

Beyond the free clinics origin myth:
Reconsidering free clinics in the context of 1960s and 1970s
social movements and radical health activism

by

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“Beyond The Free Clinics Origin Myth:
Reconsidering free clinics in the context of 1960s and 1970s
social movements and radical health activism”

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ABSTRACT

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A “free clinics movement” origin myth, uncontested for forty years, has come to assume the weight of historical fact: the opening of the Haight Ashbury Free Medical Clinic (HAFMC) in 1967 led to the opening of numerous “hippie free clinics” following the HAFMC model; this model was taken up by communities of color for their free clinics; and by 1970 a thriving free clinics movement was building momentum towards integration into the healthcare delivery system. This paper reveals the origin myth to be a product of the National Free Clinic Council’s efforts to assume leadership of this presumed “movement,” and wholly inadequate to describe the breadth of the clinics it attempted to lead. The history of the Berkeley Free Clinic demonstrates, moreover, that the myth obscures free clinics’ efforts to create new, empowering models of health care as part of radical social movements for change during the 1960s and 1970s.

This paper identifies and critically interrogates the origin myth using National Free Clinic Council publications, including proceedings of its 1970 symposium and a national survey of free clinics; Health/PAC and other contemporary accounts of the 1972 symposium; and additional contemporary and scholarly descriptions of clinics started by medical activists associated with Student Health Organization (SHO) and Medical Committee for Human Rights (MCHR), and

self-reliant clinics started by Third World power organizations such as the Black Panther Party, Young Lords. The founding of the HAFMC is described using collections of leaflets and other ephemera from the Haight Ashbury; a collection of leaflets and other writings generated by the Diggers organization; and participant accounts published by Dr. David Smith and Digger Emmett Grogan. The narrative of the Berkeley Free Clinic's origins was derived from documents found in the archives of clinic organizers Dick York and the Berkeley Free Church, which include participant histories, correspondence, and institutional records; clinic documents and oral history from longtime BFC volunteer Scott Wilkinson. The description of the BFC's evolution towards a collectivist approach to meeting health needs and the deprofessionalization of their services, including the inspiration they derived from Maoist China and its barefoot doctors, was derived from archival material, clinic documents, and participant oral history.

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1.

INTRODUCTION

The standard narrative of the 1960s and 1970s, available in any U.S. History textbook, describes the 1960s as a time of idealism and hope, expressed in movements for social change, which peaked in 1968 and then plunged into decline in the face of repression and disillusionment. In this telling, the 1970s were a time of political ennui, which only ended with start of the Reagan era in the 1980s.¹ Over the past decade, however, historians have begun to challenge this perception that the 1970s were an “in-between decade”² by restoring social movements to the historical gaze. Early attempts at this project described a shift to the right as conservatives stepped forward in the face of the perceived failure of the 1960s movements.³

More recently, however, scholars have begun to challenge the trope that the movements of the 1960s had imploded and faded away.⁴ For instance, several articles in a 2008 issue of the Journal of Contemporary History explored movements of the 1970s with roots in the 1960s such as Black power, second-wave feminism, and gay rights.⁵ In one of these articles, Simon Hall points out that the master narrative is based in a “‘good sixties/bad sixties’” dichotomy, and notes that scholars have been able to move past this formulation, in large part, by focusing on local organizing and broadening the chronology

¹ Peter N. Carroll, It Seemed Like Nothing Happened: The Tragedy and Promise of America in the 1970s (New York, NY: Holt, Rinehart and Winston, 1982).

² Edward Berkowitz, Something Happened: A Political and Cultural Overview of the Seventies (New York, NY: Columbia University Press, 2006).

³ Bruce Schulman and Julian Zelizer, eds., Rightward Bound: Making America Conservative in the 1970s (Cambridge, Mass.: Harvard University Press, 2008).

⁴ Stephen Tuck, “Reconsidering the 1970s – the 1960s to a Disco Beat?” Journal of Contemporary History 4, no. 43: 617-20.

⁵ Journal of Contemporary History 4, no. 43: 617-88.

of 1960s social movements and political developments so that they extend into the 1970s.⁶

One area which holds the potential for bringing progressive or radical social activity back into view is the study of radical health movements. The feminist women's health movement has already begun to receive well-deserved attention from scholars. Another phenomenon which deserves closer examination is the rapid proliferation of free clinics during that period. The first free clinics opened in 1967, but clinic activism began as early as 1966, and was at its height in the early 1970s. The free clinics boom is worthy of study both on its own merits and because many other health movements of the time arose out of, engaged with, and/or defined themselves as against what came to be called "the free clinics movement."

An obstacle to this intellectual project is the dearth of source material on the history of free clinics. There are a few contemporary attempts to examine the nature and origins of the clinics in medical and health activist journals, but these tended to extrapolate political or technical issues from descriptions of individual clinics as opposed to attempting any overarching analysis or characterization. Although the activist Health Policy Action Committee would dedicate a 1972 issue of their Health/PAC Bulletin to the topic of free clinics, it largely focused on engaging with issues they found politically pressing. Their investigative reporting either described clinics individually, or else tended to make generalizations without sharing how they had reached their conclusions.⁷

⁶ Simon Hall, "Protest Movements in the 1970s: The Long 1960s," Journal of Contemporary History 4, no. 43: 655-72.

⁷ Health Policy Action Committee, Health/PAC Bulletin, no. 34, October 1971 (hereafter cited as Health/PAC Bulletin, Free Clinics Issue).

The lack of competing analysis has lent disproportionate influence to a single attempt to define and categorize the clinics based on research into those clinics, the National Free Clinics Survey,⁸ and to the book in which it was published, The Free Clinic: A community approach to health care and drug abuse (1971),⁹ which contained symposium proceedings from the first national meeting of free clinics and position papers submitted by clinic activists. The editors' introduction to The Free Clinic built upon the findings of the National Free Clinics Survey, and together they told the narrative of a burgeoning free clinics movement with its roots in the foundation of the Haight Ashbury Free Clinic in June 1967 and the hippie drug clinics which followed suit soon thereafter. Within this model, courageous healthcare professionals established medical institutions which would provide free, nonjudgmental care to disenfranchised populations. In this way free clinics extended the health care delivery system beyond what the current medical establishment could, or would, offer to these populations. The movement's goals, therefore, were to be recognized – and funded – as a part of the larger health care delivery system. Both Health/PAC and the Medical Committee for Human Rights (MCHR) would later challenge this conclusion and the NFCC's claims to leadership of a free clinics movement, but they did not directly challenge the assumptions about the nature and development of free clinics which had led the NFCC to these conclusions.¹⁰

⁸ Jerome L. Schwartz, "Preliminary Observations of Free Clinics," in The Free Clinic: A Community Approach to Health Care and Drug Abuse, David E. Smith, David J. Bentel, and Jerome L. Schwartz, eds., 144-202 (Beloit, Wisc.: Stash Press, 1971) (hereafter cited as National Free Clinics Survey).

⁹ David E. Smith, David J. Bentel, and Jerome L. Schwartz, eds., The Free Clinic: A Community Approach to Health Care and Drug Abuse (Beloit, Wisc.: Stash Press, 1971).

¹⁰ David J. Fletcher, "The Free Clinic Movement in America," (M.S. Thesis in Public Health, University of California, Berkeley, August 1982) (hereafter cited as Fletcher Thesis).

The foundational story provided in the NFCC Proceedings therefore became the de facto origin myth of what it defined as a "free clinics movement."

Another reason for the free clinics origin myth's persistence is the lack of scholarly attention to free clinics themselves. The one study which does fasten its gaze directly on clinics is Gregory Weiss's sociological survey of community clinic workers in the early 2000s, Grassroots Medicine: The story of America's Free Health Clinics.¹¹ Weiss developed his history of individual clinics from current workers or internal clinic histories, but his history of the free clinics movement was derived from the NFCC Proceedings. Elsewhere, free clinics are mentioned by a handful of scholars when the clinics intersect with the focus of their own work. Sandra Morgen's study of the women's health movement, Into Our Own Hands; Sheryl Burt Ruzek's early book on The Women's Health Movement; and John Dittmer's book on the Medical Committee for Human Rights, The Good Doctors, each mention the origins of the free clinics in passing, and include recognizable aspects of the NFCC's free clinics origin myth.¹²

To gain a robust understanding of any institution, we must have a fuller view of its development than we can get from an origin myth – even if its narratives were developed by people who worked in the institution, and knew it well. This requires examination of the local setting, the people involved, the specific steps taken, and all of these must be considered against the background of the larger historical moment, which

¹¹ Gregory L. Weiss, Grassroots Medicine: The Story of America's Free Health Clinics (Lanham, MD: Rowman & Littlefield Publishers, Inc., 2006).

¹² Sandra Morgen, Into Our Own Hands: The Women's Health Movement in the United States, 1969-1999 (New Brunswick, NJ: Rutgers University Press, 2002); Sheryl Burt Ruzek, The Women's Health Movement: Feminist Alternatives to Medical Control (New York: Praeger, 1978); John Dittmer, The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care (New York: Bloomsbury Press, 2009).

will have varying effects on events at the local, national, and international level. While it is beyond the scope of this paper to reexamine the history of all the free clinics, I do hope to broaden out the chronology (per Hall) of this widespread radical health initiative which came to be known as the free clinics movement.

This will begin with an examination of the foundational myth that developed in the course of an attempt to create a national organization of free clinics. It will identify the NFCC's problematic assumptions and the bias in its work, and describe the ensuing debate it provoked among clinic and radical health activists. The following section will recount the history of the founding of the Haight-Ashbury Free Medical Clinic, widely regarded as the first free clinic, which served as the nucleus of the origin myth promulgated by the NFCC. The final narrative section presents an in-depth history of the birth of the Berkeley Free Clinic, which was another nationally renowned clinic located in the San Francisco Bay Area. These case studies will allow us to cross-examine the origin myth and suggest some other ways of viewing the history of free clinics which might allow us to develop a fuller understanding of this important aspect of the radical health movement.

2.

ATTEMPTS TO DEFINE AND LEAD A FREE CLINICS MOVEMENT:

EMERGENCE OF AN ORIGIN MYTH

The free clinics origin myth did not emerge fully formed alongside the first free clinics. Certainly, shared assumptions about the youth- and drug-related origins and role of free clinics had informed the narrative used in the National Free Clinics Council's early organizing efforts. But the origin myth that ultimately emerged was rooted in their subsequent efforts to get out in front of, and lead what had become a far more diverse phenomenon than they had originally imagined, one that was itself creating new clinics and challenging the status quo.

As we will see in this section, the National Free Clinics Council (NFCC) had ambitions to become the voice and organizational center of a national "free clinics movement." The NFCC's preconceptions regarding free clinics – based on individual and professional biases of people organizing the NFCC and an inflated sense of the Haight Clinic's role as guiding light for the hippie drug movement – drove efforts to form a national movement of "hippie drug clinics." In the course of their organizing, the NFCC's leaders became aware of just how many initiatives calling themselves "free clinics" lay outside their original frame of reference. The various forms of activism that spun off from the civil rights movement had had a pervasive influence on the new clinics, including those that addressed needs of a new youth population. The wide variety of organizing forces, participant populations, and goals was a challenge to both the vision of the NFCC originators, and to their efforts to obtain funding from pharmaceutical companies and government agencies. In response, NFCC organizers began more

consciously to develop criteria for which facilities qualified as free clinics; describe how free clinics related to one another (they emphasized the Haight clinic as the progenitor of the movement); and set the direction for the free clinic movement's activities. This led the NFCC to attempt to direct the free clinics movements' impulse for funding toward becoming part of the healthcare system. These efforts would be challenged by contending definitions and understandings of free clinics and their role within the healthcare system. They would also be limited by the inability of the NFCC model to encompass the dynamism and effervescence of the free clinics movement.

I. National Free Clinics Council launches as a drug-related initiative

The NFCC was started in 1968 by Dr. David Smith, medical director and founder of the Haight-Ashbury Free Medical Clinic (hereafter cited as “Haight Clinic”), which had the distinction of being the first free clinic to open its doors. Smith and his clinic had received national and international media coverage since its opening in June of 1967, in large part because of the novelty of 1960s youth culture and media attention surrounding the 1967 “Summer of Love” in San Francisco.

Initial organizing

The Haight Clinic was the most prominent free clinic of its time, and had received countless calls from people around the country seeking advice or assistance in starting up clinics of their own. Smith had spoken with many of these new organizers, and had met with a number of their steering groups to share his experiences. Over and over, he saw that other clinics were confronting similar obstacles in opening and running their own free clinics, especially with regards to obtaining funding and obtaining municipal and

health department licensing.¹³ As he was to recall more than a decade later, Smith first discussed creating a centralized repository of knowledge regarding free clinics with a student in his course on community approaches to drug abuse. This student (who was referred to as “Jim Sternberg” in later Smith recounting, but may have been Jim Isenberg, who was on the Berkeley clinic’s steering committee and later headed up its drug education program), was involved in organizing a free clinic in Berkeley, while pursuing graduate studies in criminology at the University of California in Berkeley. In late 1968, Smith and his student met with other Criminology graduate students and Alice DeSwarte (soon to be Smith's wife), to further develop this vision. It seems likely, that the 1968 the principals’ shared commitment to addressing drug issues would have been a focus of these discussions.¹⁴ However, it is not clear whether the graduate students played any subsequent role in the shape or activities of the NFCC.

As it turned out, the NFCC’s structure and activities were designed primarily (and perhaps exclusively) to address drug treatment issues. As Smith himself once put it “free clinics were established primarily as drug treatment centers [and]...to gain community trust, many had to move into somatic disease crisis intervention.”¹⁵ Smith's assessment of the role of non-drug-related medical services almost certainly was shaped by his experiences with the Haight Clinic, which will be described in detail in Section 3. It may also have been influenced by his contact with organizers from around the country who

¹³ David E. Smith and John Luce, Love Needs Care: A history of San Francisco’s Haight-Ashbury Free Clinic and its pioneer role in treating drug-abuse problems (Boston, MA: Little, Brown and Company, 1971).

¹⁴ Richard B. Seymour and David E. Smith, The Haight-Ashbury Medical Clinic: Still Free After All These Years, 1967-1987 (San Francisco, CA: Partisan Press, 1986) (hereafter cited as Still Free); Fletcher Thesis, 90.

¹⁵ Alan D. Matzger and David E. Smith, “Free Clinics: An Alternative Approach to Health Care,” in Smith, et al., The Free Clinic, 60.

were trying to establish clinics in other hip-youth enclaves. Additionally, the focus on drugs may have reflected the interests of the main NFCC leaders. Or, perhaps the leaders reflected the assumptions of the NFCC. Smith was the self-appointed President of the NFCC. He had built his career around drug treatment issues, at the Haight Clinic and beyond. When he started the Haight Clinic in 1967, Smith was the head of Drug Screening Unit at San Francisco's General Hospital; by 1972 he had served as a member of the President's Advisory Committee on Teacher Drug Abuse Education, had published a textbook on marijuana and one on heroin, was editing the journal Psychedelic Drugs, and was an Assistant Clinical Professor of Toxicology at the University of California Medical Center (now known as the University of California San Francisco Medical Center, and hereafter cited "UC Medical Center").¹⁶ The NFCC's Executive Director was also professionally engaged in drug issues, as he was the coordinator of drug abuse programs for the pharmaceutical company Hoffman-LaRoche.¹⁷

Whatever the reason(s), the NFCC's focus in the early years was clearly on collecting and distributing educational materials regarding "all youth problems, especially those which are related to drug use and drug abuse," as well as sharing news of programs established to treat youth drug problems.¹⁸ The NFCC's membership materials also demonstrate the organization's focus on drug treatment. In November 1969, they distributed a catalogue of drug-related Haight-Ashbury Free Clinic

¹⁶ Fletcher Thesis, 100; Constance Bloomfield and Howard Levy, "The Selling of the Free Clinics," Health/PAC Bulletin, no. 38, February 1972, 2.

¹⁷ Fletcher Thesis, 93.

¹⁸ Ibid., 90; National Free Clinic Council, 3 pages (untitled) including NFCC statement of goals and membership privileges, publications list, and listing of known clinics, Berkeley Free Church Collection, GTU 89-5-016, The Graduate Theological Union Archives, Berkeley, CA (hereafter cited as NFCC membership materials; collection hereafter cited as Berkeley Free Church Collection).

publications available for purchase by member clinics. Other publications indicate that "sustaining member-clinics" were entitled to free attendance at a symposium by the Pharmacology Study Group, which was a drug-use research program at the UC Medical Center.¹⁹

The NFCC's emphasis on drug treatment issues wasn't completely off-base. After all, the clinics involved with the NFCC in 1968 and 1969 did provide drug-use-related care – albeit to varying extents – and its centralization and distribution of information regarding new approaches to drug care would most likely have been of use to the clinics it was organizing. What is troubling, however, is that Smith actively deprioritized most other services offered in free clinics, and this was reflected in NFCC's organizational structure and activities. This blind spot may also have limited his attempts to discover the scope and nature of the free clinics phenomenon.

First NFCC Symposium

On January 30, 1970, the NFCC held its first national symposium at the UC Medical Center (hereafter cited as First Symposium). Approximately 300 hundred people attended, representing clinics from across the country, including Hawaii and New York.²⁰ This section will examine the proceedings of the Symposium in some detail, to get sense of the leading elements within the early NFCC.

The book, The Free Clinic: A Community Approach to Health Care and Drug Abuse, was published one year after the meeting with help from a grant from Pfizer Pharmaceuticals. It includes transcripts of the symposium proceedings and position

¹⁹ NFCC membership materials.

²⁰ Smith, et al., The Free Clinic, 2.

papers by some clinic activists. Additionally, we find here results of a national survey of free clinics that was made in the months following the Symposium, and an introduction crafted by NFCC organizers, who summarized the event. Unfortunately this book does not report on any of the less formal problem-solving discussions amongst clinic activists, which was apparently the principal activity at the conference. Also, it is unclear whether all presentations were included. For example, according to the opening remarks, a clergyman from London had been scheduled to talk about his heroin program. If he did so, it was not recorded.²¹ Nonetheless, this report does give us some of the flavor and detail of this First Symposium.

The proceedings opened with a message from David Smith, who emphasized that the main objective of the conference was for attendees to exchange information about their successes and failures, with the hope that they might “profit by each others’ strengths and mistakes.”²² Along those lines, the first panel provided examples of three successful clinics from the San Francisco Bay Area (the Haight-Ashbury Free Medical Clinic, the Berkeley Free Clinic, and the Black Man’s Free Clinic). The panel was followed by two presentations by Haight staff on funding sources and other institutional support, such as comprehensive health-planning agencies.²³

²¹ *Ibid.*, 2.

²² *Ibid.*, 2. The published proceedings do not identify the speaker who opened the conference, but several factors suggest that this speaker was David Smith. First, the opening remarks included a description of the Haight Clinic by someone intimate with its operation. Second, Smith doesn’t give any other presentation; as medical director and founder of one of the “positive example clinics,” it seems unlikely that Smith would have nothing to contribute to the discussion. Third, when Smith is identified in the printed proceedings as the Medical Director of the Haight Clinic, he is not introduced and does not present any information on the Haight Clinic; instead he steps in to introduce the following clinic, which suggests that he was already acting as a moderator. Finally, as President of the NFCC, Smith would be a logical choice to provide opening remarks and introduce presenters.

²³ Smith, et al., *The Free Clinic*, 2-4.

Smith and the Director of the Haight Clinic's Psych Annex opened the panel with a description of the Haight as one of the most active out-patient clinics in the city, especially in when measured by the number of short-term patients who were sticking around to obtain ongoing therapy. They also noted that their clinic provided five distinct services: medical, psychiatric, dental, drug treatment, and "commune health."²⁴ They were followed by Dr. Bert Meyers of the Black Man's Free Clinic (BMFC), which operated in the poor and predominantly Black neighborhood of San Francisco's Fillmore district. Meyers's presentation focused on the motivation for establishing the BMFC and the organizational work that was involved. Based in part on his experiences at the Haight Clinic, where Dr. Myers had formerly volunteered, Meyers's goal had been to establish a "readily accessible clinic, unpretentious in appearance, free of the alienating stigma of existing facilities, where it would be easy for one to go and easy to be treated." He placed particular emphasis on the importance of active community participation in the clinic's operation and removal of the "dehumanizing ritual of eligibility criteria."²⁵

The first Berkeley Free Clinic (BFC) presentation was by a medical co-director of the BFC, Dr. Russ Nichols. According to Nichols, there had been an ever-increasing need for "free and comprehensive medical services" in the Telegraph Avenue area of Berkeley, where a youth population had begun to grow in the years following of the Free Speech Movement. By January of 1969, a Steering Committee made up primarily of non-professional people had formed. When the "People's Park crisis" engulfed Berkeley, the steering committee and a Medical Committee for Human Rights First Aid Team

²⁴ Ibid., 2-16.

²⁵ Ibid., 7-8.

opened a first-aid station and switchboard; a month later, operations were moved to a dilapidated high school building and services were expanded to include a general medical clinic, a dental chair, a rap center, and a Drug Education and Information Project. (See Section 4 for a detailed, and slightly different, version of the Berkeley clinic's founding.) The clinic's main population was primarily white, "hip-type" 19- to 25-year-olds. Nichols explained that the clinic was committed to "providing training for non-professional people to do as much as possible at the general, medical, counseling, and other service levels." Next, Dr. Peter de la Riviere, also a BFC medical co-director, described the mental health services provided through the Berkeley Clinic's "Rap Center," and Jim Isenberg followed with a description of the Berkeley Clinic's drug education program, in which ex-users led small-group discussions in local high schools.²⁶

Several other participating clinics, although not identified as being part of any panel discussions, also made presentations. Los Angeles Free Clinic (LAFC) Coordinator Kelley Hodel noted that the LAFC provided services ranging from medical and legal help, to drug counseling and job placement. They had also started an "un-school." The LAFC had achieved all this by 1970, despite having been initiated as a racket run by con men (!). By the time the con men were exposed, LAFC had treated so many people, and had garnered so much support that it was able to survive and to flourish.²⁷

The presentation by the Open Door Clinic in Seattle, Washington focused on their counseling service, which was organized around a partnership between professional and

²⁶ *Ibid.*, 8-10. The proceedings read "Jim Eisenberg," whereas documents by BFC principals indicate that it was spelled "Isenberg" (see Weissman, Developmental History, p. 87 below).

²⁷ Smith, et al., The Free Clinic, 16-19.

lay practitioners, “based on the fact that the person off the street seems to have skills of communication that sometimes the man in the white coat doesn’t have.” According to the clinic’s Director, Lee Kirschner, it was conceived in response to local hysteria over a new, young drug-using population. It was initiated by individuals who Kirschner described as older “heads,” former recreational drug users who had become “well-integrated into the Establishment.” They put together a steering committee which included social workers, psychiatrists, and physicians. Many of these professionals, Kirschner said, were also “ex-heads,” while the rest were from “the liberal, intellectual left.” The clinic had been established and opened in the face of a major medical crisis when the County hospital was turned over to the University of Washington in 1967 and therefore stopped providing free medical care for indigent citizens. At its opening, the Open Door Clinic had approximately 100 lay crisis phone workers and a similar number of professionals (primarily social workers, but also general medical doctors with training in neurology, gynecology, and pediatrics, plus psychiatrists, psychologists, and lab staff). The presentation mentioned that the clinic had eight service areas, though these were not described.²⁸

The last “clinic” that made a presentation was actually two clinics operated by the same people, the Cambridge Port Free Clinic (CPFC) and Boston Free Clinic. According to Dr. Alfred Coummins, the CPFC, located near Harvard University, was established to provide services to a stable local population of young and “not-so young” people, which he referred to as “quasi-university hangouts.” The Boston Free Clinic (informally known as “the Medical Service”) was located across the river in Boston, near a large park which

²⁸ Ibid., 22-25.

served as the center of a “rather unexpected and very large influx of young people from all over the country.” There, seminarians and divinity school students had developed a self-help network which provided “bad trip” counseling and a halfway house. As the youth population swelled, though, they became concerned that they would not be able to meet the growing medical and psychological needs of the expanding community. The Medical Service was launched after the seminarians and divinity school students approached the staff of the Cambridge Port Clinic for assistance.²⁹

Coummins commented that the NFCC meeting had revealed important differences between West Coast and East Coast clinics. In his view, the Eastern clinics relied more heavily “on the individual and less ... upon the state or the county or whatever other Establishment groups there are.” To this end, both Boston clinics had been “scrupulously avoiding help, or even asking for help from local, medical, county, state or federal organizations.” He also contrasted an emphasis on “groups and group activities...here on the West Coast” with “the psychological climate in Boston and the tradition of more person-to-person contact which is still prevalent in most of the teaching institutions.”³⁰ In the absence of information regarding the informal aspects of the meeting, it is difficult to tell whether Coummins might have been referring to group provision of medicine, or the focus clinics put on serving particular groups, or something else altogether.

The rest of the presentations were from non-free-clinic organizations that ran either drug treatment or education program, although it is unclear from the published

²⁹ Ibid., 34-36.

³⁰ Ibid.

proceedings whether these were informal or part of organized panels or presentations.

The Proceedings section also includes a chapter titled “Sources of Funding for Free Clinics and Neighborhood Medical Programs,” but it is unclear whether this was given as a talk to attendees or a paper that was distributed for them to read.³¹

The presentations by participating clinics at the First Symposium demonstrate, on the whole, that these clinics did provide care for drug-related issues. However, only two clinics – the Haight Clinic and Seattle’s Open Door Clinic – had been organized by people with a primary interest in drug use. None of the clinics other than the Haight Clinic seem to have prioritized this segment of their services above all others, and more than one clinic origin story placed general medical care at the center of the clinic mission.

II. 1970-1971, Discovering and defining a much larger phenomenon: The National Free Clinics Survey and the Introduction to The Free Clinic

According to the NFCC’s membership materials, all free clinics were considered to be members of the NFCC. (As described above, the other category of membership, sustaining members, paid dues and received NFCC publications and access to drug care symposia.) As of November 1969 the NFCC knew of a total of 9 clinics, 7 of which were in California.³² By the January 1970 NFCC Symposium, representatives of approximately two dozen free clinics were in attendance. Conference attendees were able to identify another 10 possible clinics, although nobody was sure if those clinics were still in operation. The NFCC symposium therefore confirmed that the free clinics

³¹ Jerome L. Schwartz, “Sources of Funding for Free Clinics and Medical Programs,” in Smith, et al., The Free Clinic, 46-56.

³² NFCC membership materials.

were a thriving national phenomenon, and at the same time drove home how little the NFCC knew about that phenomenon.

If the NFCC were to live up to its ambitions to represent all free clinics, it was clear they would need to take a more active role in identifying those other clinics. To this end, Joel Schwartz, an economics professor from UC Berkeley, used information gathered at the first Symposium to design a national free clinics survey. This was conducted primarily via telephone interviews, followed up with written questionnaires. After this Schwartz traveled to clinics in 12 cities around the country to investigate their operations more closely.³³

Survey Criteria

In order to create parameters for his survey, and particularly to help distinguish free clinics from other forms of “no-pay medical care” such as government clinics, traditional charity care, etc., Schwartz constructed a definition of “free clinic” which had the following criteria: “1) Direct delivery of either medical, dental or psychological and drug abuse care; 2) Presence of a professional relevant to the service provided; 3) Services available to everyone without red tape or eligibility test; 4) No direct charges (although requests for donations or small payments – say, a dollar or less – were allowed); 5) At least some volunteer professionals on staff; 6) Specified hours of service; and 7) care provided from a facility.”³⁴

The first criterion is especially problematic. Schwartz insisted that free clinics must provide either medical or dental doctor-based care, but then created an exception for

³³ Schwartz, National Free Clinics Survey, 146.

³⁴ Ibid., 146.

facilities which addressed drug issues by direct treatment and psychiatric counseling. By prioritizing a particular treatment approach to a single health issue, Schwartz's survey commits its entire enterprise to locating and identifying a medical movement whose core concern was addressing a new and pervasive drug epidemic by establishing non-traditional clinics. It is unclear whether any of the organizations omitted from this study might have qualified as free clinics if some other multiservice combination had been considered. For example, Schwartz reported that there were over 500 organizations providing "hot lines, live-in or halfway houses, crash pads, referral centers, drug programs, rap centers," etc. for free, but they were "not free clinics" by his definition.³⁵

The second criterion, which mandates the presence of a professional relevant to the service provided, reveals a bias towards a professional medical model. Its inclusion is intriguing, as we might assume that any clinic providing medical or dental services would lead, by legal necessity, to the "presence of a professional relevant to the service provided." It appears, then, that traditional psychiatric care would be provided by a mental health professional under this model.

