

# Organization of Health Services for Civil Rights March

MURRAY GRANT, M.D., D.P.H.

**T**HE CIVIL RIGHTS march for jobs and freedom in Washington, D.C., August 28, 1963, was attended by more than 200,000 persons, most of whom came and left the nation's capital on the same day.

The Department of Public Health of the District of Columbia began preparations some 5 weeks before the march, as soon as it appeared that it would become a reality and that the health department would need to establish an emergency organization to provide medical, health, and sanitary services for the influx of what was then estimated would be some 100,000 participants.

The D.C. Health Department was the logical agency to bear responsibility for developing a plan to meet the health and sanitation needs of the marchers. Acting as both a State and city health department, it has functions common to both types of organization. With its 4,000 employees the department is responsible not only for traditional public health services but also for an extensive medical program, carried out through one large general hospital and one tuberculosis and chronic disease hospital, as well as through contracts with other hospitals in the city.

Moreover the health department is experienced in coping with large groups on occasions such as presidential inaugurations. The dates for such events, however, are known further in advance than was that of the march, allowing time for proper planning. Also, there was no

way of knowing how many would actually participate in the march and whether any untoward disturbances would tax local medical and public health resources.

## Planning and Organization

From July 22, 1963, until the day of the march, we held frequent organizing and planning conferences to which we invited at various times representatives of such agencies as the two local medical societies, the local Red Cross, local hospitals, the Visiting Nurse Association, the local Office of Civil Defense, the D.C. Departments of Police, of Fire, and of Sanitary Engineering, the Department of Justice, the National Park Service, the National Guard 115th Evacuation Hospital Unit, D.C., and the National Marchers Committee.

At the first meeting we agreed that the District Government would have to provide emergency first aid stations, drinking water and toilet facilities, hospital service, and emergency medical communications systems for the march. Not until August 1, however, when the area of the city (around the Lincoln Memorial) in which the march would be held was clearly delineated, could we begin planning definite locations for facilities. Thereupon a health department representative surveyed the land and government buildings in the march and assembly areas; a more detailed survey of facilities in selected buildings followed.

By August 5 the estimated number of participants had risen from 100,000 to 150,000 or 200,000. The police department estimated that

---

*Dr. Grant is director of public health, District of Columbia Department of Public Health.*

more than 2,000 buses would have to be parked at the parade and assembly area, and several zones were designated for bus parking. We now had to plan for 25 first aid stations instead of 13 and increase other facilities. At an August 8 meeting we made final decisions on location of the stations on the basis of the latest police plans for crowd control, plans of the marchers' committee, and available train and bus schedules. A large number of special trains were expected which, in turn, would necessitate a shuttle bus service from the railroad station to the neighborhood of the assembly area at the Washington Monument.

### Agencies' Responsibilities

We transmitted detailed lists of personnel and their assignments to the agencies and individuals concerned on August 14, and these responsibilities were discussed at a meeting held August 21. The assignments each agency carried out are listed below.

*Health department.* Prepare operational maps, directives, plans, and the like; arrange liaison with other agencies; coordinate various activities with the two D.C. medical societies, the Red Cross, the Hospital Council, D.C. General Hospital, and the director of the Visiting Nurse Association.

Set up and operate a medical and health command post and provide a communications system; radio on-duty reports and other reports to the command post.

Provide operational procedure for first aid stations; survey locations for the stations and number them; obtain physicians and professional nurses to staff stations and hold briefing sessions for nurses; provide additional physicians and professional nurses as reserves ready for duty; assign and transport personnel; designate one nurse to be in charge at each first aid station to instruct reception and recording personnel; provide a receptionist and recording clerk for 3 of the 24 stations.

Procure necessary equipment for the first aid stations, including first aid supplies, signs, and armbands, and provide 30 folding chairs; transport equipment and cots to stations and see that supplies and equipment in them are efficiently arranged; distribute and arrange for subsequent return of armbands from nurses and physicians.

Supervise preparation and completion of patients' records; arrange for hospital care and distribution of patients; direct distribution of patients to various hospitals by ambulance; give advice and assistance to marchers.

