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Dr. Hughes traces the growth of student activism and its implications for medicine, especially in relation to the development of the specialty of community medicine.



Activism and Community Medicine

Edward F. X. Hughes, M.D., M.P.H.

*"Rock and Roll is here to stay" –
Danny and the Juniors – circa 1957*

Alfred North Whitehead once said that the greatest changes in history just about destroy the societies in which they occur. Despite the ever-present nostalgia for a past quieter time, American society has rarely been free of crisis and change. The bitter ferment and unfulfilled dreams of the American Revolution carried over into Shay's Rebellion and the Whiskey Rebellion.¹ The abolitionists prodded and in return felt the bitter reprisals of a recalcitrant society. Slaves rebelled.²

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A civil war devastated the country and a draft riot almost destroyed Manhattan.³ The social reforms and upheavals of the Reconstruction were ended only by the infamous Hayes' Compromise. The arrival of the immigrants and the rise of labor brought bitter strife to our streets, bombs to Haymarket Square, and fears of anarchy. World War I generated the Red Scare and soon the country teetered on the edge of dissolution during the Great Depression.

The fifties saw another Red Scare. Bitter and divisive recriminations swept our nation as it reeled on the defensive from the global spread of an ideology it interpreted as inimical.

Recently a commission appointed by President Nixon stated that we, as a nation, face possible civil war unless moral leadership is directed toward the problems rendering us asunder.⁴ Today's problems are the youth and with them, the militants – both black and white.

Colleges are being viewed as iniquitous breeding grounds with scapegoat presidents. Where our society's troublemakers have traditionally had foreign accents, rose out of the ranks of sweaty labor, or had non-white skins, now they are rich white kids, in numbers never before experienced; and they are supporting their non-white friends who no longer seem to know their place. Bombs are going off and people are being killed. A pervasive fear covers the land.

It wasn't always this way. In early high school in the mid-fifties I remember the local radio station featuring coverage of a panty-raid at a nearby college; shortly thereafter an M.I.T. student drowned in a frozen lake returning from a fraternity hazing. People then wrote of a silent generation, listened to Eddie Fisher records, and wore short hair.

When we high schoolers hit college in the late fifties, we used to sit around and quiz each other on our past experiences. We all knew the words of the Rock and Roll songs; we all knew the name of the Lone Ranger's horse. We realized that we had something in common that was different from those who came before us.

We had been born here as had most of our fathers. We all spoke English. None of us had to drop out of school to earn money. For those who needed them, scholarships were available. All our fathers had good jobs and gave us plenty. We all had televisions and record players.

The electronic media had given us common heroes and a culture all our own. We had watched time and again as the Lone Ranger, a man without a job, living free, with a friend from an ethnic minority, outwitted the local establishment representative (the sheriff) and brought the desperadoes to justice. Good always triumphed over evil; and, it only took half an hour.

Life had been good to our generation. When we heard that America was the home of the free and the brave, we believed it. We believed that all men had been created equal. Those of us who were Christians, believed that Christ died for *all* men.

In the south and the urban ghettos were others who had a different life experience.^{5 6 7} For centuries the efforts of their forefathers for reform had fallen on deaf ears. Now there was growing a generation of Americans



who were going to listen, and then act, and America was not going to be quite the same.

Television brought the sit-ins into our dormitory living rooms. We could see our fellow students being jostled and beaten. Night after night, we watched and listened to our radios. It was ridiculous, we felt. This was America; people can sit where they want.

The sit-ins began in February, and in April the colleges of western Massachusetts joined in a march on the White House in support. Many of us were forbidden by our parents to go. More than one could not articulate why he came. There was a sense that some precious ideals were being fought for. There was something going on that deserved our support.

On Good Friday, 1960, we marched in front of the White House and, in the evening, across the T.V. screens of the nation, on the Huntley-Brinkley show. It was a beautiful day. The cherry blossoms were out and Huntley and Brinkley thought we were out on a lark.

We had called ourselves "Students for Human Dignity." We knew it was not a lark. We knew a new culture was growing — a young vibrant culture that wasn't going to accept things as they found them, a culture that was going to push for change. Millions of Americans have not yet been able to accept this.

While marching, I was amazed at the hostility expressed by passers-by. It was my first inkling of how deeply rooted American racism was and how difficult was going to be the job ahead. The hostility seemed to underscore the importance of the job.