The apparent redundancy of this point suggests that Schwartz may have intentionally excluded facilities where non-professionals were providing one or more of these services. As seen in the description of the Open Door Clinic above, there was a growing sense that mental health professionals were too removed from the life experiences of clinic patients and thus community members were better equipped to provide counseling. At some clinics, counseling services were run entirely by community members trained to lead counseling and rap sessions (sometimes referred to

³⁵ Ibid., 146-47.

as “peer counselors”). This criterion also may have been responding more generally to growing challenges to the dominance of medical professionals and the fact that many free clinics in particular were questioning this and beginning to chart a different course. Some free clinics, and at least one of those included in the National Free Clinics Survey would, in fact, go on to put most of their services in the hands of trained lay health workers, who would serve as medics, community health workers, peer counselors, etc.

The final two criteria (which require that care be provided from a facility during specified hours), also seem aimed at excluding organizations which strayed too far from the medical model with which Schwartz was familiar. Given that these clinics were a brand-new phenomenon, that many intentionally rejected the mainstream medical model that Schwartz’s criteria enforced, and that many or most were being developed in amidst social upheaval and repression in situations that were quite fluid, the final listing of clinics developed by Schwartz is clearly problematic and must not be accepted whole-cloth.

Survey Findings

Schwartz identified a total of 140 free clinics that met his criteria, and were operating as of early 1971. He noted that the first free clinic to open was the Haight Clinic, in June 1967 (although it had closed in September and reopened 5 weeks later in October); later that same year, five other clinics opened in Cincinnati, Detroit, Seattle, Vancouver and Toronto. Between 1967 and 1969 at least 70 clinics had opened, and during 1970 the total number of clinics doubled, to 140.

As suggested above, Schwartz’s criteria excluded a large number of clinics from his total. In addition to distinguishing clinics from approximately 500 organizations

providing non-medical free services, Schwartz reports in the introduction to his paper (but not in his methods section) that his final list of clinics excluded an additional 50 “self-reported” free clinics. Although some of these simply hadn’t opened, many of the excluded facilities, according to Schwartz, “were not free clinics,” but rather had been started by “private or church ventures, or limited to a specific group,” or were multiservice programs without medical, dental, or psychological-plus-drug abuse care.³⁶ If the 50 self-reported but excluded clinics were added to the 140 acknowledged free clinics, there would be a total of 190 clinics; this means that the excluded clinics make up more than a quarter of the total potential free clinics. This is a significant number, and suggests that Schwartz’s definitional criteria may indeed have warped his final depiction of the nature of free clinics.

Even looking at the more limited number of clinics identified by Schwartz, there had been approximately 70 free clinics in existence at the time of the first NFCC symposium, which is almost double the total number of clinics that had been known to the NFCC and symposium attendees. As we will see below, most of these additional clinics did not fit into the NFCC’s model of free clinics as youth-culture oriented drug clinics.

Other types of clinics

In his section “How Did Clinics Get Started,” Schwartz described several student-initiated clinics started through community organizing efforts of medical students working in conjunction with poor communities to establish community-directed

³⁶ Ibid., 145, 147.

institutions, as well as one clinic (La Clinica in Taos, New Mexico) started by physicians and “a number of hippies living in communes.”³⁷

At least two of the student-initiated clinics were being organized in the same time-frame as the Haight Clinic. For instance, In 1966 medical students from the Washington University School of Medicine began efforts to organize the residents of the Pruitt-Igoe projects in St. Louis, Missouri The Pruitt-Igoe Projects were made up of 33 eleven-story buildings and housed almost 11,000 residents, most of whom were Black. The Pruitt-Igoe Men’s Progressive Club Medical Action Center, which opened in the latter half of 1967, was given rent-free space by the Housing Authority and received the support of medical school faculty and the MCHR, which guaranteed licensed physicians to supervise medical students’ work.³⁸

At another clinic, which Schwartz acknowledged was also developed concurrently with the Haight Clinic, residents of the Robert Taylor Homes housing project in Chicago drove the attempt to improve health care within the housing project. The Student Health Organization provided support for this process, which “required weekly meetings for a year, confrontation with public agencies, local publicity, and self-confidence that community people could accomplish this undertaking before the Robert Taylor Clinic Facilities was born” in July 1968. Schwartz reported that the “policymaking board” of the Robert Taylor Clinic was made up of 8 female tenants of the housing project and two non-resident males, one of whom was a physician.³⁹

³⁷ Ibid., 157-160.

³⁸ Ibid., 158.

³⁹ Ibid., 158.

Schwartz reported that medical students had also organized clinics in several other states, including California, Minnesota and Illinois. In California, students from Loma Linda University (mainly from the medical, social work, and nursing programs), inspired by the model of a local free clinic started by a church (Frazee Clinic), established one clinic in a low-income housing project, and another clinic “amid rural homes” of migrant farmworkers. According to Schwartz, “their success led residents of a neighboring town of 5,000 people (without doctor care) to stage a protest march demanding that their city council provide space for a volunteer clinic [and this] clinic became the project of public health students.”⁴⁰

In North Carolina, medical students from the University of North Carolina and Duke University also started a pair of clinics in urban and rural areas. The students identified an area lacking medical services, a 60-block area “of deteriorating elements” in Durham, North Carolina; Fletcher noted that its whose population was 60% Black. In early winter 1968 they began to organize the Edgemont Community Clinic. Medical, nursing, and social work students solicited donations of drugs and equipment, and obtained small contributions from the schools’ student governments and faculty members, the Student American Medical Association. “[S]ubsequently, the local antipoverty agency, the county medical society, and community agencies lent their support to the project.” A second clinic, Chapel Hill-Carrboro Family Health Clinic, was established in a predominantly rural area. Initially limited to efforts to address endemic skin diseases, its services expanded to include a bimonthly pediatric clinic, and then in November 1968 launched as a family clinic. First- and second-year medical students

⁴⁰ Ibid., 159.

handled administrative responsibilities and worked as patient advocates and, although both clinics had community boards, at the rural clinic the board “had not participated actively and decisions had been made largely by medical students.”⁴¹

Schwartz’s survey noted that, in addition to student-initiated clinics, a significant number of the additional clinics had been organized and were run by minority power groups, such as Black Panther Party (BPP), often with the support of the activist Student Health Organization and the MCHR. According to Schwartz, the Black Panthers had “set up and directly financed” clinics in a number of cities, including Los Angeles, Portland, Seattle, Philadelphia, Chicago, New York, and Boston.⁴² Schwartz did not provide any description of the origins of the BPP, Young Lord, or other minority-power-originated clinics, but other sources fill in this gap.

Alondra Nelson’s recent Body and Soul: The Black Panther Party and the Fight Against Medical Discrimination details the Black Panther Party’s health activism. According to Nelson, in April 1970 Bobby Seale issued an organization-wide directive that all Party chapters establish local, free healthcare facilities. As the Party stated in its announcement of the opening of a People’s Free Medical Clinic (PFMC) in Berkeley, California, the PFMC aimed to “combat the health problems which exist among poor and oppressed people.”⁴³ Nelson elaborates that the BPP clinics

sought to remedy the lack of sufficient, affordable, and respectful healthcare services for the disadvantaged, who were often relegated to teaching hospitals and their often inexperienced staff. These sites also

⁴¹ Ibid., 158-59.

⁴² Ibid.

⁴³ Alondra Nelson, Body and Soul: The Black Panther Party and the Fight Against Medical Discrimination (Minneapolis, Minn.; University of Minnesota Press, 2011), 77.

provided trustworthy alternatives for the vulnerable poor who were especially at risk for medical discrimination.”⁴⁴

In keeping with its revolutionary goals, Nelson explains, the BPP also aimed to “cultivate ‘revolutionary medicine’ by ‘unlocking the secrets...kept hidden by medical professionalization....It should be brought down to the community to teach the people how to practice medicine.’”⁴⁵

Chicago had a number of clinics started by the BPP and other “Third World” political groups, which came together in 1970 to form a “People’s Health Coalition.”⁴⁶ According to a piece in the January 1971 “Seminar Free Clinics” issue of the MCHR’s Health Rights News, the Young Patriots, a “militant multiracial group,” opened a clinic in the Uptown Area in November 1969; their goal was to develop “health cadre” to provide emergency care, treatment of minor illnesses, and screening services. In January 1970 the Illinois chapter of the Black Panther Party opened a medical clinic in Lawndale, the Spurgeon “Jake” Winters People’s Free Medical Clinic. Their clinic coordinator explained that, while the BPP’s clinic was not the ultimate medical answer, “it is the beginning of a structure as an alternative to the existing health care system.”⁴⁷ Also in 1970, the Young Lords started the R.E. Betances Health Program in a West Lincoln Park church, and the Latin American Defense Organization (LADO) opened the Pedro Alvizu

⁴⁴ Nelson, Body and Soul, 78.

⁴⁵ Nelson, Body and Soul, 71. (Citing Brody, “Panthers Map a People’s Medical Plan.”)

⁴⁶ Fletcher Thesis, 81.

⁴⁷ Ibid., 61. (Citing Health Rights News, January 1971, 5.)

Campos Center for the People's Health Clinic with assistance from medical students from Northwestern University.⁴⁸

Survey Analysis: Four Types of Clinics

Schwartz, after identifying and gathering information about the facilities which he qualified as “free clinic,” then divided them into four “types” of free clinic: neighborhood, street, youth, and sponsored. These were sorted along a primary axis of “population served.” Neighborhood-type clinics “served minority persons in areas where few health resources were available,” and the patient population consisted of families, and particularly young children, pregnant women, or older people. These were primarily the sorts of clinics described above; Schwartz characterized them as clinics “started by a group of residents in a specific neighborhood or housing project, or by a political organization (e.g., Black Panthers, Young Lords, Young Patriots, Latin American Defense Organization).”⁴⁹ The other three clinic types were established to serve primarily white, middle-class youth who had immersed themselves in the new drug culture. Street-type clinics served primarily college- and high-school-aged youth, with few young children or elderly. Their patients were mostly transient, and they came to the clinic from all over the city. Youth-type clinics served the same general age range that street-type clinics did, although their main demographic skewed a bit younger, as their target population was high school students; as with street clinics, patients came from all over the city and local suburbs, but their patients were residents of the area. Sponsored-

⁴⁸ Fletcher Thesis, 60. (In addition to Health Rights News, Fletcher also relied on D.H. Lee, “Politics and Health Care: A Study of Free Clinics in Chicago,” a study prepared for the Hampstead Foundation, January 1972) .

⁴⁹ Schwartz, National Free Clinics Survey, 149.

type clinics provided care to the same population as the street clinics, but were run by a municipal agency and most of the professionals received salaries. According to Schwartz the average patient age was younger than in street clinics, and almost twice as many young women sought treatment than did young men.⁵⁰ This approach lumped all minority-serving clinics together, while providing nuance for middle-class-white-youth drug clinics.

With “population served” as the sole determinant, the neighborhood-type clinic category lumped together clinics organized by militant Black power groups as part of a larger program of community control together with clinics organized by medical students as part of efforts to provide relevant care which were heavily influenced by community organizing efforts such as the Students for a Democratic Society’s Economic Rights Action Program. This typology is problematic for a couple of reasons. First, it seems reasonable to imagine that the organizers’ goals, the purposes they served or tried to serve, what forms they took, and even what care they provided might have differed greatly. Schwartz’s disregard for the nature of the individuals or groups who organized the clinics is therefore problematic. Next, it obscures the chronology of possible sub-movements within the category; after all, the medical-student-organized-clinics described in the National Free Clinics Survey were being established over 1966-1968, while the minority-power clinics began in 1969 and picked up steam over 1970. With the overall number of clinics doubling during 1970, our understanding of the larger free clinics movement might be enhanced if we knew which clinics were proliferating. Furthermore, given how widespread their clinics were, and the important role the BPP and Young

⁵⁰ Ibid., 149-51.

Lords played in radicalizing the political scene, placing these clinics in a grab-bag category is further evidence that Schwartz's method had left him with little choice other than to cut toes to fit the shoe.

The variables Schwartz did consider further fail to support Schwartz's contention that the clinics in this category a) belonged together, and b) didn't belong with any of the other categories' clinics. For instance, Schwartz said that mental health services were found "in about 1/3" of neighborhood-type clinics, while "less than half" had rap programs. At a minimum, these numbers are large enough to suggest at least a potential sub-category, like Schwartz created for youth drug clinics. More significantly, "rap centers" were a countercultural approach to therapy, and the fact that any neighborhood clinics had them makes problematic their inclusion alongside other clinics located in the ghetto solely because they all serve poor minorities.⁵¹ This suggests that some neighborhood-type clinics may very well have had more in common with street clinics than they did with other clinics in their own category.

In this same vein, Schwartz said that almost all neighborhood-type clinics had "community boards with neighborhood residents participating in policy making." Meanwhile, some of Schwartz's street-type clinics had boards "made up of staff, hippie street people, students, and community people"⁵² – in other words, "neighborhood residents" but of a different sort of neighborhood. In general, though, Schwartz had found it difficult to generalize about the administrative organization and decision-making of other clinics, as many did not have boards and "policies were often decided by the

⁵¹ Ibid., 149.

⁵² Ibid., 149-50.

staff, the administrator, or the medical director.”⁵³ This might mean that some street-type clinics were more akin to some neighborhood-type clinics than their fellow street-type clinics because they prioritized community input, or perhaps it means that this variable isn’t especially relevant to distinguishing or characterizing free clinics; if it is the latter, then Schwartz’s neighborhood clinics category is further weakened. The final variable Schwartz provided to identify neighborhood-type clinics further undermines the category: while Schwartz noted that “only a few offered care for hard drug problems,”⁵⁴ the same could be said of most clinics identified in this survey, including those identified as primarily drug treatment clinics.

The “drug clinic” categories were not without their own limitations. The street-type clinics – as typified by the Haight Clinic, the Berkeley Free Clinic and Seattle’s Open Door Clinic – were described as providing “some kind of drug care, and [had] many patients with drug-related illness.” Their “most important diagnoses” were venereal disease, pregnancy test, urinary infections, hepatitis, and abortion counseling. This wording sidesteps the issue of whether these were the most common diagnoses and reinforces the perception of these as clinics with limited goals and services. Youth-type clinics’ services were also constrained to drug use, although they apparently offered a more limited range of services. According to Schwartz, youth clinics usually offered general counseling services, and their drug care was generally limited to education and counseling. Schwartz mentioned six youth-type clinics in his survey report: the Open Door Center in Alhambra, California; the Foothill Free Clinic in Pasadena, California;

⁵³ Ibid.

⁵⁴ Schwartz, National Free Clinics Survey, 149.

Teenage Medical Center in Minneapolis, Minnesota; “Reach” in Vancouver, Canada; “US” in Las Vegas, Nevada; and “Heads-Up” in Bellevue, Washington. Although the latter two self-reported as only providing psychological and counseling services, a table in Schwartz’s report indicates that all 9 of the clinics started in 1967-1969 did provide some form of “sick care”; most provided first aid and treatment for venereal disease; and one provided obstetrical care.⁵⁵

Finally, the sponsored-type clinics category appears to have been created solely to describe a set of six youth clinics run by the Los Angeles County Health Department, which modeled themselves upon and received assistance from the Los Angeles Free Clinic.⁵⁶ Schwartz did not provide any description of these clinics beyond population served, as outlined above. It is curious that they received their own category, since these clinics should be considered as a single project, but perhaps Schwartz hoped that they were the first indicators of a growing trend. Although this category does not technically fall outside of the “free clinic” definitional criteria, it appears to violate the spirit, as Schwartz explicitly stated that he sought to distinguish free clinics from “no-pay or charity medical care which had been available for many years from private and public facilities...such as welfare programs, OEO Neighborhood Health Centers, and special government programs.”⁵⁷

Although youth-type clinics were ostensibly differentiated from street-type clinics by their population – their clientele was presumably white and middle-class, but not grungy street people – both youth clinics and “street” or “hippie drug” clinics served

⁵⁵ Ibid., 151, 170.

⁵⁶ Ibid., 151.

⁵⁷ Ibid., 146.

young, presumably white, drug-using patients. The more significant difference between the two, however, appears to be the characteristics of the people organizing and running the clinics. According to Schwartz, youth-type clinics' policymaking boards included "housewives, businessmen, city officials, and professionals (and sometimes students),"⁵⁸ and to demonstrate this principle, Schwartz presented two examples of youth clinics and their policymaking boards. The Open Door Center in Alhambra, California, was started by "civic, religious, education, law enforcement, service club, and social welfare leaders" who came together and formed the Drug Abuse and Narcotics Prevention Coordinating Committee after two teenagers died from an overdose of injected drugs. The second example, the Foothill Free Clinic in Pasadena, California was started through efforts of a welfare worker and a clergyman who drummed up community support and found physicians to volunteer in the clinic and serve on the board. The Foothill Free Clinic provided counseling, medical and legal services, and job referrals.⁵⁹ While mention of "clergymen" suggests an image of a church-run organization., as we will see below in the detailed history of the Berkeley Free Clinic's founding, organizational efforts there, too, were driven early on by a clergyman and a (retired) social worker, and nobody would mistake them for members of the Establishment. Furthermore, these distinctions stand in stark contrast to the "lumping" Schwartz performed with neighborhood-type clinics discussed above. In this instance, Schwartz split street- and youth-type clinics based on nuanced differences within a single population (young, white, middle-class youth), as

⁵⁸ Ibid., 151.

⁵⁹ Ibid., 160.

well as on the characteristics and interests of the people who organized and ran those clinics.

Schwartz provides a fact-based recounting of the first clinic to open, the Haight-Ashbury Free Medical Clinic, then follows that by enumerating how many clinics opened in which cities, and in which years, as well as how many had closed by the time his survey report was published. Although this section appears to be a straightforward accounting of data, its manner of presentation supports a narrative which positioned the Haight Clinic at the center, and the model for all free clinics following after it, as was too often the case in the literature and in public consciousness. The notion that the Haight Clinic was The First free clinic, and that Smith was the “guru of the free clinicians,”⁶⁰ had become very important to the NFCC’s efforts to play a leading role within the movement. The fact that the St. Louis clinic had opened after the Haight Clinic did contributed to portrayals of the Haight as The First, despite Schwartz’s having written that, “even before the Haight-Ashbury Clinic started there was a movement at another large housing development to initiate a clinic...in 1966 in St. Louis.”⁶¹ It is notable that despite his awareness of the existence of the Pruitt-Igoe clinic in St. Louis, with its recognized lack of hippies, Schwartz did not hesitate to base his narrative on a single clinic origin point and a single healthcare concern (the Haight Clinic and drug use, respectively).

In summary, Schwartz adhered to a paradigm wherein a new breed of medical clinic had developed an innovative way to meet the needs of a drug crisis among youth.

⁶⁰ Fletcher Thesis, 115.

⁶¹ Schwartz, National Free Clinics Survey, 158.

Although he acknowledged that some of the other-type clinics were developed concurrently with the Haight Clinic, his categories suggested that this new model had been successfully applied in a “neighborhood” setting. The Introduction to the published NFCC Proceedings would do more than suggest, it would promote this formulation as established fact.

Introduction to the Symposium proceedings published in The Free Clinic

In early 1971, The Free Clinic: A community approach to health care and drug abuse was published. It included Schwartz’s National Free Clinics Survey, analysis of this research, conference proceedings and attendee’s position papers.⁶² Schwartz, David Bentel and David Smith were listed as co-editors. The editors wrote a sweeping introduction to The Free Clinic (hereafter cited as “Introduction”) To acquaint readers with the nature and history of the free clinics movement to that point. They used Schwartz’s survey as the basis for description, but they made a handful of important changes when reporting Schwartz’s findings. One minor change was that the definition of what constituted a free clinic no longer included the requirement that some personnel be volunteer (and thus unpaid). It is possible that this change was made to allow for potential funding of paid staff positions through government grants that the NFCC was pursuing.⁶³

A more significant change made by the editors to Schwartz’s survey report was to alter his categories to remove any ambiguity about the origin of free clinics as drug

⁶² Smith, et al., The Free Clinic, 144-206.

⁶³ David Smith, David Bentel and Joel Schwartz, introduction to The Free Clinic: A Community Approach to Health Care and Drug Abuse, ix-xviii, edited by David E. Smith, David Bentel and Joel Schwartz (Beloit, Wisc.: Stash Press, 1971) (hereafter Introduction), xvi.

treatment centers. Thus, street-type clinics were now hippie drug clinics. These clinics, according to the Introduction, usually offered treatment for drug abuse; and although they provided many of the same general medical services as neighborhood clinics, this medical care “[dealt] primarily with disease entities which were drug-related.”⁶⁴ This claim was not supported by Schwartz’s report, nor by the listing of clinics provided at the end of The Free Clinic.⁶⁵

Youth clinics were distinguished from hippie drug clinics primarily by the criterion that they “tended to be establishment,” and they were “typically started by service clubs or official bodies such as a mayor’s committee on drug abuse.” Moreover, “most of these clinics had policy boards composed of housewives, businessmen, city officials and professionals.” It is unclear whether the Foothill Free Clinic would have been moved over to the hippie drug clinics category or if, as was done with the neighborhood clinics category, the narrowed focus of the definition obscured the presence of other types of clinics within its definitional boundaries.

The sponsored clinic category was dropped altogether. Perhaps the editors found it to be an insubstantial category; the survey had noted only a single program, in a single city, and a special government program, at that. While government programs were not excluded by his definitional criteria, Schwartz had said that his intent in establishing those criteria was to help distinguish free clinics from government-sponsored health programs. It is also possible that the editors felt that these public health clinics were

⁶⁴ Ibid., xvi.

⁶⁵ Smith, et al., The Free Clinic, 144-206.

"establishment clinics," and therefore more properly fell within the youth clinics category.

Finally, in the discussion of neighborhood clinics the Introduction altogether omitted mention of clinics organized by medical students and other community organizers. The editors chose to define a neighborhood clinic as "often founded and operated by politically organized minority persons (Chicanos, Black Panthers, etc.) in order to deal with the unmet needs of inner city ghetto dwellers or migrant workers."⁶⁶ This makes the category broad enough to include student-initiated clinics, but removes any specific mention of them. Not only did concealing the juxtaposition of two obviously different interest groups make this category appear less problematic, the removal of some of the first-organized free clinics from the narrative cleanses the historical scene of a complexity that might challenge a clear line of descent from the Haight Clinic.

What we are left with, then, is a narrative about a movement of hippie drug clinics which started with the Haight Ashbury clinic and includes other clinics started by doctors and other healthcare professionals. As Smith and his co-editors would describe the free clinics' origin:

A few farsighted doctors perceived the acute need for "no deposit, no return" medical help. A few daring physicians, risking their careers along with their malpractice insurance, set up "street practice" (in the basement of a radical church or in the back room of a crash pad) with volunteers and a makeshift organization springing up around them by bits and pieces as they worked. The free clinic was born.⁶⁷

⁶⁶ Smith, et al., Introduction, xvi.

⁶⁷ Ibid., xiii.

Hippie drug clinics could be distinguished from other health institutions by their provision of “freedom from conventional bureaucracy, from making destructive moral judgments.” “Free” signified that clinics administered services “in a way unencumbered by conventional medical protocol. Free also meant ‘not establishment.’” In the narrative laid out by Smith with assistance from Schwartz, these principles found purchase among establishment groups trying to address the drug epidemic among local youth and among politically-motivated groups working to establish healthcare among other disenfranchised groups woefully underserved by the medical system.

III. Contention over direction of the movement and role of the NFCC

Goals for the Movement

By 1971, free clinic activists had begun to perceive their projects as part of a larger movement of free clinics. The American healthcare system was reaching a crisis point, and radical health activist groups such as Health/PAC and MCHR had begun to spread word of the free clinics (and perhaps attempted to provide political guidance to them) through articles in their newsletters. The NFCC also recognized that they were caught up in the swell of a movement, given the doubling of clinics over 1970. As the only group working to bring free clinics together nationally, they were in a position to step to the forefront of this movement.

To this end, the NFCC Statement of Purpose added two new items to the NFCC’s previous goals to serve as an information clearinghouse and to enable the establishment and successful operation of free clinics: 1) “To provide a focal point for the sociomedical momentum of the free clinic movement” and 2) “To gain access to health care funding which is available at the national level and distribute such monies equally to member free

clinics.” Furthermore, the NFCC was committed to “the attainment of national legitimization for free clinics, [as this would] aid in eliminating some of the desperate quality pervading the operation of such facilities at the present time and permit the necessary expansion into all primary health care services.”⁶⁸

The NFCC had always emphasized external funding sources, as demonstrated by the inclusion of a presentation on this topic at the First Symposium. Even while the survey had been in progress, the NFCC itself was expanding its efforts to helping clinics secure drug-treatment funding from the federal government.⁶⁹ By early 1972 the NFCC had set its sights on acquiring a \$1 million grant through the Special Action Office for Drug Abuse Prevention (SAODAP). At the same time as the NFCC began courting the SAODAP funding, and possibly as part of a strategy to demonstrate the NFCC’s viability as a national leader of free clinics, the NFCC began organizing its second national symposium, which would be held in Washington DC in January of 1972.

Whereas the first national meeting was organized so that drug clinics and youth treatment programs could swap experiences and form networks of support, the NFCC’s primary focus at its second national meeting was on leveraging the strength of the movement to obtain funding and demonstrate free clinics’ legitimacy. Both of these emphases would draw the fire of radical health activists, and would limit the NFCC’s ability to represent a unified free clinics movement.

⁶⁸ *Ibid.*, viii.

⁶⁹ Fletcher Thesis, 93.

Second NFCC Meeting

Preparations for the NFCC's second national meeting (hereafter cited as "Second Symposium") reveal that the question of what qualified as a free clinics was far from settled. When the NFCC received a donation from Pfizer Pharmaceuticals that allowed the it to offer travel grants, the NFCC Executive considered how to limit who should qualify for these grants: "Are rap centers, counseling centers including legal aid, draft counseling, housing assistance, and those hoping to become Free clinics considered to be Free Clinics?" After some discussion, Smith settled the matter by stating that in order to be a Free Clinic an operation must provide primary medical services. He suggested that clinics, hot-lines, counseling centers, etc. could form regional coalitions and those coalitions could then be member of the council, and could choose to send a representative, which might be someone from a non-clinic service entity.⁷⁰

Reactions to the proposed Washington, D.C. convention site and the agenda distributed by the NFCC prior to Second Symposium demonstrate that the NFCC's bias toward medical professionals was also contentious, as was their commitment to legitimization. According to a critical article by Howard Levy and Constance Bloomfield in the Health/PAC Bulletin published in the wake of the Second Symposium, the preliminary conference agenda had been oriented toward drug "abuse" and funding free clinics. Additionally, out of 37 panelists, 25 were medical professionals. Establishment politicians, such as Senator Teddy Kennedy and a representative of the "President's Special Action Office on Drug Abuse Prevention" were scheduled to give the keynote

⁷⁰ Fletcher Thesis, 103. (Citing Executive Committee Meeting Minutes dated 10/4/71, which circulated nationally.)

speeches.⁷¹ A letter distributed prior to the meeting by the People's Free Medical Clinic in Baltimore criticized this lineup, because did not reflect "the exciting sense of clinics learning about shared responsibility among lay and professional people." Furthermore, there were only 9 women panelists, four of whom were on a single panel. The Baltimore clinic felt this was "paltry indeed and does not begin to speak to the variety of considerations women were raising." The Bloomfield and Levy article also pointed out that the preliminary agenda didn't include any "'Third World' panelists," although the final agenda did have a Minorities Panel.⁷² Jim Oss, NFCC's Executive Director, visited the Baltimore Clinic to discuss its activists' concerns. According to the Bloomfield & Levy article, when Baltimore activists suggested "having a non-agenda so that people could have their own meeting when they got to Washington," Oss replied by saying "That would solve one problem – the problem of money. We wouldn't get any [from funding agencies]."⁷³

According to Bloomfield and Levy (who, as discussed below, were not unbiased observers), "most of the [conference] participants avoided going to the scheduled meetings on National Health Insurance and the like. Instead, they chose to gather informally in hotel rooms to exchange the kind of information they came for: how to start a clinic, the role of patient advocates, midwifery, etc."⁷⁴

Also according to Bloomfield and Levy, caucuses were coalescing in other hotel rooms in an attempt to "shape the conference and the NFCC." One caucus, the People's

⁷¹ Bloomfield and Levy, *The Selling of the Free Clinics*, 3.

⁷² *Ibid.*, 4.

⁷³ *Ibid.*, 5.

⁷⁴ *Ibid.*, 5.

