

**Let's Bring Health Care to the Patient: The Usage of Holistic Medicine as a Means of  
Revolutionary Care and Liberation in New York, 1969-1979**

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## A NOTE ON TERMINOLOGY

Throughout my essay, I will be utilizing terms that need additional definition due to (1) their newly minted status having not been employed commonly by previous sources before, (2) the co-opting of some terms to connote a different (often negative) meaning than what was originally intended, and/or (3) my preference of what an active, mindful, and inclusive usage of a term entails.

### **Cantonese Chinese and Mandarin Chinese terms and definitions**

For terms in Cantonese and Mandarin, I will be including the Chinese characters, jyutping or pinyin, and English translation. I will be taking the original terms in the language they were presented to me. I find that this keeps in conversation with the evolution of Chinese language amongst different periods of time and diasporas.

### **People/Persons who use(s) injection drugs (PWUID) and substance dependence**

I will be using the terms “people/persons who (has) used/s injection drugs”, or PW(H)UID, and “substance dependence” in lieu of terms such as “drug addict/user” or “drug addiction.” This move to use the term PWUID comes from the concept of person-centered language, allowing the individual to be centered as the topic of conversation rather than their characteristics.<sup>1</sup>

### **Traditional Chinese Medicine (TCM) and Eastern Medicine**

I will be using “Traditional Chinese Medicine,” or TCM, when I wish to encompass all therapies of TCM, such as acupuncture, herbology, cupping, moxibustion, massages, taichi, and qigong. I will only be referring to TCM when I use the term “Eastern medicine,” and it will only be utilized in instances when I am juxtaposing the differences of Eastern and Western medical ideology.<sup>2</sup>

### **Holistic medicine**

I will be using *holistic medicine* by its Pacific College definition of a “whole-person approach to medical care and wellness,” specifically the “...the emotional, mental and even spiritual aspects...”<sup>3</sup> to specifically include political and socioeconomic factors into the consideration of overall well-being. The term should not only refer to uncommonly used treatments and therapies

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<sup>1</sup>There are some terms that I both agree with and disagree with in this handbook. I employ the usage of PWUID in place of other negative terms such as “drug addict,” but I will not employ the term “client” in place of the term “patient,” as the goal of this paper is to reexamine the power of the role of the patient in advocating for healthcare autonomy. For more information on the stigma of terms relating to drug usage, see Annie Madden and Charles Henderson, “Words Matter! Language Statement and Reference Guide,” International Network of People Who Use Drugs, 2020.

<sup>2</sup> The term “Eastern medicine” might not exactly be interchangeable with TCM as it leaves out Eastern practices that are not TCM, even though many Eastern medicine practices can be traced back to TCM. It is for this purpose that I am including additional clarification of the term used within this essay. Some of my sources will use “herbal medicine” as an interchangeable way to describe TCM and Eastern medicine because herbal practices are mainly what constitutes TCM and Eastern medicine above other practices.

<sup>3</sup> “Holistic Medicine: A Guide for Beginners,” Pacific College of Health and Science, <https://www.pacificcollege.edu/news/blog/2021/05/20/holistic-medicine-guide-for-beginners> (accessed Feb 9, 2022).

but should also address aspects of political education and mobilization, social determinants of health, cultural awareness of practicing staff, preventative care, and bodily autonomy. Only when all aspects are encompassed in this definition can holistic medicine truly heal in a holistic manner.

This usage of *holistic medicine* resembles that of *revolutionary medicine* or *alternative medicine*, but I stray away from both terms because they connote a rejection or a change from the norm.<sup>4</sup> Both *revolutionary* and *alternative* are temporary terms, ones that are placed until there comes another revolutionary object to go against the norm of the previously-revolutionary-and-now-the-norm object. By acknowledging this term, the idea of revolutionary medicine is permanently solidified, leaving no room for the invention of a newer, more inclusive type of medicine that may not yet have been imagined.

My definition of holistic medicine should also not be confused with the counterculture hippie movement or the integrative medicine philosophy that existed in the same period. While holistic medicine should encompass community mobilization for political and socioeconomic change, the origin of this resistance comes from the idea that people relied too much on drugs and medical technology, whereas the hippie movement emphasized a strong support for psychedelic drugs.<sup>5</sup> In addition, the conceptualization of my definition of holistic medicine, as will be seen in this essay, centers the patient and their lived experiences, regardless of whether the action taken is purely medical or inherently political, whereas the integrative medicine philosophy “‘cherry-picks’ the very best, scientifically validated therapies from both conventional and CAM [complementary and alternative medicine] systems.”<sup>6</sup> In this essay, holistic medicine is offered as both a critique and a solution to the gaps of the American healthcare system during the 1970s and beyond.

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<sup>4</sup> Seiji Yamada, Arcelita Imasa, and Gregory Maskarenic, “Why we need revolutionary medicine now,” MedPage Today, <https://www.kevinmd.com/blog/2020/02/why-we-need-revolutionary-medicine-now.html> (accessed Feb 9, 2022).

<sup>5</sup> For more information on the history of holistic medicine, see Victoria McCann, “The History of Holistic Medicine,” Castle Craig Hospital, entry posted January 24, 2018, <https://castlecraig.co.uk/blog/2018/01/24/history-holistic-medicine#:~:text=Holistic%20medicine%20came%20back%20to,for%20diagnosing%20and%20treating%20disease> (accessed Apr 5, 2022). For more information on the history of the counterculture hippie movement, see “What is the Counterculture of the 1960’s?,” The American Century, <https://americancentury.omeka.wlu.edu/exhibits/show/beachboysbeatlesandhippies/countercultureof1960s>, (accessed Apr 5, 2022).

<sup>6</sup> Dr. Andrew Weil is a well-known proponent of the integrative medicine philosophy, although he has been quite the controversial character. His position as a white male doctor allowed him to defend non-Western and unconventional medical practices and be seen as revolutionary, while these practices have been existing long before. He advocates for evidence-based medicine, which inherently glorifies scientific research as definitive and makes no room for lived experiences of patients or medical expertise not based in research. For more information on Weil and the integrative medicine philosophy, see “What is Integrative Medicine,” Weil, <https://www.drweil.com/health-wellness/balanced-living/meet-dr-weil/what-is-integrative-medicine/>, (accessed Apr 5, 2022).

## INTRODUCTION

In 1970, Mutulu Shakur, member of the Republic of New Afrika, was 20 years old when he witnessed a miracle. His sons, severely brain damaged from a car accident, were brought to the Manhattan Chinatown by prominent Asian American activist, Yuri Kochiyama, whom he met through the Black Power Movement.<sup>7</sup> There, Kochiyama introduced Shakur to members of the I Wor Kuen (義和拳, the Righteous and Harmonious Fists), a Marxist Chinese organization inspired by Mao Zedong and the Black Panther and Young Lords Parties, who treated Shakur's children. Under the guidance of acupuncture, they made a "total recovery from their paralysis and loss of speech."<sup>8</sup> In the years to follow, more press about acupuncture would materialize, including a 1973 *New York Times* article about acupuncture treating opium dependency in Hong Kong.<sup>9</sup> Shakur would later train to practice acupuncture himself, heading an acupuncture clinic, the People's Drug Program at the Lincoln Detox Center in the Bronx, and dedicating the rest of his career to build a community in Harlem revolving around care and healing. From treating brain damage to easing drug dependency, acupuncture illustrated a type of limitless healing for Shakur—a type of healing not offered through Western institutions of care—and it was exactly what he felt the fight to liberation needed to become successful: working outside of institutional boundaries to care for all people, especially people of color.

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<sup>7</sup> Yuri Kochiyama and Mutulu Shakur became long-time friends through the Black and Third World Liberation movement after Malcolm X's assassination in 1965. For a more detailed story about Kochiyama's link with Black Power and Shakur's family, see Taiyo Na, "Yuri, Tupac, and a Harlem House," *Hyphen*, August 28, 2014.

<sup>8</sup> Mutulu Shakur, interview by Steven M. Hinshaw, December 9, 2017, transcript, Adelanto, CA, <https://mutulushakur.com/acupuncture-interview/> (accessed Feb 9, 2022).

<sup>9</sup> "Hong Kong Doctors Use Acupuncture to Relieve Addicts' Withdrawal Symptoms," *New York Times*, April 15, 1973.

Passed down from generation to generation, Traditional Chinese Medicine (TCM) therapies, such as acupuncture, herbology, cupping, moxibustion, massages, taichi, and qigong, were vital tools to Chinese medicine and culture. The earliest TCM texts date back to the Han Dynasty in ancient China (206 BC-220 AD) and were widely used during the time. The *Shennong Bencaojing* (神農本草經, or the *Divine Husbandman's Materia Medica*) details the divine god, Shennong, and his records of herbal qualities in medicinal plants found in Chinese agriculture, while the *Huangdi Neijing* (黃帝內經, or the *Inner Canon of the Yellow Emperor*) discusses the mythical son of Shennong, the Yellow Emperor, and his findings on foundational Chinese medicine and acupuncture.<sup>10</sup> While *Yi Jing* (易經, or the *Book of Changes*) does not incorporate as much about health than about divination, the usage of yin-yang (陰陽, balancing opposites) in its workings provides context to which the Chinese believed that there is a balance to be kept in the human body, and certain actions could be taken to maintain that balance, similar to the philosophy behind present-day holistic medicine. According to *Herbal Medicine: Biomolecular and Clinical Aspects*, the usage of TCM throughout the centuries highlighted “a holistic approach to life, equilibrium of the mind, body, and the environment, and an emphasis on health rather than on disease.”<sup>11</sup> The philosophy behind TCM emphasizes preventative care rather than curative care, taking into consideration not only the welfare of the mind, body, and soul, but also that of an individual’s environment and pre-existing conditions.

When Shakur brought acupuncture into the Bronx, he inadvertently kept the TCM philosophy alive by bringing one of its treatments outside of the Chinatown community and

<sup>10</sup> Anthony Christie, *Chinese Mythology*, (London: Hamlyn, 1968).

<sup>11</sup> Iris Benzie, Sissi Watchel-Galor, *Herbal Medicine: Biomolecular and Clinical Aspects* (2<sup>nd</sup> ed.), (CRC Press, 2011).

practicing care that met individualized needs. While TCM practitioners in Chinatown brought in a stable number of non-Chinese clientele themselves, acupuncture and other TCM modalities did not have official licensure in the United States, so all TCM practitioners were technically unlicensed health professionals.<sup>12</sup> The American Medical Association (AMA) and the New York Department of Education stated only doctors with a US medical license could perform acupuncture because it was considered a practice of medicine, negating the validity of the practice learned through apprenticeships or non-Western TCM schooling.<sup>13</sup> However, after years of training under acupuncturists in both Canada and China, Shakur could finally do what most New York Chinatown TCM practitioners would be fined or shut down for doing in the 1970s: publicly practice TCM.

While Shakur's story might depict a glorious historical moment of interracial solidarity amongst African American, Puerto Rican, and Asian American communities playing to their strengths in a collective effort to reform health care, a more complex narrative unfolds when tracking the histories of community-based health care in these New York City communities during the 1970s. From the turn of the decade, an influx of African Americans, Puerto Ricans, and immigrant Asians poured into New York City's urban environment as white New Yorkers moved to the suburbs. Lack of funding in city infrastructure and ability to cater to the needs of these low-income communities of color resulted in increases in crime, police brutality, and homelessness.<sup>14</sup> Furthermore, a 1969 *New York Times* article attributed the decline of hospital

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<sup>12</sup> Carl Leung, interview by author, March 11, 2022, New York, NY.

<sup>13</sup> The New York Department of Education is in charge of licensing professions, which, in conversation with the AMA, gave both departments an influential opinion on the official licensures of medical practices. For more information about the pushback against this opinion, see Paul Montgomery, "Acupuncture Patients Fear Ban," *New York Times*, September 5, 1972.

<sup>14</sup> The change in New York City's demographics during the late 1960s into the 1970s resulted in the city's nickname, "Fear City," highlighting the perils of living in New York during the decade, as a result of the city's

programs due to fiscal restrictions and the competitive salary of the private sector.<sup>15</sup> The city's low investment into New York communities of color led these marginalized communities to feel that they were not getting the adequate socioeconomic, political, and medical resources needed, leaving many of these communities scrambling for grassroots solutions, as illustrated by the People's Program in the Bronx and the Chinatown TCM practitioners' journey to preserve TCM as a specific treatment that met the needs of their respective communities. However, this intersectional moment was just that—an ephemeral point of convergence of two different communities sharing the same oppressive struggle. While there would be more important moments of convergence in the following years between the African American, Puerto Rican, and Asian American communities, the Bronx and Chinatown communities ultimately diverged in their approaches to bringing adequate, quality health care to their own respective neighborhoods.

