

Suggested name for this project "Freedom Medical Service" [Aug. 1, 1964]

A Medical Service for The Civil Rights Movement

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Statement of Purpose

The Civil Rights Movement today is an army of volunteers subjected to much risk and privation. Like any army, it needs a medical department. Many illnesses, many complications of injuries suffered in direct action, jail, or other battlefronts, many cases of physical and mental breakdown are preventable by early treatment.

The young people who are devoting these years of their lives to direct action deserve the best medical care and protection available. Mature leaders must not sacrifice their health in foolhardy self-neglect; they are too greatly needed. Impoverished civil rights organizations, struggling to finance their work, ought not to spend hard-to-collect funds for expensive medical care when free care is obtainable.

The Medical Committee for Human Rights proposes to set up one single coordinated "Medical Department" for this army. This will serve all current active civil rights organizations\* on a voluntary basis. It will coordinate all health facilities, make referrals, render care survey medical needs, conduct health education where possible, and recruit medical volunteers.

The attempt will be made to obtain the best quality care at little or no cost, donated by doctors and other professional people who consider it a privilege to serve those who lay their lives on the line for freedom. The Medical Service will be available primarily to serve field secretaries and full-time volunteers but will care for any other victims of the struggle who are recommended by these workers. It will be particularly oriented to areas where good care would otherwise be denied either because of local prejudice or lack of funds; therefore, probably mostly to the South. Where possible, care will be made available to dependents of full-time workers, especially wives and children. A centralized system of distribution will prevent some few doctors from being overburdened with too many of these patients.

\* At present, Southern Christian Leadership Conference, Southern Conference Educational Fund, Student Non-violent Coordinating Committee, Congress of Racial Equality, National Association for the Advancement of Colored People (especially Southern state branches involved in direct action), and other regional groups such as C.O.F.O. Albany Movement and Montgomery Improvement Association.

8-1-64

Dear Core Braden,

This is still in the proposal stage, but Bernard Lafayette suggested I send it to you. We would appreciate your comments, leads, etc. Betty Johnson, Arthur Falls, Quentin Young, and the S.N.C.C. people in Chicago are working with me in contacting the N.Y. Med. Committee to set it up. Vera Morkovin M.D.

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Structure of the Proposed Medical Service

I. Front Line Services

- A. "Field Teams" (e.g. teams going to Mississippi Project under C.O.F.O.)  
Function: Limited to first-aid, some emergency care, surveying and reporting needs to "Headquarters", liaison with friendly local medical help when possible.
- B. "Field Hospitals" or "Field Medical Centers", as near as possible to action.
1. Mound Bayou and Tougaloo College are now being investigated by Chicago group.
  2. Any other clinics or Negro hospitals in Southern "hot spots".
  3. Individual white or Negro doctor sympathizers. (May have to limit care to patients of their own race, or be protected carefully from exposure)

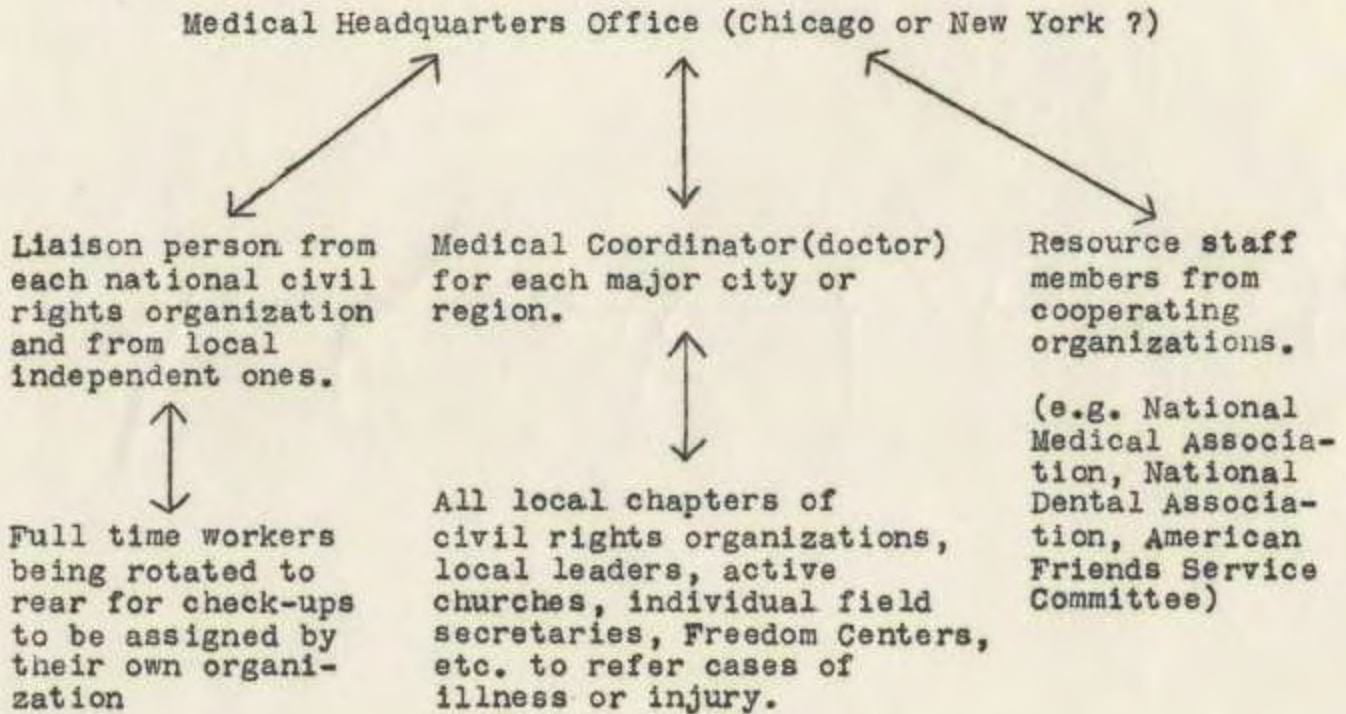
II. Base or "Rear" Medical Services--in Northern or Border states.