Priorities, formed just before the conference. There were approximately 200 caucus members, about half of whom were “service-oriented” clinic activists who were dissatisfied with the conference agenda and the NFCC’s actions, and half of whom were politically inclined and “more concerned that free clinics avoid becoming part of the medical establishment.” On Friday night the People’s Priorities made a statement before at least 800 conference attendees questioning the direction of the NFCC and calling for a discussion of the need for a national organization, in addition to changing the time of NFCC elections from Monday to the weekend, when more attendees would be present.⁷⁵

On the first night of the conference (Friday), two “Third World” caucuses had also developed. Interestingly, NFCC members were present at most of these caucus meetings despite their being closed to everybody else. Bloomfield and Levy suggest that this demonstrates that “Third World support was crucial to the NFCC.” There was disunity between “East Coast, largely Latino, participants who distrusted the NFCC, and the West Coast members, mostly Black, who strongly favored the NFCC. As a clinic worker from New York’s Chinatown said, “We would prefer to look to the People’s Republic of China, not the NFCC as a model for changing the health care system.” Smith’s notes of the meeting described the same split from a different perspective. He noted that “The Latin clinics resisted cooperation [with the Third World Caucus] as evidenced that 14 out of 16 clinics failed to send a representative. There were two Black caucuses. The first one, “The Black Caucus” just hollered about racism in Shoreham. The other caucus, ‘The National Black Caucus,’ dealt with reality – they wanted NFCC to act as an information body as well as coordinating funding.” Furthermore, Smith

⁷⁵ Ibid., 4.

observed, the Baltimore Free Clinics “were not in the business to provide service but merely wanted to be vehicles for change.”⁷⁶

By Saturday the West Coast faction was meeting as its own caucus. While some East Coast clinic members continued to meet as a separate caucus, many left the conference instead.⁷⁷ On Sunday the remaining Third World caucus, which was populated “almost exclusively” by West Coast clinics according to Bloomfield and Levy, demanded the resignation of the current Executive Council. They also demanded Third World representation on the NFCC Executive Council of at least 50 percent.⁷⁸

The politicized portion of the People’s Priorities, which included MCHR president Tom Bodenheimer and Health/PAC activist Howard Levy (co-author of the article discussed above objecting to the NFCC’s agenda), put forth a further challenge to the NFCC’s leadership. In contrast to the NFCC’s understanding of free clinics as an innovative “extension of the health care delivery system,” which resulted in goals to legitimize the free clinic movement and achieve its integration within the healthcare system, the radical analysis was that free clinics had been formed through “the experience and beliefs of the New Left, underground culture, Black Power advocates, and [neighborhood health centers funded by the Office of Economic Opportunity as part of Johnson’s Great Society],” and reflected attempts to enact a “shared vision of good health care,” although this vision was admittedly held “with varying levels of clarity” by different clinics.⁷⁹

⁷⁶ Fletcher Thesis, 122.

⁷⁷ Bloomfield and Levy, *The Selling of the Free Clinics*, 4-5.

⁷⁸ Fletcher Thesis, 123.

⁷⁹ Health/Pac Bulletin, Free Clinics Issue, 1.

In a letter circulated at the conference, Bodenheimer, Levy and others identified two divergent concepts of “free clinic” circulating at the conference: “clinic as service” versus “free clinics as spring boards for challenging the health system.” They argued that the first view led to “the bandaid role most clinics are playing now...In doing so, it is unconsciously facilitating a system which oppresses all people....Free Clinics are often being used by those institutions as a patch up for their own irresponsibility, an escape valve, caring for those patients who prove ‘unprofitable’ and receiving the ‘overflow.’” They feared that, “if the presently constituted NFCC has its way, the energy of the free clinic movement will – within a few years – be at the service of the health power structure.”⁸⁰ This analysis would be developed further and disseminated via articles in two publications during March 1972: Bloomfield and Levy’s “Underground Medicine: ups and downs of the Free Clinics,” was published in Ramparts magazine; and Bodenheimer’s “Free Clinics: Strategy for Survival” was published in MCHR’s Health Rights News.⁸¹

These two divergent commitments among free clinic activists were echoed, albeit from a very different perspective, by Festus Adebajo, a Black physician from Philadelphia and one of the minority members of the new Ad Hoc Executive Committee (described below). Adebajo wrote to Smith in May 1972 expressing his concern that “a very large segment of the ‘beautiful’ free clinic people, if not the majority, is

⁸⁰ Tom Bodenheimer, Margo Burman, Tom Areznej, Amy Brodsky, Susan Brown, Howard Ehrman, Gale Grumbles, Dan Baumer, Jane Katz, Ellen Knight, Howard Levy and Margie Ross, untitled, “letter circulated at National Free Clinic Conference, Washington, D.C., Jan. 19, 1972” in Hayes-Bautista papers, Chicano Studies Collection, Ethnic Studies Library, University of California, Berkeley (collected cited hereafter cited as Hayes-Bautista Papers).

⁸¹ Fletcher Thesis, 105; Dittmer, The Good Doctors, 227-28.

interested not in directly positively influencing lives of people – the broken spirits and the wretched bodies which this society has imposed on many – but in more directly ‘changing the system.’” Adebonojo felt that this segment of the white free clinics had ruined any chance for a unified NFCC. As he put it, although it had been his “vain hope that we could use the so-called ‘beautiful’ free clinic people to bring about some much needed help into the black and third world communities,” their “suspicion, fear, and distrust had all connived to dash such hopes.”⁸²

On Monday, the final day of the conference, an Ad Hoc Working Executive Committee was cobbled together among “whites, Blacks, Indians, Asians, Chicanos, and Latinos” and after pressure by some remaining conference attendees, “some regional and some female representation.”⁸³ The Ad Hoc Committee met John Kramer, Associate Director of Program Development the SAODAP. Kramer assured the Committee that “any clinic could qualify for the money and that almost no strings would be attached.” The initial contract guidelines show that the NFCC would receive the \$1 million and would “develop and distribute desirable policy and operational guidelines to a wide range of free clinics.” After taking \$100,000 as payment for its administration activities, it would subcontract individual grants of a maximum of \$20,000 per clinic.⁸⁴ The final contract guidelines emphasized that the NFCC was the only national organization of free clinics, and as such was “the sole entity able to effectively deal with and sub-contract with individual free clinic programs for drug education and training.” Because individual clinics were “extremely protective of their autonomy and, in general, distrustful of the

⁸² Festus Adebonojo to David Smith, May 2, 1972, Hayes-Bautista Papers.

⁸³ Bloomfield and Levy, *The Selling of the Free Clinics*, 6.

⁸⁴ *Ibid.*, 7.

federal bureaucracy,” the NFCC was the ideal contractor.⁸⁵ Bloomfield and Levy concluded that “the conference was a sham. Free clinic workers allowed themselves to be used to legitimize the NFCC.”⁸⁶

Decline and Disintegration

Even as the NFCC won the contract it has so arduously pursued, its influence among clinics and health activists was waning. Following the Second Symposium, SAODAP observed that about 100 clinics were represented by the NFCC, but 50-100 were not. NFCC’s activities became mired in administering the money, and this process alienated many free clinics and even some members of its Ad Hoc Executive Committee.

Although the NFCC was to hold one more national conference in April 1973 at a YMCA in Denver, Colorado, by now its main activities centered on administering the SAODAP funding, which was renewed through 1975 and was now being provided through the National Institutes on Drug Abuse (NIDA). In 1974 it held a conference that tried to return to its roots as a place where clinics could discuss operational issues and learn from each other. But it had already lost legitimacy in the eyes of many free clinics. In 1976 the Board of Directors of NFCC, Inc. voted against accepting \$500,000 from NIDA because it had “already adequately trained its workers in the area of drug abuse and it was time to work on other projects.”⁸⁷ Soon after this, the NFCC ceased functioning.

⁸⁵ *Ibid.*, 7; Fletcher Thesis, 134.

⁸⁶ Bloomfield and Levy, *The Selling of the Free Clinics*, 7.

⁸⁷ Fletcher Thesis, 191.

IV. Aftermath and Legacy

Legitimation and absorption of free clinics into healthcare safety net

The NFCC's insistence that free clinics should be first and foremost drug clinics limited its ability to serve as the focal point for the free clinics movement. On the other hand, the willingness of the minority coalition to take a major role within the NFCC demonstrates that the NFCC's goals may have represented the interests of some segment of the free clinic population. It is possible, though, that this unity might have been the product of a desire to obtain funding, which therefore made them willing to be part of the NFCC's efforts to be "recognized" as part of the health care delivery system. Despite the divisions identified in the debate at the Second Symposium over "challeng[ing] the system," funding was a real problem for clinics, and most clinics ultimately would not refuse to be government-funded. For instance, as we will see in Section 4, the Berkeley Free Clinic continued to solicit government-based funding while simultaneously directing their clinic efforts toward challenging the medical and healthcare systems.

By 1972 the healthcare system was facing a crisis and calls for reform were once again dominating the national stage. Amid death knells for the healthcare system and calls for national health insurance, federal funding of voluntary efforts such as free clinics was seen as a way to allow the health care delivery system to limp along. Although some free clinics actively sought integration into the health care system, their push was nothing compared to the pull from governmental entities eager to counter rising health care costs. To that end, federal and state governments sought to build a safety net comprised of decentralized health facilities which could be funded governmentally funded but administered locally. Primary care clinics in all their iterations – including free clinics,

neighborhood clinics, federally funded neighborhood health clinics, farmworker and other rural clinics, Indian health clinics and more – represented a move away from the more costly hospital model and could serve as sites for employing lower-paid paramedical professionals and health technicians.

We can see this process, with its push by clinics and pull from government, demonstrated in the California experience. In the early 1970s, several regional clinic consortia were established to help provide better leverage with potential sources of funding. The Southern California Council of Free Clinics, in particular, was an active advocate for government funding and recognition. Their efforts led to a 1975 informational hearing by the California Assembly's Health and Criminal Justice Committees, which received testimony almost exclusively from clinics in Southern California, as well as from the SCCFC and San Diego's Council of Community Clinics. The common refrain was that, whatever populations free clinics had intended to serve at the start, the recession that began in the early 1970s had dramatically expanded their patient population and they were now serving as the main health resource for 3/4 million Californians. Smith provided testimony regarding the Haight Clinic's drug program and urged the senators to consider State funding and advocacy of free clinics to help address malpractice and licensing issues and make California's Medicaid program more flexible and comprehensive in its funding of alcoholism and drug abuse treatments. Neither Smith nor the other witnesses mentioned the NFCC.⁸⁸

⁸⁸ California, Special informational hearing on free clinics, February 26, 1975, State Capitol, Sacramento, California: joint committee meeting, Assembly Health and Assembly Criminal Justice ([Sacramento]: California State Assembly, 1975); California, Community Clinics and Free Clinics & Their Role in County Health Care Systems: Final Report ([Sacramento]: Office of County Health Services and Local Public Health Assistance, September 1982), 2.

In the years immediately following the 1975 legislative hearings, the State of California began to provide direct funding to clinics and developed an advisory body to help them with licensing issues. In 1977, the legislature passed California Assembly Bill 1781, which recognized “free and community clinics” as licensable healthcare entities. (Free clinics were those not charging anything for services, while community clinics charged fees according to an income-based sliding scale.)⁸⁹ Furthermore, when malpractice providers in California discovered in the mid-1970s that they had no figures on risk for malpractice claims within free clinics, they arbitrarily assigned free clinics their high-risk, high-premium category. The State convened meetings between free clinic directors and the state insurance commission, and when these revealed that the reason for a lack of figures on free clinic malpractice was that as of that point there had never been any malpractice claims against a free clinic (!), malpractice insurance premiums were lowered.⁹⁰

At the end of the 1970s, California voters passed Proposition 13, which lowered property taxes and thus decimated the state’s coffers. As a result, state funding was drastically slashed and federal funding for neighborhood clinics was revived. Over the next three decades funding would fluctuate between state and federal sources. Both sources are in jeopardy today.

⁸⁹ California, Clinic – State’s Role; Impact of Proposition 13 and AB 8 on their survivability and efficacy: Friday, November 2, 1979, 10:15 o’clock a.m. : State Capitol, room 4203, Sacramento, California ([Sacramento?]: The Committee on Health and Welfare).

⁹⁰ Seymour and Smith, Still Free, 31.

Reification of the origin myth

Although its attempts to win legitimation and drug-related funding for free clinics ultimately would limit the scope of the NFCC's influence within the larger movement, the NFCC's characterization of what constituted a free clinic was influential at the time, and remains so today. The assumption that the first clinic was the starting point and model for the entire population of free clinics, in particular, survived to inform scholarly works on the period, and has come to assume the weight of historical fact.

In secondary literature, presumption that free clinics were developed along the model of the Haight Clinic doesn't necessarily lead to their equation with "drug clinics," but it does appear to have left scholars with the impression that free clinics were essentially phenomena of the 1960s and, at best, precursors to the movements they are examining. In Ruzek's The Women's Health Movement, a scholarly examination of the women's movement written in 1978 (mentioned in Section 1 above), free clinics warranted only a footnote stating that "the free clinic movement, developed to meet the needs of the 'flower children' in San Francisco's Haight Ashbury district in 1976, set the style for the estimated 400 clinics which subsequently opened."⁹¹ Free clinics were also a footnote in 2002's Into Our Own Hands, another study of the women's health movement (also mentioned in Section 1 above). Although there were often significant differences between free clinics and radical women's health projects, their histories intersected and intertwined (as we will see when we examine the Berkeley Free Clinic in Section 4 below), and it is disturbing that the accepted narrative has left scholars with the

⁹¹ Ruzek, The women's health movement, 61. (Citing Alan Gartner and Frank Reissman, Human services delivery, Saratoga Springs, NY: Empire State College, State University of New York, 1974.)

impression that the history of free clinics has little to offer scholars of presumably more radical critiques and challenges to the medical establishment.

Gregory Weiss's Grassroots Medicine (mentioned in the Introduction above), is unique in placing free clinics at the center of his study. Weiss presents a sociological description of work in modern-day community clinics and also includes a discussion of the National Free Clinics Council and efforts to organize regional clinic consortia. Weiss's description of the origins and nature of early free clinics relies almost entirely on The Free Clinics. Not only does he say that most of the early free clinics were hippie drug clinics, he presents the entire typology of clinics from the Introduction of The Free Clinics.⁹²

In this way, the NFCC's characterization of the free clinics attained a certain "history"-ness (akin to Stephen Colbert's "truth-iness") that has overshadowed the actual experience of the many and various free clinics of the 1960s and 1970s. Almost certainly, the free clinics phenomenon was more varied and complicated than the NFCC's publications, positions, and overall narrative suggests. Given the numerous sleights-of-hand used to buttress its narrative, and its center of gravity within the medical establishment, it certainly failed to recognize the truly new and viable practices that were being invented by the free clinic movement.

This section has explored the weaknesses in the NFCC's characterization of the origins and nature of free clinics, as well as its inability to lead a free clinics movement founded on that characterization. The following section will examine the origins of the Haight-Ashbury Free Medical Clinic to elucidate the operational paradigm of the NFCC

⁹² Weiss, Grassroots Medicine, 25.

organizers. In Section 4 we will take a close look at the origins of the Berkeley Free Clinic, which will allow us to consider the usefulness of the NFCC's origin myth as well as giving us some insight into an alternative understanding of the character and origins of free clinics.

3.

THE HAIGHT-ASHBURY FREE MEDICAL CLINIC

The NFCC's characterization of the free clinics movement was built on the simple premise that the founding of the Haight Ashbury Free Medical Clinic had launched a movement of like-minded clinics. From that narrow vantage point, extending recognition of clinics that were springing up in other underserved communities did not require a new understanding of free clinics. If the Haight Clinic had been the starting point, then it surely must have been a model for the clinics which followed. And in fact, in the popular imagination, the words "free clinic" were most likely to call to mind the Haight Clinic. One reason for this association may have been the word "free," which was widely associated with the youth movement, (think "free love," "free press," etc.) Another is that, as mentioned in the previous section, the Haight Clinic received a lot of media coverage.⁹³ Also, Smith actively publicized his clinic, and described the Haight Clinic's origins in detail in two books, and in broader strokes in a chapter of the book Where Medicine Fails by Anselm Strauss.⁹⁴ Smith's first book, Love Needs Care: A history of San Francisco's Haight-Ashbury Free Clinic and its pioneer role in treating drug-abuse problems (hereafter cited as Love Needs Care), was an account of the clinic co-written in 1971 with John Luce, who wrote a profile of Smith for Look magazine in 1967 called "A Young Doctor's Crusade," and had shadowed Smith during the time he was organizing the Haight Clinic.⁹⁵ The basic history found in Love Needs Care was also published in a

⁹³ Fletcher Thesis, 23, 115.

⁹⁴ Smith et al., The Health of the Haight.

⁹⁵ Ibid., 23; Smith and Luce, Love Needs Care, 142.

chapter of Weiner and Strauss's Where Medicine Fails (1970).⁹⁶ The second book, The Haight-Ashbury Medical Clinic: Still Free After All These Years, 1967-1987 (1986), recapitulated the story of the clinic's founding and then told the story of its operation over the intervening 20 years.⁹⁷

In order to gain a better understanding of the point of reference used by Smith and the NFCC, and in order to compare other clinics to this ideal, this section will describe the origins of the Haight Clinic. Details of the Haight Clinic's organization are taken almost exclusively from Smith books and from information shared with a UC Berkeley Master of Public Health student in 1982. While it is beyond the scope of this paper to attempt to challenge Smith's narrative of his own organizing work or the running of the clinic, this retelling will provide the reader with additional context to understand the landscape and historical moment in which the Haight Clinic came into being.

This section will open, then, with community efforts led primarily by the Diggers to meet the health and welfare needs of the waves of hippie youth that visited San Francisco during the summer of 1967. Most of the information for this section of the narrative is derived from original sources, including contemporary newspaper articles, Digger papers from the Haight Street Diggers Collection held by the California State Historical Society, and leaflets and other ephemera found in the University of Santa Barbara's Haight-Ashbury Collection.

⁹⁶ David E. Smith, John Luce, and Ernest Dernburg, "The Health of Haight-Ashbury," in Carolyn L. Wiener, Anselm Strauss, eds., Where Medicine Fails, 5th ed., 111-130 ([Chicago]: Aldine Pub. Co. 1970; New Brunswick, NJ: Transaction, 1997).

⁹⁷ Seymour and Smith, Still Free.

I. Setting: The Haight-Ashbury District, San Francisco, California

In the 1950s, the Haight-Ashbury was a decaying working-class district with boarded up storefronts and a high crime rate.⁹⁸ After razing of housing developments elsewhere in the City as part of redevelopment plans, Black families began to move into the lower Haight and white flight ensued. The Haight Ashbury Neighborhood Council (HANC), formed to stem this tide and instead develop the Haight Ashbury into a model integrated community.⁹⁹ Smith describes the HANC as being comprised of “attorneys, ministers, professors from San Francisco State College and physicians at the UC Medical Center.” These efforts at gentrification were somewhat successful as the Haight became a bohemian neighborhood, with a mix of artists, Blacks and educated whites. It would soon attract beatniks who were being driven out of San Francisco’s North Beach in 1965.

The Beats (who included famous psychedelic advocates such as Tim Leary and Ken Kesey), along with other cultural radicals who had gravitated toward the Haight Ashbury, soon transformed it into a new community. This new community became a magnet for young people searching for an alternative to the stifling culture they had experienced at home. In early 1966 this new community began to be referred to as “hippies,”¹⁰⁰ although this label wasn’t necessarily adopted by the people who’d been part of establishing the community, like the Diggers, who still referred to it as the “New Community.”

⁹⁸ Neil A. Hamilton, The ABC-CLIO companion to the 1960s counterculture in America, Santa Barbara, CA: ABC-CLIO, 1997 (hereafter cited as Hamilton, 1960s Counterculture).

⁹⁹ Smith and Luce, Love Needs Care, 75.

¹⁰⁰ Hamilton, 1960s Counterculture, 133.

II. Meeting immediate needs and early clinic organizing

The Diggers

By the end of 1966, 15,000 young people were living in and around the Haight.¹⁰¹

This mass immigration of youth generated logistical problems, especially surrounding housing, clothing and food. The first group to begin addressing the needs of the expanding community was the Diggers, a loose group of local beatnik performers and community activists. The Diggers formed in response to ghetto riots which rocked the Black ghettos of Hunters Point and the Haight-adjacent Fillmore in September of 1966. Searching for a way to show their support for the struggles of Black people against their oppression, but turned off by the thought of joining in the violence, and equally turned off by any form of political protest (as had been mounted by Berkeley denizens in support of the rioters), the Diggers decided their contribution would be to act out their ideal society, in order to call it into being. The Diggers saw their goal as infusing the Haight scene with a political perspective expressed “in the arena of everyday life.”¹⁰²

The Diggers developed a vision of the “Free City,” where all physical and social needs would be met. “For the Diggers the word free was as much an imperative as it was an adjective. The object was to place it before any noun or gerund that designated a fundamental need, service, or institution, and then try to imagine how such a thing might be imagined.”¹⁰³ In December of 1966 the Diggers opened a “free store” in a six-car garage just off Haight Street. The “Free Frame of Reference” offered free food & coffee,

¹⁰¹ Ibid., 133.

¹⁰² Michael William Doyle, “The Haight-Ashbury Diggers and the cultural politics of Utopia, 1965-1968” (Dissertation, Cornell University, 1997, PDF obtained from UMI ProQuest Digital Dissertations, July 2006), 112.

¹⁰³ Ibid., 4.

clothing, laundry machines, books, art, and a place to hang out 24 hours a day.¹⁰⁴ And although the hip Haight Street merchants such as the Psychedelic Shop and the I/Thou Coffee Shop provided a visual symbol for the hippie movement,¹⁰⁵ the Diggers' non-commercial venue and their attempts to create new commodity and social relations served as a nucleus for the burgeoning New Community.¹⁰⁶

The Diggers' free store also served as a magnet for harassment by local authorities. Shortly after their free store opened, the Diggers received a Health Commission notice that the owner needed to install a toilet; a few weeks later the city building inspector closed the building, citing it for being in violation of several aspects of the Housing Code ("Using garage for living purposes. No proper light, ventilation, sanitary facilities, etc."). On January 8 they reopened in a storefront which had a kitchen and a large basement. During their opening night film festival (which held ninety people), police officers raided the place and arrested four people. They were charged with fire code violations, "running an opium den," and assaulting an officer, although the charges were later dismissed.¹⁰⁷ On February 4, a mere month after the free store had opened, city officials padlocked the site and condemned the building. "The City's belligerent response only intensified the Diggers' sense of urgent responsibility. They saw themselves as the only party prepared to do something constructive about the crisis...."¹⁰⁸

¹⁰⁴ Ibid., 148.

¹⁰⁵ Hamilton, 1960s Counterculture, 133.

¹⁰⁶ Ibid.; Doyle, The Haight-Ashbury Diggers, 149.

¹⁰⁷ Doyle, The Haight-Ashbury Diggers, 176-78.

¹⁰⁸ Ibid., 192.

In 1967, after the January “Be-In” and the accompanying media blitz, anticipation began to build for a massive gathering of youth in San Francisco for a Summer of Love. The Diggers, already swamped by the needs of the current Community, were very concerned about meeting the needs of the hundreds of thousands of youth they anticipated seeing that summer. In March 1967 two Diggers appeared before the monthly meeting of San Franciscan Anglican clergy and urged the Church to work with the City of San Francisco to “feed, house, clothe and comfort” the hundreds of thousands of young people expected to arrive that summer.¹⁰⁹

The Diggers also appealed to the mayor and city supervisors to welcome visitors to Golden Gate Park by adding sanitation facilities and giant soup kitchens, as was done for the survivors of the 1906 earthquake.¹¹⁰ The official response, however, was antagonistic. Mayor John Shelley asked the board of Supervisors to pass a resolution warning hippies away from the city.¹¹¹ A few days before the Diggers made the front page of the daily papers with their visit to the Diocese, the Recreation and Park Commission passed a resolution forbidding overnight camping in any of the city's parks.¹¹² Two days after the Diggers made their appeal, the chief of police ordered more men to the local police station, and promised that law and order would prevail in the Haight. Smith reports that a prominent local lawyer suggested erecting ‘Hippies Not

¹⁰⁹ “Hippies Warn S.F.; ‘Huge Invasion,’” San Francisco Chronicle, March 22, 1967.

¹¹⁰ George Gilbert, “‘Hot Line’ Between Hip And Straight,” San Francisco Chronicle, July 10, 1967.

¹¹¹ Smith and Luce, Love Needs Care, 139; A.V. Krebs, “The New Community,” Way (Catholic Viewpoints) 5, no. 23 (June 1967): 15.

¹¹² Krebs, The New Community, 15; Doyle, The Haight-Ashbury Diggers, 189.

Welcome Here' signs on the bridges into San Francisco, and the Municipal Railway company sought the board's permission to reroute its buses around Haight Street.¹¹³

In addition to its attacks on Digger establishments for health code violations, the Health Department sought to use sanitation and housing code inspections to harass hippies and their supporters. This attempt may have backfired, as it brought the community together to thwart the Health Department's efforts and winning straight allies to the side of the hippies. The Haight Ashbury Neighborhood Council issued a condemnation of harassment by police and the Department of Public Health; apparently local officials had "raise[d] the spectre of bubonic plague or other pestilence on the strength of rumors alone."¹¹⁴ On March 25th an unsigned flyer notified residents that "The City of San Francisco's Health Department / Police Department combination will attempt, by their own word, to find what they consider unhealthy living conditions in the Haight-Ashbury." This leaflet informed readers that the Health Department did not require search warrants, so they should avoid the authorities. "If you're not at home, they'll just have to come back some other time. If you're never at home, inspection cannot take place. Install a peep-hole."¹¹⁵ Another leaflet, distributed March 27 by the Family Dog House commune, mapped the location of dry refuse boxes (for wood, metal, paper, tin) and said that scavengers would be touring the Haight-Ashbury on the

¹¹³ Doyle, *The Haight-Ashbury Diggers*, 189; Smith and Luce, *Love Needs Care*, 139.

¹¹⁴ Haight Ashbury Neighborhood Council Executive Board, "The Neighbors Dig Hippies (another c.c. scoop)," *The Communication Company*, March 26, 1967," Haight-Ashbury Collection, Mss 42, Department of Special Collections, Davidson Library, University of California, Santa Barbara (collection cited as Haight-Ashbury Collection).

¹¹⁵ Leaflet, "Order out of Chaos," March 25, 1967, Haight-Ashbury Collection.

upcoming Thursday to remove damp garbage.¹¹⁶ Despite sending investigators to 690 dwellings, City health inspectors found only 39 code violations.¹¹⁷

As the summer approached, local “hip” merchants and New Community groups came together to form the Summer of Love Council.¹¹⁸ Although the Diggers soon pushed for the Council to get involved in addressing the visitors’ health and welfare issues, the Council stuck to their initial goal, was to coordinate social and recreational activities in the neighborhood.¹¹⁹ The Diggers’ relationship to the group appears to have been contentious. In an internal memo dated May 23, 1967, the Council for a Summer of Love was referred to as a “run of the mill middle class ineffectuality” that had been formed by “the Evil Merchants.”¹²⁰

The Diggers themselves stepped up their efforts to provide guidance and material support to the newcomers. Their free store, now called “The Trip Without a Ticket,” opened at a new location in March. In addition to free clothes and other free goods, there was a handicrafts workshop with free access to sewing machines and mending supplies. True to their origins, the Diggers’ free store was a resource for more than the Haight’s hippie community; their “customer” included local Black residents as well as local residents referred by the Department of Welfare. “A degree of meaningful dialogue is

¹¹⁶ The Family Dog, Leaflet, “Obstruction,” March 27, 1967, Haight-Ashbury Collection.

¹¹⁷ Smith and Luce, Love Needs Care, 139-40.

¹¹⁸ Doyle, The Haight Ashbury Diggers, 213; Lawrence Brachman, “The Haight-Ashbury - An Overview of Resources and Activities (Prepared for the OLDER YOUTH project of the YMCA of San Francisco),” May 3, 1967, Diggers folder, Haight-Ashbury Collection (hereafter cited as Overview of Resources and Activities), 4-5.

¹¹⁹ Ibid., 4-5.

¹²⁰ Claude, Memo to Warren (“Haight/Ashbury Memo #1”), May 23, 1967, Haight Street Diggers Records, MS 3159, California Historical Society, Manuscript Collection (hereafter cited as Diggers, May 23, 1967 Memo; collection cited hereafter cited as Haight Street Diggers Records).

established with Blacks who come in, as they are not expecting this type of operation from whites.”¹²¹

In addition to free entertainment, free clothes, and sometimes free food, the Diggers held a “Survival School” for new arrivals several nights a week. Monday nights they held an introduction to the “scene,” including Drug Lore (“How to keep from getting killed for kicks”) and Policemanship (“How to avoid getting busted & what do to if you are”); Tuesday nights were health nights, with classes on Sex Lore “how to avoid gangbangs, rape, VD & pregnancy”; Health & Hygiene (“How to stay alive and well”); and Street Wisdom (“How to avoid beatings & starvation, how to survive without money”); Wednesday nights provided a chance to learn from experienced hippies.¹²² Thursday nights doctors provided medical services; this began as referral and consultation without medical examinations but expanded to include medical examinations, contraception and first aid provided by doctors, who were mostly medical residents at nearby hospitals.¹²³ This medical service would expand to include informal examinations on other nights, as well as home visits by doctors to patients who were too sick, or whose children were too sick for them to come to the Free Frame of Reference.¹²⁴

The Diggers continued to grow food on small farms using donated land, and fed 10-40 people daily in Golden Gate Park.¹²⁵ They also opened a “Digger Office” at All Saints Episcopal Church, where they distributed food and clothing and held a physician’s

¹²¹ Doyle, The Haight-Ashbury Diggers, 184-185; Diggers, May 23, 1967 Memo.

