies	Disruptive, inten-tionally	1,000	0	0	0
Elks Convention...	Aug. 26, 1969	20	1	Neutral.....	Peaceful.....	10,000	73	0	0
Dirksen Funeral...	Sept. 9, 1969	2	2	Federal ceremony	Peaceful.....	4,000	6	1	0
Vietnam Peace March	Oct. 15, 1969	10	1	Federal antiwar demonstration	Peaceful.....	50,000	5	0	5
Washington Action Demonstration	Nov. 13, 1969	10	3	Federal antiwar demonstration	Disruptive, inten-tionally	750,000	606	177	0

<sup>1</sup> First seen at emergency room.

<sup>2</sup> 8 dead on arrival; 1 died after admission.

<sup>3</sup> 21 first seen at emergency room.

**Table 1. Chronological summary of 30 assemblies for which the D.C. Department of Human Resources provided health care—Continued**

Event	Date started	Plan-ning days	Event days	Target	Character	Crowd days	Number receiving—		
							Primary medical treat-ment	Emerg-ency room treatment	Hos-pital admis-sion
Watergate Demonstration	Feb. 19, 1970	1	1	Federal antiwar demonstration	Disruptive, intentionally	2,000	25	5	1
Washington Committee to Defend Conspiracy	Feb. 21, 1970	2	1	Federal antiwar demonstration	Peaceful; large disruptive potential	500	0	0	0
Selective Service Demonstration	Mar. 19, 1970	1	1	Federal antiwar demonstration	Peaceful; disruptive intent	100	0	0	0
March For Victory.	Apr. 4, 1970	8	1	Federal prowar demonstration	Peaceful.....	20,000	8	1	0
Student Strike For Peace	May 9, 1970	10	1	Federal antiwar demonstration	Peaceful; large disruptive potential	150,000	558	0	0
Honor America Day	July 4, 1970	18	1	Federal pro-Government	Peaceful.....	300,000	300	<sup>4</sup> 63	2
Sunday Thing At Stadium	Aug. 23, 1970	4	1	Neutral.....	Peaceful.....	1,000	94	0	0
Berlin Airlift Rock.	Sept. 20, 1970	3	1	Neutral.....	Peaceful.....	20,000	240	14	0
March For Victory.	Oct. 3, 1970	10	1	Federal prowar demonstration	Peaceful.....	20,000	32	5	0
Voter Registration.	Oct. 17, 1970	2	1	District Government	Peaceful.....	300	0	0	0
Student Peace Demonstration	Oct. 31, 1970	2	1	Federal antiwar demonstration	Peaceful; large disruptive potential	400	0	0	0
Vietnam Veterans..	Apr. 19, 1971	2	4	Federal antiwar demonstration	Peaceful; disruptive intent	15,000	} 1,100	26	<sup>5</sup> 1
National Peace Action Coalition	Apr. 24, 1971	10	1	Federal antiwar demonstration	Peaceful; large disruptive potential	250,000			
Pre-May Day Encampment	Apr. 25, 1971	1	5	Federal antiwar demonstration	Peaceful; large disruptive potential	135,000	} 1,500	<sup>6</sup> 334	10
May Day Demonstration	May 3, 1971	2	5	Federal antiwar demonstration	Disruptive, intentionally	20,000			
March For Victory.	May 8, 1971	10	1	Federal prowar demonstration	Peaceful.....	3,000	6	0	0

<sup>4</sup> 58 first seen at emergency room.

<sup>5</sup> Died after admission.

<sup>6</sup> 300 first seen at emergency room.

semblies, five were apolitical and two were events sponsored by the District government.

Some factors influencing health care during these events have been analyzed: advance planning, peacefulness of the event, duration of event, number of participants per day and their characteristics, environmental conditions, number of injuries and diseases expected and encountered, and health resources and facilities mobilized and used.

### Planning and Type of Event

For 11 events the Department had little or no advance information and 2 days or less for planning; for five events there was some information and 3 to 5 days for planning; information was adequate for 14 events, and we had 6 days or more for preparation. (For most events only regular workdays were counted since continued planning was not usually required on weekends and holidays. Many events, however, occurred on weekends and holidays.)