Assist director of sanitary engineering in preparation and negotiation of contract for chemical toilets

and in supervision of disposal of contents in manholes at each end of the parade and assembly areas; supervise erection and sanitary maintenance of all toilet installations, including replacement of toilet tissue; supply, instruct, and supervise six aides to inspect women's toilets; supervise sanitary preparation of tank flushers for use with water fountain bubblers; supervise the fountains and emergency water supply; provide drinking cups.

Increase supervision over restaurants, other food establishments, and food vending trucks in the downtown area; make inventory of supplies used and missing equipment; prepare final operational report.

*Red Cross.* Arrange for National Park Service clearance of locations; prepare list of men, supplies, and drugs required in first aid stations; pack footlockers with medical supplies and equipment for first aid stations; provide volunteer professional nurses (along with Visiting Nurse Association) and also volunteers for reception and recording duties at 22 of the 25 first aid stations; and assist in transporting personnel and supplies to stations.

Supply and position 24 ambulances with drivers and two-way radios tuned to the national disaster frequency; position 16 National Guard ambulances; distribute instructions, maps, and operating orders to all ambulance drivers; supply Red Cross flags for all vehicles and 200 brassards for all medical and health personnel; prepare and distribute patient-record forms.

Supply radio headquarters and equipment to maximum extent possible; provide communications tie-in between Red Cross and Civil Defense; return unused supplies and equipment to the National Guard and the D.C. Department of Public Health; prepare final operational report for submission to the health department.

*Office of Civil Defense.* Provide disposable paper litter cots and paper blankets (from stock the Office of Civil Defense had stored in government buildings in the march and assembly areas); supply a communications network and individual equipment and also a jeep with radio; prepare a final operational report for submission to the health department.

*National Guard 115th Evacuation Hospital Unit, D.C.* Supply hospital tents and labor to erect them; provide 16 ambulances with 32 drivers, assistants, and 96 blankets, for dispatch to the Red Cross; supply 5 mobile 25-gallon water tanks for water and gasoline, 20 Coleman lanterns, 30 field tables, medical first aid kits, 2,500 emergency medical treatment tags; disseminate information and plans and distribute arm bands to designated personnel; insure security of food concessions; prepare final operational report for submission to the health department.

*Department of Sanitary Engineering.* Locate and maintain bubblers to supply drinking water and provide six flushers for drinking water facilities plus 21 drinking water units on fire hydrants; prepare contract for chemical toilets with health department assistance and share in supervision of these toilets; remove excess refuse from parade and assembly area and provide additional refuse containers as required;



provide own communications system; prepare final operational report to health department.

The Department of Justice assisted the health department in making arrangements and coordinating efforts of other agencies. Its extensive fact-finding facilities aided in planning for the march. The Department of Justice arranged for use of established dispensaries in government buildings in the parade and assembly areas and alerted dispensaries operated by the Public Health Service in the District of Columbia to be prepared to meet other needs which might arise. It obtained the cooperation of the General Service Administration in use of government buildings. It requested the Department of Defense to supply the necessary tents, equipment, and supplies, plus labor to erect the tents.

The D.C. Department of Highways and Traffic supplied 500 signs to direct marchers to the various facilities, "Water," "Toilet," and "First Aid." On August 26, all the signs were in place when we were informed that they would

all have to be razed because of a local ordinance; the signs were put up again later.

The D.C. Police Department, in addition to advising on location of the health facilities and estimating crowds, traffic, and the like, provided a cruiser manned by two detectives at each first aid station.

#### **First Aid Stations**

On August 22, the list of medical supplies and drugs to be placed in each first aid station, prepared jointly by the health department and the Red Cross, was transmitted to the health department's procurement and supply division. The next day the supplies were delivered to the Red Cross in health department trucks and placed in footlockers supplied by the National Guard.

Ten of the first aid stations were to be located in tents. On August 25, a health department representative supervised National Guardsmen erecting the tents, and guardsmen were placed

in them on a 24-hour basis. The disposable litter cots were delivered to the tents.

Fourteen of the first aid stations were located in permanent Federal buildings along the line of march; one was in a mobile Red Cross van. All were ready to receive patients at 9 a.m. on the day of the march.