¹²² Diggers, Leaflet, “Survival School,” undated, Haight-Ashbury Collection (hereafter cited as Diggers, Survival School leaflet); Brachman, Overview of Resources and Activities, 6; Doyle, The Haight Ashbury Diggers, 150.

¹²³ Doyle, 187; Diggers, Survival School leaflet; Brachman, Overview of Resources and Activities, 124.

¹²⁴ Emmett Grogan, Ringolevio; a life played for keeps (Boston, Mass.: Little, Brown, 1972), 289.

¹²⁵ Brachman, Overview of Resources and Activities, 6-7.

clinic and legal aid center.¹²⁶ Because it was open 24 hours, it also served as a “crash pad.”¹²⁷ Father Harris provided space in All Saints’ basement because he was impressed with the services the Diggers were providing to the community: “There is a staff there 24 hours a day....A steady stream of people with problems comes day and night. There are counselors (sic) there at all times, a doctor holds a clinic one afternoon a week, an attorney spends one afternoon a week to assist anyone needing his advice, and a long list of doctors and other people is available for emergency service at all times. Food, clothing, and shelter are dispensed to the needy at all hours, innumerable run-aways have been found and returned to their distraught parents....”¹²⁸

Other community efforts

As the Summer crowds arrived, concerned residents swung into action, forming social service organizations to help meet the young visitors’ most pressing needs. Housing was probably the most urgent problem of all. Not only were there limits to how many people a 40-square-block area might house, hostels and hotels were not allowed to rent or provide space for underage youth, who were legally considered runaways. The Haight Ashbury Switchboard, opened in July 1967, provided an answering service and a housing and referral service.¹²⁹ Huckleberry House for Runaways, established in July 1967 by Reverend Larry Beggs to counsel young people and help them contact their

¹²⁶ Doyle, *The Haight Ashbury Diggers*, 197; Lester Kinsolving, “Church Dissent on Hippie Help,” *San Francisco Chronicle*, April 4, 1967; Father Leon Harris to All Saints’ Parish, March 29, 1967, Berkeley Free Church Collection (hereafter, Harris to All Saints’ Parish).

¹²⁷ Doyle, *The Haight Ashbury Diggers*, 187.

¹²⁸ *Ibid.*, 187; Harris to All Saints’ Parish.

¹²⁹ Gilbert, *Hot Line*.

parents, soon began providing housing for a limited number of underage runaways.¹³⁰

All Saints Episcopal Church also stepped in to meet the need for housing, establishing an emergency housing program which sent out an appeal to approximately 1,000 members of their congregation asking for beds or floor space for the young visitors.¹³¹

Another important need was for drug-related care. To address this, I/Thou Coffeehouse established a “chill room,” and the Digger hangouts were known to be safe places to find shelter; soon the Diggers’ free stores and the I/Thou Coffeehouse became the places to go when young people were having ‘a bad trip.’¹³² At a meeting in May 1967, a Digger announced that they would open a makeshift clinic called “Home Free” to help with bad LSD trips; this intention was mentioned in a Chronicle article, but there is no evidence in the record whether this was organized.¹³³

Dr. David Smith

When trips got out of hand and exceeded community members’ skill or expertise, trippers would be taken to San Francisco General’s Alcohol and Drug Abuse Screening Unit at San Francisco General Hospital, which is across the city from the Haight. The Chief of the Unit, Dr. David Smith, lived in the Haight and was known to be sympathetic to the New Community. The screening unit was a referral agency housed on the psychiatric wing of San Francisco General Hospital. Smith would help a patient detox, administering medicine if necessary. Smith worried that the “institutional trappings” and risk of arrest at San Francisco General presented a barrier for those who might seek

¹³⁰ Ernie Barry, “No Hackles Raised at Huckleberry,” Berkeley BARB, Oct. 13-20, 1967.

¹³¹ Gilbert, Hot Line.

¹³² Smith and Luce, Love Needs Care, 134.

¹³³ Gilbert, Hot Line.

treatment. He was also concerned that the screening unit's daytime hours left afterhours patients to seek care at the two other emergency hospitals, Park Emergency and Mission Emergency. Neither of these were attractive options, since at Mission Emergency they were generally denied treatment and sometimes locked in padded cells, and at Park Emergency they were either denied treatment or subjected to drawn-out registration procedures that ended with transfer to San Francisco General Hospital.¹³⁴

This reflected a larger difficulty the Haight's youthful visitors faced in obtaining health services. Since 21 was the age of majority, most of the Haight's young visitors could not legally authorize their own medical care. Those who did seek care often found they were treated with the hostility and indifference described above. Park Emergency Hospital was notorious for being unwelcoming to hippies. For instance, there were stories of drug users being sermonized to and turned in to the police, and ambulance drivers often "forgot" to show up when called.¹³⁵ In the end, fear of mistreatment, jail, and return to their families kept many youth away from the city and county facilities.¹³⁶ The Diggers' medical clinics were the only medical care available to most of the thousands of arriving young people.

Dr. Smith helped meet the medical needs of young people who came through his Screening Unit by referring them to city agencies like the Venereal Disease Clinic, the Pediatrics, Hepatitis and Oral Surgery units at General Hospital, the Immediate Psychiatric Aid and Referral Service and the Center for Special Problems. For youth who refused to visit the Public Health Department clinics, he was able to refer them to

¹³⁴ Smith and Luce, Love Needs Care, 134.

¹³⁵ Ibid., 28.

¹³⁶ Ibid., 134-35.

Planned Parenthood and the UC Medical Center. These barely scratched the surface of the medical need he saw.¹³⁷

Early clinic organizing

Smith began discussing the possibility of opening a clinic with Robert Conrich, a retired private investigator who wanted to start and run a privately financed clinic for the treatment of adverse hallucinogenic drug reactions to be run by and for the psychedelic community. Smith and Conrich agreed that the Haight Asbury needed a facility in the neighborhood that was open 24 hours a day, seven days a week, where patients could be detoxified, counseled, treated for acute symptoms, referred elsewhere for extensive treatment, and educated about drugs, nutrition, preventive medicine and proper hygiene. In Love Needs Care, Smith explained that he identified with the idealism of the hippie youth, but he saw them as troubled and in need of a halfway house, and felt that the hippie community was a “subculture which had failed to provide itself with adequate institutions.”¹³⁸ Smith goes on to acknowledge that his initial perceptions of the hippie community had reflected a “parental attitude”; he does not explain, however, what new attitude he felt he had cultivated in the intervening years.

Smith also met with the Diggers, something he does not mention in any of his writings about the Haight Clinic's history. The Diggers urged him to make the clinic a San Francisco Clinic and locate the clinic outside the “four block Haight syndrome,” possibly in the Fillmore, Portrero, or Mission districts. They felt this would make the clinic a model for more Free Community Clinics all over the city. (After all, as they

¹³⁷ Ibid., 135.

¹³⁸ Ibid., 137.

would later point out in a 1968 leaflet criticizing Smith and the Haight Clinic “Who wants to go to a hippie clinic?”) The Diggers left the meeting in frustration, feeling that Smith was on an “ego trip.”¹³⁹

Smith also felt that the Public Health Department was responsible for treating this community, and thought that it was a logical extension of his Alcohol and Drug Abuse Screening Unit. He discussed his ideas with Dr. Fort, who agreed that the city should come up with the funding for such a clinic, and offered to approach the Health Department with this suggestion.¹⁴⁰ Smith thought that perhaps the Health Department could look to the example of the community clinic established in Watts (Los Angeles) in the wake of rioting there. Smith had learned about the Watts clinic from Florence Martin, a Black nurse who worked at the University of California Medical Center.¹⁴¹ He understood the Watts community clinic as not only providing health care in an area severely lacking in medical resources, but as a way to give patients and volunteer staff “a stake in the system they despised.” Smith saw the beats and hippies as a new minority group, in his words, “estranged from the dominant American culture by their beliefs, language and life-style,” and thought a community clinic might serve as a bridge between the straight and hip worlds. Smith also hoped that if the clinic were based in the straight world, it serve as a symbol to the hippies and beats that there was room for them in the straight world.¹⁴²

¹³⁹ Diggers, leaflet, “Privilege,” August/September 1968, Haight Street Diggers Collection; “The Post-Competitive, Comparative Game of a Free City,” p. 16 of The Realist, No. 81, August 1968, The Diggers Papers edition, Haight Street Diggers Collection.

¹⁴⁰ Smith and Luce, Love Needs Care, 138.

¹⁴¹ Ibid., 136.

¹⁴² Ibid., 136-37.

Health Director Ellis Sox felt that the city could not afford to broaden its health program. He was worried that if he extended “special services” to the Haight Ashbury, he would also have to open medical centers in districts like the Mission and the Fillmore, where the poverty was not voluntary. Smith saw this stance as revealing Sox’s opposition to community medicine, and he became convinced that the City would not open a clinic of its own. When the Public Health Department fired Dr. Fort, (according to Smith, the “lone doctor who’d expressed support for a community clinic,”) it felt to Smith like an “act of war.” Smith decided it was time to work outside the system to start a private clinic in the Haight.¹⁴³

III. Establishing the Clinic (April 1967 – June 1967)

In April 1967 Leonard Wolf, a local merchant and professor at San Francisco State College, approached Smith about opening a drug crisis center as part of the Happening House, an educational and cultural center he was developing for the New Community.¹⁴⁴ The Happening House had raised grant money for rent from a local church foundation; the offer of rent-free space appealed to Smith and Conrich, so they began planning in earnest.

Clinic organizing

Smith and Conrich met in a lab at the Psychopharmacology Study Group at the University of California, San Francisco (UCSF) where Smith was a researcher. Although Smith wanted the clinic to serve as a bridge between the hip and straight worlds, he deferred to Conrich, who felt that the hippies and beats would be more likely

¹⁴³ Smith and Luce, Love Needs Care, 140-41.

¹⁴⁴ Ibid., 141; David Perlman, “A Medical Mission in the Haight-Ashbury; Help for the Hippies,” San Francisco Chronicle, June 17, 1967.

to use the clinic because it would reflect their tastes.¹⁴⁵ They decided that the clinic would be called the Haight Ashbury Free Medical Clinic, with Smith as the medical director and Conrich the administrator. They determined that treatment would be free. To make this possible, they would seek donations of medical supplies, ask liberal physicians to be the volunteer professionals and find young people from the Haight to become the lay staff.¹⁴⁶

In order to find professional volunteers for his clinic, Smith held an invitational conference, the Haight-Ashbury Roundtable, on May 13, 1967. Smith's mentor, Dr. Burt Meyers – a professor of pharmacology at UCSF and head of the Psychopharmacology Study Group – had already agreed to become the research director, and a dental graduate student in the Study Group would eventually open a dental section at the clinic as well. At the conference Smith signed up a number of students and doctors, although he was disappointed that he was unable to recruit Florence Martin or other Black nurses and doctors. Smith says that Dr. Sox pulled him aside and suggested he save his patient records because the Health Department might want to contract with the clinic retroactively. This did not end up happening.¹⁴⁷

While Smith was organizing potential staff, Conrich took on the task of finding a site. He began by looking for a house, but ran into opposition from merchants and homeowners. He obtained legal assistance from a lawyer who would later become a Free Clinic volunteer, and eventually found an abandoned dentist's office at 558 Clayton Street. The office had two seven-room suites, which allowed him to rent one suite but

¹⁴⁵ Smith and Luce, Love Needs Care, 137.

¹⁴⁶ Ibid., 141.

¹⁴⁷ Ibid., 142; Seymour and Smith, Still Free, 21-22.

keep open the option of a second suite if the clinic needed to expand, which it did soon after it opened.¹⁴⁸ The rest of Happening House did not move in with the clinic. Instead, they eventually moved into a space down the block, at 409 Clayton.¹⁴⁹

According to Smith, the organizers originally intended a nonprofit, but local zoning and building ordinances “made the charity operation he and the organizers envisioned impossible.” On the suggestion of a city supervisor Smith instead established the clinic as his private office, “doing business as the medical director of the Haight-Ashbury Free Medical Clinic,” which provided the added advantage of allowing volunteers to be covered under Smith’s medical malpractice insurance.¹⁵⁰ In fact, this arrangement was short-lived; according to Smith, his malpractice insurance would end up dropping him after the Look magazine profile was published in August 1967 because he was “working with all those weirdos in the Haight.” He applied to the San Francisco Medical Society for group insurance and, to his surprise the Medical Society not only granted his application, it publicly endorsed the clinic operations.

Next, Conrich scavenged supplies from local hospitals, including an 1890 pneumothorax machine, and he solicited donations of medicine from drug representatives. He also wrote to pharmaceutical companies for samples and “utilized the Medical Center Pharmacology Department.” Finally, they raised a few hundred dollars to purchase analgesics, antibiotics, sedatives and antipsychotic tranquilizers.¹⁵¹

¹⁴⁸ Smith and Luce, Love Needs Care, 143.

¹⁴⁹ Ibid., 194.

¹⁵⁰ Ibid., 143.

¹⁵¹ Ibid., 143-44.

Once Smith and Conrich had secured professional volunteers, a clinic site, and supplies, they put word out into the community that there would be a staff meeting on June 3rd. In the beginning, the meeting was attended by several Neighborhood Council members, the Diggers' Kaiser interns, and "a number of hippies who were perched on packing crates or huddled together with their animals on the floor." Organizers described the calm center, and signed up a number of community members to act as guides "under the supervision of legitimate physicians." They assigned volunteers to be liaisons with other service organizations in the area, and emphasized that the clinic's success would depend on it being accepted within the community. Smith describes feeling disillusioned by community participation at the meeting. He'd been expecting help from the new community, but "most of the hippies who showed up at the meeting looked more like potential patients than volunteers."¹⁵²

Thankfully for Smith's peace of mind, there were several late arrivals who would meet Smith's approval and would become the core of the clinic staff. Peggy Sankot, a nurse who was considering leaving nursing because she was "fed up with the medical establishment," would become head nurse and help set a tone of acceptance in the clinic. Dr. Robert Morris, a pathology resident from Children's Hospital, "saw the clinic as a front line referral facilities for getting abusers off the street and into other facilities," so he set to work on developing the clinic's referral network and procedures. Peter Schubart, a chemistry student from the University of California at Santa Cruz, who Smith describes as "a stable young man with only a slight hippie identification," was named co-

¹⁵² Ibid., 144.

administrator. Alan Rose, a former student who'd been drawn to the Haight's new community, offered to work with the calm center volunteers.¹⁵³

Organizers spent the next few days ironing out operational issues and decorating the clinic "to suit their prospective patients' tastes." Chairs, tables and mattresses and tables were placed in the waiting room, and a sign prohibiting dealing and using of drugs was posted outside the clinic's door, and house rules were posted inside the clinic. They advertised the impending opening of the clinic by preparing posters and leaflets and speaking with community leaders and people on the street.

Clinic opening

On the morning of June 7th, 1967, the Haight Clinic staff posted a sign reading "Haight-Ashbury Free Medical Clinic and Happening House" and the clinic opened that evening.¹⁵⁴ Professional volunteers provided psychiatric, medical, and limited social services. Providers included at least a half dozen nurses; Dr. Frederick Meyers and his wife, a physician for San Francisco State; the Diggers' Kaiser interns; and a half dozen UCSF doctors and medical students.¹⁵⁵

According to Dr. Smith 250 people were seen in the clinic's first 24 hours, and almost 300 were seen its second day. The majority of the first day's clientele were not the young, temporarily homeless flower children who'd flocked to the Haight-Ashbury for the Summer of Love, but were instead were "beats and older hippies, wearing beads

¹⁵³ Ibid., 144-45; Seymour and Smith, Still Free, 23.

¹⁵⁴ Smith and Luce, Love Needs Care, 146.

¹⁵⁵ Ibid., 158-59.

and buckskin, who had not seen physicians in months. Some came with their communes, made music together, and passed out flowers.”¹⁵⁶

The Haight Clinic staff did their best to make the clinic feel welcoming to patients. According to Smith, the nurses “were wearing street clothes; some also went barefoot. They were calm and reassuring...The nurses often touched the patients. They were tolerant when they inquired about their problems and drug abuse.” The waiting room was furnished with chairs, a couch, and mattresses, and Conrich “assured patients, ‘Look, this is a cool place – you know we’re here to treat people, not to bust them. It doesn’t matter if some of the doctors have short hair. You wait – how could anyone work in these conditions and stay straight?’”¹⁵⁷

Despite the founders’ orientation toward mental health and drug issues, the clinic’s general medical focus was quickly validated, as patients began arriving with sprains, fractures, infected lacerations, severe vitamin deficiencies, cold sores, skin problems, athlete’s foot, ringworm, infectious hepatitis, bronchitis, colds and other upper respiratory infections including asthma attacks aggravated by LSD. The clinic dispensed medication (until it ran out) and helped arrange transportation to the local VD clinic, and to nearby hospitals for those who could not be treated in-house.¹⁵⁸ Although organizers had decided that to refer anyone under the age of 18 to other facilities – following the standard practice among California physicians to ignore the law and treat “minors,” which meant youth over 18 but under 21 – in practice the nurses would allow patients to

¹⁵⁶ Ibid., 158.

¹⁵⁷ Ibid.

¹⁵⁸ Ibid., 159.

use fake names and lie about their ages on intake forms, encouraging them to remember their aliases for future visits so that the correct chart could be pulled.¹⁵⁹

By the end of the third day (June 9th), the clinic had run out of supplies and burned out its small staff. Some volunteers had been working in the clinic nearly nonstop for the prior 72 hours, while others were working day jobs and then coming to the clinic at night.¹⁶⁰ On June 10th a reporter visited the clinic; shocked by the sheer numbers of people waiting for help, he spent hours volunteering. His report, “A Medical Mission in the Haight Ashbury,” was printed on the front page of the San Francisco Chronicle¹⁶¹ and brought forth a massive public response, including several more favorable newspaper stories and columns. Donations of money and supplies came flooding in, and the clinic was swamped with volunteers. Smith says that over 100 community members responded and became lay volunteers at the clinic.¹⁶²

One of those volunteers, psychiatrist Dr. Ernest Dernburg, would eventually become the clinic’s psychiatric director. After contributing to the clinic’s Medical Section for several weeks, Dernburg established a psychiatric service staffed by psychiatric residents recruited from nearby Mt. Zion Hospital, and arranged for hospitalization of psychiatric patients at Mt. Zion and St. Mary’s Hospital. Smith says that Dernburg started group and individual counseling, “aided by ...two dozen psychiatrists and social workers who had independently come to 558 Clayton.” Dernburg

¹⁵⁹ Ibid., 146, 159-60.

¹⁶⁰ Ibid., 161.

¹⁶¹ Perlman, A Medical Mission.

¹⁶² Smith and Luce, Love Needs Care, 163.

eventually expanded the counseling and psychological service into a “Psych Section” and became the clinic’s psychiatric director.¹⁶³

Another volunteer brought in by the publicity was William Nesbitt, cofounder of a nonprofit corporation called Youth Projects, Inc., which was working on designing treatment programs “for emotionally disturbed adolescents.” Clinic organizers soon learned that they were hampered by operating as Smith’s private practice, because they could not receive tax-deductible donations. Nesbitt offered his corporation as a tax shelter, and the clinic began operating as a subsidiary of Youth Projects, Inc.¹⁶⁴ Smith does not explain how this squared with the city codes which had prevented the clinic from incorporating in the first place, but perhaps it was easier to change the nature of an existing business than to receive approval in the first place.

IV. The Clinic in Operation

Struggles to keep the clinic open

The first few years of the Haight Clinic’s existence were shaky, mostly due to money issues. The first blow came when the City put the brakes on this outpouring of support (whether intentionally or by accident, Smith is uncertain). As Smith recounts, on June 20th, 1967, the Department of Public Health announced that the city would be allocating \$200,000 to open a proper health center in the district before the end of July. A few days later, the Mayor told the press that the free facility operating in the Haight was receiving public funds. The Mayor’s announcement left people with the impression that HAFC had been taking donations under false pretenses. Donations dropped

¹⁶³ Ibid., 167.

¹⁶⁴ Ibid., 169.

precipitously and several supporters called to complain that they had been duped. Clinic organizers were able to secure pledges of enough funding to hopefully see them through August, when the City's clinic would presumably be opening, but were unable to recapture the previous level of mass support.¹⁶⁵

The Clinic's first fundraiser, a benefit concert using staff and facilities donated by Bill Graham, headlined by Janis Joplin's Big Brother and the Holding Company, drew over 2,000 people and raised \$5,000. This was such an impressive result that the Haight Clinic immediately began planning a second benefit, which they expected would be an even bigger draw than the first. In anticipation of this money, the Medical Section expanded, leasing the second suite of offices to outfit a pharmacy and set up a laboratory. The rest of the clinic operations moved into 409 Clayton, where the Happening House had finally set up shop. The Psychiatric Section took up the second floor, the third floor became Smith's office and was soon turned into a Publications Section, and a room on the top deck was used to isolate and detoxify speed freaks.¹⁶⁶

The second fundraiser ended up being a bust thanks to lack of a promoter and poor planning, as the two major rock-concert venues (the Fillmore Auditorium and Avalon Ballroom) were booked on the chosen night. This second fundraiser ended up drawing only 500 people to a concert at the Longshoreman's Hall. The Clinic ended up thousands of dollars in debt, and while contributions by staff members managed to keep the clinic open another month, the Medical Section was closed by the end of September. Apparently the Medical Section was the only part of the organization to close because, as

¹⁶⁵ Ibid., 169.

¹⁶⁶ Ibid., 193-94.

Smith explains in Love Needs Care, the Medical Section had significantly higher operating costs than the other sections, all of which were operating rent-free in the nearby Happening House space.¹⁶⁷

The Haight Clinic's Medical Section continued to receive good press, including newspaper editorials and supportive mention by popular columnists, and reopened two months later in November 1967 with fewer patients.¹⁶⁸ Smith says that the smaller workload and regular physician schedules led the clinic to have a new atmosphere, a "family atmosphere." The doctors were the fathers, he explained, and Peggy Sankot was the mother.¹⁶⁹

The patient population was also changing, with the visiting summer population mostly having gone home (or elsewhere). A population study run out of the Haight Clinic found that the new population was a bit older than it had been during the summer, and predominantly male. Smith explains that this reflected the rise of drug experimentation and abuse; whereas only 10% of the previous sample had used drugs intravenously, now 50% were habitual users of speed. He opines that this shift from LSD to amphetamines changed the atmosphere on the streets, making it less safe for youngsters and women.¹⁷⁰

In Love Needs Care, Smith describes the Haight Ashbury district of 1968 in terms of dilapidated buildings and terrorized neighbors, characterizing it as a "disaster area" and "a violent teen-age slum...." Psychiatrist Dernburg labeled the population which had

¹⁶⁷ Ibid., 193.

¹⁶⁸ Ibid., 231.

¹⁶⁹ Ibid., 236.

¹⁷⁰ Ibid., 276.

replaced hippies as “hoodies,” and he assessed their mental health based on the “psychological deficiencies and the impoverishments which appeared to distinguish them not only from the beats but from others their age.” The main thing separating the hippies from other youth their age, Dernburg concluded, was that they had been psychologically damaged in childhood.¹⁷¹ Smith appears to adopt Dernburg's view that hoodies were “psychopaths,” and their behavior was worsened by their use of amphetamines, which had effects quite unlike the gentler psychedelics used by the hippies.

Smith says that the Haight Clinic staffers’ sense of increased violence crystallized when they experienced the Haight’s first riot. After a tourist ran over a dog and hundreds of young people came to the scene and began dancing in the street, the police department’s new Tactical Squad was called in to disperse the crowd with teargas and mace. Although the Medical Section was closed, staff members administered emergency first aid and drove two youth to the hospital with broken arms.¹⁷² During the subsequent Tactical Squad-imposed curfew, a gas canister was lobbed into a crowd of youth outside the Medical Section. Smith says that the Tac Squad then launched a teargas canister at the Clinic itself; when it missed, an officer flipped off the Clinic members and said “Too bad we missed – but we’ll get you assholes next time.”¹⁷³ Smith says that clinic staff members urged the curfew violators to come into the clinic instead of retaliating, but the Clinic was ordered to lock the front door and close the window. In the wake of this

¹⁷¹ Ibid., 117, 125.

¹⁷² Ibid., 253.

¹⁷³ Ibid., 254.

incident, three volunteers quit and, Smith says, others felt oppressed by the sense of increasing violence in the neighborhood.¹⁷⁴

In mid-July of 1968, there were three nights of rioting in the Haight, following the arrest of two drug dealers. A large crowd had gathered, when the Tactical Squad imposed a curfew and began sweeping the street. The Clinic opened its door to the injured, and saw 18 patients for broken bones and scalp lacerations before the police blocked the front steps. When the staff tried to leave the Clinic, they were arrested, along with 26 others, including a report for the San Francisco Examiner. Three volunteers were chased off the front steps with riot clubs, and police beat a nurse volunteer when she came to pick up her volunteer husband during the curfew. Father Grosjean of the Ecumenical Ministry – which had recently moved into 409 Clayton after the Happening shut due to harassment and legal problem – was brutally attacked by the Tactical Squad when he urged them to chill out. The next night street youth threw a Molotov cocktail and engaged the Tactical Squad, right in front of the clinic. Once again the Tactical Squad brutally beat several youth.¹⁷⁵

In Smith's opinion, “the brutality decimated the Clinic. Some volunteers were so terrified by recent events that they refused to reenter the Haight, while others who had tried to bridge the straight and hip worlds...finally realized the precariousness of their position....Particularly vulnerable to this realization were those older doctors who had risked their professional reputations by coming to the Clinic.”¹⁷⁶ In addition to the

¹⁷⁴ Ibid., 254.

¹⁷⁵ Ibid., 279.

¹⁷⁶ Ibid., 279-80.

disheartened volunteers, there were also volunteers who were uncomfortable with Smith's role within the clinic and in public. Dr. Bertram Meyer, the Haight's research director and Smith's mentor from the UCSF Psychopharmacology Study Group, left the Haight Clinic in mid-1968 due to disagreements with Smith and threw his efforts into founding the Black Man's Free Medical Clinic in the nearby Fillmore District, which opened in October 1968. According to Smith, this was partly because he felt Smith was too permissive about drug use at the Clinic, but also because "He felt that Dr. Smith was advancing himself as a symbol and saw the Clinic as the means to his personal, as well as political, ends."¹⁷⁷

Smith adds that this attitude was shared by several of his associates, as well as by the Diggers. In his memoir, Digger Emmett Grogan recalls that being disappointed that Smith's focus seemed to be on his own self-aggrandizement:

At least once a week there'd be an interview with David Smith, M.D., in the newspapers, or on the television, or in the folds of some national magazine, like Life, in which he'd expound on his feelings toward [drugs that only he seemed to know anything about] instead of seriously devoting himself to the care of the community's health.¹⁷⁸

The Diggers were also critical of the Haight Clinic. In addition to their criticisms of Smith and their longstanding concerns about serving the larger community instead of just focusing on hippies and drug-related issues, they felt that the Smith and the Clinic were not devoted to the "care of the community's health." Instead, Grogan says, patients were

¹⁷⁷ Ibid., 230; Fletcher, 62-64.

¹⁷⁸ Grogan, Ringolevio, 290.

“treated as ‘research subjects’ and the facility itself was used to support whatever medical innovations were new and appropriate to the agency.”¹⁷⁹

By 1969, the Haight had undergone even more demographic changes; Smith described it as having become “a biracial ghetto instead of a white teenage slum.”¹⁸⁰ The Haight Clinic had closed for a planned hiatus during the Fall of 1968, and when it reopened in January 1969 it was severely understaffed. The clinic had raised enough money to operate for a few months, and they had restocked medications, but the clerical and paramedical staff was tiny, and there were only a few physicians still involved, one of whom would soon leave to work in Vietnam. On opening day, only 75 patients showed up. Half of the patients lived outside the Haight, and most were sicker and in greater need than the Clinic had previously seen.¹⁸¹

After this opening, the clinic once again restructured some of its services. They increased their shuttle service to go beyond SF General to UCSF, St. Mary’s, Mt. Zion, “and other hospitals the patients were willing to use.” They began offering examination and treatment for gonorrhea because their patients would not use the city’s VD Clinic.¹⁸² They also turned to the press once again for help in publicizing the Clinic’s mission. This brought in two dozen physicians and a new administrative manager, most of whom were much younger than earlier staffs.¹⁸³ The clinic began to work with the Haight-Ashbury Research Project (a long-term study of young residents in the Haight, conducted

¹⁷⁹ *Ibid.*

¹⁸⁰ Smith and Luce, *Love Needs Care*, 309.

¹⁸¹ *Ibid.*, 306-07.

¹⁸² *Ibid.*, 309.