Only some topics of my essay have been heavily researched, such as the Black Panthers' and Young Lords' role in the establishment of the People's Program at the Lincoln Detox Center.<sup>16</sup> Ideologies for healthcare reform, including community care and the right to self-autonomy, come from reproductive justice works such as *Body and Soul* by Alondra Nelson, and *Bodies of Knowledge* by Wendy Kline.<sup>17</sup> The history of acupuncture and herbology is also covered in thorough detail by Tamara Venit Shelton's *Herbs and Roots*, Donna Mah's 2018 “Chinese Medicine in America” special exhibition at the Museum of Chinese in America, as well

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government corruption and fiscal crisis. For more information on New York City's reputation as one of the most dangerous places to live in the 1970s, see Kevin Baker, “Welcome to Fear City”—the inside story of New York's civil war 40 years on,” *Guardian*, May 18, 2015.

<sup>15</sup> John Sibley, “Health Department Seeks Lost Glory,” *New York Times*, December 3, 1969.

<sup>16</sup> *Dope is Death*, directed by Mia Donovan, Eye Steel Film, 2020.

<sup>17</sup> Alondra Nelson, *Body and Soul: The Black Panther Party and the Fight Against Medical Discrimination*, (Minneapolis: University of Minnesota Press, 2011); Wendy Kline, *Bodies of Knowledge: Sexuality, Reproduction, and Women's Health in the Second Wave* (Chicago: University of Chicago Press, 2010).

as the history of TCM in the West Coast by Nayan Shah's *Contagious Divides*.<sup>18</sup> Sarah Wiecksel's story for the Smithsonian National Museum of American History detailed the 1971 Chinatown Health Fair (later the Charles B. Wang Community Health Center, CBWCHC) in New York titled, "Bringing Health Care to the Community," while the CBWCHC itself published a 40<sup>th</sup> anniversary book, giving first-hand accounts from the Health Fair organizers.<sup>19</sup> However, aside from the two sources on the CBWCHC, there were virtually no other sources detailing the history of health care and healthcare activism in the Manhattan Chinatown community, and certainly none that linked any of these narratives together. There are almost no sources tracking the history of TCM in the Manhattan Chinatown via Kamwo Meridian Herbs, besides Mah's exhibit. I believe that by connecting these three narratives together in my essay, the link between the People's Program at the Lincoln Detox Center, the Charles B. Wang Community Health Center, and Kamwo Meridian Herbs illustrates the transformations of holistic medicine as a term and gives context to the importance of the role that every community plays in reforming healthcare systems.

My essay will be divided into three parts. I will first be giving some historical background to situate the audience into the time period as well as contextualize some topics that are larger than my essay itself. My essay is established at a unique time to be thinking about meritocratically-forged hierarchies, interracial solidarity, pacificism, and how health care fits

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<sup>18</sup> Tamara V. Shelton, *Herbs and Roots* (New Haven: Yale University Press, 2019); *Chinese Medicine in America* (2018), [Exhibition], Museum of Chinese in America, New York, 26 April 2018-16 September 2018; Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco's Chinatown* (Los Angeles: University of California Press, 2001).

<sup>19</sup> Sarah Wiecksel, "Bringing Health Care to the Community," Smithsonian, <https://americanhistory.si.edu/philanthropy/bringing-health-care-community>, (accessed Apr 5, 2022); Dorothy Hoobler and Thomas Hoobler, *From Street Fair to Medical Home* (China: Charles B. Wang Community Health Center, 2011).

into the midst of it all. My first section will be covering the founding of the Young Lords Party in New York, the Lincoln Hospital occupation to protest inadequate health care, and the turn to acupuncture to treat heroin dependencies. I will analyze how healthcare activism, specifically that of non-Western practices, was successful in building a community and resisting oppression from the government. My second section will cover the goals of the 1971 Chinatown Health Fair, the establishment of the Chinatown Health Clinic, and Chinatown attempts to mobilize the Lower East Side community to protest the NYCHHC. This section discusses a different approach to medical oppression and examines why the community may have chosen to establish a Western healthcare clinic to earn state-recognized credibility within the city of New York. I will also be juxtaposing these histories with that of the founding of Kamwo, one of the oldest herbal dispensaries in Manhattan Chinatown, in 1973 to give insight on why Chinatown TCM practitioners might have been left out of the narratives of both the People's Program and the Chinatown Health Clinic. I acknowledge that Kamwo, however, cannot be a totally accurate representation of the entire Chinatown TCM community, but it is one of the only herbal dispensaries to survive until now. The last section investigates the outcomes of both the People's Program and the Health Clinic as they diverge onto different paths and transformations. My conclusion explores the legacies of these three narratives and how they influenced the present-day healthcare system.

## HISTORICAL BACKGROUND

Throughout the fourteenth to seventeenth centuries, TCM made its way to the Western World when European travelers and missionaries would encounter this type of health care on their adventures to the East. During the late eighteenth century, the usage of herbal medicines was widely accepted in the United States because its practice was easy to adapt into the health care of the early settlements. Historian Tamara V. Shelton writes, “Families grew medicinal plants in their gardens, foraged them in the wild, or purchased specimens from ‘root-and-herb doctors,’ men and women who dispensed raw, locally sourced botanical remedies.”<sup>20</sup> The early American settler centered the home as the primary place of medical care, and they could easily incorporate herbology and horticulture as part of their daily lifestyle. In addition, Americans also had experience observing the Indigenous and African usages of medicinal plants as treatments for ailments.<sup>21</sup> The concept of non-European medicine was not novel during the early settlements of the Americas.

The Western hemisphere’s fascination with TCM would soon deteriorate by the early 19<sup>th</sup> century. The British introduction of opium to China along with medical missionary work birthed a desire of Western countries to come to China to trade, civilize, and treat Chinese people using Western means of medical care.<sup>22</sup> Benjamin Hobson, a Protestant medical missionary, recounted medical science in China as “at a low ebb. It does not equal the state of the medical art

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<sup>20</sup> Shelton, 31-32.

<sup>21</sup> Ibid.

<sup>22</sup> Many Western missionaries traveling to China published memoirs on their observations of Chinese medicine, often carrying tones of disdain or contempt, citing violence as a main reason for Chinese people to need native remedies. For a more comprehensive analysis of how these memoirs reinforced Orientalism and imperialism in China, see Shelton, 46-49.

in the time of Hippocrates and Celsus. The knowledge of anatomy and surgery in ancient Greece and Rome was much superior to anything now in India and China.”<sup>23</sup> The framing of Western medicine as superior to Eastern medicine was supported by accounts of European travelers recording instances where Western medicine solved what TCM couldn’t, reifying depictions of Chinese people and TCM as exotic, harmful, and invalidated in the Western scientific community of both Europe and America. With the European medical missionary accounts, the attitudes of America that once based their healthcare system on herbal medicine and other non-Western remedies transformed to find these practices foreign and inferior to Western medicine. Additionally, the formation of the AMA in 1897 created authoritative power for those to define “modern/orthodox” medicine contrasted with the othering of “alternative/traditional medicine.”<sup>24</sup> The oculus of medicinal culture in the world not only shifted towards a more rationalistic approach to medicine, with focus on treating the disease instead of treating the patient, but also garnered a shift to a more dominant Western narrative, inadvertently colonizing the global medical sphere. The late 19th century to early 20th century birthed the formalization of the medical profession and required training. Medical schools emerged near urban hospitals for ease of clinical practice and an abundance of case studies. In addition, the 1910 Flexner Report by Abraham Flexner fueled the professionalization of standard medical school requirements thus exacerbating a pre-existing issue in American medicine: increasing racial disparities in healthcare. In the following years, more than half of the existing medical schools in the country shut down, including five of the seven Black medical schools.<sup>25</sup>

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<sup>23</sup> William Lockhart, *The Medical Missionary in China: A Narrative of Twenty Years' Experience* (London: Hurst and Blackett, 1861), 58-59.

<sup>24</sup> In this sense, Western medicine is defined as more “modern,” or developed, while traditional medicine would mean the opposite—underdeveloped or outdated.

<sup>25</sup> After news of the Flexner Report, various alumni, families of students, and generous philanthropists invested in certain medical schools to supply them with the resources they needed, while other medical schools without powerful connections were left to fund for their own resource improvements, often closing down as a result of not

Around the same time, the Chinese Exclusion Act of 1882 and the 1900 San Francisco bubonic plague epidemic also contributed to anti-Chinese discrimination, linking this medical crisis to further validate the AMA establishment of medical hierarchies as not only meritocratized but also racialized. The San Francisco Board of Health claimed that the plague originated from Chinatown; consequently, medical care by a non-Chinese practitioner was difficult to find for Chinese people due to the practitioner's fear of supposed Chinese disease.<sup>26</sup> In the first few years of the 20<sup>th</sup> century, the Chinese community opened a few new health services in San Francisco. Before the plague, Chinese Americans only relied on Traditional Chinese Medicine with their ailments. In his book, *Contagious Divides*, scholar Nayan Shah explains,

Most Chinese Americans relied upon the services of Chinese herbalists and acupuncture specialists... Most Chinese had little confidence in the health-preserving skills of Western medical practice and considered hospitalization and care by Western-trained physicians to be 'deathbed' care.<sup>27</sup>

However, the realization to integrate Western medicine into the Chinese community was apparent after the plague ended in 1904 along with the 1906 San Francisco earthquake that destroyed the Tung Wah Dispensary, the popular Eastern medicine herbal dispensary established

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meeting the standards. This latter category especially included Black-operated medical institutions catered to Black students and patients. For more information about the impacts of the Flexner Report, see Jesse Wright-Mendoza, "The 1910 Report That Disadvantaged Minority Doctors," JSTOR Daily, <https://daily.jstor.org/the-1910-report-that-unintentionally-disadvantaged-minority-doctors/> (accessed Apr 7, 2022).

<sup>26</sup> For a first-hand account from an official of the San Francisco Citizens' Health Committee, see Frank Morton Todd. *Eradicating plague from San Francisco: report of the Citizens' Health Committee and an account of its work*, (San Francisco, Press of C.A. Murdock & Co., 1909), 30. For more information on the term 'medical scapegoating' and the xenophobia that resulted from the government's poor hygiene regulation, see Joan Trauner, "The Chinese as medical scapegoats in San Francisco, 1870-1905," *California History* 57, no. 1 (1978): 70-87.

<sup>27</sup> Shah, 123.

in 1900. When the Tung Wah Dispensary was rebuilt into the Tung Wah Hospital (also known as the Chinese Hospital) in 1925, only Western healthcare practices were provided.<sup>28</sup>

The same patterns could be seen in the East Coast by the time Chinese immigrants built a community within New York a few decades later. At this point, the Chinese community in America had been spotlighted as diseased foreigners, and with the rise of Maoist Communism in China, the Manhattan Chinatown was far from a community due to outside scrutiny by non-Chinese New Yorkers and the tensions of political factions within the neighborhood.<sup>29</sup> Dr. Thomas Leung, current owner of Kamwo Meridian Herbs, describes the undercurrent of practicing TCM in Chinatown, “[Chinese medicine] had to keep a low profile because there [were] issues with the Western medical establishment. You’re treading on their territory.”<sup>30</sup> The competition for patients in the medical market was almost monopolized by Western institutional medicine, and the language barrier as well as the anti-Communist, anti-Chinese discrimination faced by the Chinese immigrant community made it difficult to be practicing TCM publicly the way Shakur did. As a result, Chinese Americans had to find other means to treat their community—whether it be building their own TCM clinics, turning to study Western medicine to substantiate their credibility, or a bit of both. With the New York urban environment being the hub for social justice movements in the 1960s and 1970s, Chinatown would soon become one of

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<sup>28</sup> Grace Chen, 2021. Power, Politics, and Pluralism in the Establishment of Community-Based Care in San Francisco’s Chinatown, 1850-1925. Bachelor’s thesis, Yale University.

<sup>29</sup> Peter Kwong’s *Chinatown, New York* thoroughly details the political events of China and how they are reflected over in the Chinese diasporic community of New York. His usage of Chinese-language sources fills in the picture on conflicting interests of the Chinese divided into factions and political convictions. Kwong also discusses the additional struggle of the American public blanketing all Chinese people as Communists. For more information on Chinatown’s political arena, see Peter Kwong, *Chinatown, New York: Labor and Politics, 1930-1950* (New York: Monthly Review Press, 1979), 38-39.