Each first aid station was staffed with one physician and two nurses. The medical societies provided physicians to help staff the stations. The Volunteer Nurses Association provided part of the volunteers. The health department had individually recruited the 64 physicians (14 as reserves) for the stations and arranged their schedules in shifts to fit in with their private practice, if necessary. When the health department received the names of nurses from the contributing organizations, the nurses were similarly recruited and scheduled. There were two ambulances for each station (the city emergency ambulance service was to be used only in dire emergency).

The Red Cross provided approximately 150 first aid workers, 3 each for 22 of the 25 first aid stations and 3 on each Red Cross ambulance. It also arranged for coffee for the workers at the various sites.

By 10 a.m. on August 28, the number of cases treated at the stations began to rise rapidly. Stations in the march area began calling for additional supplies and litter cots. By 2 p.m., 571 patients had been treated at the stations, and 35 of them sent to hospitals.

The major operational stresses occurred between 1:30 and 5 p.m. By then the marchers were tiring, heat prostration was increasing, and chronic ailments were aggravated. Fortunately, the temperature was only 80° F. at 2 p.m. with relative humidity at 49 percent. Despite our conferences with the police on location of the stations to insure freedom of movement of ambulances, personnel, and supplies, we experienced some difficulty in transporting personnel for the changing shifts because of the large crowds in the areas of restricted movement. By 1:30 p.m. five vehicles were transporting supplies to the aid stations, and calls for more ambulances were being received, necessitating redistribution from other stations. As a precautionary measure, one supply truck filled with items most in demand be-

gan the rounds of all the stations, but this measure proved unnecessary. At one point so many of our vehicles were en route with supplies and personnel that a request for six physicians could be filled only by transporting them in two ambulances with police escorts.

About 5 p.m. we began to close the first aid stations located around the Lincoln Memorial since the ceremonies had ended. Additional stations were closed as the need for them decreased, and we dispatched most of our vehicles to pick up the professional personnel. The last station, at the railroad terminal, was closed at 8:30 p.m. By that time 2,164 persons had been seen at the first aid stations and 86 of them sent to hospitals.

The number of patients seen and their presenting symptoms or conditions diagnosed included: 1,019 headaches, 407 exhaustion (heat and lack of sleep and food), 284 stomach upsets, 101 minor wounds (abrasions and small cuts), 57 blisters, 45 dizziness, 39 menstrual cramps, and 23 stomach cramps. There were 10 to 20 cases each of diarrhea, indigestion, sore throats, minor sprains, toothaches, contusions, foreign bodies in the eye, diabetes, and wasp and bee stings. There were less than 10 cases each of colds, chest pains, backache, heart trouble, epilepsy, warts, hayfever and allergy, sunburn, pink eye, asthma, poison ivy and poison oak, hernia, and leg cramp.

The most seriously ill were sent to hospitals. One middle-aged woman who lost her bus and feared she wouldn't be able to get back to New York was given sedation for her hysteria and was finally reunited with her group.

It was the general consensus that for future events of this type insulin, anticonvulsant drugs, antihistamines, and nitroglycerin should be stocked in first aid stations.

## Hospitals

For the day of the march, the D.C. Board of Commissioners waived a regulation requiring 1-year residency in the District before admission to either the city hospital (D.C. General) or other hospitals under contract to the health department. Acceding to a request we made in July following our first organizing conference, the Commissioners authorized admission in



**Water bubblers attached to a fire hydrant**

emergencies of nonresident medically indigent patients to these hospitals.

Upon request of hospital authorities we had prepared a release to the press, radio, and TV urging all hospital personnel to stay on duty on August 28 because of possible emergency need for their services.

D.C. General Hospital, a 1,400-bed facility operated as part of the health department, made 350 beds available for the occasion (100 immediately available and the remainder capable of being made ready within an hour, if necessary, by moving and transferring other patients). Fifty of the immediately available beds were staffed by personnel from 115th Evacuation Hospital Unit; the other 50 by D.C. General Hospital personnel. Physicians from Glenn Dale Hospital, the health department's chronic disease and tuberculosis unit, were also to be made available to D.C. General Hospital in case of an emergency.

All ambulatory patients were taken directly to D.C. General Hospital unless the patient's condition was too serious for the long trip or the patient requested to be taken to a private hospi-

tal and agreed to pay the cost. Of the 86 patients sent to a hospital, only 6 remained there beyond August 30. The most serious cases included a patient with pneumonia, one with cancer of the breast with metastases, one with diabetes, and an epileptic.