¹⁸³ *Ibid.*, 309-10.

by a psychiatrist and a psychologist) and Smith's Marijuana Research Project.¹⁸⁴ By February 1970 the Haight Clinic was seeing at least 10 barbiturates users per day, leading the clinic to develop its own detoxification protocol for this class of drugs.¹⁸⁵

According to Smith, rising violence and hard-drug use ("speed, barbs and narcotics") during this time led to yet more staff defections. Smith's own attitude began to change as well, and he found himself becoming "conservative in [his] political thinking and more professional in [his] approach towards drug problems." As a result, he began to spend more time at, and "exercise more authority" within, the Haight Clinic.¹⁸⁶

Federal funding and the stabilization of the Haight Clinic

In the summer of 1969, the Haight Clinic began to seek federal funding. A \$40,000 grant from the U.S. Public Health Service to determine the health needs of the Haight and design a program to meet them allowed the clinic to establish its first full-time paid professional position, as well as several first fully-paid staff positions. The Clinic's operations continued to expand, and in 1970 they opened a dental section. Even the dental section's primary focus was on drug use, and it would play a leading role in helping to develop the Haight Clinic's Heroin Detoxification Program.¹⁸⁷

As of 1971, the sections of the Haight Clinic were as follows: Medical, Psychiatry, Dental, Drug Treatment, Heroin Detoxification, Commune Health, and Publications. The Commune Health Section consisted of lay health workers visiting communes to provide health information and track the well-being of commune members.

¹⁸⁴ Ibid., 310.

¹⁸⁵ Ibid., 325.

¹⁸⁶ Ibid., 356.

¹⁸⁷ Ibid., 327-28.

The Heroin Detoxification Section provided short-term withdrawal, and the Drug Treatment Section was a “nonpsychiatric counseling and encounter group center” which initially formed in response to speed, but was regearing to address heroin addiction. The Publications Section published the Journal of Psychiatric Drugs. Administratively, each section director had autonomy and chose their staff “for being on the same trip.”¹⁸⁸

The Haight-Ashbury Free Clinic is still in operation, though it is now called the Haight-Ashbury Free Medical Clinics (plural). In 2004 the Haight Clinic also moved from a no-fee to sliding scale payment model, and Smith resigned soon thereafter amid legal, medical, and business disputes with the Haight Clinic’s administration. Although he told reporters that he was opposed to the methods and priorities of the new CEO, a former Bank of America executive, in 2006 reports emerged that Smith and the Haight Clinic were embroiled in legal battles over millions of dollars in real estate money.¹⁸⁹

V. Discussion

Smith’s emphasis on non-judgmental care as one of the innovations of his clinic is a bit perplexing given the judgmental nature of the observations Smith makes throughout Love Needs Care. Were Smith our only source of information about the Haight-Ashbury and youth culture of that period, we would see only the aberrant aspects of the transformation that was occurring in San Francisco, centered for a time in the Haight. If

¹⁸⁸ Smith et al., *The Free clinic*, 3; Alan D. Matzger and David E Smith, “Free Clinics: An Alternative Approach to Health Care,” in Smith et al., The Free Clinic, 60-61.

¹⁸⁹ Nicholas Gattig, “The price of change,” San Francisco Bay Guardian, January 21, 2004, http://www.sfbg.com/38/17/news_freeclinic.html (December 15, 2011); Kim Curtis, “Founder of Free Clinic Resigns in Protest,” Red Orbit, March 20, 2006, http://www.redorbit.com/news/health/434851/founder_of_free_clinic_resigns_in_protest/ (December 15, 2011); A.C. Thompson, “Hippie clinic turned cash cow? Haight Ashbury Free Clinics founder David Smith mingled its money with a for-profit venture that made him rich,” San Francisco Bay Guardian, April 5, 2006, <http://www.hafci.org/pressreleases/sfbg-5apr2006.pdf>.

we were to adjust our focus a bit wider, and include the Diggers' initiatives to decommodify everything from food to clothing to publishing, the picture would be quite different. This wider lens reveals that for a time the Haight-Ashbury district of San Francisco was at the center of a lively, thoughtful critique of mid-century American capitalist society taking shape in the experimental institutions and practices of this time and place. By 1967, the Diggers and Beats were only the most notable evangelists for a worldview that had come to characterize a widespread cultural movement. Especially for young people, questioning achievements of the Modernist project had become part of the air they breathed (or hoped to, if only they could get to San Francisco!). Many thousands of young people tried to reorder their individual lives and their communities to undermine the cash nexus behind every relationship, to abstain from "plastic" industrial products, to decry the valorization of "progress" over community, and to avoid what they saw as alienating hierarchies that dominated official institutions. It is no wonder that this fresh experimentation attracted so many youth. No wonder, also, that not all participants had a clear idea of where they were going or where the border between experiment and excess might lie.

Smith does not appear to have been part of, nor even particularly influenced by, the social movements swirling through the Bay Area at the time. Smith's perception of the youth movement, moreover, was focused almost exclusively on what he saw as its pervasive by-product: drug excess and illness. In many ways, his story of the rise and fall of the Haight-Ashbury closely tracks the dominant narrative about the movements of the 1960s: that it began with high hopes and ended in disillusionment or absorption into the mainstream. No wonder contemporary health care activists, who looked to social

movements as a source of innovation and strength, viewed his emphasis on its problems as a salvo from the other side of the barricades. While they were relying on community activism and training to transform health care, Smith's model aimed to mobilize a different set of people: progressive elements of both the medical and the broader establishment. Smith looked to the Ted Kennedys of the world and sympathetic bureaucrats in government and industry as the most reliable social base to fund and support his innovative medical programs.

The Haight Clinic does represent a significant accomplishment in community-based provision of healthcare for a population whose needs and demands had either been ignored or been met with hostility by the local medical establishment. Smith and the Haight Clinic stepped forward at a key moment of medical need. They found ways to negotiate the cultural divide between youth culture and the medical establishment, and between people in need of medical care and the governmental bureaucracies which accompanied state-subsidized care. In doing so, they stripped away several of the cultural markers central to mid-century American medicine, including the doctor's white coat, sterile waiting rooms, and impersonal patient encounters. While several of these innovations were repeated by and shared amongst free clinics across the country, this in itself does not demonstrate the Haight Clinic model's centrality within the movement so much as it reflects shared barriers in providing care to a population which had become disenchanted and even hostile towards the modern medical experience.

While the Haight model kept power, authority, and initiative in the hands of the existing system, many other clinics reflected a broader challenge to established 20th-century medical practices and government-subsidized charity programs. In light of the

sharp contention between these opposing approaches to health care, a narrative that positions Smith as the father of the free clinics movement must overlook or, at a minimum, downplay more radical health activism. In the next section we will examine the development of the Berkeley Free Clinic, which served as a site for such radical activism, and weigh whether it corroborates or challenges the NFCC narrative.

4.

THE BERKELEY FREE CLINIC

The Berkeley Free Clinic (hereafter cited as “Berkeley Clinic”), which began its organizing efforts only shortly after the Haight Clinic’s began, demonstrates a marked contrast in method and trajectory. The city of Berkeley is located across the bay from San Francisco, and when flower children and other wanderers traveled to San Francisco for the Summer of Love, many visited Berkeley as well. Like the Haight district, the Telegraph Avenue neighborhood of Berkeley was the destination of countless uprooted youth during the late 1960s. Whereas the counter-culture movement which flared brightly and quickly during 1966-67 in the Haight-Ashbury epitomized a radical cultural break with the dominant, modernist sensibility, the contemporary scene in Berkeley 1960s was far more political. Its University of California campus had given birth to the 1964 Free Speech Movement and a growing opposition to the Vietnam War. It was also next door to Oakland, where Huey Newton and Bobby Seale organized the first Black Panther Party chapter. In short, Berkeley was the place to be, if you were looking ways to challenge and change the status quo. Many who gravitated there did so expressly to experience or even to play a part in movements that aimed to transform society.

As we saw in the proceedings of the First Symposium and Schwartz’s National Free Clinics Survey, the NFCC considered the Berkeley Clinic to be an exemplary hippie drug clinic. If the NFCC’s origin myth provides an accurate representation of the nature of free clinics and their development, then the Berkeley Clinic’s origins and operations ought to be significantly similar to the Haight Clinic’s and would closely match the NFCC’s description of hippie drug clinics. In fact, however, the “hippie drug clinic”

description bears only minimal surface resemblance to the Berkeley Clinic, and its organizational and institutional history is markedly different from that of the Haight Clinic.

This section will present the history of the birth of the Berkeley Clinic, focusing on the local organizing activity surrounding establishment of the clinic. Using this frame, and focusing especially on the people doing the organizing work, I have identified three stages in the development of the Berkeley Clinic. In the first two stages, clinic activists were involved with opening a clinic; in the third stage, clinic volunteers were running the clinic, but the nature of the clinic was still undergoing significant transformations.

In the first stage (1967-1968), community leaders' attempts to address the needs of the homeless youth population by establishing an ecumenical street ministry led to the development of one of Berkeley's numerous counter-culture organizations, the Free Church.. The Free Church (officially the South Campus Community Ministry) mobilized local health professionals and social workers to provide assistance, and these efforts soon grew into a project to organize a local free clinic. In the second stage (1968-1969), the organizing group expanded and consolidated into a steering committee which included MCHR doctors and a number of University of California graduate students who made establishing a free clinic their fieldwork project. The clinic opened in May of 1969, and during the clinic's first decade (1969-1978) it underwent a number of transformations before settling on an institutional structure and service delivery model that is in operation today. Among these were challenges to the hierarchical nature of professional supervision and to traditional ways of providing of medical care. As clinic activists began to see themselves as part of a healthcare movement, they continued to organize and

re-organize the clinic so that it would better reflect their new understanding of its role. By the end of this period the clinic was functioning as a "collective of service-section-collectives," in which trained lay health workers addressed basic medical needs. It had established both the basic organizational form and medical service model that would guide its work in the coming decades.

The historical narrative in this section is derived almost entirely from primary sources. Most of the organizational story is taken from documents found in the Berkeley Free Church Collection at the Graduate Theological Union (GTU) in Berkeley, California. Information about the clinic's operations was gathered from newspaper clippings, items from the GTU collection, and a limited number of documents generated by the Berkeley Clinic. The latter includes newsletters and financial information distributed widely within the clinic and several iterations of internal histories prepared by a Berkeley Clinic volunteer, Scott Wilkinson.

Wilkinson (hereafter cited as "Scott"), who later became known by clinic volunteers as "Scottosaurus" (a name he'd chosen in an ironic nod to one of the clinic's fiercer internal political struggles) began volunteering at the Berkeley Clinic during the summer of 1970. He would continue to work at the clinic for the next 40 years, until his death in 2008. Scott worked in several of the clinic's sections at one time or another over the years, although his longest stint was in the Switchboard section, where he was working at the end of his life.¹⁹⁰ Scott had a deep, sustained interest in the history and operations of the Berkeley Clinic, and by 1983 (at least) had taken on the role of unofficial clinic historian. He prepared multiple versions of the clinic's story for

¹⁹⁰ Personal observation.

successive potential-volunteer orientation sessions and section trainings,¹⁹¹ and aided other volunteers when they prepared their own versions of the clinic history. Much of the Berkeley Clinic's oral history, and nearly all of its written history, bears the stamp of Scott's influence. Because Scott's narratives have come to serve as the Berkeley Clinic's own form of origin myth, in this paper the historical narrative derived from Scott's observations have been correlated with the institutional documents and external sources described above.

I. Setting: Telegraph Avenue, Berkeley, California

The University of California lies across the San Francisco Bay, about 25 miles from the Haight-Ashbury. The Berkeley Hills hug the eastern edge of campus, and Berkeley's city center is just a few blocks to the west of the campus. At the southern end of campus lie Sather Gate and Sproul Plaza, the student union, and university administrative offices. Stretching south below that is Telegraph Avenue, which was (as it still is today) lined with coffee houses, record shops, bookstores, and other shops catering to student needs. The blocks on either side of Telegraph were then, as they are now, primarily residential, housing undergraduate students, graduate students and their families, professors and their families, and a number of elderly residents,¹⁹² along with some institutional buildings such as the Berkeley City Club and numerous churches.

¹⁹¹ In 2001-2002 and 2007-2008 all clinic sections taught clinic history as part of volunteer training (personal observation).

¹⁹² First Presbyterian Church, "Study of the Immediate South Campus Community," April 1966, Berkeley Free Church Collection (hereafter cited as First Presbyterian Study).

In the mid-1960s the University of California (hereafter cited as UC) was a hotbed of student activism and, as mentioned earlier, birthplace of the Free Speech Movement. The South Campus area became a locus of this political activity and protest and, as one community member put it, a “radical-activist student-aged group” had begun to “occupy” the Telegraph area.¹⁹³ By early 1967, hippies had become a visible presence on the Avenue and in the nearby neighborhood. Dick York, head of the Berkeley Free Church mentioned above and described in detail below, described the new Telegraph Avenue community as “the novel, exciting, intractable combination of alienated youths, non-student radicals, and exceptionally competent students, which had mushroomed south of the University of California campus.”¹⁹⁴

II. Meeting Immediate Health Needs and Laying the Groundwork for a Clinic:

South Campus Community Ministry, aka Berkeley Free Church

As youth to migrated to the Bay Area for the Summer of Love, many ended up in Berkeley. Many others bounced back and forth between the two hippie enclaves. The San Francisco-based Diggers set up a free taxi service running between Berkeley and the Haight. They also began providing free meals in Berkeley's Civic Center Park across the street from City Hall, for which the Berkeley Health Department provided nutrition and sanitary consultations.¹⁹⁵

¹⁹³ Ibid.; Isabel Weissman, Berkeley Community Health Project (Free Clinic) Developmental History, November 24, 1971, attachment to Harlan Stelmach's notes of a telephone interview of Weissman 11/6/75, Stelmach Dissertation Research Files, Berkeley Free Church Collection (hereafter cited as Developmental History), 1.

¹⁹⁴ South Campus Community Ministry, “Unified Proposal: July 1, 1968-June 30, 1970,” June 30, 1968, Berkeley Free Church Collection (hereafter cited as SCCM, Unified Proposal 1968-1970), 2.

¹⁹⁵ Isabel G. Weissman, “Memorandum, Mental Health Services and the Hippie Community,” December 12, 1967, Berkeley Free Church Collection (hereafter cited as Weissman Memorandum).

South Campus Community Ministry

Whereas the Haight-Ashbury district saw formation of several community initiatives meant to address the social needs of the coming flood of youth, in Berkeley a single organization was formed.¹⁹⁶ Concerned clergy, merchants, and other community members came together to hire someone to provide an ecumenical street ministry which would “minister to the needs of persons in the South Campus area, especially those temporarily resident,” in ways that existing institutions either couldn’t or wouldn’t.¹⁹⁷ The South Campus Community Ministry (hereafter cited as SCCM) received funding from local churches and merchants as well as the Presbyterian Board of National Missions and the Episcopal Diocese of California.¹⁹⁸ The SCCM’s Executive Committee included Episcopalian and Presbyterian ministers, a local merchant (Fred Cody, owner of Cody’s bookstore), a UC psychology major (Greg Mack, who considered himself the Committee’s ‘token hippie’), and Bill Poithier, an ordained minister who’d started a Youth Council for Berkeley’s Human Relations and Welfare Committee and had been a member of Berkeley Social Planning Committee. The Committee hired Dick York,¹⁹⁹ a recently ordained Episcopalian deacon who had community organizing experience through his work with Students for a Democratic Society’s Economic Rights Action

¹⁹⁶ City of Berkeley, Human Relations and Welfare Commission, minutes, July 27, 1967, (first page is an agenda for 8/24/67), Box 28, Berkeley Free Church Collection (hereafter cited as Berkeley HRWC Minutes, July 1967). The Commission attempted a survey of the organizations providing assistance in the South Campus area and turned up only Dick York and the SCCM.

¹⁹⁷ Dick York, “The South Campus Community Ministry: An Analysis of its Stance and Directions,” October 1967, Berkeley Free Church Collection (hereafter cited as York Analysis, October 1967).

¹⁹⁸ Eric Goodman, mass letter soliciting donations to SCCM, March 21, 1968, Box 2, Berkeley Free Church Collection.

¹⁹⁹ South Campus Community Ministry, “Notes of South Campus Ministry Committee Meeting held at Westminster House on June 1 1967,” Berkeley Free Church Collection.

Program and, just prior to his appointment, organizing of a tenant's union and rent strike in the Oakland housing project where he lived with his wife.²⁰⁰

Meeting immediate needs

York was provided with a two-story house near Telegraph Avenue; he and his wife lived upstairs, and York conducted church business downstairs. York began his street ministry on July 1, 1967, walking the streets and meeting its inhabitants, many of whom followed him home and turned the downstairs into a drop-in community center. Although York occasionally referred to youth he served as “hippies” in his reports, his observation was that the street scene was made up of “hippies, student radicals, drop-outs, weekend or runaway teeny boppers, etc.,” and he pointed out that it wasn't readily apparent who belonged to which group since they didn't look that different from one another. York was embraced by many of the hippie youth, and his ministry was soon referred to as the “Free Church.”²⁰¹

York hired an ex-social worker, Glee Bishop, to help him administer his social ministry. Bishop immediately began developing a pool of resources to address the problems York was learning about from the street youth.²⁰² As was the case in San Francisco, the most pressing need the nonstudent youth faced was for housing. The South Campus area already faced a housing crunch, and most young visitors weren't in a

²⁰⁰ Dick York, “Case Study of The Peralta Improvement League, Oakland, CA,” Berkeley Free Church Collection; Economic Rights Action newsletters mailed to Dick York, Folders 13 and 14 in Richard L. York Chronological Files, Berkeley Free Church Collection.

²⁰¹ York Analysis, October 1967.

²⁰² SCCM, Unified Proposal 1968-1970, 5.

position to rent lodgings. York observed that “kids without money sleep on the street, in parks, on UC campus, in doorways and cars....”²⁰³

Medical care was also a significant issue. As they did in the Haight, young people in Berkeley faced several difficulties in obtaining medical and mental health care because they were underage (and therefore were legally considered runaways) and lacked a local permanent residence and proof of County residency, and were furthermore unable to afford the nominal fees required by clinics and emergency rooms. Many youth crossed the Bay to visit the Haight Ashbury Free Clinic, but many more couldn’t afford transportation or were too ill to travel across the Bay.²⁰⁴ The City of Berkeley had a mental health clinic, but youth were not using it. Isabel Weissman, a psychological social worker for the city’s Mental Health Services, began studying mental health needs of the new youth population and urging the Health Department to meet these needs, but she would mostly have to work outside the Health Department to achieve anything. The city’s VD clinic provided STD services and vaccinations, and was known to have “an excellent attitude towards the hip scene,” but it was a couple of miles from Telegraph and it cost money.²⁰⁵

For medical emergencies the two options were nearby Herrick Hospital, a private hospital located about a mile away, or Highland Hospital, the county facility. Highland was located 10 miles away in Oakland, which is either a 15-minute drive or a multiple-

²⁰³ South Campus Community Ministry, report, August 1967, Berkeley Free Church Collection (hereafter cited as SCCM Report, August 1967), 2.

²⁰⁴ South Campus Community Ministry, “Medical and Psychiatric Problems in the South Campus Community,” Spring 1968, Berkeley Free Church Collection (hereafter cited as SCCM, Medical and Psychiatric Problems).

²⁰⁵ Weissman Memorandum; Weissman, Developmental History, 1-3.

transfer hour-and-a-half bus ride, and it was only free if you could prove you were over 21 and verify 3 years' residence in Alameda County.²⁰⁶ Herrick was much closer, but was rather unwelcoming. In addition, Herrick's reimbursement claims for emergency services to indigent residents were processed through the Police Department. This meant that the hospital would submit the bill, including the entire emergency room sheet with all its personal and medical information, to the police department for processing.²⁰⁷ Berkeley's police department also ran the ambulance service. This relationship between police and ambulance services made people leery of calling for help; as the Free Church noted, "some people would actually rather die than have to deal with the police."²⁰⁸

York and Bishop drew up a list of problems they expected to encounter, and Bishop phoned possible resources and scheduled appointments with local agency directors. To meet housing needs, they enlisted the assistance of SCCM churches, who sent letters to their own parishioners asking them to provide housing for the homeless youth. York looked to the experiences of Haight-Ashbury organizations to help them formulate a plan, clipping newspaper articles and contacting organizations. Bishop met with Father Harris at All Saints Episcopal Church in San Francisco to learn about their housing efforts, and York and Bishop met with the Haight Switchboard, who were happy to start sending the Berkeley youth queries back over the Bay for support.²⁰⁹

²⁰⁶ SCCM Report, August 1967.

²⁰⁷ Berkeley Free Clinic, "Request for Support from The City Council," May 1971, "Berkeley Free Clinic" folder, Berkeley Public Library History Room, Berkeley, CA (hereafter cited as Request for Support; collection hereafter cited as Berkeley Public Library History Room).

²⁰⁸ Berkeley Free Clinic, Request for Support.

²⁰⁹ SCCM Report, August 1967; Free Church, minutes, "Meeting of the Minutes [sic]," September 24, 1967, Berkeley Free Church Collection (hereafter cited as Free Church, Meeting of the Minutes, September 1967).

The Free Church's emergency housing program began operating in August, when they had nearly 60 people signed up to offer short-term housing (1-2 nights).²¹⁰ The Free Church started its own Switchboard and within a few months it included a housing service, two telephones manned 24-hours a day for referrals, emergency calls and taking messages, and a missing persons file. Homeless young people could use the address to receive mail, and there was a room set aside for helping people through "bum trips." This room was also used as a first aid station, and volunteer physicians and nurses provided some medical care.²¹¹ These professionals included Lee Jenkins (a Kaiser doctor) and Lou Harris, RN (both members of St. Mark's Episcopal church), who provided professional care one night a week and provided on-call assistance.²¹² (Harris would eventually come to serve on the Free Clinic's Board of Directors from 1969-1971.) They found a psychiatrist to volunteer and quickly added group therapy to its services.²¹³

Medical problems treated at the Free Church included general ailments such as strep throat, toothache, flu and colds, but they also encountered people with social disease issues including beating victims, people with sexually transmitted diseases, hepatitis, and drug overdoses. They were able to handle simple issues in their makeshift clinic, but had to refer out for many problems. They referred youth to the City health clinic for "VD checkup and treatment" and vaccinations. They also referred kids to a number of psychiatric clinics for emergency treatment, though they were frustrated that they were unable to follow up or learn the outcome of these referrals.

²¹⁰ SCCM Report, August 1967.

²¹¹ York Analysis, October 1967.

²¹² Weissman, Developmental History, 2.

²¹³ Ibid., 4.

For emergency care, they would usually escort the person to Herrick Hospital's emergency department. Although Herrick was known to provide quality care, Free Church staff found that people they referred were often hassled because of their appearance and had difficulties because they were minors or had no money. They were also leery of Herrick because of an experience where Free Churchers had brought an attempted suicide to the ER and, when the patient became angry, Herrick called the police. This led to police officers showing up at the Free Church with a warrant for the patient's arrest for disturbing the peace.²¹⁴ Eventually York would ask the SCCM Executive Board to intervene by forming a liaison committee which would include members of the Board, a medical doctor, and Isabel Weissman, mentioned above, as the City Health Department representative.²¹⁵

The Free Church estimated that from July to September of 1967 they saw approximately 80 people per night needing housing services. On average, each week they saw 5 hospital emergencies, 5 psychiatric cases, and 5 people seeking legal assistance. Weekly they assisted 15 runaways and 10 bad drug trips, and during the whole period they saw a total of 15 drug overdoses.²¹⁶

At first the Free Church provided rudimentary first aid with supplies they were able to scrounge up, but they soon attracted a volunteer interested in expanding this service. Bob Stewart, a nurse from Los Angeles, came to the Bay Area to volunteer at

²¹⁴ Susan Cady, Ann Heisler, and Ellen Koteen, "South Campus Community Organization, Community Service Projects Proposal," February 18, 1969, Berkeley Free Church Collection (hereafter cited as Community Service Projects Proposal), 4; Dick York, "South Campus Community Ministry Director's Report," October 31, 1967, Berkeley Free Church Collection (hereafter cited as York, Director's Report, October 1967).

²¹⁵ York, Director's Report, October 1967, 6.

²¹⁶ SCCM, Medical and Psychiatric Problems.

the Haight Ashbury and Free Church Switchboards and soon decided that the Free Church needed someone to develop its first aid station. When Stuart contacted the Haight Ashbury clinic for help with this project, they donated an operating table and referred him to Isabel Weissman, a psychological social worker with the Berkeley Health Department's Mental Health Services. Weissman and colleagues had toured the Haight clinic in May as part of their investigation into ways to make Berkeley's mental health services more accessible to street youth.²¹⁷

On August 31st, Stewart and another Free Church volunteer met with Weissman and her colleagues, plus psychiatrists from Herrick Hospital's psychiatric clinic. Weissman hoped to learn what the Free Church was doing, what needs they were seeing, what people wanted, and how the City might organize to provide this, although she emphasized that the meeting was exploratory and she couldn't promise that the City would be able to provide any resources. Stewart wasn't able to speak to the larger health needs, suggesting that Weissman speak with York about this. He presented Weissman with a list of supplies needed for a first aid clinic, saying that he did have a few supplies, including a wash to flush out kidneys, trash cans, sterilizer and a bed pan. He had run into trouble procuring medications and hoped the City or Herrick staff might be able to help. Weissman thought Dr. Smith at the Haight might be of some assistance in problem-solving this issue, but Stewart replied that he'd been to the Haight clinic three times and couldn't get any answers. Weissman couldn't promise any supplies, though the Herrick

²¹⁷ Weissman, Developmental History, 1-3; "Meeting to Explore Needs of Telegraph Avenue Community," August 31, 1967, Berkeley Free Church Collection (hereafter cited as "Meeting to Explore Needs").

psychiatric social workers suggested that they might be able to use personal clout and connections to try get someone to donate.²¹⁸

After a follow-up visit to the Free Church, Weissman was convinced that the need for medical and mental health care “had been amply demonstrated by the people who came there for help.” She attempted to convince the Health Department of this need in a memorandum titled “Mental Health and the Hippie Community,” suggesting that the Public Health run a drop-in service to provide short-term crisis intervention, but she didn’t gain much traction.

At the end of the summer, the Free Church saw a drop in the “summer ‘hitch-riding’ population,” but there were still a large number of local hippies and younger run-aways. While Dick York was not a member of the hippie or activist youth communities, the Free Church soon became active supporters of these communities and had themselves become part of the Berkeley ‘scene,’ which included the antiwar, Black power and student movements.

Free Church staff felt that the Switchboard had not been entirely successful because of the conflict between providing a community space and getting social services work done (by the Switchboard). Their original concept for the Switchboard had been to provide a service center where the ministry could carry out its work. They hadn’t intended for the space to be a gathering place. But soon, the one space was serving both purposes, but interfering with the successful development of either. In September of 1967 the Free Church rented a larger, nonresidential space, which they christened the

²¹⁸ “Meeting to Explore Needs.”

“Liberated Zone.”²¹⁹ The Free Church used this space to host arts and crafts workshops and an affiliated free store, drama and music workshops, and a puppetry workshop.²²⁰ It was used as a canteen, a planning area for street actions and a first-aid center, and offered an employment service and draft counseling.²²¹

Free Church and protest “violence intervention”

Stewart left the Free Church within a couple of months, and in late 1967 Chuck McAllister stepped in to help with the Free Church’s first-aid station. McAllister, a Korean War veteran who had served as a medic, also helped develop first-aid intervention for people injured during clashes between police and protestors, which were occurring with greater frequency in those years. McAllister would continue to work on and off with the Free Church for the next couple of years, providing street medic team training and supervision and serving on its Board during 1967-68 and 1969-70.²²²

Street medics were an increasingly common sight during the late 1960s. While the MCHR’s physicians had been providing street-protest first aid since its beginnings in the Civil Rights Movement, now protestors and lay sympathizers were providing basic first aid. As described below, during the People’s Park protests of 1969, hundreds of medics were trained to provide care. This training emphasized injuries likely to be

²¹⁹ Free Church, Unified Proposal 1968-1970, 8-9.

²²⁰ Free Church, Meeting of the Minutes, September 1967.

²²¹ Free Church, “Project Directors’ Quarterly Report: Mar. 15, 1969,” Berkeley Free Church Collection (hereafter cited as Project Directors’ Quarterly Report).

²²² Weissman, Developmental History, handwritten notes.

experienced during confrontations with police forces, such as how to cope with tear gas, contusions, etc.²²³ Isabel Weissman would later reminisce:

I remember the sight the medics made – they appeared seemingly out of the walls at the first sign of trouble on the avenue; hairy and/or bearded, wearing white or once-white bus-boy-like jackets with red crosses crayoned on, or made out of red cloth and sewn on the sleeves and back. They carried little tins of first aid supplies, slung from straps across their shoulders. With what angry derision was this sight greeted by the “real” Red Crossers!²²⁴

In October 1967 the Free Clinic began actively providing assistance for antiwar and other protests beyond the immediate Telegraph Avenue Area, when they provided first aid assistance for protestors at the Oakland Induction Center protests during Stop the Draft Week. Furthermore, York organized a “Clergy Phalanx,” a group of volunteer clergy who would dress up in their religious raiment and form a barrier between protestors and police. This barrier tended to be partially successful, as some police respected the presence of clergy, but others assumed the clothes were fake and beat on the clergy and protestors alike. This innovation was used again during the San Francisco Mobilization (“MOBE”) against the war in Vietnam in April 1968, and by that summer the Free Church was regularly providing its “violence intervention” services to local protests.²²⁵

²²³ Linda Borenstein, John Johansson, Richard Winklestern, Patching Up the Movement, a first aid manual ([Boston?]: New England Free Press, 1970), Social Protest Collection, Mss 183, Department of Special Collections, Davidson Library, University of California, Santa Barbara.

