

Health Services for the Poor People's Campaign

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AS THE NATION'S Capital, Washington, D.C., has for many years been the site of campaigns, conventions, and marches which have required the provision of health services. Presidential inaugurals, large conventions, and the 1963 civil right march afford a few examples. For each event, it has fallen to the District of Columbia Department of Public Health to shoulder the primary responsibility for insuring that adequate medical care and public health services were available to protect the health of both visitors and residents of the city.

The department is the major publicly financed municipal health agency in the Washington area, responsible for not only the traditional public health activities of most health departments throughout the country but also for the operation of D.C. General Hospital—one of the 10 largest municipal hospitals in the country—and Glenn Dale Hospital—a 600-bed tuberculosis and chronic disease hospital. The department also maintains contracts with most other hospitals in the city under which the hospitals are reimbursed for the care of needy patients. It operates a large number of clinics and health centers throughout the city, through which preventive and health care programs, both medical and dental, are conducted. In addition the department has extensive home care and rehabilitation services. The department maintains an affiliation with most universities in the area, including the three medical schools, carries on extensive training and research ac-

tivities, and is responsible for mental health, mental retardation, school health, and environmental health activities. To sum up, the nation's Capital is not as subject to fragmentation of health services as are many other cities.

Plans and Preparations

With these responsibilities and the department's preoccupation with the provision of health services already mentioned, it was not surprising that in February 1968, 2 months after the late Rev. Dr. Martin Luther King announced that there would be a Poor People's Campaign in Washington in April 1968, the department began to plan for the necessary health services in connection with the campaign.

During the 1963 civil rights march, when some 200,000 persons came and left the Capital on the same day, we in the health department learned the wisdom of advance planning with the many municipal, voluntary, and Federal agencies involved (1). Therefore, in February 1968 we made the first attempts to begin to work with several of the same agencies. However, information concerning detailed plans for the Poor People's Campaign was extremely scarce. The Southern Christian Leadership Conference opened an office in the city during February, but it proved difficult to learn of plans for the Poor People's Campaign if, indeed, any definite plans existed then.

Rumors there were aplenty. During those early days, for example, there were indications that representatives of the Southern Christian Leadership Conference had canvassed a number of hospitals in Washington. One rumor was

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of plans to bring a number of sick children from the South and place them "on the steps," as it were, of the hospitals in Washington to be cared for. This tale turned out to be one of many that were not accurate.

The only information that we gleaned from the early meetings was that the general plans of the leadership conference called for setting up a campsite for 3,000 to 5,000 people. How long these people might remain in the camp, where the camp would be located, and what sanitary facilities were to be provided and by whom were not known. It proved impossible to ascertain the source of food, how it would be prepared and transported to the campsite, and whether there would be refrigeration facilities or facilities to keep food hot before it was served. Nor was there information as to the source of drinking water or bathing facilities.

It was difficult to learn if there were any preparations to provide medical care or other health services. We also understood that many visitors might stay outside the campsite, perhaps in churches, private homes, or elsewhere. However, we had no way of knowing how many such persons there might be and where they would stay.

At an early date we decided to set up a command post in the central offices of the health department in the municipal center. The post would serve as the nerve center for a communications network.

During early deliberations the Medical Committee for Human Rights, an organization of physicians who have given medical care during civil rights campaigns in the South, evidenced great interest in helping to provide health services for the Poor People's Campaign. We negotiated actively with them to assure adequate communications.

Later, members of the Medico-Chirurgical Society, a Negro medical society in Washington affiliated with the National Medical Association, and members of the District of Columbia Medical Society expressed great interest in volunteering medical services. The Health and Welfare Council, a voluntary organization in the metropolitan area, was also interested in helping to provide and coordinate services. Because communications with and among these groups could well become tangled, we made

many efforts to negotiate extensively with all of them.

In a February 27 memorandum to the Mayor-Commissioner of the District of Columbia, I requested him to endeavor to secure authorization for standby medical assistance from the D.C. National Guard which could supplement the District's resources. We had used a similar procedure a number of times before.

During March there were several meetings with the Medical Committee for Human Rights to discuss methods to identify the campaigners as well as to plan the facilities and services for the forthcoming campaign.

On March 5, King announced that the Poor People's Campaign would begin on April 22, and a week later I sent another memorandum to the mayor. It resulted from a meeting with members of the Medical Committee for Human Rights and raised such questions as, will the tent city be permitted? and to what extent will the D.C. Government be required to provide facilities for the campaign?

In the memorandum I outlined the facilities and services I believed might be required. I requested the mayor's guidance and authority on the health department's responsibility for providing certain resources. I indicated that agreement would be needed among the Federal agencies involved, the Southern Christian Leadership Conference, and within the D.C. Government concerning payment for rental of necessary facilities for medical care.

I also said in the memorandum that the department would need authorization to provide medical care to medically indigent, nonresident demonstrators at public expense. It would be necessary for the department to accept voluntary services from qualified physicians duly licensed in other States but not licensed in the District of Columbia. (By this time it seemed that such physicians from the Medical Committee for Human Rights would provide much of the volunteer medical services.)

