

Healthcare and the 99 Percent

By Alondra Nelson - October 28, 2011

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The Occupy movement has been a mostly peaceful campaign. But it has not been without drama, ranging from the protesters' riotous parade of signage to their raucous street theater.

Prior to the violent turn of recent days, when members of the Oakland police department shot tear gas and rubber bullets at the city's occupiers, one of the Occupy campaign's most climatic moments involved civil rights paragon Reverend Jesse Jackson. On the evening of October 17, Jackson joined arms with the Zuccotti Park protesters to block the NYPD's efforts to dismantle the OWS medical tent as the world watched via Twitter and Ustream. When this tense standoff was over, an interracial, inter-generational phalanx of activists had successfully bent the course of a determined thin blue line.

This moment literally and metaphorically linked civil rights activism to the contentious politics of today's Occupy movement. Playing out over the fate of the protesters' medical tent, the episode also shined a light on one of the lesser-noted dimensions of both the Occupy movement – its health politics – and how the civil rights movement offered a template for it.

From the beginning, the activists raised the issue of healthcare reform with underappreciated deliberation. Healthcare issues were foundational to the OWS protests and those that soon followed across the globe. As *Washington Post* columnist Ezra Klein observed, close to half of the 500-plus posts published on the "[We Are the 99 Percent](#)" Tumblr between August and early September mentioned "health concerns," from the "cost of medication to forgoing treatment to treatment denials," as their chief complaint. Although some have criticized the Occupy movement for lacking a focused message, these activists have a clear understanding of the many facets of health inequality.

Moreover, the centrality of concerns about health and medicine in the Occupy movement are apparent in the very topography of the activists' ad-hoc communities. Medical tents like the red-cross emblazoned one that served as the backdrop for the OWS confrontation are cornerstones of the Occupy encampments. These makeshift medical clinics comprise part of the social

infrastructure that has sustained OWS these many weeks, alongside multi-platform communication networks, People's libraries, and community kitchens. The tents also suggest the influence of prior African-American activism: Zuccotti Park has been renamed Liberty Park, just as the Black Panther Party renamed Oakland's Defremery Park after Bobby Hutton – one of the first members of the Party. Here and in their clinics, the black radicals dispensed healthcare services and health outreach and education.

The Occupy medical tents are stocked with donated supplies and “a broad array of remedies.” And they operate through volunteer efforts, including those of health professionals who count themselves among the ranks of the Occupy movement. At OWS, a rotation of about two dozen medical volunteers including doctors, nurses, lifeguards, and EMTs provides around the clock care. Patricia Hughes, a home care nurse, served as Occupy Denver's primary medic, before she and others were rousted from their medical tent in that city's Lincoln Park after just two weeks. In some instances the Occupy medics also “fill healthcare gaps” among the protesters themselves. Maria Fehlig, a nurse who traveled from Las Vegas to New York to work on the OWS effort, said that they treat protesters “who otherwise have not sought out healthcare in five, six years because they have no insurance.”

Hughes and other volunteers served as the principle source of medical services for their fellow activists. Like the black and white health activists who participated in 1964's Freedom Summer, the Occupy Health volunteers observed and quickly responded to the unmet healthcare needs of the local community. During the civil rights movement, H. Jack Geiger, Alvin Poussaint, and others established free clinics in poor southern neighborhoods; Occupy Denver dispensed basic healthcare to the city's homeless population.

The Occupy healthcare corps includes a group of street medics that trace their efforts to the civil rights movement and claim affiliation with the decentralized hacker group Anonymous. AnonMedics is working with the Occupy efforts in Oakland, Berkeley, San Francisco, and in the “Deep South.” Although Occupy Atlanta did not allow civil rights pioneer Representative John Lewis to speak at its general assembly, the **AnonMedics explicitly declare** that they were inspired by the antiwar and anti-racist activism of the 1960s and 1970s: “Street medics are not a new concept. Originally seen during the African-American Civil Rights Movement and the protests against the Vietnam War, street medics are volunteer

activists who attend political actions equipped with the knowledge and inventory necessary to give medical aid to protesters and civilians in need.”

Like the Medical Committee for Human Rights that was the “medical arm of the civil rights movement,” AnonMedics’ mission is to provide care for injured protesters. The group’s primer includes instructions on how to treat exposure to tear gas and pepper spray. They were on the scene in Oakland on Tuesday night when dozens, including Iraq War veteran Scott Thomas Olsen, were injured in confrontations with police.

Other health workers involved in the Occupy movement have taken to the streets, rather than working in the medical tents. In New York City, physicians from Montefiore Hospital, including a group that calls itself Doctors for the 99 Percent, marched with signs that read “Health not Wealth.” One of the doctors was Arash Nafisi, an internist at Montefiore. Nafisi explained to *Democracy Now’s* Amy Goodman that healthcare matters were “one part of the struggle, one part of the fight. We believe in healthcare for all just like people here believe in housing for all and all sorts of other rights.” Magni Hansel, a primary care specialist at Montefiore, told Goodman that there was a connection between income inequality, health inequality, and medical ineffectiveness: “people are unable to afford their medicines; people are unable to deal with their health issues because they’re dealing with housing; they’re dealing with jobs.” Doctors and nurses marched on Wall Street again last weekend.

The issue of health writ large lies at the center of the Occupy movement. Rich in its own health politics, the civil rights movement is one tributary of influence for this recent wave of protest. The activists seek accessible medical services and affordable health insurance. They have asserted the value of life over profit and a right to healthcare. To say that the Occupy activists have no message is to ignore the panoply of efforts in play to supply healthcare to the 99 percent, now and into the future.