²²⁴ Weissman, Developmental History, 4.

²²⁵ Free Church, “Burst from the Love Bubble” newsletter, issue #1, May 20, 1968, Berkeley Free Church Collection; Weissman, Developmental History, 4; SCCM, Unified Proposal 1968-1970, 8.

Unmet health needs

At the end of summer, York was concerned with a number of health needs his ministry hadn't been able to address. First, he and the Free Church staff were concerned about drug usage and its complications. By Spring of 1968 they were running a "drug crisis intervention" service. They also made sure that a number of their professional psychiatric volunteers were experienced with drug problems.²²⁶

Second, although the Free Church had begun offering group mental health counseling, they felt like more was needed.²²⁷ In December York met with Weissman and a group of local mental health professionals interested in volunteering, led by Doris Gilbert, who was on the psychology faculty at San Francisco State College and worked at the UC psychology clinic, and in who 1970 would become Chairman of Berkeley's Mental Health Advisory Board. The meeting wasn't especially successful. Although York had hoped Mental Health Services would provide counselors for group and individual therapy, the administration preferred to "retain control over the conduct of its psychological services." York's report says that Gilbert's group also wanted the services to be provided somewhere other than the Free Church, and under professional administration, "but with Free Church or other 'hippie' volunteers to make it more accessible to the hippie community."²²⁸ York insisted on keeping psychiatric services under the auspices of the Free Church, as he felt that an official city program would meet neither the City's nor the Free Church's needs.²²⁹ Gilbert offered to coordinate

²²⁶ SCCM, Medical and Psychiatric Problems.

²²⁷ SCCM Report, August 1967.

²²⁸ Weissman Memorandum.

²²⁹ Dick York to Isabel Weissman, December 5, 1967, Berkeley Free Church Collection.

psychological volunteers from among her students, but this was eventually halted as well. Weissman later speculated that this may have been because students would be constrained to provide traditional psychotherapy instead of “rapping,” which was “de-institutionalizing the psychotherapeutic ethic.”²³⁰

This meeting brought the City’s Mental Health Services into closer contact with the Free Church. Weissman and other Mental Health staff were invited to volunteer at the Free Church, and Weissman’s job duties were expanded to include working as a consultant to the Free Church. Weissman provided assistance with planning and resource issues,²³¹ as well as helping to “avenues into the private and public health care and social services resources on a case by case crisis basis.” Weissman began to advocate for the Free Church in official meetings, and remained a vocal supporter the Free Church (eventually serving on its Board) and, later, of the Free Clinic.²³²

Third, while the Free Church was able to handle minor ailments themselves and refer emergencies to local services, albeit with quite a bit of frustration, they were especially frustrated in their attempts to find medical service referrals for serious, but non-emergency, ailments or dental problems. At the end of July, York reported to Berkeley’s Human Relations and Welfare Commission that the Free Church was “beginning to try to set up” a free medical clinic, and that dental equipment and doctors’ services “had been offered.”²³³ However, this was the last mention in the record of any clinic organizing for the rest of 1967.

²³⁰ Weissman, Developmental History, 4.

²³¹ York, Director’s Report, 3.

²³² Weissman, Developmental History, 4-5.

²³³ Berkeley HRWC Minutes, July 1967.

Clinic organizing

In January of 1968 the Free Church took up where it had left off and began organizing in earnest for what they had begun to envision as a free medical and psychological clinic.²³⁴ The pastor of Trinity Methodist Church expressed interest in providing space, Dr. Smith at the Haight Ashbury clinic encouraged their efforts and indicated, in the Free Church's words, that he was willing to "throw support to Berkeley to give [clinic efforts] the authenticity and reputation of the [proposed Berkeley] clinic."²³⁵ They submitted a formal request to Trinity Methodist, which was promptly approved, and York and Bishop began contacting everyone they could find who had shown interest in contributing to such a project.²³⁶

There were a number of people interested in supporting a potential free clinic in the Telegraph Avenue area. Alvin Leonard, the city's Health Director, reported to the City Manager in January 1968 that there was significant support for a clinic coming from churches, professional schools on the Berkeley campus, and local medical and allied professionals who had offered to volunteer their services.²³⁷ Glee Bishop met with Dr. Leonard in early February to outline the needs for a free, hip medical clinic and to seek

²³⁴ South Campus Community Ministry, Minutes of the Board Meeting held January 10, 1968, Berkeley Free Church Collection.

²³⁵ Free Church, letter, "From the Community of the Free Church to our brethren of Trinity Methodist Church," undated, Berkeley Free Church Collection. Although this is undated, it is likely this was generated in February 1968. In early February the Free Church reported that Trinity's pastor had suggested they formally request space at Trinity; at the end of February there is a letter from Trinity formally granting that space. This appears to be the request to which the letter referred.

²³⁶ South Campus Community Ministry, "Minutes of the Executive Committee Meeting of the SCCM held on Wednesday, February 28, 1968 at 7:30 p.m.," Berkeley Free Church Collection; "Present list of persons and groups interested in Berkeley hip clinic," February 1968, Berkeley Free Church Collection (hereafter cited as Clinic organizers, Present List of Persons and Groups). There is no indication of authorship, but its format and typeface is similar to other Free Church administrative documents and it was located amidst those documents in the manuscript collection.

²³⁷ Dr. Alvin Leonard to Richard York, March 4, 1968, Berkeley Free Church Collection.

the Health Department's support. Dr. Leonard acknowledged the need, but made it clear that the Department's priority was developing a clinic for the west and south sections of Berkeley to replace the county-run medical clinic which had closed the prior year. These areas of Berkeley were poorer, with a higher concentration of Black families.

Dr. Leonard offered his moral support and possibly volunteers from his staff, but no organizational or financial backing.²³⁸ He also pointed Bishop toward another group exploring the possibility of establishing a clinic, the City of Berkeley's Youth Council. The Youth Council's Health Committee had already spoken with Dr. David Smith, and invited the Free Church to join them at an upcoming meeting with Dr. Schoenfeld, a local doctor who was known to be sympathetic to hippie youth.²³⁹ I did not find any records of the outcome of this meeting; this is the last time the Youth Council or its members are mentioned in connection with clinic organizing, so this clearly did not develop into a partnership.²⁴⁰

Free Church staff held another meeting with Doris Gilbert and a group of professional mental health volunteers, including several psychologists and a social worker. Gilbert imagined a clinic offering both medical and psychological services, modeled on the Haight Ashbury Free Clinic, where "the physicians hadn't hassled the psychologists and social workers." The mental health professionals had some concern, however, about providing counseling in a "medical model" setting. They worried that by

²³⁸ Bishop, Glee. "Report of Meeting with Dr. Alvin Leonard and Glee Bishop at Berkeley Health Dept.," February 8, 1968, Berkeley Free Church Collection.

²³⁹ Irwin Unger and Debi Unger, eds., The Times Were a Changin': The sixties reader, New York, Three Rivers Press, 1998. Eugene Schoenfeld had a column in the Berkeley BARB called "Dr. HIPpocrates," in which he attempted to answer pressing medical and health questions for youth about sex, drugs, etc. The column started in 1967 and was eventually syndicated nationally (and in 1973 it was made into a book).

²⁴⁰ Clinic organizers, Present List of Persons and Groups.

calling it a clinic youth might feel they were ill and being treated, instead of coming to receive assistance with current decisions, moral dilemmas, etc. There was also concern that Black youth wouldn't enter a psychedelic establishment, and further concern that the Free Church's clinic would have limited appeal because it was being run by (and in) a church. For their part, the Free Church staff felt that the Gilbert didn't take what they were doing seriously, and came away with the sense that "the Gilbert group" was "assuming that all hippies were kids who had gone astray and needed to be helped back to the true path, whereas the high school kids were somehow on the right track."²⁴¹

In a March report to the SCCM board regarding its services, the Free Church reported that it was "acting as catalyst" for groups and individuals who wanted to start a free medical clinic in Berkeley. Their aim was to have a clinic ready by summer that would be open a few hours a day. They said they had "the interest and co-operation of current medical agencies" and had begun setting up meetings with a "core of twelve doctors who are greatly interested in this service."²⁴² Clinic organizing slowed, however, as the crowds arrived and summer heated up.

As of June 1968, the Free Church services approximated a combination of those offered by Haight's Switchboard, Free Clinic, the Huckleberry House for Runaways, and

²⁴¹ Glee Bishop, "Report on Conference about the Proposed Adolescent Center," February 15, 1968, Berkeley Free Church Collection; Doris C. Gilbert, meeting summary, "Professional Volunteers, Free Church," February 15, 1968, Berkeley Free Church Collection. The Bishop report is does not have her name on it, but is clearly written by the person who attended the meeting with Gilbert, and Gilbert's meeting summary indicates that this was Bishop.

²⁴² Free Church, "Summary of the Services, Resources and Volunteers of the Free Church," March 1968, Berkeley Free Church Collection (hereafter cited as Free Church, Summary of Services).

the Diggers.²⁴³ The Free Church's services were augmented by numerous part-time professional volunteers, including 6 physicians, 2 nurses, a dentist, 2 psychologists, 2 psychiatrists, a psychiatric nurse, a counselor, a psychiatric social worker, and a public health and psychiatric nurse. Two Berkeley employees, Isabel Weissman (Mental Health Services) and Doris Pfeffer (Family Services), worked as consultants to the Free Church and Switchboard. They also had 8 attorneys and 17 clergy available for counseling and the Free Church's violence intervention squad (formerly known as the "clergy phalanx").²⁴⁴

Telegraph Avenue's street population swelled with the coming of summer. But only some of these visitors were hippies. In early July the City Manager identified the following groups of "residents, transients and habitués who constitute the population" of the South Campus Area: 1) hippies or flower children, 2) devotees of the drug culture and those who preyed on them, 3) "intellectual and artistic counterparts of the Bohemians," 4) Hell's Angels and Hell's Angels wannabes, 5) communes or affinity groups, 6) "tourists, teeny-boppers and kindred souls from all over the Bay Area," and 7) numerous leftist political activists.²⁴⁵ He neglected to note whether the any of these groups consisted of students. The Free Church noted that its volunteers and followers had come to include

²⁴³ SCCM, Unified Proposal 1968-1970. The collection includes clippings discussing all of these institutions in Dick York's files, including a letter from Huckleberry House which indicates he'd contacted them to learn how they operated.

²⁴⁴ SCCM, Unified Proposal 1968-1970.

²⁴⁵ Berkeley City Manager, memo to the Honorable Mayor and Members of the City Council, "Telegraph Avenue – June 28-July 3, 1968," Box 2, Berkeley Free Church Collection.

“people from high school, some U.C. [students], some Black Panthers (not just “hippies”).”²⁴⁶

During the summer of 1968, in Berkeley as elsewhere, official reaction to the growing social and political movements became more violent and intense. On Friday night, June 28, 1968, a political rally was held on Telegraph Avenue in support of activist student groups in France. In preparation for the rally, the Berkeley Free Church had a nurse on-scene and several nurses and doctors on stand-by, and had set up first-aid stations with the assistance of the Medical Committee for Human Rights at the Liberated Zone and in Cody’s Bookstore on Telegraph Avenue.²⁴⁷ The Free Church violence intervention squad was standing by, ready to maintain a cordon between protestors and police. At 9:00 pm Berkeley police declared the sidewalk rally an illegal assembly and turned out the lights. The intervention squad successfully maintained a cordon between protestors and police batons for three blocks, until tear gas was deployed. Free Church staff members reported being repeatedly gassed as they helped to get kids off the street. The battle continued through the night and erupted again the next night. The police lobbed multiple tear gas canisters into the Free Church’s alley entrances, claiming rocks had been thrown from the church steps (a charge the Free Church denied), and attacked a Free Church minister just outside the Church doors.²⁴⁸

Experience with street battles had a very different effect on the Free Church than it had had on service organizations in the Haight. Free Church staff were not

²⁴⁶ South Campus Community Ministry, minutes, Executive Committee Meeting, April 10, 1968, Box 28, Berkeley Free Church Collection.

²⁴⁷ Weissman, Developmental History, 9.

²⁴⁸ SCCM, Unified Proposal 1968-1970; Free Church, “Police Interference with the Free Church, June 28-30,” Berkeley Free Church Collection.

demoralized by the violence. Rather, they reported, "staff and friends are unanimous that these 48 hours have constituted the final justification of the work, as being the one institution in south Berkeley which could serve as [the] center for communication and relief around the clock."²⁴⁹ Over the summer of 1968, York came to understand the local community as an inherently Christian "social revolution" which was "formulating positive alternatives to established values and ideologies." He saw the role of his church supporting the revolutionaries, and serving as "a ministry to the casualties of that social revolution." Because of the nature of the community being ministered to, York believed it was important that his ministry maintain autonomy from established "religious, humanitarian, municipal and welfare institutions."²⁵⁰

III. Establishing the clinic (1968-1970)

In Weissman's assessment, the events of the summer of 1968 had demonstrated to the Free Church that "underground first aid was not enough." This experience, she felt, helped "strengthen the resolve of the people who had already been hoping ultimately to establish a free clinic patterned after the Haight-Ashbury."²⁵¹ Although the Free Church's clinic organizing had slowed over the summer, by the end of August organizers were once again ready to move forward with "a clinic of [their] own."²⁵²

On August 22, 1968, at the beginning of the UC school year, representatives of the Free Church and SCCM (Cody, Reverend Jock Brown and Melinda Rudyk) and members of the Berkeley Commune (Roger Solaman and "Amos") met with Dr. Smith

²⁴⁹ Ibid.

²⁵⁰ York Analysis, October 1967, 4-5, 13.

²⁵¹ Weissman, Developmental History, 7.

²⁵² "Clinic: Minutes on Meeting of 8/22/68," August 22, 1968, Berkeley Free Church Collection (hereafter cited as Clinic Meeting Minutes).

and Roger Smith of the Haight Ashbury clinic to learn about the Haight Clinic's experience. The meeting centered on logistical issues such as finding a doctor willing to register the clinic under his own name; either leasing rooms privately through donations or having the city contract the services of the clinic, taking on the lease; and insurance issues. The notes indicate that the doctor would be liable for malpractice suits and so would need to be heavily insured. Because of this, he would not be able to go through regular insurance and would need to be covered through the Board of Medical Directors as a group policy.²⁵³

Soon after the new semester began, the drive to establish a clinic moved to a new level with the inclusion of three graduate students from the University, Susan Cady, Ann Heisler, and Ellen Koteen, who were training as community organizers through the School of Social Work. Cady et al. conducted a survey to determine the needs of the population and decided that they should help organize a clinic as their fieldwork project.²⁵⁴ They joined forces with the Free Church and SCCM organizers (York and Cody), and quickly helped bring in additional organizers including two doctors from the Medical Committee for Human Rights (Drs. Russ Nichols and Lawrence Weiner), a UC graduate student in Criminology (lawyer Jim Isenberg, mentioned in Section 2 above), and a public health specialist (Mike Muldavin).²⁵⁵ Muldavin worked for Health Facilities Foundation, a "private non-profit focused on preventive medicine," which also helped out by providing advice on funding and legal issues. By February two other staff

²⁵³ Ibid.

²⁵⁴ Pat Cody, Alice Hamburg, Pat Cody: her contributions in health, peace, and politics (Berkeley, CA: University Press, 1986) (hereafter cited as Cody and Hamburg, Pat Cody); Weissman, Developmental History, handwritten notes.

²⁵⁵ Weissman, Developmental History, 8.

members had joined the steering committee, and Muldavin and the Foundation's lawyer would eventually be elected to serve on their first Board of Directors.²⁵⁶ The Social Work grad students guided the planning committees, coordinated the efforts of various people and groups offering their support, and wrote the first drafts of the free clinic proposals.

Telegraph Avenue Concerns Committee and the Health Information & Referral Pilot Project

On August 23, 1968, the day after York and Cody's meeting with Smith et al., clinic organizers and supporters (including York and Cody) began attending the newly formed Telegraph Avenue Concerns Committee (hereafter cited as TACC, and described in detail below).²⁵⁷ Soon thereafter, Cady and the other social work graduate students joined York and Cody in lobbying TACC to support creation of a clinic on the Avenue.²⁵⁸

TACC was established in the wake of summer rioting at the request of the City Council in order to provide an assessment of social and physical problems affecting the south Campus area, with special focus on the Telegraph Avenue Area because it had been "the focal point of civil disturbance and an area for congregation of young people for several years." An ad hoc committee chaired by the Social Planning Office's director, TACC held weekly meetings which were attended by City departments (Planning, Public Works, Police, Health and Recreation, the Human Relations and Welfare Commission, and the Public Safety Committee) and members of community groups (Sather Gate Merchants Association, Berkeley Resistance, Berkeley Commune, Free Church and

²⁵⁶ Cady, et al., Community Service Projects Proposal, 11.

²⁵⁷ Weissman, Developmental History, 10.

²⁵⁸ Ibid., 8-9.

others), along with independent observers from the University of California, Chamber of Commerce, Oakland Tribune, underground press, street people and the larger community. The Committee and the public discussed a wide range of issues, including police/community relations, drugs & drug addiction, health problems, recreation, education, and cultural interests.²⁵⁹

In response to clinic organizers' pressure to develop a clinic, TACC set up a health committee which included Cody, Cady and Weissman. Weissman proposed that the health committee suggest development of a one-month pilot project referral service intended to gather information on the health needs of the population. She saw the proposal as a compromise, but hoped the project might be a “foot in the door,” providing sufficient evidence of need for city health services in the South Campus area.²⁶⁰

TACC approved of the proposal and recommended to the City Council that it should be further developed.²⁶¹ Weissman received a promise of support from Dr. Leonard (Health Director) and was delegated to act on the Health Department's behalf. The project was quickly developed in conjunction with Family Services and the Travelers Aid Society. Community groups including graduate student groups and South Campus groups such as the Free Church, the Commune, and the Resistance were invited to provide receptionist, hostess, and clerical services and to be health information aides and

²⁵⁹ Telegraph Avenue Concerns Committee and Paul Williamson (Director of Social Planning), memorandum to William C. Hanley, City Manager, “Re: South Campus Area,” October 1968, Berkeley Free Church Collection (hereafter cited as TACC Memo 1968).

²⁶⁰ Weissman, Developmental History, 9-11.

²⁶¹ TACC Memo 1968.

contact persons for the community.²⁶² The project's official objectives included a) providing information, but also b) learning the extent and nature of health problems in the South Campus neighborhood and the extent to which public and private resources were (or weren't) meeting these needs. Fred Cody found a 2nd-floor apartment to rent, and the Free Church Switchboard provided volunteers to staff the office.²⁶³

The Health Information & Referral Project opened on October 1, 1968 and operated over a total of 18 days in October, during which time it saw over 200 people. Most were for illnesses or physical conditions. Weissman described the bulk of these as being related to "social situations" such as job or housing status, pregnancy, or venereal disease. Only 4 visits were for drug problems and 4 for psychiatric problems.²⁶⁴ Availability of medical resources was as poor as Weissman had predicted: people resisted going to Herrick, and of 90 referrals to Highland Hospital, only about 1/3 arrived there.²⁶⁵ Even more worrying was what they found when they attempted to create a referral list of local doctors for the service: Despite support and publicity by the Alameda-Contra Costa Medical Society, out of the 400 doctors and dentists approached, only 15 practitioners (13 doctors, 2 dentists) were willing to accept the referrals.²⁶⁶

For proponents of the free clinic, these findings justified their claims that a clinic was needed in the Telegraph Avenue area. Some organizers hoped that this would push

²⁶² City of Berkeley Department of Public Health, "Health Information Service (Pilot Program)," October 1968, Berkeley Free Church Collection.

²⁶³ Free Church, "Mission Design of the Organizing Pastors for the Free Church of Berkeley, January 1, 1969-January 1, 1970," (undated, but presumably prepared at the end of 1968), Box 3, Berkeley Free Church Collection; Weissman, Developmental History, 11.

²⁶⁴ *Ibid.*, 11.

²⁶⁵ Cady, et al., Community Service Projects Proposal, 10.

²⁶⁶ Weissman, Developmental History, 12-13.

the Health Department to develop or support services in the South Campus area. In January of 1969 the Health Department moved the project, now known as the Health Information Service, to West Berkeley, on the site of the old County clinic which had closed in 1967 when the Medicaid program shifted funding to private physicians. Apparently, in the wake of rioting in response to Martin Luther King's assassination, the City had promised to establish a clinic in West Berkeley, an area with a significant Black population.²⁶⁷ Weissman says that the decision to move the referral service "disappointed and infuriated the South Campus people."²⁶⁸

Clinic organizers expressed their frustration at TACC meetings in January and February, but came to feel that TACC was tied too closely to City to be of any help in their attempts to establish a free clinic. They concluded that the City Council, in particular, was "afraid that providing services to the street people will encourage them to remain in Berkeley."²⁶⁹

Clinic blueprint

In February 1969 organizers held an intense flurry of meetings and finalized the clinic blueprint, which was submitted as the social work students' Community Service Project Proposal (hereafter cited as "Proposal"). Pointing to the failure of the H.I.S. to convince the Health Department to support a clinic, and dismissing TACC as a source of support, their goal was now to create a "fully Free Clinic."²⁷⁰ This phrase appears to be describing a clinic without ties to the City apparatus. As Fred Cody continued to hope

²⁶⁷ *Ibid.*, 15; Cady, et al., Community Service Projects Proposal, 7-8.

²⁶⁸ Weissman, Developmental History, 16.

²⁶⁹ Cady, et al., Community Service Projects Proposal, 10-11.

²⁷⁰ Free Church, Project Directors' Quarterly Report.

that the clinic could be integrated with existing City services and bring forth city involvement and funding,²⁷¹ this may have been a point of disagreement between organizers.

The Proposal described its anticipated clientele as “street people,” defined as transient young people, ages 13-26, with “common attitudes regarding drugs, the draft, and seeking of an alternative way of life.” While some of this population would be homeless, others would be living as street people only on the weekends. Some would have jobs, some would panhandle, some would steal. Most of the clinic’s patients would be malnourished and living in unsanitary conditions, and many would be using drugs.

Organizers expected to treat drug overdoses and bad trips, genital-based problems, general medical problems such as ENT infections and injuries, skin lacerations, etc., and to provide crisis medical treatment. More complex medical issues would be referred to the same facilities the Free Church identified in 1967. The Clinic would provide free medical examinations, laboratory facilities and medication.

According to the Proposal, there was an unnamed physician willing to assume legal responsibility of the clinic and work full-time at the clinic, at a salary of \$9,000 per year.²⁷² Furthermore the organizers had identified Alan Garboos, a local therapist, as a potential clinic administrator.²⁷³

The proposed clinic would provide crisis intervention for drug related and psychological problems, with counseling provided by a staff of professionals, students, and street people, allowing for more systematic and long-term care than the Free

²⁷¹ Weissman, Developmental History, 17.

²⁷² Cady, et al., Community Service Projects Proposal, 4, 16.

²⁷³ Weissman, Developmental History, 16.

Church's crisis intervention service had been able to provide. The Proposal also envisioned the clinic as playing an educational role, teaching the street population about nutrition, symptoms of disease, and the dangers of drugs. Drug research was also part of the initial plans, as the Proposal made a point of stating that the clinic would keep full medical files because the "potential for research on drug related problems" was "an important fringe benefit of such a clinic." They asserted that confidentiality would be maintained, except "by court order or for valid research purposes of the clinic."²⁷⁴

The Proposal envisioned students as being "in the best position to make this project a real success," although the authors expressed hope that street people would want to work alongside students. Organizers had found little interest amongst the street people in helping with organization of the clinic, but they were optimistic that they could enlist street people once doctors and funding were secured for help with publicity, setting up facilities, and "choosing the appropriate atmosphere." Given this lack of interest and the transient nature of the population, the organizers explained, street people were not included on the steering committee, but it was intended that they be included on both advisory and administrative boards of the functioning clinic.²⁷⁵

Funding proposals

That spring the organizational steering committee used the Proposal to prepare and submit several funding proposals with an eye to opening clinic doors in time for the summer rush. They applied to the Rosenberg Foundation, which had an interest in public health and in social movements regarding youth, for a \$40,000 grant, but the application

²⁷⁴ Cady, et al., Community Service Projects Proposal, 6-7.

²⁷⁵ Ibid., 14-15.

was denied. They successfully petitioned the University of California Community Service Project Fund for \$1,000²⁷⁶ and they also applied to the National Pharmaceutical Council, but the record is unclear regarding whether any funds were awarded.²⁷⁷

Clinic organizers had learned from Dr. David Smith that tax-deductible donations would have to be sent to a non-profit organization. Handwritten notes suggest that Smith may have offered his Youth Projects, Inc. as a corporate umbrella but then retracted that offer.²⁷⁸ As of late 1968, the plan was for the South Campus Community Ministry, which had incorporated earlier that year, to serve as the clinic's "money launderer," and in April 1969 the Rosenberg Foundation application indicated that SCCM was the Berkeley Clinic's "fiscal agent."²⁷⁹

Telegraph Avenue Summer Program

Sometime that Spring semester, members of the organizing committee came up with a plan to launch the clinic as part of the Telegraph Avenue Summer Program (hereafter cited as TASP). TASP was operating under the auspices of TACC, but was headed and driven by Fred Cody.²⁸⁰ Cody was concerned that Berkeley might decline

²⁷⁶ Telegraph Avenue Summer Program (June, July, August 1969), "Informal Notes on a Program in Process," undated, Box 13, Berkeley Free Church Collection (hereafter cited as TASP, Informal Notes); Free Church, Project Directors' Quarterly Report; Weissman, Developmental History, 16.

²⁷⁷ Weissman, Developmental History, 16; Free Church, Project Directors' Quarterly Report. The Quarterly report indicates that money was received "from industry," but in the rest of the files only the UC grant is mentioned.

²⁷⁸ Untitled, undated notes attached to flier announcing notice dated November 18, 1968, announcing meeting on December 2, 1968, as well as notes from what appears to have been a November 15, 1968 meeting, Berkeley Free Church Collection. First item of discussion was the Health Referral service, followed by a numbered list; Smith reference is #8.

²⁷⁹ Free Church, "1968 Program, Part II," no page listed, begins with the word "LEGALITIES," in Folder 28 (titled "Program: What the Free Church Did in 1968, part 2"), Box 2, Berkeley Free Church Collection; Weissman, Developmental Report, 18.

²⁸⁰ Weissman, Developmental Report, 19; Free Church, Quarterly Report, April-June, 1969 (which appears to have been submitted between August and October, 1969), Box 28, Berkeley Free Church Collection (hereafter cited as Free Church, Quarterly Report, April-June 1969).

like the Haight had done, and felt that the summer youth population needed “gathering places, constructive activity, health services and housing.”²⁸¹ Cody’s wife, Pat, was treasurer and Susan Cady was the project secretary. In fact, according to Weissman, the TASP organizational committee included “most of the people ... active with Free Clinic planning.”²⁸²

TASP joined forces with the Berkeley Summer Fund, a project of the Berkeley Communications Council, of which Cody appears to have been a member. Members of the Communications Council “knowing it would be a long hot summer,” conceived of the Summer Fund as a program to provide young people with focused activities, entertainment and social services. Carol Sibley, Chairman of the Summer Fund²⁸³ and a member of the Board of Education, saw herself as the liaison “between the school district and the ‘summer problem,’” and she persuaded the superintendent of schools to give TASP the use of McKinley Continuation High School, which was located just off of Telegraph and was empty for the summer.²⁸⁴ The School Board also provided \$1,000 as seed funding for TASP.²⁸⁵

The Free Church was asked to establish an office in the building and provided workshops in arts, crafts, theater, music, yoga, ecology, food preparation and more at

²⁸¹ Fred Cody proposals, which begin with “A survey and an analysis of the disintegration of the Haight-Ashbury district...” August 21, 1968, Box 2, Berkeley Free Church Collection; “Proposal: Telegraph Avenue Summer Program,” undated [1969], Box 13, Berkeley Free Church Collection.

²⁸² *Ibid.*, 19.

²⁸³ Unsigned, undated flow sheet titled “Genealogy of the Berkeley Summer Programs,” Berkeley Free Church Collection.

²⁸⁴ Carol Rhodes Sibley, et al. Building community trust, Berkeley school integration and other civic endeavors, 1943-1978: and related material (1978), <http://www.archive.org/details/carolbuildtrustbe00siblrch> (October 14, 2011), 269.