<sup>30</sup> Thomas Leung, interview by author, November 19, 2021, New York, NY.

the marginalized groups embroiled in a fight for healthcare justice during the 1970s, along with the Black Panther Party and the Young Lords.<sup>31</sup>

## I. THE PEOPLE’S DRUG PROGRAM AT THE LINCOLN DETOX CENTER

### **Barefoot doctors, Black Panthers, and Brown Tigers**

Established in 1966 to fight for racial and socioeconomic justice for Black and other marginalized groups, the Black Panther Party established “serve-the-people” programs to deliver care to their own communities.<sup>32</sup> By 1970, the founders of the Party, Huey Newton and Bobby Seale, constructed People’s Free Medical Clinics around the nation, bringing accessible and quality health care to those in need. The services offered by these clinics included tuberculosis (TB) and lead screenings, vaccinations, and community health education workshops.<sup>33</sup> In her publication, “No Justice, No Health,” Black Panther Party volunteer and former New York City Commissioner of the New York State Department of Health, Dr. Mary T. Bassett, writes,

In education sessions led by party members, we pre-med students read and heard about the barefoot doctors of China and the heroic sacrifice of Norman Bethune, the Canadian surgeon who served along the Red Army. We learned to critique race science and how the US health care system used poor people as “clinical material” and was too often driven by profit motives. We learned also the humility of knocking on doors and sitting down to talk

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<sup>31</sup> During the 1960s and the 1970s, the Civil Rights Movement played a significant role in resisting racial and socioeconomic oppression and discrimination. The Black Power Movement, specifically, resonated with Asian American struggles with their antiwar protests during the Vietnam War. Prominent groups in the movement, like the Black Panther Party, inspired many other movements during this time, such as those in labor, medicine, and housing. For more information on the link between the Civil Rights Movement and the Vietnam War, see Daniel Lucks, *Selma to Saigon: The Civil Rights Movement and the Vietnam War*, (Kentucky: University Press of Kentucky, 2014).

<sup>32</sup> Alondra Nelson, “Origins of the Black Panther Party Health Activism,” in *Body and Soul: The Black Panther Party and the Fight Against Medical Discrimination*, (Minneapolis: University of Minnesota Press, 2011), 49.

<sup>33</sup> The Dr. Huey P. Newton Foundation, “People’s Free Medical Health Research Clinics,” in *The Black Panther Party: Service to the People Programs*, (Albuquerque: University of New Mexico Press, 2008), 22.

with people in their homes. We learned confidence and pride. Lessons once learned that are hard to lose.<sup>34</sup>

During their workshops, the volunteers learned empowering lessons of health and justice. For examples of bringing health care to the patient, the Panthers drew upon the barefoot doctor system of China during Mao Zedong's Cultural Revolution in 1965, that aimed to make public health care more accessible to patients and aspiring healthcare professionals alike. Mao's program implemented changes such as preventative health services, medical education to the public, and medical assistance in rural parts of China to emphasize the necessity of bringing health care to the patient, a concept adopted by the Black Panther Party's free clinics.<sup>35</sup>

In 1968, the Young Lords emerged in Chicago as a human rights organization. Inspired by the Black Panther Party, the Young Lords built a national grassroots movement aimed to fight for self-liberation for Puerto Rican and similarly colonized communities, eventually making its way to New York City. Originally wanting to be named the "Brown Tigers," Felipe Luciano of the Young Lords in New York recounted his experience with Seale, writing,

Though Bobby Seale smiled at the "Brown Tiger" statement, I felt he wasn't laughing at us, wasn't disrespecting us. "Look, brother. We're catching hell just being the Black Panthers. That image got white folks and the F.B.I. so crazy they're trying to kill us any way they can. And you want to be the "Brown Tigers". They'll take you down before you get a chance to organize properly." And then Bobby hit it right on the head, did a quick political [education] course right there in the garden. "Puerto Ricans don't need to imitate us or anybody else. They need to apply revolutionary principles and socialism to their own community, to their own objective conditions. You have to have faith in your own people, brother, they know what they want, they know what they need."<sup>36</sup>

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<sup>34</sup> Mary T. Bassett, "No Justice, No Health: the Black Panther Party's Fight for Health in Boston and Beyond," *Journal of African American Studies*, no. 23 (November 2019): 352-363.

<sup>35</sup> Youngsub Lee and Hyoungsup Kim, "The Turning Point of China's Rural Public Health during the Cultural Revolution Period: Barefoot Doctors: A Narrative," *Iranian Journal of Public Health* 47, no. 1 (July 2018): 1-8.

<sup>36</sup> Felipe Luciano, "The YLP Could've Been the Brown Tigers-3," *The Lords of East Harlem*, entry posted August 28, 2009, <https://felipeluciano.wordpress.com/2009/08/28/the-ylp-couldve-been-the-brown-tigers-3/> (accessed Feb 15, 2022).

Inspired by Seale's wisdom on how to spark the beginnings of his own liberation movement, Luciano led the Young Lords Party to serve the needs of the predominantly Puerto Rican community of New York.<sup>37</sup> Diving into health activism, the Young Lords issued a Ten-Point Health Program in 1970, demanding not only free health care, but community sovereignty over the administered healthcare, and preventative and rehabilitative care programs addressing the community's socioeconomic obstacles. In the same year, the Young Lords also employed the barefoot doctor ideology of bringing health care to the patient as they worked to "liberate" an x-ray van from the Tuberculosis Association for free TB screenings in East Harlem. In an issue of *Palante*, a bilingual publication by the Young Lords documenting Puerto Rican liberation struggles, the article recounts, "The truck was seized only after members of the YLP had gone to the Tuberculosis Society several times asking them for the use of the truck... By refusing us, they made it clear that they aren't concerned with the health of our people."<sup>38</sup> Frustrated at the Society for not accommodating to the working hours of the neighborhood, the Young Lords seized one of the trucks on its daily route and moved it to East Harlem, the technicians on board willingly joining the journey. With the rebirth of the unit as the "Ramón Emeterio Betances Health Truck," named after a Puerto Rican revolutionary doctor, community activists worked with the technicians to provide screenings to East Harlem. By the time the district health officer, Dr. Thomas Jones, arrived at the scene, he decided that the truck would be allowed to stay in East Harlem in order to "relate to where the community feels they need the service," and the Department of Health would pay for the resources need to keep the truck in operation.<sup>39</sup>

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<sup>37</sup> Donovan, *Dope is Death*, 2020.

<sup>38</sup> Carl Pastor, "TB Truck Liberated," *Palante* 2, no. 6 (July 1970).

<sup>39</sup> Alfonso A. Narvaez, "The Young Lords Seize X-Ray Unit," *New York Times*, June 18, 1970.

# HEALTH REVOLUTIONARY UNITY MOVEMENT

## 10 POINT HEALTH PROGRAM

1. WE WANT COMMUNITY-WORKER CONTROL OF ALL HEALTH SERVICES IN OUR OPPRESSED COMMUNITIES.
2. WE WANT THE RIGHT TO FORM ORGANIZATIONS OF PATIENTS AND WORKERS TO FIGHT FOR IMPROVED WORKING CONDITIONS, BETTER PATIENT CARE, AND TO MAKE HEALTH POLICIES.
3. WE WANT ALL NEW HOSPITALS CURRENTLY UNDER CONSTRUCTION TO BE BUILT IMMEDIATELY TO SERVE THE NEEDS OF OUR OPPRESSED COMMUNITIES.
4. WE WANT FULL EMPLOYMENT AND UPGRADING FOR OUR PEOPLE IN ALL HEALTH FACILITIES, AND OPEN ADMISSIONS TO ALL HEALTH SCIENCE SCHOOLS.
5. WE WANT FREE HEALTH CARE FOR ALL PEOPLE.
6. WE WANT COMMUNITY-RUN HEALTH CLINICS ON EVERY BLOCK TO DEAL WITH MINOR HEALTH PROBLEMS.
7. WE WANT DOOR-TO-DOOR PREVENTIVE CARE TO DEAL WITH SANITATION CONTROL, NUTRITION, DRUG ADDICTION, CHILD DAY CARE, AND SENIOR CITIZEN SERVICES.
8. WE WANT EDUCATIONAL PROGRAMS THAT EXPOSE THE LEADING HEALTH PROBLEMS, SUCH AS UNEMPLOYMENT, POOR HOUSING, RACISM, MALNUTRITION, POLICE BRUTALITY AND ALL OTHER FORMS OF EXPLOITATION.
9. WE WANT COMMUNITY, STUDENTS, UNIONS, AND WORKERS' ORGANIZATIONS TO ACTIVELY SUPPORT AND FIGHT FOR THIS PROGRAMS IN THE INTERESTS OF OUR PEOPLE.
10. THE ROLE OF THE HEALTH REVOLUTIONARY UNITY MOVEMENT IS TO EDUCATE AND UNITE ALL OUR PEOPLE AND TO EXPOSE THE CORRUPT HEALTH SYSTEM THAT KEEPS OUR PEOPLE WEAK AND UNABLE TO FIGHT FOR SELF-DETERMINATION AND COMPLETE LIBERATION.

## PROGRAMA DE SALUD DE 10 PUNTOS

1. QUEREMOS EL CONTROL DE TODOS LOS SERVICIOS DE SALUD EN NUESTRAS COMUNIDADES OPRIMIDAS EN MANOS DE JUNTAS DE TRABAJADORES Y LA COMUNIDAD.
2. QUEREMOS EL DERECHO DE FORMAR ORGANIZACIONES DE PACIENTES Y TRABAJADORES PARA LUCHAR POR MEJORES CONDICIONES DE TRABAJO, MEJOR ATENCION MEDICA, Y PARA DECIDIR NUESTRAS PROPIAS POLITICAS DE SALUD.
3. QUEREMOS QUE TODOS LOS HOSPITALES NUEVOS Y EN CONSTRUCCION SEAN EDIFICADOS INMEDIATAMENTE PARA SERVIR LAS NECESIDADES DE NUESTRAS COMUNIDADES OPRIMIDAS.
4. QUEREMOS EMPLEO TOTAL Y POSIBILIDADES DE ADELANTO PARA NUESTRA GENTE EN TODOS LOS SERVICIOS DE SALUD Y ADMISION ABIERTA PARA TODAS LAS ESCUELAS DE SALUD.
5. QUEREMOS ATENCION MEDICA GRATUITA PARA TODA GENTE.
6. QUEREMOS CLINICAS DE SALUD DIRIGIDAS POR LA COMUNIDAD PARA TRATAR LOS PROBLEMAS MENORES DE SALUD.
7. QUEREMOS ATENCION MEDICA PREVENTIVA A DOMICILIO PARA TRATAR CON EL CONTROL DE SANIDAD, NUTRICION, ADICCION A LAS DROGAS, Y QUEREMOS CENTROS DE CUIDADO PARA LOS NIÑOS Y SERVICIOS PARA LOS ANCIANOS.
8. QUEREMOS PROGRAMAS DE EDUCACION QUE EXPONGAN LOS PROBLEMAS DE SALUD MAS IMPORTANTES TALES COMO DESEMPLEO, LA VIVIENDA DE MALA CALIDAD, EL RACISMO, LA DISNUTRICION, LA BRUTALIDAD POLICIA Y CUALQUIER OTRA FORMA DE EXPLOTACION.
9. QUEREMOS QUE LA COMUNIDAD, LOS ESTUDIANTES, LAS ORGANIZACIONES Y UNIONES DE TRABAJADORES, NOS APOYEN ACTIVAMENTE Y LUCHEN POR ESTE PROGRAMA DE INTRES AL PUEBLO.
10. EL OBJETIVO DE H.R.U.M. ES UNIR Y EDUCAR A NUESTRA GENTE. QUEREMOS DESENMASCARAR LA CORRUPCION DE UN SISTEMA DE SALUD QUE MANTIENE A NUESTRA GENTE ENFERMA Y SIN CAPACIDAD DE LUCHAR POR NUESTRA AUTODETERMINACION Y LIBERACION COMPLETA.

Figure 1. A print of the Young Lords' 10-Point Health Program in English and Spanish. Each rule covers the socioeconomic, health, labor, and housing needs for the South Bronx community. Print from Caring Labor Archive: <https://caringlabor.wordpress.com/2010/12/04/the-young-lords-reader-health-and-hospitals/>, 1970.



Figure 2. A photo of the Young Lords “liberating” the Ramón Betances Health Truck, a Puerto Rican flag on top of the truck symbolizing freedom and liberation. The Young Lords called both the press as well as the police before the truck’s liberation in order to gain media attention and political leverage, making a statement about the empowerment of bringing health care to the community. Photographed by Hiram Maristany courtesy of the Museum of the City of New York: <https://www.mcny.org/story/peoples-health-lessons-young-lords-todays-new-york>, 1970.