### **Drinking Water and Toilet Facilities**

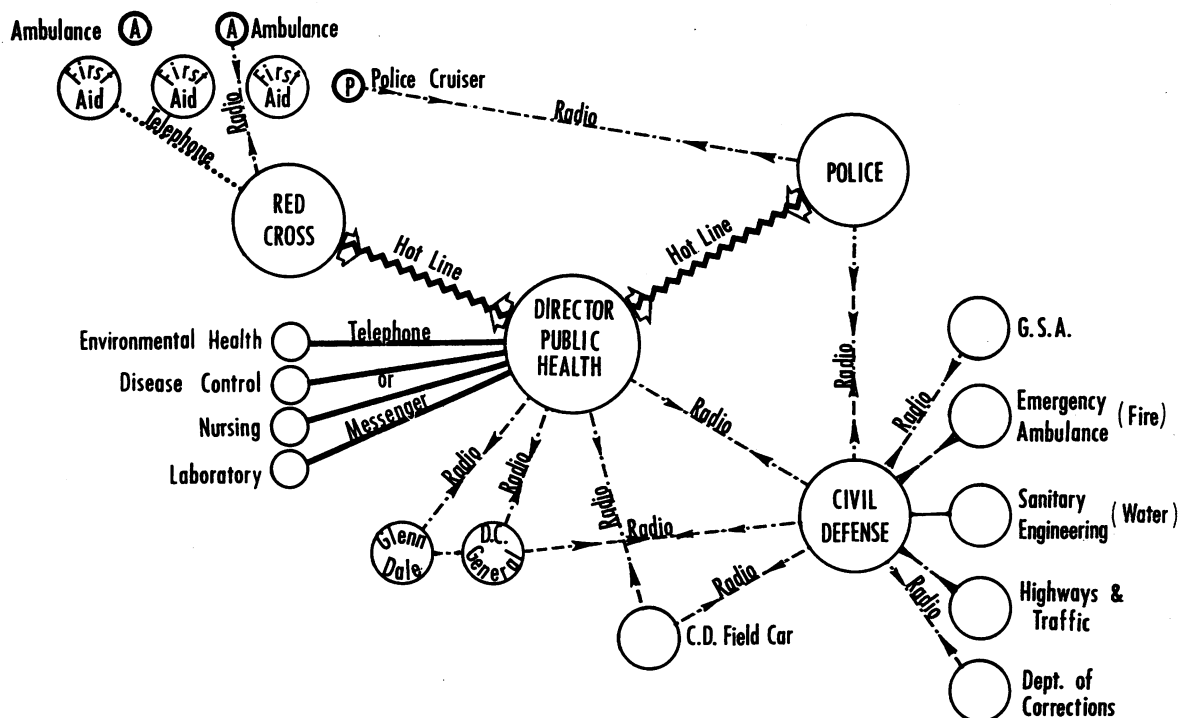
There were only a few permanent drinking fountains in the park area and no readily available drinking facilities in the parade and assembly areas. Therefore, on August 26, the sanitary engineering department connected a type of fountain it had devised, based on a fire hydrant, to every available hydrant in the parade and assembly area. On August 28, 21 of these units, plus a 2,500-gallon street-sprinkler truck with 6 fountains mounted on each side, provided the marchers with drinking water.

There were few toilet facilities on the first floors of the large buildings convenient to the march and assembly areas, and the National Park Service had only three trailer units which could be commandeered for the march. Finding funds and space for supplemental toilet facilities proved difficult. However, 156 chemical toilets were finally rented (12 units of 13 seats each).

At about 8 a.m. on August 28, field reports began to come in indicating that all toilet and water facilities were working well but that one hydrant necessary to refill the sprinkler trucks was not operating; this was quickly remedied. By 10 a.m., however, 1 hour before the time set for the assembly on the Washington Monument grounds, long lines had formed at the nearby toilet facilities, and it soon became clear that, despite the time consumed in making arrangements for water supplies and comfort stations, these were not adequate to meet the needs of all the people.