This hostility against social change and young activists has grown and grown since the early sixties. Then, in an era when a secular utopia appeared possible, hopes were high. Each entering freshman class saw the limitations of what their predecessors had accomplished and attempted more. The quest for a lunch counter seat was replaced with the quest for the right to vote. Suddenly the northern and western ghettos erupted. Students learned it was no longer necessary to travel to the South to find discrimination; it was right in their midst in their cities' schools and in their fathers' businesses. Black leaders rose to decry a capitalistic system that exploited whole segments of its population. Each year students realized greater and greater injustices within our country.^{9 10}

The more severe the problems, the more forcefully students realized they would have to push for change. As early efforts at reform seemed to evaporate before the weight of the problems, it occurred to some that maybe the injustices were not just accidents within the American system, but were actually fostered, and possibly encouraged by it. The heroes began to change; the Lone Ranger was being replaced by Che Guevara.

The mid-sixties saw the change from naive, idealistic youth to deeply committed activism. This period required the most sophisticated of national leadership to encourage the positive in the student movement and assimilate it into the mainstream of American political life. Rather than draw the youth movement into that mainstream, our leadership singled out the younger generation for death in a foreign war.

Add to this, drugs and the pill and

you had a life style totally foreign to most middle class adults.¹¹ The activists went to Chicago in '68 to be heard.¹² Their voices were ignored, but their bodies were beaten, and then they were tried for their ideas.

Hopes for compromise were over. Out of that confrontation grew the Weathermen and now we have threats of bombs from Santa Barbara to Boston.

While we need leadership for the seventies, we have leadership cut out for the fifties.¹³ General Westmoreland kept saying we need only 200,000 more troops and victory would be ours.¹⁴ Now we are told we need only 1,000 more F.B.I. agents.¹⁵ A Presidential commission has called for special moral leadership but we have leaders whitewashing the commission and politicizing the problems.¹⁶

Some of the young are already lost to reason. Who knows how many more we will lose; and who knows we all may not lose?

How has this effected medicine? As all students, medical students have grown more critical of the institutions surrounding them. They have criticized rigid depersonalized medical curricula¹⁷ and brought about significant curricula reform. They have criticized a two-class medical system and berated what they view as a maldistribution of medical resources.¹⁸ They have assisted in community projects, joined in politicizing the community, and added their voices to those calling for community control of medical facilities.¹⁹ Not content merely to criticize and berate, they have established their own organizations and sought funding for demonstration projects. The early efforts of the Student Health Organization are vividly described in the now much-quoted article in the *New England Journal of Medicine* of July, 1968.²⁰

The Student American Medical Association has come alive.²¹ Activists have infiltrated meetings of the AMA, lambasted the delegates, and have heard the organization's president, Dr. Dorman, talk of "closing ranks and making it clear to these young physicians that their patient oriented ideals can be served and positively implemented through activities inside the AMA."²² The American Association of Public Health, under the Presidency of Dr. Paul Cornely, is currently pursuing an activist course.

The influence of the activists on institutional medicine can be gauged from the medical journals which are more and more frequently carrying articles and editorials on student activism.^{17 - 23}

The issues raised by the activists and the programs they pursue have significant implications for the medical specialty called Community Medicine. This specialty is the inheritor of the successes and problems of Public Health and Preventive Medicine. It attempts to ameliorate the health problems of the individual by addressing itself to the health problems of his population group. Long a stepchild in medicine, this specialty has grown greatly in the last ten years. (In fact, with my decision to enter Community Medicine, I personally doubled the percentage of my medical school class practicing the specialty.)

The first department of Community Medicine was founded in 1960 at the University of Kentucky.²⁴ Now there are over 30 departments in the country. Student interest in the departments is high. Last summer over one third of the first year class of the Mt. Sinai School of Medicine applied for a summer fellowship in the department of Community Medicine. A Harvard School of Public Health seminar with four openings for medical

students received applications from one quarter of the first year class. Students participating in a recruiting drive at Howard University College of Medicine found that one of their most effective drawing cards was the college's interest in Community Medicine.²⁵

This student interest and house officer interest is already swelling the ranks of the specialty and bringing to it some of medicine's best minds. The creative drive of the students is stimulating the present faculties of Community Medicine to think out exciting new approaches to health delivery. This student interest gives every indication of being sustained,²⁶ thus indicating today's student will enjoy the same challenge in years ahead.

Student activism has bolstered the importance of Departments of Community Medicine in yet another way. Buffeted by shouting students and angry community groups, medical school deans and hospital administrators are seeing a new role for Departments of Community as liaison to the community and arbitrator of demands. This new role presents a tremendous challenge to this specialty. If Community Medicine can remain a free agent, loyal to the idealism and integrity of the students and of the community groups, an era of reconciliation with advances for medicine may ensue.

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