## Those who tame the horse are zealots, apparently

In the 1960s, New York was in the middle of facing a rising heroin epidemic. Disproportionately affecting urban Black communities in New York starting in the 1940s,<sup>40</sup> the opioid crisis had a long history of plaguing urban communities and the people who could only afford to live in them. In his acclaimed autobiography, *Manchild in the Promised Land*, Black author Claude Brown recounts how heroin—the “horse”—affected those around him growing up in the early 1950s, stating, “Horse was a new thing, not only in our neighborhood but in Brooklyn, the Bronx, and everyplace I went, uptown and downtown. It was like horse had just taken over. Everybody was talking about it.”<sup>41</sup> By 1960, more than 6 percent of deaths of Black males in New York would be narcotic-related, making Black males the most heavily impacted of both race and gender categories by heroin dependencies.<sup>42</sup> By 1970, a study performed by doctors at the Columbia University School of Social Work would show that Puerto Ricans in New York would be found to have the highest rate of narcotic dependency, with 21% of Puerto Ricans reporting relatives who have used heroin, compared to other racial groups like “Other Blacks” (14%) or “White” (8%).<sup>43</sup>

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<sup>40</sup> David T. Courtwright, “A Century of American Narcotic Policy,” *Treating Drug Problems* 2, (1992): 17, <https://www.ncbi.nlm.nih.gov/books/NBK234755/> (accessed Feb 9, 2022).

<sup>41</sup> Claude Brown, *Manchild in the Promised Land* (New York: Simon & Shuster Inc., 1999), 99.

<sup>42</sup> Milton Helpen and Yong-Myun Rho, “Deaths and Narcotism in New York City Incidence, Circumstances, and Postmortem Findings,” *International Journal of the Addictions* 2, no. 1 (July 2009): 53-84.

<sup>43</sup> While this percentage is higher than the percentage of other racial groups who claim to have relatives who have used heroin, the number is probably higher, considering the way that Puerto Ricans identified themselves during the decade. Although most Puerto Ricans would identify themselves as Puerto Rican, some might have identified more with the new pan-ethnic terms of “Hispanic,” “Latino,” or consider themselves “Black” due to their Afro-Latinx background. Due to these complex intersectional backgrounds, the four categories used by the study: “Puerto Rican,” “British West Indian,” “Other Blacks,” and “White,” may not have been accurate categories to encapsulate all of the evolving identities of Black and Brown New Yorkers at the time. For more information on the high percentage of the Latinx community using heroin, see Irving K. Lukoff, Debra Quatrone, and Alice Sardell, “Some Aspects of the Epidemiology of Heroin Use in a Ghetto Community: A Preliminary Report,” United States Department of Justice, <https://www.ojp.gov/pdffiles1/Digitization/148770NCJRS.pdf>, 1972, (accessed Apr 11, 2022); Daniel Rosenblum, et al., “Urban segregation and the US heroin market: A quantitative model of anthropological hypotheses from an inner-city drug market,” *International Journal on Drug Policy* 25, no. 3

The multifaceted conversation on heroin dependency reached the New York public by the end of the decade. In 1969, New York Mayor John V. Lindsay was up for reelection, promoting a new methadone treatment program operated by the New York Health Department to address the rising heroin epidemic for popularity points.<sup>44</sup> Lindsay's attempt to rehabilitate affected communities was met with sharp criticism; as Marion Sanders, a *Harper's Magazine* journalist put it, "Treating addicts is heart-and-back-breaking and generally unprofitable work. It is a task for zealots."<sup>45</sup> Sanders' article, "Addicts and Zealots: The War Against Drug Abuse" was but one of many insinuating the predominantly affected communities of people who use heroin in New York were Black and Puerto Rican, crafting racialized depictions of communities and drug dependencies.<sup>46</sup> Despite her claims, however, Sanders believed in the potential of methadone treatment for narcotic users—and apparently, so did the voters of New York, as Lindsay won the 1969 mayoral reelection.

The South Bronx was one of the many New York communities affected by the heroin crisis. By the 1970s, the community had become overwhelmingly Black and Puerto Rican, as white New Yorkers left for the suburbs. Riddled with housing crises and unemployment, the South Bronx community was faced with poverty and urban decay.<sup>47</sup> These troubles led to the

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(January 2013): 543-555. For more information on the classification of Latinx identities, see G. Christina Mora, "Introduction: Making Hispanics: Classification and the Politics of Ambiguity," *Making Hispanics: How Activists, Bureaucrats, and Media Constructed a New America* (Chicago: University of Chicago Press), 2014.

<sup>44</sup> Thomas J. Maier, "N.Y. Uses Methadone as Way Off Needle," *Los Angeles Times*, December 17, 1989.

<sup>45</sup> Marion K. Sanders, "Addicts and Zealots: The War Against Drug Abuse," *Harper's*, June 1, 1970.

<sup>46</sup> For a more nuanced summary of how misleading media and statistics led to the stereotyping of the urban Black community as primarily drug addicts, see Courtwright, 17-22.

<sup>47</sup> There were many factors, like the post-World War II era or the migration of white ethnics to the suburbs, as to why the South Bronx became overpopulated while business disinvested in the neighborhood, causing a lack of jobs. For more information on the effects of migrations of ethnic groups on socioeconomic status of the South Bronx

heroin market finding its way into the community, for many, becoming an escape as well as income to alleviate the burden of the rest of issues plaguing the South Bronx.<sup>48</sup> The South Bronx community would also see a rise in health crises—as drug dependencies, lead poisoning, and TB rates all increased over the years. However, the public hospital treating the South Bronx, named the Lincoln Hospital, never seemed to have sufficient funds to alleviate these issues of the community. Established in 1882 as a private institution, the Lincoln Hospital was aptly named, “The Colored Home and Hospital,” emphasizing individual care for the “colored” in the community.<sup>49</sup> In 1925, however, the Hospital no longer had the funds to meet the demands of the growing South Bronx community, and the Lincoln Hospital was sold by its board of trustees to the Department of Public Welfare of the City of New York.<sup>50</sup> While there is not much information on why philanthropists started pulling out from funding the Lincoln in 1925, reports on the condition of the Hospital in 1925 suggest that the Hospital had been steadily declining for years before it was sold. In a 1925 *New York Times* article, Dr. McGrath, President of the Board of Trustees of Bellevue Hospital, a public hospital in Manhattan, stated that the building was “obsolete, dilapidated, and little better than fire traps.”<sup>51</sup> In the following decades, the private-

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neighborhood, see Evelyn Gonzalez, “The South Bronx” in *Bronx: A History* (New York: Columbia University Press), 2004.

<sup>48</sup> “The Setting for the Crack Era” details the social link between poverty and drug usages and sales. To examine how the economy impacts socioeconomically disadvantaged, and often, minority, communities, see Eloise Dunlap and Bruce D. Johnson, “The Setting for the Crack Era: Macro Forces, Micro Consequences (1960-1992),” *Journal of Psychoactive Drugs* 24, no. 4 (October 1992): 307-321.

<sup>49</sup> “A Bronx Legacy,” NYC Health and Hospitals, <https://www.nychealthandhospitals.org/lincoln/about-lincoln-hospital/history/> (accessed Feb 9, 2022).

<sup>50</sup> Lincoln Medical Center, *Lincoln Medical Center and Mental Health Center: Psychology Internship Program*, (New York, Lincoln Medical Center, 2017), 4.

<sup>51</sup> “The Mayor Shifts on Hospital Plan,” *New York Times*, May 26, 1925. Although there were more negative reports like McGrath’s, like the Ethel Johns Report of 1925 that documented the working environments of Black nurses in the Lincoln Hospital, the *New York Times* claimed McGrath’s report was the only report read by then-Mayor John Hylan, suggesting Hylan’s intentions for justification of shutting down the Hospital. For an analysis of Johns’ report and its effect on Black nurses, see Ashley Graham-Perel, 2021. *Color Me Capable: The Rise of African-American Nurse Faculty at Lincoln School for Nurses, 1898 to 1961*. Doctoral thesis, Columbia University. For Hylan’s statement, see “Lincoln Hospital Will Close Dec. 31; Financial Difficulties and Failure of City to Take It Over Forces Action. Opened 80 Years Ago, Mrs. Thorne Says Adverse Report of Dr. McGrath Was the Only One Read by the Mayor.,” *New York Times*, May 1, 1925.

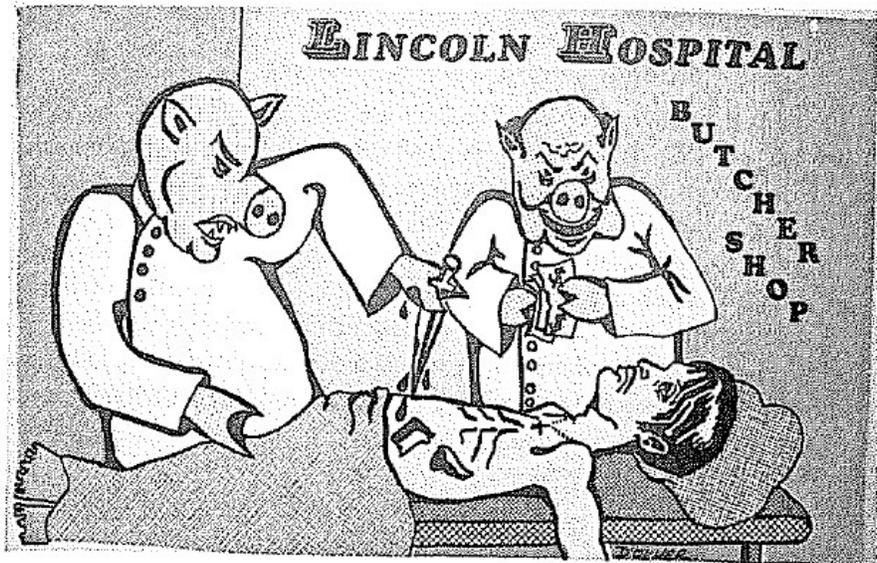
institution-turned-public-hospital would deal with staffing difficulties due to World War II efforts in the 1940s, Black and Puerto Rican influxes in the South Bronx community in the 1950s and 1960s, and the dissatisfaction of Lincoln Hospital care by the patients by the end of the 1969.<sup>52</sup>

Among those discontented with the Lincoln Hospital system were the Young Lords, who claimed that the Hospital was killing their patients through negligence and malpractice. Gloria Cruz, the health lieutenant for the Young Lords, described in a 1970 interview with the *New York Times* the nickname for the Hospital that would later catch on, “Lincoln Hospital is only [a] butcher shop that kills patients and frustrates workers from serving these patients.”<sup>53</sup> The Young Lords concluded that the Lincoln Hospital was no longer serving the community it had once promised to serve. Political cartoons like the one published in *Palante* (Fig. 3), a Young Lords publication, served to heighten tensions between the community and the hospital.

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<sup>52</sup> For physician outflow to Armed Forces during World War II, see Lincoln Medical Center, *Lincoln Medical Center and Mental Health Center* (2017), 4. For Black and Puerto Rican influxes into the South Bronx, see Gonzalez, 2014.

<sup>53</sup> Alfonso A. Narvaez, “Young Lords Seize Lincoln Hospital Building,” *New York Times*, July 15, 1970.



From the newspaper *Palante*, 17 July 1970, volume 2, number 7.

Figure 3. A political cartoon depicting the reverse role of activities in a butcher shop—pigs in white coats counting money and stabbing a patient, illustrating Cruz’s comment on Lincoln existing under a capitalist system. Cartoon from Caring Labor Archive, <https://caringlabor.wordpress.com/2010/12/04/the-young-lords-reader-health-and-hospitals/>, 1970.

In 1970, the Young Lords and the Black Panther Party worked with the Health Revolutionary Unity Movement (HRUM), a coalition of Black and Puerto Rican hospital workers, to occupy the Lincoln Hospital in a nonviolent protest. This was not the first time that the two activist groups worked with each other. The two groups had a lot of intersectional focuses, and healthcare autonomy was one of them.<sup>54</sup> The goal of the occupation was to demand their 10-Point Health Program be met along with the establishment of an inpatient opioid treatment program. After negotiating with hospital administration, the twelve-hour occupation was over, but further meetings would need to be held to come an agreement.<sup>55</sup> By November, The People’s Drug Program at the Lincoln Hospital, also known as the Lincoln Detox Center,

<sup>54</sup> Cleo Silvers, a former Black Panther volunteer and Young Lords member, recalls the workings between both groups, with the Black Panthers assisting the Young Lords in developing organizing strategies. For the intersectional history between the Young Lords and the Black Panther Party, see Cleo Silvers, interview by Alondra Nelson, October 2016, transcript, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5024401/pdf/AJPH.2016.303407.pdf>, (accessed Apr 11, 2022).

<sup>55</sup> *Ibid.*

was established. The People's Program would be funded by the City's Addiction Services Agency (ASA), who were already planning on providing funds to the Hospital for a drug program. With the Program run entirely by volunteers working closely with hospital staff, the People's Program was ready to open.