Twenty-five occurrences were peaceful: 17 had little disruptive potential, six had great disruptive potential, and two had disruptive intent. Four events were intentionally and actually disruptive, and the April 1968 riot was intentionally and actually violent.

There was an inverse relationship between the amount of planning time and information and

the disruptive character of the events (table 2). One exception was the Washington Action Demonstration in November 1969, for which we had much time and information to prepare.

The daily crowds ranged from 100 people to half a million, and the events lasted from 2 hours to 54 days, with a total potential of 2.8 million patient-days. There were twenty-one 1-day, one 2-day, one 3-day, three 4-day, two 5-day, one 8-day, and one 54-day events. The heaviest concentration of people for the longest period occurred during the Washington Action Demonstration—750,000 in 3 days. The crowds were estimated from formal and informal reports of the Metropolitan Police Department, the D.C. Department of Highways and Traffic, and the mass media. In most instances, the low estimates were used.

*Characteristics of participants.* We define participants as active assemblers, demonstrators, or rioters. We do not mean reactors such as police or military, on-lookers, and sightseers. District residents were predominant in only four events, three events were patronized particularly by residents of the Washington metropolitan area, and the remaining 23 events were national, with participants mainly from outside the metropolitan area.

In seven events the partici-

pants were predominantly black, in seven they were racially mixed, and in 16 they were predominantly white. The antiwar demonstrators were mostly young middle-class white people, apparently physically healthy, with much use of drugs, past and present. The campers at Resurrection City in May and June 1968 were lower class blacks in family groups, with much previous chronic illness, medical and dental (1-4).

*Environmental conditions.* All 30 events started or were held in the open. The weather was cold and wet (25° to 38°) on Inaugural Day, January 1969, and very hot during five other events.

Many inspections were made of food preparation and handling before and during most events, and both were poor in many instances. Meals were prepared on sites where insufficient water was available for washing or were brought from unknown sources.

Sanitary facilities (165 water bubblers and drinking fountains and 198 toilets) were provided by the National Park Service and the Department of Human Resources in portable units to augment fixed installations. The water bubblers were attached to fire hydrants at strategic locations and were of the approved angle jet type. The Department's toilet units were rented from local suppliers and were of both the flush and chemical types. Servicing of units was provided by the supplier under terms of the rental contract.

For 26 events the water supplies and toilet facilities were adequate for the size of the crowd and duration of the event. These facilities were adequate but heavily taxed during the 1969 Washington Action Demonstration and

**Table 2. Relationship of planning time to disruptive nature of the 30 assemblies**

Event	Planning days		
	0-2	3-5	6 or more
Peaceful:			
Small disruptive potential . . . . .	2	5	10
Large disruptive potential or intent . . . . .	5	0	3
Disruptive or violent by intent . . . . .	4	0	1

the 1971 National Peace Action Coalition rally. Conditions were poor at Resurrection City, where little water was available for washing, and the incessantly heavy rains inundated the camp and the inadequate toilet and garbage facilities. At the Pre-May Day Encampment in April 1971, water and toilet facilities were insufficient for a crowd that reached 50,000 (5).

In seven occurrences, the persons who had been arrested were brought to closed environments. In five of these occurrences, the precincts and cellblocks were adequate for the number of persons and duration of confinement. During the 1968 riot and the 1971 May Day demonstrations, the conditions were very poor, with overcrowding, substandard diet, and insufficient water supply and toilet facilities (5). The environmental conditions observed from April 25 through May 7, 1971, illustrate the problems encountered.

Several thousand demonstrators encamped overnight at West Potomac Park after the peace rally on April 24. Their number increased daily to about 50,000 on May 1, with space per person decreasing correspondingly from about 200 square feet to less than 35 square feet. The weather fortunately was sunny, but it was cool at night, and many of the young people were inadequately dressed, as in other demonstrations, for exposure to cold.

Two water tanks of 250-gallon capacity were provided by the National Park Service, as were two 10-seat portable toilets. These facilities became severely taxed. There was little evidence of handwashing by persons preparing or consuming food, and no shower or bathing facilities

were available—except for the Reflecting Pool, which never was intended for bathing but was used for it.

Food was prepared onsite from materials donated by church groups and brought in by the participants from unknown and uninspected sources. Meat, vegetables, soups, and coffee were cooked on portable campstoves. There was no refrigeration. No mass feeding operations were established.