### **Medical Communications System and Supply**

From 5:45 a.m. to 9 p.m. on August 28, the command post and emergency communication system in the office of the health department were in operation. The communications included a shortwave Civil Defense network and six regular telephone lines, two direct lines to



**Emergency communications system for medical and health service**

the Red Cross headquarters unit, another short-wave hookup in operation, and a direct line to the police shortwave station. All available systems were used. A standby messenger was also available. Eleven persons were on duty in the health department's emergency communications room. One of these, a representative of the Office of Civil Defense, was responsible for operating the radio network.

### **Food Supervision**

We had learned in our first meeting with representatives of the National Marchers Committee that 80 percent of the participants would probably bring box lunches but that arrangements would need to be made to supply the other 20 percent. To reduce to an absolute minimum the possibility of food poisoning on what could be a hot, humid day, it was agreed that the lunches we arranged for would consist of a plain cheese sandwich, a piece of fruit, and a piece of pound cake. General Services, Inc., a private corporation which operates the cafeterias in Federal Government buildings, supplied these lunches, which retailed for 50 cents each and were sold from trucks on the march

grounds. The lunches were purchased in New York and shipped to Washington by refrigerated trucks.

The one untoward occurrence in our entire operation, however, was in connection with food. At about 4 p.m. we began to receive reports of a few cases of illness among policemen on duty. An immediate investigation revealed that the police department had received funds from Congress with which to purchase a total of almost 15,000 breakfasts, lunches, or dinners for policemen and National Guardsmen on duty for the march. We had not known about this and therefore had not helped plan the kind of food served or supervised its preparation. We immediately advised the police department against distributing any further dinners that evening.

An unknown number of policemen developed food poisoning, fundamentally of a mild type. Our studies indicated it was probably of staphylococcal origin. The method of preparing the food, which included chicken, beef, and ham, left much to be desired. Moreover, the food was left unrefrigerated for prolonged periods—for several hours, or, in some cases, for as much as 2 days. Some of the food, particularly

chicken, was actually moldy at the time it was ready for consumption, and much of it was voluntarily discarded.

### Expenses

The D.C. Government had no funds or appropriations to cover the unusual expenditures entailed by the march. Only Congress could make such appropriations. However, it had made no such appropriations nor had it been requested to do so. Therefore, the various departments of the D.C. Government had to use

their existing appropriations to meet expenses of the march.

The cost of the operation insofar as the health department was concerned was estimated at \$17,430. This, of course, takes no account of costs of the many man-hours of time devoted by our staff to the program. Moreover, to supply needed professional personnel we had to close 11 health department clinics.

All in all, this operation was a most interesting, rather unusual experience for a public health administrator, and one which, although time-consuming, was rewarding and satisfying.

## Study on Drug-Treated Schizophrenics

A recent study of acutely ill schizophrenic patients in various types of psychiatric hospitals conducted by the National Institute of Mental Health, Public Health Service, reveals the efficacy of drugs in the treatment of schizophrenia.

Approximately 95 percent of 344 schizophrenics treated with drugs improved within 6 weeks (75 percent showing marked to moderate improvement), according to results reported in the March 1964 issue of *Archives of General Psychiatry*. Only 23 percent of the 74 patients in the control group receiving no drugs showed marked or moderate improvement.

Subjects of the large-scale 2½-year study were undergoing treatment for schizophrenia in nine psychiatric hospitals, varying from small private hospitals to large State institutions. They were young, averaging 28 years of age, and usually experiencing their first psychotic breakdown or first hospitalization.

The drug-treated subjects were given a phenothiazine (chlorpromazine or one of two newer phenothiazines, fluphenazine or thioridazine). All three drugs were equally successful. They alleviated the classic schizophrenic symptoms of hallucinations, thinking or speech disorders, bizarre motor behavior, and inappropriate emotion; they helped improve personal relations. The drugs were less effective against feelings of guilt, delusions of grandeur, and loss of memory.

Results of the study, coupled with findings from other Institute research, suggest these drugs will be effective tools for treating schizophrenics in comprehensive community mental health centers where the emphasis is on rapid and early treatment near the patient's home. With about half of the patients in U.S. hospitals psychiatric cases and half of these schizophrenics, the significance of such a change in emphasis is apparent.