²⁸⁵ TASP, Informal Notes.

both McKinley High and the Free Church's Liberated Zone.²⁸⁶ TASP offered social services such as childcare, job search assistance, housing assistance, and the Berkeley Community Clinic would have a temporary home in a wood outbuilding on campus. Although the clinic was scheduled to open along with the rest of the Telegraph Avenue Summer Project on June 16th, the Battle for People's Park led the clinic to open its doors early.

People's Park: First aid field hospital for protestor injuries

When the Park was established on April 20, 1969, Mike Baxter, a longtime Free Church staff member and medic trained by Chuck McAllister, opened a first aid station in the park.²⁸⁷ Thanks to York's involvement with negotiations over the park – he was appointed by “the Movement” to represent them on the Negotiating Committee – the Free Church learned on May 14th that the University would be reclaiming the park the next day.²⁸⁸ Expecting trouble, the Free Church contacted McAllister. He was teaching a course in medical training that spring on the Berkeley campus through the UC Center for Participatory Education. (These were student-initiated courses, open to the general public.) McAllister set up an extensive first aid station at the Free Church and worked with Baxter to coordinate medic stations at the park and in the surrounding areas, and the Free Church began advertising McAllister's first aid course at Berkeley.²⁸⁹

²⁸⁶ Free Church, Project Directors' Report; Telegraph Avenue Summer Project brochure, Summer 1969, Berkeley Free Church Collection (hereafter cited as TASP brochure).

²⁸⁷ Weissman, Developmental History, 18.

²⁸⁸ Free Church, Quarterly Report, April-June 1969.

²⁸⁹ Weissman, Developmental History, 8; Free Church, Statement of the Free Church of Berkeley, Calif. to the General Assembly, San Antonio, May 16, 1969, Box 3, Berkeley Free Church Collection.

After a noontime rally on May 15th, thousands of people marched down Telegraph to re-take the park. Police began gassing and clubbing protestors, and eventually broke out their shotguns. Many people were hit by shotgun pellets, and a bystander, James Rector, was killed. Helicopters gassed the campus and the Avenue. The governor, Ronald Regan, called out the National Guard. Meanwhile, McAllister and the Free Church organized doctors, nurses and medics to provide care for the injured.²⁹⁰ McAllister also persuaded the Berkeley Public Health Department (via Weissman) to release Civil Defense Administration supplies to assist with treatment of injured protestors.²⁹¹

Two weeks of street battles and escalating violence by law enforcement ensued. The Free Church continued to serve as a field hospital for the injured, and Chuck McAllister continued to organize medical emergency street teams and first aid as well as training hundreds of people as medics. At the height of the People's Park protests, the Free Church had at least 10 private autos in use as ambulances and 5 first aid stations, and they estimated that McAllister had trained and/or was coordinating an astounding 500 medics.²⁹² Some of these medics joined Mike Baxter and his wife in their newly formed "Revolutionary Community Medical Corps," which also used the Free Church as its organizing base.²⁹³

²⁹⁰ Ibid.

²⁹¹ Weissman, Developmental History, 18; Free Church, Quarterly Report, April-June 1969.

²⁹² Ibid.; undated note, "500 medics," Berkeley Free Church Collection.

²⁹³ "Street" newsletter, Provo Park Edition, Sunday April 20, 1969 (published at the Berkeley Free Church), Box 3, Berkeley Free Church Collection; Weissman, Developmental History, 8.

Opening of the Berkeley Community Clinic

Fred Cody, who was chairman of TASP as well as a clinic organizer, met with Jim Isenbeg and Chuck McAllister and decided to move McAllister's "field hospital" operations to McKinley High and open clinic doors on May 25th, more than two weeks before TASP was scheduled to open. (This may have been facilitated by the fact that the clinic site was in a standalone outbuilding, whereas the other TASP services would be located in the school's main building.) They decided that McAllister would be the clinic administrator, and Drs. Russell Nichols and Peter de la Riviere of the clinic Steering Committee would be co-medical directors. The Berkeley Community Clinic opened its doors on May 25, 1969, providing first aid and switchboard services.²⁹⁴ The clinic treated 492 patients in its first twelve days of operation.²⁹⁵

The full clinic officially opened on June 10, 1969. During that summer the clinic had three service divisions: medical, emergency, and psychiatric.²⁹⁶ Drop-in medical care and counseling were available 4-9pm Monday through Saturday, and the facility was open 24-hours a day for emergency first aid. The clinic's entry in the TASP brochure advertised that the clinic would handle "drug crisis, poison control center, dental emergencies, all medical problems, psychiatric counseling, medical doctor referral, and transportation."²⁹⁷ There was a small network of dentists willing to accept referred

²⁹⁴ Weissman, Developmental History, 8; Smith, et al., The Free Clinic, 8.

²⁹⁵ Weissman, Developmental History, 18; Free Church, Quarterly Report, April-June 1969.

²⁹⁶ Ibid.

²⁹⁷ TASP Brochure; TASP, Informal Notes.

clients for free in their offices.²⁹⁸ Counseling services were on the second floor, led by Alan Garboos, who would become administrator in February 1970, and Claude Steiner, whose Radical Approaches to Psychiatry group would form the backbone of the Berkeley Clinic's counseling wing until they left the clinic in early 1971. Berkeley's Mental Health Services had been invited to send counselors but declined. Most of the clinic's operating funds came from the UC grant (\$1,000) and panhandling donations (\$2,760).²⁹⁹ "Panhandling," or soliciting of donations on the street, would continue to be a major source of revenue for the clinic for the next couple of decades.³⁰⁰

IV. The Clinic in Operation

A permanent home

The Berkeley Community Clinic continued to operate from the McKinley School outbuilding over the following school year (1969-1970). When the school was sold to the University to be razed for cooperative housing, they were faced with the task of securing a permanent home. A committee made up of a broad base of community members sought housing for the clinic, and the local newspaper ran a front-page article about the clinic's need for a new home. The city's Comprehensive Health Planning Advisory Committee urged the City to assist the Berkeley Clinic in locating a facility for the clinic and authorize any code variances necessary to allow them to temporarily

²⁹⁸ Scottosaurus, "All-Clinic Orientation: History and Structure Rap," June 1996, Berkeley Free Clinic institutional files (hereafter cited as Scottosaurus, ACO Presentation; collection cited hereafter cited as Berkeley Free Clinic Files).

²⁹⁹ Weissman, Developmental History, 18-19.

³⁰⁰ Scott, in conversation between 2001 and 2008, and personal interviews in May 2002 and October 2008 (hereafter cited as Scott, personal communication)

occupy a non-code-compliant location.³⁰¹ The request touts the involvement of the Advisory Committee's Resources subcommittee and H.I.P (now referred to as the Health Project), but since these appear to include Chuck McAllister and Isabel Weissman – both of whom were actively involved with the Berkeley Clinic – this may not have been sufficient to convince the City that the clinic had community or institutional support.

Trinity Methodist Church offered to lease the clinic space in its basement sanctuary beginning September 1st. Because they had to vacate the McKinley property in June, the clinic secured a temporary location at the Wesley Foundation building next door to Trinity, and obtained a temporary use permit which expired September 11th.³⁰² It is unclear whether they had been operating without a permit while on the school campus. When the Berkeley Clinic applied for a permanent permit in preparation for their move into Trinity's basement, they encountered opposition from the Berkeley City Commoner's Club and Berkeley City Women's Club, whose building lies immediately next door to the basement space.³⁰³ The opposition campaign's efforts paid off when the Board of Adjustments denied the permit, concluding that "the operation of the Clinic in this particular location will be detrimental...to the character of this block of Durant Avenue."³⁰⁴ The Board also tabled a motion to extend the clinic's temporary permit,

³⁰¹ Comprehensive Health Planning Advisory Committee, memo to Honorable Mayor and Members of the City Council, May 7, 1970, Box 17, Berkeley Free Church Collection.

³⁰² "Council OKs Subsidation of Berkeley Free Clinic for June," Berkeley Daily Gazette, June 3, 1971 (hereafter cited as Berkeley Daily Gazette, Council OKs Subsidation).

³⁰³ Weissman, Developmental History, 20.

³⁰⁴ Robert B. Humphrey to Honorable Mayor and the Members of the City Council, September 23, 1970, Berkeley Free Church Collection.

although the Berkeley Clinic was able to obtain a temporary use permit from the City Zoning office instead.³⁰⁵

This led to a highly publicized campaign to convince the City Council to overturn the Board of Adjustments's decision. The Council received some letters opposing the clinic, and almost twice as many letters in support, most of which were from representatives of civic or municipal organizations. Most of those opposed to the Berkeley Clinic use permit were worried about what they feared would be its effect on the neighborhood. Some clarified that they weren't opposed to the idea of a clinic. They just wanted it to be located somewhere else.

Councilman DeBonis, one of two Councilmembers who voted against the Berkeley Clinic, did so because he was fearful that it would act as "an open invitation to 'wayward vagrants' to come to Berkeley....The more people who come to that Free Clinic, the more people that come to Telegraph Avenue."³⁰⁶ This was the very sentiment which clinic organizers had confronted the previous year. DeBonis also charged the clinic with taking business away from Herrick and Alta Bates Hospitals. The letters in support of the Berkeley Clinic demonstrate the broad base of institutional support built up over the years of clinic organizing: Trinity Methodist Church and Berkeley First Baptist Church, Berkeley's Human Relations and Welfare Commission and its Mental Health

³⁰⁵ Robert Kroll, "Free Clinic Vows to Stay Open Despite No Permit," Berkeley Daily Gazette, September 12, 1970; "Clinic to Appeal Ban by City," Oakland Tribune, September 12, 1970; "New Quarters Ok'd For Berkeley Clinic," Oakland Tribune, September 30, 1970 (hereafter cited as Oakland Tribune, New Quarters Ok'd); August Maggy, "New Home for Free Clinic," Berkeley Daily Gazette, September 30, 1970.

³⁰⁶ Maggy, New Home for Free Clinic.

Advisory Board (chaired by Doris Gilbert), and the League of Women Voters all wrote in support.³⁰⁷

Most of the letters in support of the Free Clinic pointed out that there was simply no better site available.³⁰⁸ The City Manager had attempted to locate other vacancies in the South Campus area, but most were residential and too small for a clinic, and the one commercial space was too large and costly for a nonprofit clinic to maintain. In the end, the City Council reversed the board's decision on the condition that the Berkeley Clinic use only one business sign, that it discourage loitering outside, and that the permit be subject to revocation or additional restrictions.³⁰⁹ The Clinic completed its transition to the basement of Trinity Methodist Church in December 1970 and has operated continuously at that site for the past four decades.

Funding

For most of the Berkeley Clinic's first two years, funding and supplies were still provided through donations, and most of the Clinic's operating money came through panhandling, for which the clinic was licensed by the City of Berkeley.³¹⁰ Clinic staff

³⁰⁷ Bernard E. Etcheverry to the Members of the Berkeley City Council, September 24, 1970; J. Richard Hart to City Council Members, September 24, 1970; Mrs. Richard H. Webster to City Council Members, September 22, 1970; Raymond P. Jennings to Members of the Berkeley City Council, September 17, 1970; Fatrie J. Johnson to Members of Berkeley City Council, September 22, 1970; Mrs. Alverna Pelley to the Honorable Mayor and Members of the city Council, September 25, 1970; Doris C. Gilbert to Honorable Mayor and Members of the City Council, September 23, 1970; Wilma F. Jordan to Mayor Johnson and Members of the Berkeley City Council, September 1970; all letters from Berkeley Public Library History Room.

³⁰⁸ Oakland Tribune, New Quarters Ok'd; Hart to Berkeley City Council.

³⁰⁹ Maggy, New Home for Free Clinic.

³¹⁰ The Workers of the Berkeley Community Health Project, services pamphlet, undated (front page portrays a caduceus with a fist for the rod and an Asian-style dragon for the snake, ca. 1976-1978), Berkeley Free Clinic Papers. (This is most likely from 1976-1978; the Switchboard section is listed as offering crisis intervention, which it began providing in 1976, it says there are doctors on some shifts, which was no longer policy in 1978, and was strongly discouraged by 1982.)

continued to seek money from nonprofit and government funding sources, and by the end of 1971 they were receiving money from the City of Berkeley and the federal Department of Health and Welfare.

In August 1969 the Berkeley Clinic approached the City Council requesting a resolution in support of the Berkeley Clinic, which they hoped might provide additional legitimacy when applying for grants. Despite the support of Alameda-Contra Costa County Medical Association, the Berkeley Clinic still faced opposition among much of the local medical community. For instance, Weissman described meetings of the newly revived Civil Defense Committee as “a forum for public discussion of the Free Clinic,” at which physicians, hospital administrators and public health staff expressed hostility toward the Berkeley Clinic.³¹¹ And Councilman DeBonis spoke for a certain segment of local residents when he explained that he’d voted against the resolution because he felt it provided a “haven” for an undesirable population. (“What they want is free food, free sex, free clinics, free dope – and they can get it all here. The end of all this is socialism – free, free, free.”³¹²)

The Clinic sought to counter the perception that it was a youth drug clinic. An article published in the local newspaper about the Berkeley Clinic needing funds in order to keep operating attempted to reassure readers that Free Clinic was not a drug abuse clinic or a sex clinic. McAllister was quoted as saying that they were “not a drug abuse clinic, nor do we treat venereal diseases, with the exception of gonorrhea,” and that gonorrhea was only the 5th most frequent problem seen, after upper respiratory infection,

³¹¹ Weissman, *Developmental History*, 18.

³¹² Berkeley Daily Gazette, “Telly Health Clinic Gets Tacit Approval of Council,” August 14, 1969.

miscellaneous infections, upper-gastrointestinal problems, and bladder infections.³¹³ In fact, while it may not have been the clinic's top problem, over the following year they did treat a significant number of gonorrhea cases. Health Department figures for 1970 show that while the City treated 758 cases of gonorrhea, the Free Clinic treated 654. By the end of that year, Chuck McAllister estimated the Berkeley Clinic had treated at least 2,000 cases of gonorrhea, stating that the actual number of treated cases was as much as four times higher than the reported 758 cases, because they simply hadn't had time or personnel available to report all cases to the Health Department.³¹⁴

The Berkeley Clinic received a significant amount of support in the community and even from several offices in the City government, despite the opposition encountered during the struggle over building permits mentioned above. On August 12, 1969 the City Council finally passed a resolution recognizing that Berkeley Community Clinic was "performing a vital function in the field of health services in Berkeley and hereby endorses its purposes and operations as providing vital health services in Berkeley."³¹⁵

A couple of years later, in May of 1971, the Berkeley Clinic approached the newly seated progressive City Council – whose election platform included funding the Free Clinic – to request funds. They also explained that they were not looking for the City to fully fund its operations. The clinic's philosophy was that it should rely on the support of the local community it served. Therefore, they asked that the City subsidize only 40% of the Berkeley Clinic's operating costs, with no strings attached, and provide

³¹³ Robert Kroll, "Free Clinic Needs Funds, Site," Berkeley Daily Guardian, December 18, 1969.

³¹⁴ Berkeley Free Clinic, Request for Support.

³¹⁵ Comprehensive Health Planning Advisory Committee, memo to Honorable Mayor and Members of the City Council, May 7, 1970, Box 17, Berkeley Free Church Collection.

additional funding for the “peak transient season” from May to September.³¹⁶ The City Council allotted \$3,000 for the summer of 1971, saying that it would find the Berkeley Clinic money for the following year, “even if we have to take it from the pension funds.”³¹⁷ It appears the City found the money somewhere, because the Berkeley Clinic received an additional \$19,000 from the City for the remainder of fiscal year (FY) 1971/1972. In FY 1972/1973, they received only \$6,166, but in FY 1973/1974 they once again received \$19,000 for FY 1973/1974. City funding appears to have continued for some time thereafter.³¹⁸

The Berkeley Clinic also pursued federal, state and local funding opportunities. In 1970 the Berkeley Clinic obtained a grant from the U.S. Department of Health, Education and Welfare (hereafter cited as DHEW) to develop training for their health workers. This money was from a block grant through the Comprehensive Health Planning and Public Health Service Amendments of 1966 (also known as the Partnership for Health Program). Grant funds were received from August 1970 through June 1973. This funding allowed the Berkeley Clinic to develop a number of training programs for each service section, allowing non-professionals to “do as much as possible at the general, medical, counseling, and other service levels.”³¹⁹

³¹⁶ Berkeley Free Clinic, Request for Support.

³¹⁷ Berkeley Daily Guardian, Council OKs Subsidation.

³¹⁸ Berkeley Free Clinic, “Clinic Funding History (Contracts),” Berkeley Free Clinic Files (hereafter cited as Berkeley Free Clinic, Funding History).

³¹⁹ Free Clinic, Report, December 1971; Smith, et al., The Free Clinic, 8-9; “Free Clinic – Berkeley Community Health Project,” undated (the Berkeley Public Library stamped it as received on December 29, 1971, and it refers to funding approval passed in June of 1971, so it must have been printed between those two dates), Berkeley Public Library History Room (hereafter cited as Berkeley Community Health Project, Free Clinic – BCHP”).

Although DHEW funding ended in June 1973, the Clinic landed two major new contracts that year. They were awarded \$27,000 in revenue sharing with the County of Alameda, although those funds were not released until 1974, after they won a public fight with Alameda County over the terms of the contract, allowing them to provide services without disclosing patient names and addresses to the government.³²⁰ In 1973 they also received \$25,000 in federal Short-Doyle Act, or 714(d), funds. (The Short-Doyle Act, also known as the Community Mental Health Act was passed in 1957, and in 1973 section (d) funds were made available to alternative drug treatment programs such as recovery houses, therapeutic communities, etc.) In financial year 1974-75 they received \$25,000 from OEO.³²¹ In the years that followed the Berkeley Clinic would continue to secure publicly funded grants.

Clinic services

During its first year, the Berkeley Clinic added a community health education service, began to develop its switchboard referral service, expanded its emergency/first-aid services, and obtained a dental chair which was used by a dentist one night per week.³²² When the Berkeley Clinic opened, it offered a 24-hour answering service, which eventually developed into a fully functioning Switchboard service. The switchboard initially served primarily as an answering service for the health provider sections, but was able to expand its referral capabilities when it inherited the Free Church's extensive referral database and a Switchboard worker when the Free Church

³²⁰ Scottosaurus typewritten notes, companion to "All-Clinic Orientation: History and Structure Rap," June 1996, Berkeley Free Clinic Files (hereafter Scottosaurus, ACO notes).

³²¹ Berkeley Free Clinic, Funding History.

³²² Ibid.; Nichols, NFCC symposium presentation, 8.

closed its service ministry during its shift to a house-based religious collective in 1970. After this, the Switchboard began to function as a separate service unit in its own right, and continued to expand its responsibilities (including addition of a suicide hotline).³²³

In August 1969 the psychiatric section opened a Rap center run by nonprofessionals who had undergone intensive training; they provided group and one-on-one rap sessions, where people came to try and work through their problems.³²⁴ There were also over 20 practicing psychiatrist, psychologists, psychiatric social workers, and counselors available for counseling. The Rap center eventually had up to 20 people crashing on its floor each night, but had to discontinue this practice when they moved into the Trinity basement site at the end of 1970.³²⁵

The medical section operated its own pharmacy and dispensed drugs, other than narcotics, free of charge to patients who arrived with valid prescriptions. It was staffed by licensed physicians, registered nurses, laboratory technicians, pharmacists, medical assistants, and helpers, and Highland and Herrick Hospitals both sent interns to the clinic for rotations.³²⁶ The clinic was treating 40-60 people a day and referred approximately 50 more patients per day to various city and county health agencies and to private physicians; patients diagnosed with syphilis were referred to the City's VD clinic and drug cases were usually referred to the Mendocino State Hospital.³²⁷ The most common

³²³ Scottosaurus, ACO Presentation.

³²⁴ *Ibid.*, 42; Smith, et al. The Free Clinic, 8.

³²⁵ Scottosaurus, ACO Presentation.

³²⁶ Elizabeth H. Harding, Charlene Harrington, and Gloria Jean Manor, "The Berkeley Free Clinic," Nursing Outlook 1, no. 21 (January 1973) (hereafter cited as Harding, et al., The Berkeley Free Clinic).

³²⁷ Kroll, Free Clinic Needs Funds.

areas of treatment were nutrition, upper respiratory infection, venereal diseases, infectious hepatitis, abrasions, lacerations, burns, and gynecological issues.³²⁸

When the Berkeley Clinic opened, medics had their own “first aid section,” through which they provided around-the-clock first aid care and transportation to hospitals, as well as drug crisis information and referral. Medics received weekly refresher training courses in dealing with traumatic injuries, poisonings, and drug abuse problems. The medics also continued to organize emergency street medical teams, and at least a dozen medics received Red Cross certification as first aid instructors and taught courses at the clinic and at other sites in the area.³²⁹ The medics also had an “on-the-street medical corps” which provided first-aid staff for concerts and demonstrations, as well as on-site help with someone being violent, or overdosing on drugs, or facing a medical emergency. This eventually developed into a Psych Emergency Section, which combined medical, psychiatric, and drug crisis care.³³⁰ Medics’ training became more advanced, as well, and they began to move beyond first aid into provision of basic medical care during their round-the-clock service.³³¹

The community health education section’s primary focus was on its Drug Education and Information Project, run by Jim Isenberg (the criminology graduate

³²⁸ Berkeley Community Health Project, letter to Berkeley, September 21, 1970, Berkeley Public Library History Room.

³²⁹ Oakland Tribune, New Quarters Ok’d; Jennings to Members of Berkeley City Council.

³³⁰ Berkeley Community Health Project, Free Clinic – BCHP; Harding, “The Berkeley Free Clinic,” 42; Scottosaurus, ACO notes.

³³¹ Scottosaurus, ACO Presentation; Harding, et al., The Berkeley Free Clinic. According to Scott’s historical narrative, the medic and medical service functions had merged by early 1971, so that there was one “medicine and first-aid” clinic running in three 8-hour shifts. This is contradicted by Harding’s 1973 article, written by nurse volunteers who described a standard medical clinic setup, operating in the evenings only. It seems most likely that there was concurrently a 24-hour shift of medics (and perhaps some physicians or medical residents) in addition to the standard medical shifts.

student and ex-lawyer described above). This included setting up drug education programs (which would soon include pilot drug counseling projects at Berkeley High School and at a high school in Oakland), supplying ex-users as speakers, and offering training on drug identification and crisis intervention.³³²

In early 1971 the Berkeley Clinic began hosting the Berkeley Women's Health Collective (hereafter cited as BWHC), which began operating a women-only clinic on Wednesday nights in early 1971. Although they were not a part of the Berkeley Community Health Project, the BWHC volunteers attended all-clinic in-service trainings and so nominally operated as part of the Berkeley Clinic.³³³ Each week four doctors and one nurse worked alongside 40 female medics to provide women with birth control, pregnancy and nutrition counseling, rap groups, and pelvic exams. In the beginning, pelvic exams were only performed by doctors, but the medics developed a training program and began assisting. This would lead to the removal of doctors from the procedure altogether, as medics began performing their own exams and teaching cervical self-examination, as well.³³⁴ Scott's histories describe friction between the BWHC and many of the male medics, who were used to having run of the clinic 24 hours a day and didn't like being barred from the clinic during BWHC's services. He reports that most of these medics were gone by the end of 1971.³³⁵ The tensions were still present, however, in the summer of 1972, as demonstrated by a Berkeley Clinic report on a workshop aimed at bridging the gap between the BWHC and the Berkeley Clinic. The fact that

³³² Smith, et al., The Free Clinic, 8; Kroll, Free Clinic Needs Funds.

³³³ Cody and Hamburg, Pat Cody, 54; Morgen, Into Our Own Hands, 79.

³³⁴ Morgen, Into Our Own Hands, 80.

³³⁵ Scottosaurus, ACO Presentation; Scott, "...More on Free Clinic History for the 11/29/83 SWB class," Berkeley Free Clinic Files (hereafter Scott, 1983 SWB class).

volunteers found it necessary to discuss the BWHC's continuing separation from the Berkeley Clinic suggests that there may have been additional conflicts in play between the two groups.³³⁶

The Berkeley Clinic's services remained basically the same for the next few years, with a few changes. In 1975 the Women's Health Collective moved out of the Berkeley Clinic to start their own clinic, with expanded services.³³⁷ By 1976 the Switchboard section had taken over provision of more limited hotline crisis intervention when the Psych Emergency section folded.³³⁸ In 1977 the Berkeley Clinic was unable to provide enough personnel to staff medical sections on Sundays, so it opened a special shift to provide a men's sexually-transmitted disease clinic staffed by the Gay Men's Health Collective.³³⁹

Between 1974 and 1978 the Medical section would undergo a profound transformation, moving completely away from traditional physician-based visits toward a fully lay-healthworker-based care model. This transition was the result of a pilot project under the auspices of California's Experimental Health Manpower Pilot Project program (hereafter, "Experimental Manpower Program"). During the late 1960s and early 1970s large numbers of health paraprofessionals, such as nurse practitioners and physician assistants, were trained and credentialed. Furthermore, as part of the national efforts to lower healthcare costs, dozens of medical technician categories were being created and

³³⁶ Berkeley Community Clinic, "Saturday, June 17, 2:00 Synthesis Meeting," June 16, 1972, Berkeley Free Clinic Files (hereafter cited as Berkeley Community Clinic, 1972 Workshops Report), 3.

³³⁷ Morgen, Into Our Own Hands, 81.

³³⁸ Scottosaurus, ACO notes.

³³⁹ Ibid.

trainees being credentialed.³⁴⁰ However, licensing and drug dispensing laws – which required physicians to be present during the provision of medical care and dispensing of medication – were impeding the ability of these newly trained health workers to fully transform the healthcare system. California Assembly Bill 1503 (1972) authorized the State Department of Health to allow “nonprofit, educational institutions and nonprofit community hospitals or clinics” to provide “health care service with exemption from healing arts licensing laws” in order that they may “develop new kind and combinations of healthcare delivery systems.”³⁴¹ The Experimental Manpower Program ran from 1974 until 1984, although by 1979 “Experimental” had been dropped from the project title, and the program’s emphasis shifted from supporting innovative project ideas to systematizing successful approaches into licensable paraprofessional categories.³⁴²

The Berkeley Clinic’s “Community Medical Workers Training Program” systematized its advanced medic training into a protocol whereby a medic holds a screening interview with a potential patient (or “client,” in Berkeley Clinic’s terminology) utilizing a decision tree to determine whether the patient can be seen in-house or needs to be referred out.³⁴³ By following this protocol, cases seen in the

³⁴⁰ U.S. Department of Health, Education, and Welfare, Report on licensure and related health personnel credentialing (DHEW Publication No. (HSM) 72-11, Washington, DC: USDHEW, 1971).

³⁴¹ California, Experimental Health Manpower Pilot Projects. First Annual Report to the Legislature, State of California and to the Healing Arts Licensing Boards on the implementation of AB 1503, Chapter 1350, Statutes, 1972, Section 1, Article 18, Chapter 2, Part 1, Division 1, Health and Safety Code ([Sacramento]: Office of Planning and Inter-Governmental Relations, Manpower Development Section, Calif. Dept. of Health, 1974) (hereafter cited as California, Experimental Health Manpower First Annual Report).

³⁴² California, Health Manpower Pilot Projects Program. Annual Report.... Implementation of Chapter 1350, Statutes 1972, Mario G. Obledo, Secretary, Health and Welfare Agency, Henry W. Zaretsky, PhD, Director, Office of Statewide Health Planning and Development. State of California, November 1, 1979 ([Sacramento]: Office of Statewide Health Planning and Development, 1979).

³⁴³ Personal observation while volunteering for the Berkeley Free Clinic’s Information & Referral Collective from 2001-2002 and 2007-2008 (cited hereafter as personal observation).

Berkeley Clinic would be simple medical issues such as upper respiratory infections, skin problems, sexually transmitted diseases, etc., while matters requiring more specialized knowledge could be referred out to other facilities by a Switchboard worker. The Berkeley Clinic's program was highlighted in the Experimental Manpower Program's first yearly report as an example of the reason for the program's existence:

An unusual project which has been approved is that of the Berkeley Community Health Project....This project perhaps illustrates an inherent aspect involved with devising or implementing measures to influence or encourage so-called 'innovative' approaches to problem-solving in any of several areas, including health manpower. That is, the likelihood that the more thoroughly and completely the new ideas depart from what is customary and conventional – and thus may be truly innovative – the more likely that they may also, from one or another point of view, or by some troupe or another, be considered too 'far out', unreliable, or dangerous.³⁴⁴

By 1978 the remaining medical professionals on staff at the clinic served only as advisors to the medics and were barred from seeing patients.³⁴⁵ Dr. David Fletcher recalled that when he volunteered in the Berkeley Clinic's Medical Section during the early 1980s, he was frustrated about standing around while patients were turned away. When he saw patients in defiance of the clinic's policy, he was chastised via a public notice stating that "MDs are not permitted to do workups at the clinics – they are consultants only. Often MDs need education around this as they may be unclear about their role. If Dr. Fletcher wrote these charts, please educate him appropriately."³⁴⁶

As a result of the shift to protocol medicine, medical visits moved from drop-ins to an afternoon/evening appointment-based system, which in turn led to enhancement of the referral aspect of the Switchboard's services and to a paid overnight security shift that

³⁴⁴ California, Experimental Health Manpower First Annual Report, 14-15.