The Young Lords and the Black Panthers worked to detoxify their communities by confiscating heroin and treating addicted individuals. In the beginnings of the People's Program, the Hospital would administer methadone to community healthcare staff to use as treatment for patients, given its popularity in New York. Using methadone as a substitute would ease the withdrawal symptoms of patients addicted to heroin. Like many other opioid drugs, however, the South Bronx community became increasingly concerned on whether introducing methadone to patients prone to substance dependency would effectively just swap the community's heroin dependency to methadone dependency. Termed "orange handcuffs" due to the popular method of mixing methadone with orange juice, people claimed that methadone was the "whitey's tool" to control "third world peoples," and the withdrawals from this drug were far worse than that of heroin itself.<sup>56</sup>

The opposition to methadone as a viable treatment also stemmed from the Black and Brown communities' distrust of large private and state institutional systems. A prominent member of the Black Panther Party, Lumumba Shakur, commented,

What they do, when the police make a big narcotic raid and he gets, like, a kilo of heroin, he would turn in a pound of it, and then put the other pound that's left back in the

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<sup>56</sup> For first-hand accounts on why PWUID did not want to get on a methadone program, see Peter McCabe, "School Days: Shooting in the Bathroom, Nodding in the Classroom," *Rolling Stone*, February 18, 1971, <https://www.rollingstone.com/culture/culture-news/school-days-shooting-in-the-bathroom-nodding-in-the-classroom-186997/> (accessed Feb 15, 2022); Eric C. Schnieder, *Smack: Heroin and the American City* (Philadelphia: University of Pennsylvania Press, 2008): 170.

community and let somebody sell it for him. And they're selling heroin for the police. That's why, when we confiscated the heroin last Friday, somebody from the Post and other news media said that we should've took that kilo of heroin and gave it to the police. If we would've gave it to the police at 3 o'clock, at 9 o'clock it would've been back in Harlem.<sup>57</sup>

While there is little to no evidence for Shakur's claim, ample evidence supports claims of widespread corruption in the New York Police Department (NYPD) in the 1970s.<sup>58</sup> Coupled with concerns around Lincoln Hospital's treatment of their patients, the Bronx community could not trust anybody but themselves, reasoning that, "the system is keeping you down by making sure you stay addicted, and you don't stand up and fight against all the exploitation... because you're over here nodding out."<sup>59</sup> With both the cause and the solution being administered by dishonest and apathetic institutions, the search for a new treatment option to heal their own communities was under way.

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<sup>57</sup> Donovan, *Dope is Death*, 2020.

<sup>58</sup> For more information on how the NYPD police officers would take bribes, commit fraud, and shake down drug dealers for money, see "Knapp Commission Report on Police Corruption," U.S. Department of Justice, Office of Justice Programs, 1973.

<sup>59</sup> Donovan, *Dope is Death*, 2020.



Figure 4. A cover of an educational pamphlet on the social and political effects of heroin written by Michael “Cetewayo” Taylor. “Capitalism plus dope equals genocide” was a common motto used to catch the attention of community members. Pamphlet from *Freedom Archives*, [https://freedomarchives.org/Documents/Finder/DOC513\\_scans/Michael\\_Cetewayo\\_Tabor/513.Michael.Tabor.Capitalism.Dope.Genocide.pdf](https://freedomarchives.org/Documents/Finder/DOC513_scans/Michael_Cetewayo_Tabor/513.Michael.Tabor.Capitalism.Dope.Genocide.pdf), 1969.

### A needle for a needle (and then some)

In the early 1970s, the Program was already a bustling center for both revolutionary political education and community healing. The Program served as a budding point for more community groups in addition to the Young Lords and Black Panthers, such as the White Lightening, a Bronx-based multiethnic community organization made up of PWHUID. Together, volunteers from these organizations ran the People's Program's political education (PE) programs. The PE classes were a vital component to teaching their patients about the social, political, and medical analysis of the drug crisis in the Bronx.<sup>60</sup> Walter Bosque, a former Young Lords member and People's Program counselor, explains, "The patients are, unfortunately, thinking that they're the problem, that they're the misfits. They don't realize that the society is corrupt."<sup>61</sup> Patients who came to get treated ended up staying to learn about social movements and politics. Eventually, they also started learning about acupuncture and preventative care. Reminiscent of the passing down of TCM in ancient Chinese years, Shakur might have learned his acupuncture from white Western-trained doctors at the hospital who openly supported the treatment, like Drs. Richard Taft and Michael Smith. He would then train other community members in acupuncture, who would then, in turn, train more interested volunteers.<sup>62</sup>

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<sup>60</sup> Ibid.

<sup>61</sup> Valeria Ricciculli, "How the Young Lords Brought the Revolution to Drug Treatment," *Curbed*, October, 25, 2021, <https://www.curbed.com/2021/10/young-lords-acupuncture-detox-bronx-lincoln-hospital.html>, (accessed Apr 11, 2022).

<sup>62</sup> There is little known about how Shakur learned his acupuncture in the time between his introduction to the modality back in 1970 to when he became officially licensed to practice in the state of California in 1976. In *Days of Rage: America's Radical Underground, the FBI, and the Forgotten Age of Revolutionary Violence*, author Bryan Burrough contends that it was Dr. Richard Taft who brought acupuncture to the clinic, and Mutulu Shakur trained under him; however, there are no other sources that can be found on this point. Shakur may most likely have learned from a combination of sources, considering his close relationship Taft as well as his encounter with the I Wor Kuen in Chinatown years prior. The lack of information might be attributed to Taft's early death or the unwillingness of Chinatown acupuncturists to be spotlighted, as mentioned before by Dr. T. Leung. For Burrough's analysis on the Lincoln Detox story, see Bryan Burrough, *Days of Rage: America's Radical Underground, the FBI, and the Forgotten Age of Revolutionary Violence* (New York: Penguin Books, 2015), 452.

At first, when Shakur introduced acupuncture as a new way of treatment to the People's Program in the 1970s, patients feared the thought of acupuncture as treatment—tiny needles going into the ear seemed painful and foreign. Shakur understood this, and he eased them in with acupressure, strategic massaging that puts pressure on specific points on the body without puncturing. When patients came into the clinic, the volunteers massaged their arms, feet, and ears with “a lot of love, a lot of commitment,” emphasizing the necessity of treating patients with care.<sup>63</sup> Consequently, the patients kept coming back to the clinic, serving as a stark contrast to the medical mistrust exhibited in the community earlier in the decade. In a 2017 interview, Shakur explains the patient's perspective of fear in Western institutionalized healthcare providers,

[Acupuncture] was non-chemical and that the practitioners didn't wear traditional white coats. The 'white coats' have always been intimidating to the oppressed community... the disrespect, the indifference and the failure to provide information necessary to make meaningful decisions is associated with the historical arrogance of the status of 'white coats' in treating us as guinea pigs for their drugs, therapies, research and experiments.<sup>64</sup>

In this case, the regal white lab coat, taken to symbolize purity and professionalism in the medical field, symbolized sterility and the correctness of whiteness. The white coats for Shakur and many other underprivileged communities objectified their existence and turned these communities into a vat of test subjects rather than patients.<sup>65</sup> The Program's usage of

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<sup>63</sup> Donovan, *Dope is Death*, 2020.

<sup>64</sup> Shakur, interview, 2017.

<sup>65</sup> Distrust in American institutional medicine during the 1970s was high amongst minority communities, especially Black and African American communities, after the Cold War brought threats of biological warfare and experimental testing as well as the exposure of the Tuskegee Syphilis Experiment, a study funded by the United States Public Health Service and Centers for Disease Control and Prevention that misled and denied treatment to their participants with syphilis, who were all Black males. While there is debate about whether the growth of medical mistrust comes as a direct result of these events, levels of mistrust in minority communities were still very high. For the medical mistrust in scientific research and health care as a result of the Tuskegee Syphilis Experiment, see Dwayne T. Brandon, Lydia A. Isaac, and Thomas A. LaVeist, “The Legacy of Tuskegee and Trust in Medical Care: Is Tuskegee Responsible for Race Differences in Mistrust of Medical Care?,” *Journal of the National Medical*

acupuncture as treatment reified their commitment to building trust and healing within the Bronx community, a rejection of the complicit role that methadone had on keeping the community addicted.

Where methadone treatment would only ease addicted patients off heroin, it didn't solve the problem of drug addiction in the Bronx. The practice of holistic medicine, one that treated the social, physical, and mental states of each patient, was able to not only detoxify patients but also empower them to learn how to take care of themselves and their community while fighting for self-autonomy and institutional change. Analyzing the basis of failures in the healthcare system, the Young Lords and Black Panthers created a program that addressed the distrust in hospital staff by having culturally competent volunteers who understood the needs of their own community, the distrust in the hospital's beneficiaries by creating educational programs for knowledge production about discourses surrounding capitalism, politics, and authority, and finally, the distrust in the therapies of treatment by replacing the original method of treatment, methadone with acupuncture, a non-Western, non-chemical therapy that the community trusted.

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*Association* 97, no. 7 (July 2005): 951-956; Darcell P. Scharff, et al., "More Than Tuskegee: Understanding Mistrust about Research Participation," *Journal of Health Care for the Poor and Underserved* 21, no. 3 (August 2010): 879-897.

## II. THE CHINATOWN HEALTH CLINIC

### Bring the examining room to the community

When Regina Lee was eight years old, her family moved to Lower East Side Manhattan, home of the primarily Cantonese-speaking Chinatown in 1959. Her mother, a medical school graduate in China, settled in the community to open a candy store after not being able to obtain a license in America. Her father, an American-educated insurance agent, worked for the New York Life Insurance Company. Despite the level of education of both her parents, Lee struggled to find accessible healthcare resources that were affordable and accessible for her parents to understand. Lee recalls,

I remember growing up as a kid there were very few healthcare resources, just a handful of doctors. If you needed health care, there was just a handful of people that you could go to. I had a sense that that was an issue. I remember I needed dental care, affordable dental care. I couldn't get dental care in Chinatown. My parents found out about a free dental clinic uptown. I think it was 79<sup>th</sup> Street or 84<sup>th</sup> Street or something. They took us. It took a whole day and I remember being really nervous. I was already nervous about seeing a dentist, and it was a big clinic. It didn't feel comfortable. You have to wait in line and wait a lot of hours in order for a dentist to examine you. Nobody explained anything. I just remember being really scared as a kid.<sup>66</sup>

By this time, Lee was growing up during the height of another immigration wave into the Manhattan Chinatown, caused by the US Immigration Act of 1965, which increased the number of immigrants from the Eastern sphere allowed in the United States.<sup>67</sup> The influx of Chinese immigrants came with a governmental push for a nuclear family plan, turning Chinatown into a

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<sup>66</sup> Regina Lee, interview by Amanda B. Moniz, September 28, 2018, transcript, Bringing Healthcare to the Community, The Philanthropy Initiative at the National Museum of American History, New York, NY, 10.

<sup>67</sup> D.Y. Yuan, "Social Consequences of Recent Changes in Demographic Structure of New York Chinatown," *Phylon* 35, no. 2 (2<sup>nd</sup> Qtr., 1974): 156-164.

community-based neighborhood.<sup>68</sup> Although the census reported 15,000 people living in Chinatown, Lee recalls the unofficial estimate being around 50,000.<sup>69</sup> Regardless of the large number of Chinese immigrants, health care was still not made readily accessible to the population. Even after venturing out of Chinatown, there were long wait lines, language barriers, and a complete lack of communication about an individual's own health that stood as obstacles for Lee to obtain dental care.

Over the years, the new organizations formed to help the Chinatown community. The Chinatown Planning Council (CPC) established in 1965 provided social services, while the Asian Americans for Action (AAA) established in 1969 organized anti-war and anti-imperialist protests. The presence of these new organizations challenged the workings of the previously established Chinese Consolidated Benevolent Association (CCBA), founded in 1884 to serve the needs of and unite the Chinatown community, as the new generation of Chinatown youth deemed the CCBA too docile to attract any attention to the specific needs of Chinatown.<sup>70</sup> Thus, the generational tensions between the social-conscious youth and the traditional elder members of the Chinatown community materialized due to differing strategies of social reform. The younger organizations were inspired by both Black Panther activism and Mao's revolution in the

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<sup>68</sup> In the years leading up to the 1970s, the Manhattan Chinatown was considered a dangerous place to be in New York due to the revived presence of gangs, or "tongs", formed by political factions and organizations that often disagreed with each other. While tongs never really disappeared from Chinatowns across the nation, the gender imbalance evened out by the new immigrant wave added an additional complexity to the Chinatown narrative because nuclear families were emerging at the same time tongs were being revived. For more information on the trends of triad presence in the Manhattan Chinatown, see Jan Lin, "From Bachelor Society to Immigrant Enclave," in *Reconstructing Chinatown: Ethnic Enclave, Global Change* (University of Minnesota Press, 1998), 23-56.