On May 2, 1971, the encampment was cleared by the police. The demonstrations began actively on the morning of May 3 with blocking of traffic. By early afternoon several thousand persons had been arrested and taken to a football practice field, which was enclosed by a high wire fence. Sandwiches and soft drinks were handed over the fence by neighbors and church groups, and after about 2 hours two 10-hole portable chemical toilets were emplaced. About an hour later the prisoners were moved to the nearby courtyard of the District jail, and the toilets were moved with them.

The prisoners were held in the courtyard for a few hours until final arrangements were completed for their transfer to the enclosed Washington Coliseum. Newly arrested persons were taken directly to the coliseum. By evening about 7,000 prisoners were being held on the exhibition floor of the coliseum, which was large enough to provide about 25 square feet per person.

The room temperature was 68°, which was satisfactory except that the arrested persons had to sit on the cement floor. Fortunately, the weather was mild, as the heating plant at the coliseum had been shut down for

repairs. The Department of Human Resources, the Department of Corrections, and the military supplied about 1,200 blankets.

Plenty of drinking water was available in other parts of the coliseum, but for security reasons it had to be transported to the people on the exhibition floor. Lister water bags, which we had borrowed from the Military District of Washington, could not be emplaced because the long supporting poles might be used dangerously. The Department of Human Resources then supplied ten 5-gallon metal insulated water containers, called Arctic Boy, which the police had to keep filled with water. The Department also supplied paper cups.

The only food officially supplied was bologna sandwiches spread with margarine, brought by a police department contractor. Other sandwiches, fried chicken, and drinks were brought by friends and sympathizers from unknown sources on the first day, but this had been discouraged. The Department of Human Resources brought in orange juice from nonemergency stocks used for another program, and the Department of Corrections supplied fresh fruit.

The fixed toilet facilities in the periphery of the building were adequate in number, but there was some difficulty in getting the lessee to keep the toilets and exhibition floor clean, particularly since the demonstrators threw the remains of sandwiches, cigarettes, and other debris in both places.

Voluntary release from the coliseum or cellblock was obtainable at any time if the prisoner gave his name and address and posted \$10 in collateral, but most pris-

oners refused to do this. They remained at the coliseum for 6 to 24 hours; some were held for 36 hours. The coliseum received 4,000 additional prisoners on the second and third days, but the total number held there decreased daily to zero on May 6. The diet, however, remained unchanged. The prisoners were removed from the coliseum to the cellblocks at the U.S. Courthouse and Metropolitan Police headquarters, where they were held for 6 to 24 hours until they could be processed by the Court.

Males and females were held in different cellblocks. The maximum number in the cellblock of the U.S. Courthouse at any one time was 600, and this capacity often was reached. For this number there was only about 4 square feet per person. There was a prison-type lavatory for handwashing and drinking in each of the 12 cells, but they were difficult to use because of the crowding. Water and orange juice were brought by the Department of Human Resources because of low water pressure in the building and insufficient diet. Bologna sandwiches again were the official diet. Fresh fruit was supplied by the Department of Corrections. A water closet was in each cell, but it was difficult to use because of the crowding and lack of privacy.

The temperature in the cellblock became very hot (above 90°), and fans were brought in by the Department of Human Resources for air circulation. Blankets were provided so that prisoners would not have to lie on the bare terrazzo floor.

The demonstrators threw sandwiches, banana skins, and apple cores on the floor, and the litter accumulated. On May 5 all the

prisoners were held at the coliseum and in the Court until the cellblocks could be cleaned and scrubbed.

The District of Columbia Public Health Association petitioned the U.S. Superior Court for release of the prisoners, and on May 7 the Court released 450 of the 600 people in the cellblock at the U.S. Courthouse because of "conditions which grossly violate the minimum standards properly applicable even to temporary detention facilities" (6).

### **Medical Service**

Primary medical service was provided by physicians, nurses, and aides in mobile stations consisting of modified trailers, buses, ambulances, and tents, and in fixed stations such as detention centers, jails, Government buildings, and clinics. Some patients were cared for first at hospital emergency rooms.