On April 4, King was assassinated, and that night there were outbreaks of violence in Washington. The Department of Public Health immediately put in effect its emergency health services plan, activated the command post in the municipal center, and began to marshal resources to take care of the possible conse-

quences of the riots. For the next 4 days the command post was operating 24 hours a day. Health department personnel manned it, rotating tours of duty.

On April 10, Rev. Ralph D. Abernathy, who replaced King as head of the Southern Christian Leadership Conference, announced that the Poor People's Campaign would be deferred until May.

Congressional Interest

Several times during April, May, and June I was requested to meet with members of Congress to discuss my views concerning possible health problems associated with the Poor People's Campaign and the health department's plans for meeting such problems. I was also asked the anticipated cost if the department provided health services. The health department's estimate of cost was approximately \$85,000.

The Southern Christian Leadership Conference proposed to set up a camp for 3,000 people for an indefinite period, the campers would be family groups of all ages, and they would come from 15 areas of the country. I discussed with members of Congress problems anticipated in three general categories and how the department proposed to handle them.

Sanitation and environmental health. The health department was prepared to monitor water, toilet, hand washing, and bathing facilities as well as garbage and refuse collection and disposal. We would also monitor and give technical assistance in the transportation, storage, preparation, and serving of food.

Communicable diseases. We anticipated that some people coming to Washington might have diseases that could spread within the campsite and outside it. The department would be prepared to find persons with such diseases and to initiate treatment. We were particularly concerned about gastroenteric diseases, parasitic infections, and respiratory diseases such as tuberculosis and meningitis. We were prepared to establish an immunization program, chest X-rays, laboratory tests, and on-the-spot examinations of persons at the tent site. Because it would be necessary to take infected persons to hospitals where they could be isolated and properly cared for, transportation facilities would be needed.

Medical and surgical care. Since we had no authorization to purchase care at voluntary hospitals, ill patients would be transferred to D.C. General Hospital for needed medical or surgical care. As a result of our negotiations, the Army agreed to supply the health department with several ambulances to supplement our available vehicles. We also told the Congressmen of the arrangements with medical and dental groups in the area to provide emergency medical and dental care services.

Early in May, we conferred again with representatives of many medical and dental groups, including representatives of the Robert T. Freeman Dental Society, to discuss preventive and therapeutic measures needed for the campaign.

In May, the first of many meetings was held with the National Park Service. We learned then for the first time that the camp would be located at a site adjoining the reflecting pool, east of the Lincoln Memorial. The land was under the management of the U.S. Department of the Interior, and the National Park Service issued a permit for the camp, effective May 11 to June 16.

Services and Problems at the Camp

On May 12, the first contingent of poor people arrived in Washington; the next day Resurrection City, as it then became known, opened. A number of wooden tents which had been fabricated in nearby Maryland were taken to the site and erected for the campaigners.

On that same day, the Department of Public Health transferred two medical trailers with equipment to a site just outside the camp. We also arranged for a public health nurse and a nurse's aide to be on duty during the day in the trailers. One trailer was used for medical care and the other for dental care. A group of Seventh Day Adventists also provided medical care in another trailer inside the camp.

The Medical Committee for Human Rights coordinated the assignment of physicians and dentists to the campsite, and this arrangement began immediately after Resurrection City opened and continued until the camp was closed. The voluntary services of physicians and dentists from this committee and from local medical and dental societies were the brightest chap-

ter in an otherwise difficult series of events, at least from the public health point of view, as long as Resurrection City existed.

The most serious problems, which began when the camp was opened and continued as long as it remained, concerned the inadequate sanitary facilities and poor maintenance of sanitation. Hand washing or bathing facilities were lacking for several weeks. A large tent served as the dining area, but there were no hand washing or bathing facilities next to the dining tent. Problems of disposal of garbage and refuse mounted. At first, garbage and refuse were collected and disposed of at some unknown location, but this system later broke down. The material was then collected in large drums and at times burned on the spot and at other times merely strewn all over the camp. Flies were attracted to the area, but it is somewhat surprising that no real signs of rodents appeared throughout the 6 weeks that the camp existed.

The preparation, transportation, and serving of food caused us serious concern. Food was prepared at Howard University's cafeteria and at a church. However, facilities for handling and storing food were totally inadequate for some 2,000 persons who ultimately stayed in the camp, and a large number of containers to keep food hot for several hours were obtained from the Department of the Army. A health department nutritionist and food sanitarian at the campsite worked closely with those preparing, transporting, and serving the food to insure that the possibility of gastroenteric infections was minimized.

Incessant rains throughout May inundated Resurrection City. The campsite rapidly turned into a quagmire, which made it extremely difficult for service trucks to get in or out. Many residents evacuated the site; in fact, many tents appeared to be floating on the water (see frontispiece). Eighteen chemical toilets had been set up at the camp, and it was difficult for the contractor to service these because of the rains. The reflecting pool was the preferred site for bathing, and the health department was frequently asked what could be done to maintain the pool in a sanitary condition. Of course, there was no way to do this under the conditions that existed.