³⁴⁵ Fletcher Thesis, 275-76.

³⁴⁶ Ibid.

was on duty while the clinic was closed. Because appointments with medics were now scheduled, they could include an enhanced review of general health and provide an opportunity to educate clients along the lines discussed in the 1972 workshop meetings described above.³⁴⁷

The Berkeley Free Clinic is still in operation today. Over time they have added sections (including Hepatitis Testing, Education & Vaccination, HIV Prevention Services, and a Needle Exchange). Medical visits are provided by lay medics using the clinic's protocol medicine. The Switchboard has become the Information & Referral Service, reflecting its supporting role in referring out callers who cannot be seen by the clinic's lay health workers.³⁴⁸

Institutional structure and administration

At the end of the summer of 1969, the Berkeley Community Clinic was operating under the lay administration of Chuck McAllister, with two doctors from the Medical Committee for Human Rights serving as co-medical directors. Throughout 1970, the core group of volunteers had been medics who worked closely with Chuck McAllister, who continued to be an administrator (of some sort). Medic Mike Baxter (of the RCMC) left the clinic, citing "class differences" with medical co-director de la Riviere and complaining that the doctor wanted the clinic to be apolitical,³⁴⁹ and in 1970 or 1971 the Radical Approaches to Psychiatry Collective left the clinic; according to notes in the

³⁴⁷ Ibid.

³⁴⁸ Personal observation.

³⁴⁹ Weissman, Historical Development, handwritten notes.

Clinic History folder, this was the result of a “purge,” but there is no further clarification of this term, and none of Scott’s surviving internal histories explain further.³⁵⁰

Although the South Campus Community Ministry offered to serve as the Berkeley Clinic’s corporate umbrella for the purposes of receiving tax-deductible donations – which they had jokingly referred to as “laundering money” for the Berkeley Clinic – the Berkeley Clinic’s Steering Board decided in Fall of 1969 to incorporate as a non-profit corporation, The Berkeley Community Health Project (hereafter cited as BCHP).³⁵¹ Despite the official change of name, from Berkeley Community Clinic to Berkeley Community Health Project, over time the Berkeley Clinic became widely known by the informal name that reflected its counter-culture roots — the “Berkeley Free Clinic.”

In December 1969, the first Board of Directors was appointed and Articles of Incorporation were drafted. Officially, though, the clinic was not incorporated until they filed with the State in September 4, 1970.³⁵² The first Board included most of the Steering Committee members, including York, Isenberg, Cady, Weissman, de la Riviere, Nichols and Muldavin. Fred Cody was elected Chair, his wife Pat was Treasurer, and Chuck McAllister was officially appointed Director (initially, the Berkeley Clinic’s only paid position).³⁵³

³⁵⁰ Scottosaurus, ACO notes; Berkeley Free Clinic, handwritten note in Switchboard Section’s Clinic History file, undated, listing highlights in clinic history from 1969-1972

³⁵¹ Free Church, “1968 Program, Part II,” no page listed, begins with the word “LEGALITIES,” in Folder 28 (“Program: What the Free Church Did in 1968, part 2”), Box 2, Berkeley Free Church Collection, GTU 89-5-016, The Graduate Theological Union Archives, Berkeley, CA.

³⁵² Berkeley Community Health Project, Articles of Incorporation, filed September 23, 1970, State of California Recorder, Berkeley Public Library History Room (hereafter cited as BCHP Articles of Incorporation).

³⁵³ Weissman, Developmental History, 17 and handwritten notes; Cody and Hamburg, Pat Cody, 54.

The official structure of the BCHP at the time it incorporated, was that of a standard nonprofit corporation. There was a Board of Directors, which would elect officers and had the power to appoint the clinic administrator. The Board of Directors included representatives from each service unit and included at-large positions for clinic members, as well as community members who did not work at the clinic. There was one twist, however, in that clinic members – defined as individuals engaged in unpaid service work for the corporation for a period of two months or longer – elected the Board of Directors at an Annual Meeting of the Membership.³⁵⁴

In February of 1970 Alan Garboos of the Rap Section (who the Steering Committee had mentioned as a potential clinic administrator in its original funding applications) was appointed Clinic Director, and McAllister became “hygiene and panhandling coordinator” (at this point, the Berkeley Clinic was hiring street people to panhandle for them, in return for a percentage of the money raised³⁵⁵), and they each received \$200 per month from donations.³⁵⁶ This arrangement was changed again in late 1970, when a third Director was added, with each paid \$200 per month.³⁵⁷ In early 1971, the Board reallocated the \$600 it had been paying to the three Directors, and instead appointed the first paid Medical Director (J. Kane), and an Administrator (B. Crawford, who had previously been one of the Co-Directors). They were paid \$400 and

³⁵⁴ Scottosaurus, ACO Presentation; BFC Articles of Incorporation.

³⁵⁵ Scott, personal communication; Fletcher Thesis, 44.

³⁵⁶ Berkeley Free Clinic, untitled list of administrative positions from 1969-1974, begins “mid-Late ’69,” Berkeley Free Clinic Files (hereafter cited as “untitled list of administrative positions from 1969-1974”).

³⁵⁷ Ibid.

\$200/month, respectively.³⁵⁸ A few months later, in July 1971, the Medical Director and Administrator positions were merged to create two Co-Administrator positions (Natalie Zarchin and Don Hackett), each at \$300 per month.³⁵⁹

There is nothing noted in the historical record about medical administrators. It seems likely that, prior to the designation of free clinics as licensable institutions, the Berkeley Clinic would have required that a single medical director assumed legal responsibility for the medical clinic services. Presumably, once the BCHP was incorporated, the medical director would have been responsible only for care provided by the medical section. Other than the one brief period when there was a paid medical director, though, it appears that medical administrators did not have any extra authority over the direction of the BCHP as a whole.

In 1972 the clinic underwent significant transformation in its culture and its administrative structure. Weissman referred to 1972 as the point at which the clinic underwent “total changes in attitude and supports – fed. money – changes in politics).”³⁶⁰ Scott pointed to the change in administration at the end of 1971, assigning the Co-Administrators to separate spheres of operation, with Hackett as outside administrator and Zarchin as inside administrator, as the critical moment of change within the clinic. As he described it,

The black ex-Army Medic (retired [from the military] after service [that extended from] WW II and Korea through Vietnam) was replaced by the Jewish woman in her 50s who was just divorcing her husband and

³⁵⁸ Ibid.

³⁵⁹ Ibid.

³⁶⁰ Weissman, Developmental History, handwritten notes.

recognizing her Lesbianism. And, if I recollect, she sold particularly good acid.³⁶¹

In Scott's narrative, the conscious feminism that BWHC had spread through the Berkeley Clinic during their shift training combined with anew politically radical clique that formed around Zarchin to lay the groundwork for a "a profound transition in the clinic's social and administrative nature." In fact, it is unclear from the record whether Zarchin and the feminist medics were wholly responsible for the politicization of the clinic's work, or if the changes reflected the political commitments of clinic volunteers more generally.

Whatever the catalyst, during 1972 the Berkeley Clinic embarked on a period of collectivization and political study. They turned to China and its Cultural Revolution for guidance on how to transform their practice, as did many health activists of the time both in the US and internationally. Section trainings began to include study of Fanshen: a documentary of revolution in a Chinese village, Away With All Pests, and the Barefoot Doctor's Manual, all of which described health and collectivist innovations in the People's Republic of China.³⁶²

A series of workshops held in the summer of 1972 reflected the increasingly politicized nature of clinic discussions, and a growing desire to turn the clinic's work to actively reshaping the structure and social relations of medical care. At one workshop, Zarchin helped lead a drive to collectivize the administrative structure of the Berkeley

³⁶¹ Scott, 1983 SWB class.

³⁶² William Hinton, Fanshen: a documentary of revolution in a Chinese village (New York: Monthly Review Press, 1967); Joshua S. Horn, Away with all pests; an English surgeon in People's China, 1954-1969 (New York: Monthly Review Press, 1971); see p. 143 below for the Barefoot Doctor's Manual; Scott, personal communication..

Clinic. She explained that she had initially hoped section coordinators would form a central committee, though that never actually happened. Workshop participants agreed that “to collectivize the administration of the clinic would be to spread the responsibility and lessen alienation between clinic workers and administration.” (Scott would later explain that this approach was drawn from a story about a hospital in China where hospital administrators were required to work in every position they supervised, all the way down to that of janitor.³⁶³) Workshop participants discussed several approaches to collectivization, without deciding on a specific solution.³⁶⁴

In another workshop entitled “The Clinic’s Place in the Health Struggle,” participants discussed the challenge posed when “the clinic takes pressure off existing medical institutions which are supposed to be serving the people’s health needs. If we cannot change those medical institutions, then maybe we should not be operating at all.” This was a question that was posed to, and struggled over by every alternative institution at that moment in history; by their very existence they relieved pressure to make substantive changes that would otherwise have been exerted on failing “establishment” institutions. Clinic participants thought, however, that they might be influencing hospitals by working with their doctors, nurses, etc., and discussed expanding patient education to include educating patients about their medical rights and what they could demand at hospitals, and teaching them about the crisis in medical care, and the clinic’s role in that crisis.³⁶⁵

³⁶³ Scott, 1983 SWB class.

³⁶⁴ Berkeley Community Clinic, 1972 Workshops Report, 5.

³⁶⁵ Ibid., 2.

In fact, the Berkeley Clinic's most profound challenge to the healthcare system would develop in the coming years, as its medical section began to pattern their work on China's "barefoot doctor model." As it was explained at a potential-volunteer orientation meeting in 1983, while this staffing shift had been materially aided by the DHEW and the California pilot project program, it was

the informality of the emergency conditions of the riots that allowed many uncredentialed but skilled volunteers to work at levels they never could have in a professional setting. As successive generations of volunteers went through progressively more organized and standardized trainings, the concept of "lay community volunteers" was combined with a political critique of the profit-mongering professional guilds and corporate service institutions to produce a model vaguely parallel to the 'barefoot doctor' model pioneered so successfully in China with the support of Comrade Mao.³⁶⁶

In another of the 1972 workshops, participants debated the ways that its institutional operations might be altered so that the Berkeley Clinic could better serve "the struggle." They identified a sense of alienation "between people doing different things" within the clinic. Proposed solutions ranged from including everyone who worked at the clinic – including doctors, nurse, etc. – in the Switchboard rotation; to requiring people in positions of responsibility to participate in all of the specific functions that they supervised; to requiring Board members to rotate through the whole clinic; to developing an administrative collective, so that "more people would be responsible and more people would know what is going on."³⁶⁷

Another workshop set out to answer the question, "Who we serve – and who we should serve," but participants decided that the question was better understood not as

³⁶⁶ Scottosaurus, ACO notes.

³⁶⁷ Berkeley Community Clinic, 1972 Workshops Report, 4.

“Who should we serve?” but rather as “How should we serve them?” The conclusion they reached was that, as an “alternative medical institution,” they should a) educate people about their medical rights, i.e., that medical care is a right not a privilege; where to receive medical attention; how to get MediCal; and “The National Medical Ripoff and how we are oppressed by it” and b) engage in community education about nutrition, preventive medicine, VD and other epidemics.³⁶⁸

Participants did return to the question of how they might broaden the range of people they served, and suggestions included recruiting more Third World people to work at the clinic, having a medical exchange with the George Jackson Medical Clinic (the nearby Black Panther clinic), and changing the clinic’s name to get rid of the word “free” (which had the wrong connotations), to perhaps “Berkeley Community Clinic,” “Berkeley Community Health Project,” or “Berkeley People’s Clinic.” This change was realized in the minutes of these workshops, which used the name Berkeley Community Clinic. But for the most part, the official name of Berkeley Community Health Project was used in clinic documents over the next several years before returning to its current moniker, the Berkeley Free Clinic.

Throughout 1972, service sections began to hold regular meetings and elect section coordinators (paid volunteers who developed training materials for their section and handled day-to-day administrative issues), which gave them more power to direct the clinic’s day-to-day operations. Section coordinators and other volunteers who performed administrative work began to formalize as the Administrative Collective. Clinic staff also passed a resolution changing the structure of the Board so that Board membership

³⁶⁸ Berkeley Community Clinic, Workshops Report, 1.

would only be open to active clinic volunteers. Community members like Fred Cody or doctors from local hospitals would have to work clinic shifts or leave the Board.

The administrator positions were slowly "collectivized" over the fall of 1972, starting with the position of external administrator, whose salary was distributed among section coordinators.³⁶⁹ In August of 1973, the Berkeley Clinic moved to using four Administrators (Operations, Outreach, Funding, and either Bookkeeper or Drug services), who were paid \$300 each. Section coordinators continue to receive a salary, although the amounts varied. By October 1974 there were 5 administrators and 16 section coordinators, and administrator and section coordinator salaries were equalized at \$275 apiece.

The 1972 resolution to limit Board membership to volunteers went into effect in 1973, at the end of the elected Board's terms of service. The Board was now open to attendance by all members, and all members were able to vote. By 1975, however, it was becoming clear that the shift to a representative Board was causing a continuity problem: The average volunteer tenure was about 18 months. In that period a volunteer might have been able to attend, at most, two consecutive yearly meetings. The majority would have attended only a single meeting during their time at the clinic. Needless to say, this limited the Board's ability to provide leadership. Quorum requirements that there had to be 2 people from each section, one of whom had to be unpaid "representative, also hampered the Board's functioning. In the summer of 1975, after some internal conflict, the power of the Board, was invested in the Administrative Collective.³⁷⁰

³⁶⁹ Berkeley Free Clinic, "untitled list of administrative positions from 1969-1974."

³⁷⁰ Scott, 1983 SWB class.

This structure was retained through 1978, when the Switchboard section spearheaded an “anti-centralist drive” against the Administrative Collective. This “split” was a major divisive event in the clinic’s history, and many members from the Rap center left, along with other staff. In the end, the AC was disbanded and a new collective structure established.³⁷¹ The Board once again returned to a representative/open structure, and its meetings were held quarterly (these became known as All-Clinic Collective Meetings).³⁷² Over the following 20+ years the administration of the clinic has undergone several tweaks and political or personnel crises, but the structure has remained basically the same.

V. Discussion

As we can see from the description of the Berkeley Clinic’s early years, its activists took up the call by Bodenheimer, et al. at the 1972 NFCC meeting to wield free clinics as a challenge to the healthcare system. Although participants in the 1972 workshop discussed ways to directly confront local hospitals as well as wield indirect influence, the most fundamental challenges the Berkeley Clinic mounted toward the healthcare system were directed at the practice of medicine itself, both by using client interactions to empower clientele in their future interactions with the healthcare system and by actively working to subvert the hierarchical, authoritarian nature of medical expertise.

The latter project reflects the fact that during the late 1960s and early 1970s, social movements more generally were challenging the relationship of expert knowledge

³⁷¹ “History According to Scott W,” taken 10/91, handwritten notes, Berkeley Free Clinic Files.

³⁷² Scott, 1983 SWB class.

to empowerment of the mass of people. The growing opposition to the authority of professionals, and hierarchical systems in general was reflected broadly in the health movement. As sociologist Alondra Nelson observes,

Consistent with the period's antiauthoritarian zeitgeist, activists encouraged patients to have a voice in the medical encounter and urged laypeople to claim the mantle of expertise by taking a hand in their healthcare – and, sometimes, in producing medical knowledge as well. The democratization of both medical practice and biomedical knowledge, often in the clinic setting, was a tactical cornerstone of radical health politics.³⁷³

This impulse found expression specifically in the organizational structure of many free clinics. All “hippie” free clinics had contributed to this by downplaying doctors’ authority; according to Health/PAC most clinics included “transfer of information” in their operating principles; mental health, especially, was being put into the hands of lay people, and some segment of clinics (such as the BFC and BWHC, plus many feminist health centers) actively sought to remove professionals from the equation. As Nelson has noted, citing Kelley and Esch, “Maoists – from black radical circles to the women’s liberation movement– sought to overturn bourgeois notions of expertise...[and] saw themselves as producers of new knowledge.”³⁷⁴ This challenge of expertise by developing knowledge through practice was referred to by the Chinese Communist Party as being “red and expert.”

Excitement over innovations in China’s healthcare system permeated progressive and radical healthcare circles. As we learned from Nelson in Section 2, the Black Panther Party, along with other health radicals, were avid students of the Cultural

³⁷³ Nelson, Body and Soul, 82.

³⁷⁴ Nelson, Body and Soul, 71. (Citing Robin D. G. Kelley and Betsy Esch, “Black Like Mao: Red China and Black Revolution,” Souls 4, no. 1: 1-41, 39.).

Revolution and the changes China had made to its health care system. In 1970 doctors, scientists and other scholars began visiting China to observe their healthcare system, an experience which they found inspiring and often transformative.³⁷⁵ In 1972 Black Panther Party representatives traveled to China and Cuba to study collectivist healthcare practices in those countries, and they returned with enthusiasm, in particular, for China's barefoot doctor program.³⁷⁶ In 1972, the Health/PAC Bulletin dedicated an issue to the history of China's health system,³⁷⁷ and in 1973 physician Victor Sidel and his wife Ruth published Serve the people; Observations on medicine in the People's Republic of China. In 1974, the U.S. Department of Health and Welfare, in conjunction with the Public Health Service and National Institutes of Health, published an English translation of China's Barefoot Doctor's Manual, and a revised and enlarged version was printed by a private publisher in 1977; the various versions of this book were widely circulated among free clinics and other radical health initiatives during the 1970s.³⁷⁸

As we saw above, the Berkeley Clinic's activists shared this excitement and threw themselves into study of Chinese approaches in an attempt to use those lessons to transform their own health care practice. By developing alternative models of health and

³⁷⁵ Naomi Rogers, private correspondence, May 2006; Niki Nibbe, "Development of Primary Health Care During China's Great Proletarian Cultural Revolution" (Unpublished Master's thesis, Linköping University, Linköping, Sweden, June 2004).

³⁷⁶ Nelson, Body and Soul, 71.

³⁷⁷ Health Policy Action Committee, Health/PAC Bulletin, No. 4, December 1972.

³⁷⁸ Victor W. Sidel and Ruth Sidel. Serve the People: Observations on medicine in the People's Republic of China. New York: Josiah Macy, Jr. Foundation, 1973;

³⁷⁸ Hunan Zhong yi yao yan jiu suo, Ge wei hui, A barefoot doctor's manual: translation of a Chinese instruction to certain Chinese health personnel ([Bethesda, Md.]: U.S. Dept. of Health, Education, and Welfare, Public Health Service, National Institutes of Health, John E. Fogarty International Center for Advanced Study in the Health Sciences, Geographic Health Studies, 1974); Hunan Zhong yi yao yan jiu suo, A barefoot doctor's manual (Mayne Isle, B.C.: Cloudburst Press, 1977).

health care, mainly outside of the existing medical system, they hoped to not only improve people's lives, but to prepare them – as their role models in China had done – to play a fuller role in transforming not just medicine, but all of society.

5.

CONCLUSION

One of the enduring legacies of the American refusal to provide universal health care for its citizens is a tradition of medical voluntarism. Political progressives launched great social initiatives to meet medical needs long ignored by government, among them the Progressive movement's tenement nursing projects at the turn of the 20th century, and the socialist cooperative health movement of the 1930s. In his 1971 article, "The first neighborhood health center movement" George Rosen, the esteemed historian of public health, described free clinics as part of this long-standing tradition of private efforts meeting public need.³⁷⁹

Haight Clinic as model for a movement?

Looking at the narrative of the Haight Clinic's founding as told by Smith, it appears that his clinic fits within this tradition. The Haight Clinic was, in fact, established as a humanitarian response to a crisis situation. It was able to reach across a cultural divide and, by altering the patient experience, provide health services to a new and disenfranchised population. To reassure its potential patients that it would not be hostile or dangerous to trust its medical providers, the Haight Clinic adopted cultural aspects of the youth movement, downplaying hierarchical authority and assuming hip cultural markers such as decoration and installing a mattress in the clinic lobby. Smith worked to focus public opinion on what he saw as the excess and illness of the youth

³⁷⁹ George Rosen, 'The first neighborhood health center movement: its rise and fall,' American Journal of Public Health 61 (1971): 1620-1637.

movement, and fill in the gaps in the existing medical system by harnessing health care activism to create kinder, gentler, and more accessible physician-led clinics.

The NFCC origin myth relies on the assumption that all clinics were organized along the lines of the Haight Clinic. If we strip the origin myth of the NFCC's emphasis on drugs, what remains of the myth – and of the Haight Clinic – aligns closely with the historical tradition of volunteer medical service. For this reason, it is not surprising that it was the origin myth that endured, rather than histories of the many radical and free clinics that arose outside of and in opposition to the medical – and political -- system. The myth fits more comfortably within the historical tradition of volunteer medical service, and it fits into the dominant narrative about the 1960s-70s. Furthermore, it resonates with the ongoing failures of American healthcare to meet people's basic needs; in this light the free clinics' eventual integration of into the broader health delivery system seems both inevitable and desirable. The problem with comfortable origin myths, though, is that while they can serve to inform, they are even more likely to obscure. And everything that we saw in the NFCC section suggests that their origin myth has obscured the true character and role of free clinics.

Our examination of the Berkeley Clinic further demonstrates how off-base the origin myth is when compared to the actual history of the clinics. What we see at the Berkeley Clinic is that, while the organizers sought to learn from the Haight Clinic's experiences, they did not model themselves on the Haight Clinic's service model. Furthermore, in several instances where organizers intended to follow the Haight Clinic's lead, developments external to the clinic intervened, and played a more significant role than any "model." In order to understand the Berkeley Clinic's development and impact,

then, we must step away from the origins myth and from typology altogether, to examine the individuals involved, the social movements they were a part of or influenced by, and, more generally, the microlocal historical forces and development.

Social movements

The people who started the clinic included a cultural-radical clergyman and his Free Church, which became the nucleus of Berkeley's social change network; an ex-social worker; social work students who at the time were studying community organization; and MCHR doctors, among others. They had participated in, and been influenced by the larger social movements that engulfed the country in the 1960s and early 1970s, and took deep root in Berkeley in particular. The Civil Rights movement in the South had had a profound effect on the zeitgeist, and it altered how progressive clergy and church denominations viewed their mission and ministry. Organizations such as the MCHR, began as an outgrowth of this movement. People from both of these groups were to play a prominent role in the clinic's founding.

Berkeley, in particular, was a nexus of a number of the social movements that developed during the late 1960s. Local activists were influenced by and interacted with the Black power movement, and its foremost expression, the Black Panther Party that originated in the neighborhoods of Oakland and Berkeley; the student movement (especially through the Free Speech Movement, which began and was centered among students on the Berkeley campus of the University of California); and the anti-Vietnam War movement, which would engender support for National Liberation Movements. People from the Bay Area played a leading role in actions that included student draft

resistance, local refusals of GIs to deploy to Viet Nam, a rebellion at the Presidio Stockade (in San Francisco), and the formation of anti-war veterans' groups.

A community organizing model, grounded in the experience of the Civil Rights movement and adopted by the radical, and not-so-radical political left had broad influence in the Bay Area, and especially in Berkeley. It deeply affected the so-many people who became social workers in order to community organize. Contemporary expressions of this form of mobilizing for social change had been led on a national level by organizations such as Students for Democratic Action (SDS), the Student Nonviolent Coordinating Committee (SNCC), the National Farmworkers Union (whose organizing was centered in the nearby Central and Salinas Valleys, and which recruited many Berkeley students), to name only a few. By the late 1960s, these specific movements had given rise to a broader revolutionary sentiment and movement that, during its brief existence, called into question all aspects of the "establishment," and prompted people to think about how they might transform every aspect contemporary life, including health and health care.

Microlocal factors

It is instructive to note that the BFC organizers had a number of conversations with Smith to obtain his advice on starting a clinic. In fact, the inclusion of a disclaimer regarding waiving confidentiality for drug research reeks of the Haight Clinic approach to drug care and the relationship between clinic and patient (i.e., research was for their own good, so their desire for confidentiality could be ignored). And yet the clinic, as it was put together, differed from Smith's in most respects. In particular, it fought for confidentiality in a 1973 drug contract; it did not operate along hierarchical lines within

or among its sections; it incorporated early on and gave clinic volunteers a say in the composition of the Board of Directors.

It is apparent that because of the similarities in their struggle to open their doors, and because Dr. Smith was willing to share his experience, the Berkeley Clinic was eager to learn from the Haight. Throughout the process of organizing the Berkeley Clinic individual organizers indicated their interest in emulating practices that had helped the Haight solve bureaucratic or logistical issues. Furthermore, the very existence of the Haight inspired Berkeley organizers, and gave them hope that they too might be successful in their efforts to establish a clinic. But evidence presented in this paper suggests that, in the process of “putting wheel to road,” the Berkeley Clinic’s institutional and service models diverged significantly from those originated by the Haight clinic.

Given Smith’s involvement at several points in the Berkeley Clinic history, and the surface similarities in patient population, the NFCC's model would have predicted that the Berkeley Clinic – more than almost any other – would be the spitting image of the Haight Clinic. Instead, the Berkeley Clinic appears to have been much more profoundly influenced by a) microlocal factors including, but not limited to the people who organized, the needs faced and perception of those needs by the people who organized, the resources available, and the reactions of local governments or other established infrastructure, and the people who stepped forward to serve in the new institutions; and b) broader debate within the radical health and political movements.

Berkeley was a magnet for people seeking to effect radical political and social transformation of society. This affected the clinic’s development in several ways. For one thing, Berkeley was a hotbed of protest. Medics, who had medical training during

their earlier military service, were mobilized to provide first aid care and to train legions of additional protest medics. The decision to open the clinic doors appears to have been tied to the work McAllister was doing running a field hospital at the Free Church. McAllister was made administrator and MCHR doctors became co-medical directors. The timing of the clinic's opening in the eye of the storm over People's Park set the tone for the clinic's future activities, as they embraced training lay people to meet medical needs. During the first few weeks of operation, the only medical services provided were first aid and emergency care.

If the timing had been different, if the People's Park protests had not happened, if the Free Church had not developed a relationship with Chuck McAllister, or if protest care hadn't been one of the primary medical needs of the local population just as the clinic was ready to open, it is quite possible that the clinic's core focus might have fit more readily into David Smith's version of a "hippie drug clinic." For instance, the organizational blueprint had gone out of its way to say that it would violate confidentiality for the purposes of drug research, so it seems likely there was some thought that the Berkeley Clinic would take up research like the Haight Clinic had. In April the Steering Committee had indicated that it was looking at a mental health professional to direct the clinic, and one of the graduate students who put significant work into the clinic (Isenberg) was interested in the clinic for its drug work. Despite these plans, I think that the Berkeley Clinic would have, necessarily, developed quite differently from the Haight Clinic, thanks to the particular people who organized the clinic.

Another serendipitous factor that differentiated the development of the Berkeley Clinic was the timing of its initial opening, during a temporary festival over the summer. That may have allowed the clinic may to bypass some of the usual start-up issues that led clinics to look to the Haight for advice, especially for their experience in obtaining building permits and finding a location where they wouldn't be denied permits. This highlights the vagaries of local circumstances, as well as the role of supportive individuals with access to relevant resources (Fred Cody, who created TASP and had helped to create both the SCCM and the Berkeley Clinic), larger social webs (which led to the creation of TASP, the support of the School District, etc.).

Although this is not an exhaustive catalog of microlocal factors that influenced the establishment of the Berkeley Clinic, those listed here were clearly extensive, and played a major role in both the early configuration of the clinic and the trajectory of its development during the 1970s. The social movements in play at the time, expressed through the microlocal interactions of the BFC's particular organizers, volunteers, community activists, local government, etc., were far more decisive in the development of the BFC than the hippie drug clinic model inspired by Smith's experience in the Haight.

Now that we have torn the veil from the origin myth, we must also move beyond the related construct of a national "free clinics movement" to understand what drove the explosion of free clinics, how they changed the healthcare landscape and how they interacted with the broader radical health and political movements. The evidence presented here suggests that free clinics, or at least some portion of them, were a healthcare initiative undertaken by numerous social movements that were attempting to

build a better society and figure out self-reliant ways to meet pressing needs. Rather than doing what Smith did – attempting to shoehorn all of these clinics into the concept of a “free clinics movement” – we must look at the free clinics themselves, their origin stories and particularly the interplay of microlocal and social movement forces.

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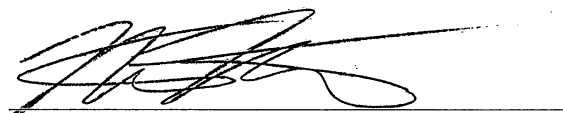
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