<sup>69</sup> Census data around this time was inaccurate, as many new immigrants didn't understand the purpose of the census or didn't want to bother filling it out. For estimated numbers from Regina Lee, see Moniz, Regina Lee, 2018.

<sup>70</sup> It is important to note that the CCBA was an important organization in determining their own political convictions as representative of that of the entire Chinatown. CCBA worked with the Kuomintang (KMT) to destroy any politically leftist groups in Chinatown and establish the community as anti-Communist. For more information on the tactics of the CCBA and KMT in claiming Chinatown as conservative, see Kwong, 1979. For the youth's opinions on the CCBA, see Hoobler, 10.

People's Republic of China (PRC), a sentiment that wasn't as popular among the less-radical, older generations.<sup>71</sup> Although this clash made it difficult to work together on issues of the Chinatown community, it was not all that volatile when issues to healthcare access came up in 1971.

Inspired by her father, the insurance-agent-activist Man Bun "MB" Lee, and his dedication to social reform for the Chinatown community as one of the leaders of the CCBA, Lee decided she would go into community organizing as well. By the time Lee was an undergraduate at New York University in 1971, she met Dr. Thomas Tam, a community health organizer for the Lower East Side community. Tam was already in the midst of working on a health fair, inspired by the Black Panther Party's concept of health politics.<sup>72</sup> Frustrated with the lack of attention to the multitude of issues in accessible health care for Chinese Americans, Tam worked with other Chinatown community organizers in CPC to envision a health fair that was both able to serve the people and gather much-needed data on the community to highlight the most pressing problems plaguing the neighborhood:

The health fair had three purposes: 1) to perform screening tests for major and common diseases and conditions, 2) to raise community awareness of minority employment issues at the new Gouverneur Hospital being built east of Chinatown, and 3) to educate people about proper health care and disease prevention. To gain as much support as possible, the organizers declared that the primary reason for the fair was to "bring the examining room to the community."<sup>73</sup>

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<sup>71</sup> There are many different narratives that delve into the feelings the Chinese diaspora harbors towards China, or even, the Chinese Communist Party. For some of the Chinese diasporic generation who have lived through Mao Zedong's Great Leap Forward (1958-1962) and/or Cultural Revolution (1966-1976) and fled to pro-democracy countries, their anti-Leftist opinions could be anchored in the memory of political violence and persecution during these movements that the younger generation celebrates as anti-imperialist. For others who came to America during the height of the Red Scare and anti-Communist discrimination, their political perspective could have been silenced out of fear for being ostracized by the US. Lastly, some immigrants didn't have time to learn about different political praxes as they had businesses to take care of. For background on the political scene of the previous generation compared to the political scene that this generation grew up with, see Kwong, 1979.

<sup>72</sup> Hoobler, 16.

<sup>73</sup> Hoobler, 14.

Although this idea is reminiscent to the Maoist barefoot doctor ideology of bringing healthcare to the patient, there was not much opposition to the idea of free and accessible quality health care in the Chinatown community. The CCBA originally refused to support the “radical” organizers, but, with some help from MB Lee, the senior members finally came around. The fair garnered a lot of attention and student volunteers, with Regina Lee being one of them.

On July 31, 1971, the Chinatown Health Fair opened to the public with music and lion dancing. Two mobile health units were provided, one on behalf of the New York City Department of Health and the other from Paul Ramos of the Lower East Side Betances Health Center<sup>74</sup> (not to be confused with the Ramón Betances Health truck the Young Lords Party took a few years earlier). Both were obtained through connections Tam had through the Lower East Side Neighborhood Health Council.<sup>75</sup> The fight for healthcare justice in the Chinatown community evidently went a lot smoother than when it first started in the Bronx and Harlem communities a year before, a telling sign that progress was being made in New York.

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<sup>74</sup> Ramos and Tam met as both being part of the Lower East Side Neighborhood Health Council. Betances Health Center primarily provided health services to the Puerto-Rican community in the Lower East Side. For more information on the history of the Betances Health Center, see “We Started on Wheels,” Betances Health Center, <https://www.betances.org/history> (accessed Mar 3, 2022).

<sup>75</sup> Hoobler, 20.



Figure 5. A photo of one of the booths at the 1971 Chinatown Health Fair. Each booth's resources were written in both English and Chinese. The small "examination rooms" behind the booth made it possible for privacy and communication, instrumental to building trust with the patients who visited. Photo from the Charles B. Wang Community Health Center, 1971.

UNITE TO FIGHT  
FOR OUR RIGHTS

華埠街坊節

CHINATOWN  
STREET FAIR

July 28 to Aug 5  
Mott street  
& Pell Street

- Health
- Education
- Housing
- Legal education
- Elderly

BOOTHES WILL BE SET UP IN THE STREETS  
TO PROVIDE SERVICES FOR THE CHINATOWN  
COMMUNITY. WE NEED YOUR PARTICIPATION  
SUGGESTIONS AND RECOMMENDATIONS.  
FOR INFORMATION, PLEASE CONTACT  
CHINATOWN STREET FAIR COMMITTEE  
ADDRESS: 22 CATHERINE ST. 2ND FL.  
TELEPHONE: 732-9645

發揚三互 爭取五權

三互：  
互相關懷  
互相幫助  
互相愛護

五權：  
病人權利  
教育權利  
法律權利  
住家權利  
老人權利

舉辦露天展覽會 為華埠街坊服務

包括：  
房屋問題 健康問題 法律問題  
教育問題 老人問題

地點：勿街及披露街

日期：一九七三年七月廿八日至八月五日  
下午二時至八時舉行

華埠問題是人人關心的問題  
一切有關問題 請打電話 732-9645  
或親臨 22 CATHERINE ST. 2ND FL. 詢問詳情

歡迎各位僑胞踴躍參加 發表意見  
華埠街坊節籌備委員會

Figure 6. A flyer used to advertise the 1971 Chinatown Health Fair. The use of bilingual language on the flyer as well as the inclusion of education, housing, and legal education I think you want to put this in the body that the fair also encompassed these other needs and saw healthcare as part of broader advocacy work. So put it in that context and not just separate out as medical justice alone. Emphasizes the recognition of a necessity for language accessibility and attention to socioeconomic factors as determinants of health. Flyer from the Charles B. Wang Community Health Center, 1971.

The health fair set up for many tests and screenings to be available, with volunteers being trained by experienced medical personnel:

Volunteers took people's blood pressure, gave Tine tests for tuberculosis, collected urine samples, and pricked fingers to take blood samples that were sent to Bellevue Hospital to check for diabetes, high lead levels in children, and other conditions.<sup>76</sup>

They also translated and disseminated Chinese language health pamphlets and educated young people in healthcare professions. A few days into the fair, Tam invited the New York City Health and Hospitals Corporation (NYCHHC) president, Dr. Joseph English to the Chinatown Health Fair. English, greeted by many Chinatown residents demanding for more Chinese speakers to be hired at Gouverneur, was the object of what Tam would later call, "a mini-demonstration." He writes, "[The residents speaking to Dr. English in Chinese] was exactly the point of the mini-demonstration. Nobody in the hospitals understands what the Chinese patients are saying. That is why Chinatown has such a health crisis."<sup>77</sup> While English promised to discuss more with the organizers, no progress had been made by the end of the fair.

### **We want a healthy Chinatown**

When the 1971 Chinatown Health Fair was over, many student volunteers went back to school, leaving Tam and the other organizers to figure out the next step in pushing the NYCHHC for a response. In an unexpected turn of events, Tam would find his next group of activists in the senior citizens of the Golden Age Club at the Hamilton-Madison House. Established twenty years earlier, the Golden Age Club was the first Chinese-serving program at the Hamilton-Madison House, a Lower East Side nonprofit providing immigrant resources such as childcare

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<sup>76</sup> Ibid.

<sup>77</sup> Hoobler, 22-23.

and community services.<sup>78</sup> The Chinese elderly were more than happy to discuss the medical mistreatment they received in city hospitals. Similar to what Lee experienced back at the dental office, elder patients were terrified by the unfamiliarity of the hospital setting. The senior citizens recounted, “The doctors take blood... but did not explain why.” When there was no one they could spot that looked like they would speak Chinese, they would leave out of fear.<sup>79</sup> The frustration due to the lack of attention healthcare personnel paid to the Chinese elderly community was mirrored in the demonstration at NYCHHC headquarters on November 17, 1971. The Golden Age Club, joined by both the Black and Puerto Rican communities of the Lower East Side, marched to the NYCHHC headquarters to demand answers.<sup>80</sup> This protest serves as another example of the intersectionality of the fight for healthcare justice. Just as the Black Panthers assisted the Young Lords on organizing the Lincoln occupation, Black and Puerto Rican protesters joined the Chinatown community in their demonstration—a recognition that if the Chinatown community could score a victory against the NYCHHC, then it was a victory for the entire Lower East Side community. By the end of the protest, the Lower East Side community was promised more Chinese-speaking personnel—and power to recruit them.<sup>81</sup> Tam and Ramos were also hired as patient advocates, and Gouverneur Hospital would see more culturally competent staff by the time it opened.

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<sup>78</sup> The Hamilton-Madison House was also a prominent supporter of the Chinatown Health Fair, later becoming a sponsor for the Chinatown Health Clinic. For more information on the history of the Hamilton-Madison House, see Hamilton-Madison House, <http://www.hamiltonmadisonhouse.org/timeline.html> (accessed Mar 3, 2022).

<sup>79</sup> Rudy Johnson, “Gouverneur Hospital to Open in ’72, Protestors Told,” *New York Times*, November 17, 1971.

<sup>80</sup> Besides *From Street Fair to Medical Home* as well as a 1971 *New York Times* article, there hasn’t been much documentation on this protest specifically. This may be in part because the Chinatown community did not have a specific name for their group or continuous strategy that the media could continuously follow, such as how the Young Lords or the Black Panthers did. For the 1971 Golden Age Club demonstration, see Hoobler, 24.

<sup>81</sup> Johnson, 1971.



Figure 7. A photo of the Golden Age Club as well as other protestors marching to the NYCHHC headquarters. The Chinese sign on the woman reads, “我們要一個健康的華埠,” translating to “We want a healthy Chinatown.” Image from *From Street Fair to Medical Home*, 1971.

However, Tam wanted more—he had his mind set on a free clinic. From the data collected by the Chinatown Health Fair, around two-thirds of Chinese residents attending the fair were not medically insured.<sup>82</sup> The need to offer the Chinatown community free, accessible healthcare had to be now. Within a month between the NYCHHC protest and the end of the year, donations of all kinds poured in to make the Chinatown Health Clinic possible. The Hamilton-Madison House funneled monetary donations to get the Clinic up and running; the New York Health Department donated medical supplies, while Chinese American physicians and volunteers

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<sup>82</sup> Hoobler, 24.

donated their time, and the Episcopal Church of Our Savior donated two rooms for the Clinic to open. By December 12, 1971, the Chinatown Health Clinic was ready for the public.<sup>83</sup> The Clinic, which was similar to the Health Fair in that basic tests and screenings could be done and translators would be available to fill out health-related forms, served as a stationary hub for basic routine check-ups. In the following years, the Clinic would expand to conduct their own tests with self-made equipment,<sup>84</sup> provide another health fair in 1973, and develop more programs in order to grow as an institution. The Health Fair organizers, through incorporating Black Panther and barefoot doctor ideologies of bringing health care to the patient, observed the dearth in hospital resources for the immigrant Chinese community and resisted. Like the People's Program, they started a Health Fair and, later, Health Clinic that addressed patients' fear of the hospital setting by hiring culturally competent volunteers and community members who could translate and assist patients in making informed decisions about their care, and the distrust in hospital treatment by translating resources for healthcare education.

Ironically, the movement for improved quality health care in the Chinatown community did not incorporate Chinatown TCM practitioners into the narrative, despite TCM's popularity amongst Chinese immigrants. Although TCM practitioners shared the same treatment methods as the People's Program counselors as well as the same community as the Chinatown Health Fair organizers, the primary goal of most of these practitioners originally served to be more pragmatic than as resistance. When Kamwo Meridian Herbs was established in 1973, Dr. Thomas Leung

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<sup>83</sup> Hoobler, 27.