On most occasions the mobile aid station was staffed by one physician, one nurse (registered or public health) and an aide (licensed practical nurse, nurses aide, corpsman, volunteer first aider, or clerk), or two nurses. The stations could not accommodate a larger staff. The maintenance personnel moved the stations into place, set them up, supplied them, and removed them. One maintenance-security employee stayed in the station intermittently. The physicians, nurses, and aides were both male and female.

Fixed stations such as Government buildings, clinics, and the Washington Coliseum were served by similar staffs of physician, nurse, and aide. Only male physicians (one or two), however, were allowed to serve each large cellblock at police headquarters, at the U.S. Courthouse,

or at the several police precincts. Nurses were stationed at the Superior and Juvenile Courts while the prisoners were being processed.

Medical and sanitary services were coordinated through the Department of Human Resources' medical command post, which was linked by radio and telephone to the Office of Civil Defense in the mayor's command post, to the aid stations, to the D.C. Fire Department and Department of Human Resources ambulances, and to hospitals in the District.

For 105 event days, physicians, nurses, aides, clerks, and maintenance personnel provided 2,800 man-days of coverage for 300 station days. In other words, for 105 days an average of three stations was operated each day by 27 professional and supportive personnel.

More than 12,000 patients received treatment in these stations, with an additional 1,650 treated directly in emergency rooms. Most patients had minor conditions, including about 850 who received dental care at Resurrection City, 750 who were treated for heat exhaustion, 600 who were treated for tear gassing, and 400 who were treated for drug-related disorders. Eight hundred and fifty were referred from the stations to emergency rooms, with 150 patients admitted to hospitals. Ten deaths occurred during these assemblies—nine in the 1968 riot.

Several warming tents were set up next to the aid stations during Inaugural Day, January 1969, and during the March for Victory, April 1970, when the weather was near freezing. Two similar Army tents (16 by 33 by 8 feet) were used on Honor America

Day, July 4, 1970, to treat victims of heat exhaustion and fatigue.

"Trip tents" were used April 25 through May 1, 1971, so that most drug abuse patients did not have to be treated at the adjacent aid station nor taken to an emergency room. Most often the youngsters were "talked down" by trained and untrained young volunteers from the Medical Committee for Human Rights; then they slept for several hours before being discharged.

Cardiac units in specially equipped ambulances, staffed by specially trained physicians, were emplaced at the 1969 Inaugural, during the October 1969 peace march, and at the April 1971 peace rally, but they were never needed.

"Water buffaloes," large mobile tanks holding 250 gallons of water, were obtained from the Military District of Washington for use on several hot weather occasions such as Honor America Day and the 1971 Pre-May-Day Encampment.

### **Injuries and Deaths**

There were far fewer severe injuries and deaths than expected. In the 1968 riot, eight patients were dead on arrival at the hospital. Apparently only one died from intentional violence (a gunshot wound), one death was caused by multiple injuries from a falling wall, and six resulted from massive burns. Ninety-six persons were hospitalized for injuries, but only 39 admissions could be ascribed to intentional violence: 20 from gunshot wounds, 17 from stab wounds, and two from tear gas effects.

In other events it also was difficult to separate intentional from accidental injuries, since few reports were made as to the cir-

cumstances or causes of the injuries. Even in the large disruptive demonstrations, there were no gunshot wounds and few stab wounds or concussions from blows and so on. A few contusions and concussions were attributed to police actions, and some back injuries occurred while the participants were trying to overturn autos or throw heavy objects.

More than 600 participants, reactors, and onlookers were treated for the effects of tear gas, but only four reportedly were hospitalized. In cold weather, there were numerous instances of pain from exposure and some cases of mild frostbite. During the hot weather events, salt tablets were given to at least 20,000 people, and more than 750 were treated for heat exhaustion—550 during the Student Strike for Peace in May 1970 (7).

As to expected and observed illness, Resurrection City was unique in that the participants were disadvantaged blacks from southeastern States who showed much evidence of medical and dental neglect. More than 500 were treated for chronic illness on the site and at various clinics and hospitals (2-4).

The antiwar demonstrators, on the other hand, were predominantly white teenagers and young adults who apparently were physically healthy, but a significant number had drug-related disorders. With each succeeding event, an increased number of patients was treated for overdoses of drugs, reactions to adulterants (for example, LSD possibly contaminated with strychnine), and withdrawal symptoms. The drugs used, in decreasing frequency, were marijuana, amphetamines, barbiturates, tranquilizers, LSD,

methadone, mescaline, and heroin.