In rapid-fire succession during May and June, meetings were held with many other or-

ganizations such as the Department of Defense, the D.C. Chapter of the American Red Cross, the Public Health Service, the Department of Justice, and the Department of the Interior.

Congressmen expressed concern that the District government not be required to contribute its tax funds to support Resurrection City. We in the health department, therefore, were torn between the admonition of Congress that funds appropriated to our budget were to be used only for appropriate District of Columbia purposes and the desire and need for health services for the Poor People's Campaign. The health department endeavored to walk this tightrope by trying to minimize its expenditures while doing everything possible to monitor health service programs, to coordinate activities in the health field, to be certain that disease spread was kept to a minimum, and that necessary medical and dental care was provided.

Two weeks after Resurrection City was opened sanitary conditions were in such a state that we met with the mayor and a number of officials to discuss the possibility of closing the site for a few days, at least until the rains subsided, the ground dried out, and reasonable sanitation facilities were provided. It would have been extremely difficult, however, to close the camp temporarily. Fortunately, the rains abated and the ground dried out somewhat, but it was still some time before reasonable sanitation facilities were set up. A portion of a statement "for the record" in a health department memorandum describes the situation at the camp:

There was a lack of adequate space and facilities for the proper conduct of operations involving food preparations, food service, storage and cleaning. All food contact surfaces and equipment were subject to contamination. Prepared foods were brought from unknown sources and held at improper temperatures for extended periods of time. Food service operations were conducted without adequate supervision and by persons lacking knowledge in food protection measures. Garbage and trash were improperly stored and the camp was covered with such items. Flies were prevalent throughout the entire area.

Toilet facilities were not kept clean even though properly serviced by the contractor; in addition, several toilets were damaged. The one installed hand washing facility was not conveniently located to the toilets or dining tent. The three shower buildings were not sufficient to serve the number of people the camp was designed to accommodate.

No chest X-rays or immunizations were carried out during the last two or three weeks because of prevailing bad weather, lack of response, and daily involvement of the residents in demonstrations.

On June 19, the Solidarity Day march was held and the health department again made preparations. Seven first aid stations were located in the march area; four were provided by the health department, two by the Army, and one by the Red Cross. The stations were manned by health department, Red Cross, and volunteer personnel. On that day, 912 persons were treated in the first aid stations, 29 were referred to hospitals, and five were admitted.

For the 6 weeks during which Resurrection City was open, 3,840 patient visits were made to the medical and dental trailers at the site; 619 patients were referred to hospitals and 23 were admitted. The camp's National Park Service permit, which had been effective only until June 16, was extended to June 23. On June 24 Resurrection City was closed, and 343 residents were jailed in mass arrests at the campsite and on the Capitol grounds. The total estimated cost to the Department of Public Health during the 6 weeks that the camp was open was a little more than \$71,000.

Because of the voluntary efforts of many physicians, dentists, and others not only were many people in serious need of health care given it in a dignified manner but also, despite the lack of sanitation facilities, remarkably few cases of gastroenteric infections were observed. Even respiratory illness was only a little greater in prevalence among the campaigners than in the rest of the city during the period of incessant rains and lamentable conditions at the camp. Obviously, these were trying experiences not only for members of the department of public health but also for many other organizations and persons participating in health programs for the Poor People's Campaign.

Other health departments may well face emergencies similar to the situation at Resurrection City. It seems evident that, particularly in large cities, plans should be made for such eventualities so that the health of the people we serve will be adequately protected.

REFERENCE

- (1) Grant, M.: Organization of health services for civil rights march. *Public Health Rep* 79: 461-467, June 1964.

Conference Calendar

March 6-8, 1969. United Cerebral Palsy Association, Washington, D.C.

March 21-22, 1969. National Conference on Rural Health, Philadelphia, Pa.

March 30-April 2, 1969. American Orthopsychiatric Association, New York, New York Hilton and Americana Hotels.

April 7-11, 1969. Symposium on Public Health Aspects of Peaceful Uses of Nuclear Explosives, Las Vegas, Nev., Frontier Hotel.

April 14-18, 1969. National Council on Alcoholism, Fort Worth, Tex.

April 21-24, 1969. American Industrial Health Conference, Industrial Medical Association, and American Association of Industrial Nurses, Houston, Tex., Shamrock Hilton Hotel.

May 1-2, 1969. President's Committee on Employment of the Handicapped, Washington, D.C.

May 8-9, 1969. Sixth Annual National Informa-

tion Retrieval Colloquium, Philadelphia, Pa.

May 12-16, 1969. Annual Mid-America Symposium on Spectroscopy, Chicago, Ill., Sheraton-Chicago Hotel.

May 18-22, 1969. National Tuberculosis Association, Miami Beach, Fla.

June 5-6, 1969. Eighth Annual Sanitary and Water Resources Engineering Conference, Nashville, Tenn., Sheraton Motor Inn.

June 18-20, 1969. Arthritis Foundation, Boston, Mass.

June 22-27, 1969. American Nurses Association, Montreal, Canada.

July 13-19, 1969. Seventh International Congress of Clinical Pathology, Montreal, Canada.

Announcements for publication should be forwarded to Public Health Reports 6 months in advance of the meeting.