<sup>84</sup> Although the Clinic could provide basic tests, special tests required volunteers to accompany the patient to the local hospitals to translate and educate the patient on what was going on. Volunteer Joseph Lau ended up building his own centrifuge out of spare parts for the Clinic to run tests at a cheaper cost. For more information on the makeshift device, see Hoobler 30.

spoke of his father, Dr. Carl Leung, “It sounds noble, but you know, as an immigrant, what sort of skills does my dad have?... With a lot of Chinese families, the eldest son took over the business... So my dad, in a way, followed along that tradition.”<sup>85</sup> With no official licensure created by the US government to practice TCM, the goal of Kamwo was to survive—both as a business and as a vessel of TCM practices. A linkage between Chinatown TCM practitioners with Chinatown Health Fair organizers would mean risking the practitioner’s unlicensed business by drawing attention as well as potentially discrediting the organizers for their goals of gaining more access to Western health care. While the importance of health in the Chinatown community was highlighted on these healthcare providers’ minds, the different approaches of both the Health Clinic organizers and small TCM shopkeepers illustrate how different generations of Chinese immigrants from differing diasporic origins affect their perspectives on how to care for Chinatown.

### **III. LIBERATION AND FORMALIZATION**

#### **Very shaky circumstances**

In 1978, when Vicente “Panama” Alba, a People’s Program counselor and PWHUID, went about his day to go to work at the Lincoln Hospital, he found that the police had a list of names of individuals from the Young Lords and Black Panthers to prevent from entering the premises.<sup>86</sup> Mayor Ed Koch had ordered the dismantling of the Lincoln Detox Center, with

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<sup>85</sup> T. Leung, 2021.

<sup>86</sup> Vicente “Panama” Alba, interview by Molly Porzig, March 15, 2013.

“policemen [standing] by with sledgehammers, crowbars, and wire cutters.”<sup>87</sup> The demolition of the People’s Drug Program was long foreseen. Since the beginning of the program’s eight-year run, leaders of the People’s Program were backed into a corner. In a *New York Times* article, journalist Ronald Sullivan writes, “The detoxification unit had been repeatedly accused by city and state health officials of cheating the city by padding its payroll with no-show jobs, committing fraud and using highly questionable treatment methods that included radical indoctrination of patients.”<sup>88</sup> NYCHHC, local political officials, and even the United States Counterintelligence Program (COINTELPRO) all slandered the Lincoln Detox name with great controversy and suspicious deaths.<sup>89</sup> Most notable was the supposed suicide of Dr. Richard Taft in 1974. Taft was found in the back of the Lincoln Detox auditorium, stuffed into a storage closet. The police attributed Taft’s death to a fatal heroin overdose, but the workers at the People’s Program did not buy into this narrative and believed COINTELPRO had been involved in the death. Shakur explains, “That was to discredit the Acupuncture clinic as if the doctors of the clinic was drug addicts... Even if you accept the fact that [Taft] used drugs, which we don’t, why would he use it in the back of the auditorium. And die. Very shaky circumstances.”<sup>90</sup> Nevertheless, the case was closed, making the Lincoln Detox program to be seen as run by “heroin addicts”, which brought its own negative stigmas for the next four years. By the end of

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<sup>87</sup> Ronald Sullivan, “Leaders of Drug Unit At Lincoln Removed On Orders From Koch,” *New York Times*, November 29, 1978.

<sup>88</sup> Ibid.

<sup>89</sup> COINTELPRO was an FBI-led program from 1956 to 1971 unconstitutionally created to surveil and disrupt radical political organizations. For a history of COINTELPRO’s projects, specifically regarding their involvement in Black activism, see Hannah Foster, “COINTELPRO [Counterintelligence Program] (1956-196),” *Black Past*, <https://www.blackpast.org/african-american-history/cointelpro-1956-1976/>, March 14, 2014, (accessed Mar 18, 2022).

<sup>90</sup> Mutulu Shakur, interview by Tyehimba Jess, October 30, 1992, Lompoc, CA.

the decade, the Lincoln Detox Center was picked apart, with Koch quoted saying, “Hospitals are for sick people, not for thugs.”<sup>91</sup>

**People's Doctor  
Murdered!**

On October 29, 1974 at 7:30 AM, Dr. Richard Taft was found dead in a storage closet in the back of the auditorium of Lincoln Detox. He was one of the doctors who worked in the Lincoln Detox drug program. We, his co-workers, believe that Richie was killed.

Richard was found lying on his side, with his long sleeve shirt and dungaree jacket buttoned at the cuff. An empty syringe was found along with a medical tourniquet and 7 empty glassine bags of the type that street heroin is sold in. However, there were no matches, no cooker or keys to the room. Both doors of the storage closet were found ajar. These doors were always kept locked. Richard's wallet and money were found on his body.

The coroner's office reported finding no needle marks and no heroin in his urine. However heroin was found in his tissues. Richard's body had a large bruise and indentation in the back of the head and scratches on his wrists. The cause of his death has not yet been determined.

The theory that he gave himself a fatal injection is proven false on several counts: Richard was not addicted to heroin or suicidal; if he had given himself an injection, he would not have had time to roll down his sleeves and button them. A fresh needle mark should have been very easily found. Richard was lying in an extremely unnatural position, which raised the possibility that his body had been placed in a container, like the trunk of a car, and then moved.

Two months prior to his death, Richard was shot at by unknown assailants. For the past couple of months Richard had been carrying a weapon for personal protection. As recently as a week prior to his death, he stated to one of our workers that he was in fear of his life and wanted to take a leave of absence.

On the day of his death, he was due to meet a high ranking Washington official about the funding of the Lincoln Detox Acupuncture Program. It must also be pointed out that the moment the people from Washington walked into Detox, a telephoned bomb threat was received at the hospital.

These circumstances lead us to believe that Richard met with some violence prior to his death, that he was shot up with heroin after death or just prior to dying, and that the injection was administered by parties unknown.

**Specific Threats**

On May 15, 1974, the National Caucus of Labor Committees (NCLC) attacked Lincoln Detox. Richard made an attempt to prevent these people from starting a confrontation at the hospital. Following this incident NCLC wrote a leaflet in which they accused Richard of being a "finger-man" for Lincoln Detox. This leaflet was followed by threatening phone calls to Richard's home. It must be pointed out that NCLC has a history of attacking groups and individuals who try to help poor and working people. Almost immediately after his death, NCLC said on television that Richard was a "brainwashed zombie," a "CIA agent," and "a violent man...and it is not surprising that he met a violent death."

About a month before his death, Richard testified in behalf of a Lincoln Hospital worker, James Richardson. This case involved the killing of a transit policeman by another policeman. Richard's testimony exposed the fact that James Richardson was deeply influenced by drugs when they attempted to extract a confession. This resulted in police officers making intimidating gestures towards Richard in the courtroom.

All of these facts were printed in a statement issued by the workers at Lincoln Detox within a few days of the incident. Since then, no public report has ever been issued by the police or coroner's office concerning this bizarre occurrence, despite vehement claims by his family and co-workers that this was murder.

The most likely explanation of this incident is that Dr. Taft was murdered, by parties unknown in an extremely professional manner, with an obvious attempt to discredit the Lincoln Detox Program.

Figure 8. A page from the pamphlet, “People’s Doctor Murdered!...an unsuccessful attempt to destroy the Lincoln Detox Program” by White Lightning. The pamphlet details events leading up to the death of Richard Taft as well as information about the government’s complicity in the heroin crisis in the Bronx community. Image from *Freedom Archives*, [http://www.freedomarchives.org/Documents/Finder/DOC58\\_scans/58.White.Lightening.RichardTaft.pdf](http://www.freedomarchives.org/Documents/Finder/DOC58_scans/58.White.Lightening.RichardTaft.pdf), 1974.

<sup>91</sup> Sullivan, 1978.

Although the Lincoln Detox Center reopened in 1985 under the direction of Dr. Michael Smith, the director of the Substance Abuse Division in the Lincoln Hospital since 1974, it was not the same as the People's Program that was originally established. Bosque states, "It was no longer any politics—it just became the Lincoln Detox Program under Michael Smith, and there was no politics. That was the end of the political education. People went their own way. Mutulu created BAANA [Black Acupuncture Advisory Association of North America], and he moved into Harlem."<sup>92</sup> The new project became a private program, which had its own limitations in funding and was therefore no longer able to make itself as accessible to the people as it once was in the Bronx. Regardless, BAANA marked a positive turning point for the movement, as the People's Program was liberated from its bureaucratic attachment to an institutional hospital. With their independence from hospital restrictions, BAANA nurtured a community of acupuncturists who were willing to pass on the knowledge of acupuncture as treatment for heroin dependence before the treatment was officially recognized by the state of New York in 1991.

### **Bureaucratic barriers**

The Lincoln Detox People's Program was not the only organization who had to formalize their structure in order to keep accessible community health care alive, the Chinatown Health Clinic was also facing the question of whether they could keep bringing health care to the community—except in a very different way. After the 1973 Chinatown Health Fair, the Clinic would see a drastic growth in patients coming in from not only the community, but also "Brooklyn, Queens, New Jersey, Connecticut, and other places outside Chinatown."<sup>93</sup> The Clinic

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<sup>92</sup> Donovan, *Dope is Death*, 2020.

<sup>93</sup> Hoobler, 56.

was juggling multiple different issues at once, from healthcare education to accessible free health care, and the influx of patients would soon prove to be an issue for the Clinic's doctors who were without medical malpractice insurance.

When Jane Eng applied to the Clinic's executive director position in 1975 with a Harvard Law degree and a goal to keep the Clinic running, she recognized the need for full-time healthcare providers—which wouldn't be possible if the Clinic kept offering free services for a few days a week based on the staff's availability. Eng devised a "sliding fee scale" for patients who couldn't afford to pay, a controversial but necessary decision to qualify the Clinic for a federal grant and formalize the Clinic as a federally recognized community health center.<sup>94</sup>

Sandra Lee Kawano, a healthcare provider for the Clinic, recalls, "Some of the doctors who were volunteers said, 'Wait a minute. You were a free clinic. Now you're charging patients? They really had issues. All of a sudden it changed their minds about who we were.'"<sup>95</sup>

From 1975 to 1979, Eng and the Clinic faced many barriers to establishing the Chinatown Health Clinic as a federally recognized, licensed community health center. Spearheading the Clinic in data collection and other bureaucratic workings, Eng says,

In order to qualify for the federal funding, we had to get the area designated as a Medically Underserved Area, an MUA, or a Medically Underserved Population, MUP. The federal criteria require data on the total population in the service area, the physician-to-population ratio, the number of low birth-weight infants, and the number of people living below the poverty level...

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<sup>94</sup> Like the People's Program, transitioning into a formal institution meant finding other means of funding. Both BAANA and the Clinic would not be able to last if they did not start charging patients. In addition to patient funds, the Robert Wood Johnson Foundation Grant (RWJFG) was the grant that Eng set her eyes on for the Clinic. The RWJFG is a grant awarded to healthcare organizations and programs committed to efficiently addressing the healthcare needs of American citizens. For more information on the qualifications of this grant, see Hoobler, 58-59.

<sup>95</sup> Ibid.

And then, we had to get the designation called HPSA, Health Professional Shortage Area. That enabled us to qualify for National Health Service Corps (NHSC) personnel—doctors and dentists and nurses and health professionals who have received federally sponsored scholarships...<sup>96</sup>

The Clinic having to navigate the burdensome intricacies of qualifying as federally recognized alone not only underscores the drive of the Chinatown community volunteers but also the failures of the state of New York to recognize the Chinatown community as medically underserved and provide adequate health care to the community. By 1979, the Clinic would have to raise funds yet again for a new location in order to be granted licensure as a community health center.<sup>97</sup>

The new location of the Chinatown Health Clinic opened in 1979 with the return of a recently graduated Dr. Thomas Tam stepping in to be the new executive director after Eng's departure. The survival of the Chinatown Health Clinic throughout the decade emphasized a vision to "improve health conditions among all Chinese New Yorkers, not just those in Chinatown."<sup>98</sup> Echoing the original motivation to bring health care to the patient, the Chinatown Health Clinic relied heavily on their own volunteers to break down bureaucratic barriers of the New York health regulations in order to fulfill their goal. The Clinic, later rebranded as the Charles B. Wang Community Health Center (CBWCHC) in 1999 to honor its greatest benefactor, would be able to offer accessible and quality health care to the Chinatown community in the following decades to come.

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<sup>96</sup> Hoobler, 62.

<sup>97</sup> Hoobler, 63.

<sup>98</sup> Hoobler, 58.

## CONCLUSION

Bound by the same barefoot doctor ideology, two very different communities of New York citizens overlooked by the New York healthcare system took two distinctly different approaches to accessing health care. The primarily Black and Brown Bronx community, with their distrust in American medicine, turned to acupuncture in Traditional Chinese Medicine, creating an acupuncture clinic to detoxify people's dependencies on heroin. The Chinatown immigrant community, with their inability to access American medicine, turned to formalizing and institutionalizing a state-recognized clinic of their own, to make health care more accessible for the Lower East Side community, while the Chinatown TCM practitioners would practice separately from the Health Clinic.