As previously indicated, the food, sanitation, and other environmental conditions were very poor at the Resurrection City and Pre-May Day encampments and at places of prisoner confinement after the 1968 riot and 1971 May Day demonstrations. No reported or evident outbreak of upper respiratory or gastrointestinal illness occurred, however, in any of the 30 events.

### **Medical Resources**

The physicians, nurses, and aides needed to render primary care were obtained in three ways: direct recruitment by the Department of Human Resources, recruitment by an organizing committee, and unsolicited volunteers.

The Department has the responsibility of recruiting health personnel for most events, and obtained physicians, nurses, and aides in order from the Community Health Services Administration, other components of the Department of Human Resources, the Public Health Service, Medical Committee for Human Rights, D.C. Medical Societies, and D.C. Chapter of the American Red Cross. As scheduled events were expanded and more time was available for planning, more agency and volunteer help was sought.

The largest number of health personnel supplied by the Department for any one event was 21 physicians during the 1971 May Day Demonstration, 35 nurses during the 1971 Washington Action Demonstration, and 24 nurses aides for Inaugural Day, 1969.

The largest number of physicians recruited from other agencies was 15, assigned by the

Public Health Service during May 3-7, 1971. Nurses and aides did not have to be obtained from other agencies. Thirty physicians and 30 nurses were recruited from the Medical Committee for Human Rights for the Washington Action Demonstration in 1969 for service in the Department's stations and in the crowds.

An organizing committee handled recruitments on two occasions when health personnel were obtained from many sources including the Department. Thus at the request of the Inaugural Committee, Federal and District civilian and military agencies assigned 15 physicians, 20 nurses, and 40 corpsmen to 30 stations. During the encampment at Resurrection City, its coordinating committee kept no accurate report of the number of personnel used, but we estimate service was provided by 30 physicians, 15 dentists, 30 nurses, and 60 aides. The Department provided two nurses on three shifts for 50 days.

In addition to personnel recruited by the Department, for many demonstrations against the war the Medical Committee for Human Rights brought its own volunteers, who served among the crowds or in stations set up by the committee in churches or tents. According to the committee's report on the Student Strike for Peace, 740 medical students, 120 nurses, 180 physicians, and 50 drivers of vehicles were provided on May 9, 1970 (7).

Recruiting difficulties occurred in the Department of Human Resources since this type of medical care was not a primary function of its personnel except for those serving in emergency rooms. In addition, many events took place

during holidays, weekends, or evenings, and less than full monetary compensation was available. For many events the "establishment" personnel were not sympathetic with the motivations of the participants nor with their disruptive intentions.

Members of the Medical Committee for Human Rights, on the other hand, were generally sympathetic to the causes and were activists, particularly in the anti-war demonstrations, although they emphasized medical neutrality (1, 7). Dealing with this organization was difficult since it was amorphous and had little control over its members. There was no continuity in office or membership, and one had to deal with inexperienced members in planning and operating during successive events. There was no fiscal responsibility, and equipment and supplies were not recovered or paid for.

Most members of the Medical Committee for Human Rights were employed by Federal or District health organizations and sometimes even represented them, so interests conflicted at critical times. Most individual members cooperated, however, and their services in the larger events were essential.

The main difficulty with members of the medical societies was that most private practitioners were not motivated to participate, and those who did were unable or unwilling to leave their practices for 4 to 6 hours. Less than this amount of time was impracticable because of the difficulty of getting personnel through large crowds and maintaining continuity in service. The chairmen and some members of the emergency service committees were most helpful at the com-

mand post and in the field on many occasions.

Medical aid stations were used in most instances where the site for a rally, march, or encampment was known. They could not be used during the 1968 riot or at demonstrations that were unscheduled or occurred at moving locations. Most conditions seen at the aid stations were minor and could have been treated by nurses or well-trained aides, especially if a physician had been available at the command post to give consultation or directions by radio or telephone.

Physician time was often spent in directing away from the station persons not needing medical help but who were seeking water, toilets, or lost children. A large male aide could best handle those attempting to enter.

Physicians were particularly needed in jails and other detention centers, where they often worked alone. Although always requested, a screened cell or other enclosed examining place was seldom provided.