A. Professional personnel

1. Individual doctors, including all specialties, to give care in their own offices.
  2. Staff members, interns, residents, nurses, and other professional workers in large teaching and charity institutions-- When hospitalization is needed and no funds are available, patients can be sent to a good public institution where someone on the "inside" can see that good care is received and help boost patient morale.
  3. Psychologists, psychiatric social workers and psychiatrists who can evaluate, counsel or refer.
  4. Druggists, dentists, laboratories and other paramedical personnel.
- B. One doctor (preferably general practitioner, internist, or general surgeon) to act as "Medical Coordinator" in each large city or region: to make local referrals when phoned about particular cases and to decide when cases need distant referral if local facilities are inadequate.
- C. One National Headquarters as a clearing house to make up-to-date lists of above services available to all civil rights organizations and workers.

Structure of the Proposed Medical Service (cont.)

III. Suggested Lines of Communication



Specific Problems to be Worked Out ( a tentative agenda)

I. How to compile professional lists. Suggestions:

- A. Ask each civil rights organization to comb their files of members, sympathizers, and contributors for names of all physicians, dentists, druggists, nurses, psychologists, social workers, laboratory technicians. Send a letter to all these including questionnaire to be returned to Headquarters. (in duplicate ?)
- B. Also ask each organization about any medical help previously available during crises in Southern cities, e.g. Birmingham, Montgomery, Albany, Nashville.
- C. Get lists from National Medical and Dental Associations ?
- D. Headquarters keep master list, distribute copies to each regional Medical Coordinator, receive additions from each region to supplement list.

II. A central file of all reports received from "Front Line Field Teams" about health needs in different areas. Issue summaries of these reports to organizations that can reach sympathizers for help.

III. Guide lines for workers in the field

A. Who and where to send for care-- Suggestions:

- 1. Injured who need further care or reassurance after first-aid-- to nearest facility.
- 2. Those released from jail or subjected to recent brutality-- to nearest facility.
- 3. All workers in full-time direct action at least one year, also those released from long jail confinement should be sent for one or two weeks rest and complete medical check-up-- to Northern or "rear" facilities.
- 4. Anyone with persistant symptoms after injury or with prolonged medical symptoms such as weight loss, digestive complaints, cough, or pain-- to "rear" centers for examination and tests.

B. Responsibility by each organization for discipline of its own field staff, to see that those who need it get the medical help. Priority to full-time poorly-paid workers, also to displaced or dispossessed victims

IV. Auxiliary functions of the Medical Service in addition to rendering care:

- A. May combine check-ups of field secretaries with money raising functions-- e.g. a local medical group pay transportation, provide room and board for a week, and medical examination, and have a benefit at which field secretaries will speak.

Specific Problems to be Worked Out (cont.)

- B. Education for Public Health-- continue to send in teams and set up permanent centers in the South.
- C. Prepare first-aid manuals or give training sessions at work shops for leaders.
- D. Collect first-aid supplies for Freedom Centers. Collect drugs when these can be sent to local doctors.

V. Transportation to facilities behind the lines-- Suggestions:

- A. Assistance from American Friends Service Committee and other friendly church or civic groups who do not feel that they can participate in direct action.
- B. Chain transportation system-- e.g. sympathizers may drive patient one day's distance to a city where another friend can provide lodging and drive further. To be practical all local organizations would need to be alerted of the existence of the Medical Service and how it functions.

VI. Financing

- A. Major financial support to be born by Medical Committee for Human Rights, possible substantial contributions from National Medical Association, National Dental Association, Fraternal Organizations, American Friends Service Committee.
- B. Services of medical or other personnel to be donated.
- C. Drugs and diagnostic facilities to be obtained as donations or at minimal cost.
- D. As far as possible no medical expense should be billed to the civil rights organizations or individual workers.

- VII. Public Relations-- News of program might be released to professional organs such as "Medical Tribune", publications of the American Association for the Advancement of Science, and other scientific publications not usually containing news of civil rights activities. Also philanthropic groups which might contribute to a medical project where they would not support direct action in a politically controversial issue.

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Draft for Questionnaire

(to be included in letter to doctors who might cooperate)

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Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Office Address \_\_\_\_\_ Office Phone \_\_\_\_\_

Specialty or type of practice \_\_\_\_\_

Check which applies to you:

*Can* See limited number of patients in office \_\_\_\_\_

(a) In my field only \_\_\_\_\_

(b) Do complete physical exams \_\_\_\_\_

Have connection with public or teaching hospital or clinic where free or low cost care is available, specify \_\_\_\_\_

Can get diagnostic laboratory or X-ray work at low cost or free \_\_\_\_\_

Can get drugs and appliances at low cost or free \_\_\_\_\_

Can you provide housing for a civil rights worker sent from another city for medical care ? \_\_\_\_\_

Names of other professional people who might help (include doctors, psychologists, nurses, dentists, etc.)