While there may have been some overlaps between the interests of the two communities—and even some instances of interracial solidarity between the three stories—the resulting legacies of the three narratives could not have been more different. The instance of the People's Program at the Lincoln Detox Center, although resulting in stigmatization from the public and violence from political authorities, flagged potential in non-Western medicine. The formalization of the Chinatown Health Clinic familiarized the Chinatown community with grassroots mobilization, including college students and elders alike. The outcomes of these combined community approaches to health care revolutionized the frameworks of incorporating holistic medical practice into the American healthcare system. First, by 1991, acupuncture would be the only TCM practice to become officially licensed in the state of New York, meaning herbalists and other TCM practitioners would still not technically be licensed. Although there is still no licensure offered to prescribe herbal medicine to this day, Dr. Carl Leung argues that the

legislation he and his Chinatown supporters lobbied for, the Dietary Supplement Health and Education Act of 1994 (DSHEA), incorporated two contentions: 1) that herbal medicine is heavily intertwined with diet, so it should be considered a dietary supplement, and 2) that herbal medicine needs to be regulated. He explains,

[With this Act,] if you were sick, and I suggested you take this herbal medicine, I technically didn't do anything illegal. That is to say, I didn't commit a crime. Sure, Traditional Chinese Medicine still doesn't have an official license [to prescribe medicine], but in actuality, I'm just introducing you to changes you should be making in your dietary lifestyle.<sup>99</sup>

The DSHEA held the key for TCM practitioners, especially herbalists, to practice TCM in public (Fig. 9). Secondly, the first Patient Bill of Rights drafted by the Young Lords Party back in 1970 in conjunction with other activist groups, like the Health Revolutionary Unity Movement (HRUM), is now a staple of hospitals across the United States detailing the controls and liberties patients have over their own medical care.<sup>100</sup> Third, the recognition of acupuncture as a distinct treatment for heroin dependence also grew over the decades, with BAANA patients-turned-counselors opening their own clinics and increasing interest in Dr. Michael Smith's headway with the newly institutionalized Lincoln Detox Center. In PubMed, an online database created by the United States National Institutes of Health (NIH) with millions of scientific papers regarding biomedical research, scientific research topics that included acupuncture skyrocketed from 10 sources in 1970 to over 3,000 in 2020. Lastly, the present-day Clinic (as CBWCHC), advocates for both local and national public health policy for Asian Americans, like data disaggregation

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<sup>99</sup> Both contentions of the DSHEA are important. The first opens a loophole in which TCM practitioners can "prescribe" herbal medicine, and the second one allows for stricter oversight by the FDA over herbal medicines, effectively making it difficult for the appearance "quack" doctors. For description of this Act, see C. Leung, 2021; "Dietary Supplement Health and Education Act of 1994," National Institute of Health, [https://ods.od.nih.gov/About/DSHEA\\_Wording.aspx](https://ods.od.nih.gov/About/DSHEA_Wording.aspx), (accessed Apr 11, 2022).

<sup>100</sup> For more information on the Patient Bill of Rights and the Health Revolutionary Unity Movement (HRUM), see Figure 1 for the "Young Lords' 10-Point Health Program" and Johanna Fernández, "The Lincoln Offensive: Toward a Patient Bill of Rights," in *Young Lords: A Radical History* (North Carolina: University of North Carolina Press, 2020).

and raising awareness on pressing issues for Asian American communities. Through three different narratives, each with marginal connections to one another, the incorporations of different healthcare practices of certain communities and the emphasis on people's role in fighting for health autonomy piece together an interwoven narrative of the power of holistic medicine in creating grassroots movements and envisioning the future role of health care in the fight for social justice.

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## BIBLIOGRAPHIC ESSAY

My research started off in November 2020 when I was completing an HSHM paper for what I consider to be the most transformative course I've taken at Yale, Healthcare for the Urban Poor, taught by Professor Sakena Abedin. Inspired by the increasing presence of social reform movements such as Black Lives Matter, the Umbrella Movement, and Abolish ICE, as well as the mobilization of my Yale peers in student-led movements such as those organized by the Coalition of Ethnic Studies, UP at Yale, and the Endowment Justice Coalition, and finally, my experience working with Immigrant Social Services, Chung Pak LLC, and the Charles B. Wang Community Health Center in the Manhattan Chinatown, I wanted my paper to reflect the resilience I've seen in my personal communities and also emphasize the necessity to be political in order to be heard.

Originally, my goal was to unearth the subtle frameworks of interracial solidarity and its role in the healthcare movements of the 1960s and 70s, specifically focusing on the Lincoln Detox Center in New York. First, I consulted Dr. Melissa Grafe for archives I could investigate that covered the Lincoln Detox Center. There was a library guide specifically designed for my Healthcare for the Urban Poor seminar, but there was little that I could find regarding the topic. I relied on *The Sixties: Primary Sources and Personal Narratives 1960-1974* and the *Freedom Archives* to provide me with ample background information, setting the scene prior to my timeline of interest. Article searches online from newspapers and blogs such as *Palante!*, the *New York Times*, the *Los Angeles Times*, and the *Atlantic* gave me a very good overview of the central timeline of the formation and decline of the Lincoln Detox Center. My first breakthrough

came when Mia Donovan's documentary, *Dope is Death* (2020), was released. The film includes voices that would otherwise have been left out in popular media during the time, an issue I had trouble with when thinking about depoliticization of science and medicine. It was also after watching this documentary that I realized I was trying to link the Black community, Puerto Rican community, and Chinatown community into one story, when, in actuality, the link was extremely weak. Realistically, the employment of non-Western medicine as anti-oppressive medicine had nothing to do with the Chinatown community—it was an idea wholly attributed to the Black Panthers and the Young Lords.

Following this trail, I wondered about how the Chinatown community thought about what it meant for medicine to be holistic and anti-oppressive. I found the “Bringing the Healthcare to the Community” article by the National Museum of American History—leading me to the Chinatown Health Fairs and the history of the Charles B. Wang Community Health Center, which inspired me to research more on the health activism scene in the Chinatown communities. My second breakthrough came from reading *From Street Fair to Medical Home: Charles B. Wang Community Health Center, Chinatown Health Clinic* (2011) by Dorothy and Thomas Hoobler. The book, released as a 40<sup>th</sup> anniversary commemoration, was full of stories of the volunteers of the Clinic. It also gave significant details to the establishment of the fairs, and the legal, economic, and medical decisions to transition into a clinic. These sources formed a more cohesive idea of how health activism in the Chinatown community differed from that of the Bronx community.

Next, I started to wonder about how each community envisioned themselves in relation to their vision of holistic medicine. Unlike the well-documented origins of San Francisco's traditional Chinese medicine scene, usage of traditional Chinese medicine during the 1960s to 70s in New York is not heavily explored. There could be a few reasons for this, the first being that traditional Chinese medicine was not emphasized in this community since the Chinatown Health Fairs focused on making Western medicine more accessible. The second reason is that traditional Chinese medicine was so engrained and normalized into this community that researchers didn't bother to question the extent of its usage. For this information, I connected with the Museum of Chinese in America (MOCA) as well as Danielle Nista, the librarian for New York University's Tamiment Library. Unfortunately, it was difficult to parse through relevant archives because of the pandemic and the recent digitization efforts for MOCA, but I was able to gather some names of important people to talk to. I spoke with Rocky Chin, an active member of the Association of Asian American Yale Alumni (AAAYA) and New York native, who gave me a lot of the background information on healthcare in Chinatown before the Health Fairs. I reached out to Donna Mah, MOCA's guest curator of the Chinese Medicine in America exhibition in 2018, who bridged the gap of information on traditional Chinese medicine usage in Chinatown during the 1970s. I also interviewed both the founder of Kamwo, the oldest herbal dispensary in the Manhattan Chinatown, as well as his son, Thomas, the current owner. Both father and son shed insight on the lived experiences of being an herbalist during the 1970s and how they kept TCM alive throughout the following years. Through these resources, I was able to understand more about the relationship between TCM with the Chinese community in New York and compare this relationship to the one simultaneously being established by the Bronx community.

These findings completely altered the course of my project, and after a conversation with Professor Naomi Rogers, I realized that both movements in New York remarkably were inspired by the same historic moment: the barefoot doctors of rural China and their ideology of bringing care to the patient. I changed my focus from interracial solidarity to narrowing down the definition of holistic medicine. It was also at this point that I must mention a small rabbit-hole I went down, confiding to Dr. Grafe with an email headline, “please stop me from spiraling into a conspiracy theory.” My search for scientific research journals on TCM revealed these publications only started getting to be a popular topic recently, with most articles citing one specific article as the background of their research. This specific article, written by Yale researcher Arthur Margolin, cites that the use of acupuncture as an effective detox debuted in America in 1974 at the Lincoln Recovery Center by Dr. Michael Smith. With no mention of Dr. Mutulu Shakur, the Black Panther Party, and the Young Lords from the history of acupuncture as drug detox, it felt extremely important discuss the depoliticization of scientific journals and political separation of activism from medicine.

I found that secondary sources for this particular topic were extremely challenging, as there isn't a lot of information to be found connecting these healthcare reform movements together. However, a lot of secondary sources were instrumental in defining the reimagination of the term, ‘holistic medicine’, like Alondra Nelson’s concept of institution building in *Body and Soul* (2011) as well as Wendy Kline’s point of common medical knowledge production being essential for self-autonomy in *Bodies of Knowledge* (2010). I also heavily relied on other senior essays that cover topics I’ve discussed, such as the unfolding of traditional Chinese Medicine in

the West Coast as well as the usage of methadone for drug addiction. “Power, Politics, and Pluralism in the Establishment of Community-Based Care in San Francisco’s Chinatown, 1850-1925”, a 2021 Yale essay written by Grace Chen, follows the journey of traditional Chinese medicine and herbology through the San Francisco Chinatown leading up to the moments of the Chinese Hospital, an influential moment that inspired the same push for Chinese healthcare accessibility on the East Coast a few decades later. Another essay, “Orange Handcuffs, Part of an (In)complete Breakfast: Methadone’s Failure to Address Structural Inequalities in the Civil Rights Era” by Barnard alum Lily Dobbertein in 2015 discusses the oppressive effects of the War on Drugs, with methadone being pushed as a solution in communities like the Bronx. Lastly, Columbia University graduate, Ashley Graham-Perel’s “Color Me Capable: The Rise of African-American Nurse Faculty at Lincoln School for Nurses, 1898 to 1961” painted a vivid picture of the history of the Lincoln Hospital and the role of Black nurses at the Lincoln Nursing School. It is because of these essays that I was able to string on more to the continuing narrative of analyzing the effectiveness of Western medicine in marginalized communities.

Even with all of these resources allowing me to tie together two very successful healthcare reform movements in New York occurring at the same time, it cannot be ignored that this big-picture trend is not heavily documented, and there is a dearth of information that my project fails to address. Firstly, I had an extremely hard time dissociating between my own lived experiences of interacting with the Asian older generation and the history of Asian American activism on paper. While my sources depicted a rich history of Asian American activism and social reform, my own experiences with my family and the elders I used to work with were vastly different. I had to reconcile the two truths at hand—there was a group of the Chinese

diaspora who educated themselves in social justice reform, while the other group of the Chinese diaspora were more pragmatic in their approach to survival in America. Both coexisted, and in their own way, fought hard to make life better for the generations after them. In addition, apart from *Dope is Death* and *From Street Fair to Medical Home*, patient experiences in both the Lincoln Detox Center as well as the Chinatown Health Fairs are missing in the complete narrative. I also kept in mind that *From Street Fair to Medical Home* was released as a celebratory milestone, explaining the optimistic tone being the only one that the book carries. I hope future research can make up for these limitations, focusing on a patient-centered argument about the effectiveness of these movements in helping New York communities obtain accessible and affordable health care, instead of the organizer perspective. I also neglected to talk about some other smaller movements that were also inspired by the “bringing healthcare to the people” barefoot doctor ideology. Perhaps future research can expand on these two stories and unravel a network of healthcare movements essential to health policy changes and accessibility throughout New York. Lastly, I must acknowledge that I did not do Kamwo’s story its full justice, as I approached my thesis topic hoping to spotlight all three narratives in equal light. However, due to my limitations in the Chinese language, I could not tap into many Chinese-language resources (where I know a bulk of what I was looking for is probably located) to paint a cohesive narrative, which caused me to shift the spotlight of my thesis. I wish to explore this point in a future research project of mine. In conclusion, through this essay, I was able to capture the true holism of medicine when linked with politics and community-centered needs in different neighborhoods with the same goal. I believe this story is significant to the way society further thinks about scientific research, health advocacy, and the intertwinement of medicine with politics.