A "holding facility," with minimal staff, was set up in D. C. General Hospital during the 1971 May Day Demonstration. This facility was needed for patients who were treated in the emergency room and did not require hospitalization but could not be handled satisfactorily if returned to jail.

No hospital emergency room facilities were overtaxed except at George Washington University Hospital from April 24 to May 3, 1971. This hospital's facilities were overloaded because it was near an encampment where drug-related disorders were prevalent (8).

For several short events, more medical personnel and facilities



were available than were needed because of the difficulty of predicting the turnout and behavior of the crowd; thus overplanning was necessary.

### **Cost**

The direct cost for health care to the Department of Human Resources, mainly the Community Health Services Administration, was more than \$350,000; less than \$40,000 was reimbursed by the Federal Government or others. Services provided by Federal agencies and voluntary health organizations would have cost an equal amount.

### **Comments**

Advance information on large gatherings of people is often sparse and may be withheld, especially when disruption is intended; constant planning therefore is needed. Plans must be specific but allow for great flexibility since the character of such events and situations cannot be predicted.

Professional and support personnel for health care can best be trained as teams, but they function well if first oriented individually to operations of the command post, aid stations, and other facilities. They need special training only in subjects like treatment of tear gas effects, diagnosis and treatment of drug disorders, and use of emergency health equipment. Volunteer help must be considered in planning and training programs. Assistance from medical societies and health-related organizations is essential in large events that are potentially disruptive.

The use of drugs has become increasingly prevalent at assemblies of youths. Diagnosis of drug use is difficult since the user often does not know the ingredi-

ents or strength of the illegal drugs he uses. Guidelines for emergency treatment need to be standardized and widely published (9).

In a large event, when the need for observation and retreatment of patients can be expected, a holding unit should be established early, with minimal medical and nursing coverage.

Poor environmental conditions outdoors or in confinement over long periods of time did not result in outbreaks of gastrointestinal or respiratory infections. The participants may have "acquired protection" through poor sanitary practices, quick response to medications may have broken the chain of infection, or poor reporting may have understated the incidence of minor infections. Nevertheless, mass arrests may recur, and the D.C. Departments of Police and Corrections need detention facilities with adequate space, temperature, water, food, and toilets. The possibility of an outbreak of infections, panic, or mass casualties is always present.

There are no generally accepted standards for the environmental factors in short-term detention facilities. In practice, most departments of police and corrections use the best available facilities owned by the jurisdiction or quickly available on rental. The Metropolitan Police Department had never been faced with a mass arrest of the magnitude encountered in the May Day Demonstration but had a contract for rental of the Washington Coliseum and used the cellblocks at police headquarters and the U.S. Courthouse. After the incident and many review meetings, the Environmental Health Administration prepared proposed minimum standards (see page 124),

which are under discussion with the Departments of Police and Corrections. In the future, emergency detention facilities will be surveyed in advance to determine compliance with the established environmental standards.

### **Summary**

From January 1968 through June 1971, the D.C. Department of Human Resources provided some or all of the health care given during 30 assemblies and demonstrations and a riot in the nation's capital. Twenty-three of these events concerned the Federal Government, 12 of which were antiwar demonstrations. Twenty-five were peaceful assemblies although eight had large disruptive potential, four were disruptive demonstrations, and one was a violent riot.

We usually had little information or time for planning before gatherings with disruptive intent. The D.C. Health Services Administration coordinated its health planning with that of Federal, District, and voluntary organizations, and directed operations through its command post.

Daily crowds ranged from 100 people to half a million, and emergency conditions lasted from 2 hours to 54 days. Primary medical service was provided in mobile aid stations and detention centers.

More than 13,500 patients were treated; 850 were referred or transported to emergency rooms, with 150 hospital admissions. There were fewer severe injuries than expected.

Most participants were from outside the Washington metropolitan area. Many black people at Resurrection City were treated for chronic illness, both medical and dental. A large number of young middle-class whites had

## Proposed Minimum Standards for Temporary Detention of Arrested Persons

### Space

25 square feet per person where individuals are to be held for 3 hours or less

35 square feet per person where individuals are to be held for more than 3 hours and less than 24 hours

### Food

Food to be provided only under contract from approved sources through procurement by the District of Columbia

D.C. Department of Environmental Services to provide overall surveillance of contracts, storage, transportation of food and feeding, including food supplies provided by outside groups, after inspection and approval

### Drinking Fountains or Water Outlets

Holding persons 3 hours or less, sexes separated: 4 fixtures for each 100 persons

Holding persons 3 hours or more, maximum 24 hours, sexes separated: 8 fixtures for each 100 persons

### Water Closets

Holding persons 3 hours or less, sexes separated:

1-100 persons, 2 fixtures for each sex

101-200 persons, 4 fixtures for each sex

201-400 persons, 6 fixtures for each sex

Over 400 persons, add 2 fixtures for each additional 500 males and 2 for each additional 300 females

Holding persons 3 hours or more, maximum 24 hours, sexes separated:

1-100 persons, 4 fixtures for each sex

101-200 persons, 8 fixtures for each sex

201-400 persons, 12 fixtures for each sex

Over 400 persons, add 4 fixtures for each additional 500 males and 4 for each additional 300 females

### Urinals<sup>1</sup>

Holding persons 3 hours or less, sexes separated:

1-200 persons, 2 fixtures

201-400 persons, 4 fixtures

401-600 persons, 6 fixtures

Over 600 persons, 2 fixtures for each additional 300 males

Holding persons 3 hours or more, maximum 24 hours, sexes separated:

1-200 persons, 4 fixtures

201-400 persons, 8 fixtures

401-600 persons, 12 fixtures

Over 600 persons, 4 fixtures for each additional 300 males

### Lavatories

Holding persons 3 hours or less, sexes separated:

1-200 persons, 2 fixtures

201-400 persons, 4 fixtures

401-750 persons, 6 fixtures

Over 750 persons, 2 fixtures for each additional 500 persons

Holding persons 3 hours or more, maximum 24 hours, sexes separated:

1-200 persons, 4 fixtures

201-400 persons, 8 fixtures

401-750 persons, 12 fixtures

Over 750 persons, 4 fixtures for each additional 500 persons

### Sanitation

D.C. Department of Environmental Services to provide overall surveillance of sanitation including heat, light, and ventilation of detention areas

*NOTE:* The responsibilities of other District of Columbia agencies for providing adequate facilities, including space, heat, light, and ventilation, along with supplies such as toilet paper, paper towels, soap, single-service cups, water and food, and services such as medical care and communication should be set forth in writing and agreed to by all concerned parties.

<sup>1</sup>Urinals may be substituted in men's and women's toilet rooms for not more than 1/3 of the required number of water closets. The ratio of substitution shall be 2 urinals for 1 water closet.

drug-related disorders, and the number increased with each demonstration.

Environmental protection for participants stressed inspection of mass food preparation and provision of extra drinking water and chemical toilets. The conditions often were poor, especially when prisoners were confined, but there were no outbreaks of upper respiratory or gastrointestinal illness.

Health capabilities in the District of Columbia were never stretched, but constant training and planning are essential to prepare for coming events, which may bring entirely different problems.

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### Agencies Assisting District of Columbia Department of Human Resources During 30 Mass Assemblies

**FEDERAL AGENCIES:** Public Health Service, National Park Service, Military District of Washington (Army), Navy, Air Force, Secret Service, General Services Administration, Office of the Capitol Physician, Veterans Administration Department of Medicine and Surgery, and the Inaugural Committee.

**DISTRICT GOVERNMENT:** Departments of Corrections, Fire, Highways and Traffic, Motor Vehicles, Police, Environmental Services, and Human Resources (Administrations of Community Health Services, Hospitals and Medical Care, Mental Health, Narcotics Treatment, and Social Services); Offices of the Mayor, Deputy

Mayor, and Civil Defense; National Guard; U.S. District and Superior Courts for D.C.; Armory Board.

**VOLUNTARY HEALTH ORGANIZATIONS:** Medical and Medico-Chirurgical Societies of District of Columbia; D.C. Chapter of American Red Cross; Washington Chapter of Medical Committee for Human Rights; Health Services Coordinating Committee for Resurrection City; also dental societies, Seventh Day Adventists, St. Luke's Physicians Guild, Howard University, and Health and Welfare Council; George Washington University; Freedmen's, Rogers Memorial, and Sibley Hospitals and Washington Hospital Center; and Washington Free Clinic.

