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

Anna Chiu Tran, Georgia Institute of Technology

Abstract Existing research discusses the Young Lords' and Black Panther Party's acupuncture center for heroin dependency in the Bronx. Yet there has been no research that puts this health movement in context with concurrent New York health movements to provide an overarching picture of transracial health solidarity in the 1970s. In this paper, I examine the Bronx's Lincoln Detox Center, the Chinatown/Lower East Side free health fairs, and Chinese practitioners of Traditional Chinese Medicine to argue that these communities of color successfully made reforms to the New York healthcare system by practicing concepts of community care, cultural competency, political education, institution building, and patient autonomy. As I illustrate, by defining holistic medicine as encompassing these modalities along with its scientific context, these communities advanced possibilities for reimagining healthcare outside the Western medical context.

A NOTE ON TERMINOLOGY

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

Cantonese Chinese and Mandarin Chinese terms and definitions

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

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

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

Traditional Chinese Medicine (TCM) and Eastern Medicine

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

Holistic medicine

I will be using *holistic medicine* by its Pacific College definition of a "whole-person approach to medical care and wellness," specifically the "...the emotional, mental and even spiritual aspects…"[3] to specifically include political and socioeconomic factors into the consideration of

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

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

[3] "Holistic Medicine: A Guide for Beginners," Pacific College of Health and Science, https://www.pacificcollege.edu/news/blog/2021/05/20/holistic-medicine-guide-for-beginners (accessed Feb 9,

overall well-being. The term should not only refer to uncommonly used treatments and therapies
but should also address aspects of political education and mobilization, social determinants of health, cultural awareness of practicing staff, preventative care, and bodily autonomy. Only when all aspects are encompassed in this definition can holistic medicine truly heal in a holistic manner.

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

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

INTRODUCTION

2022).

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

[5] For more information on the history of holistic medicine, see Victoria McCann, "The History of Holistic Medicine," Castle Craig Hospital, entry posted January 24, 2018, https://castlecraig.co.uk/blog/2018/01/24/historyholistic-medicine#:~:text=Holistic%20medicine%20came%20back%20to,for%20diagnosing%20and%20treating%20disease s. (accessed Apr 5, 2022). For more information on the history of the counterculture hippie movement, see "What is the Counterculture of the 1960's?," The American Century, https://americancentury.omeka.wlu.edu/exhibits/show/beachboysbeatlesandhippies/counterculture of1960s, (accessed Apr 5, 2022).

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

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

Passed down from generation to generation, Traditional Chinese Medicine (TCM) therapies, such as acupuncture, herbology, cupping, moxibustion, massages, taichi, and qigong, were vital tools to Chinese medicine and culture. The earliest TCM texts date back to the Han

[7] Yuri Kochiyama and Mutulu Shakur became long-time friends through the Black and Third World Liberation movement after Malcolm X's assassination in 1965. For a more detailed story about Kochiyama's link with Black Power and Shakur's family, see Taiyo Na, "Yuri, Tupac, and a Harlem House," *Hyphen,* August 28, 2014.
[8] Mutulu Shakur, interview by Steven M. Hinshaw, December 9, 2017, transcript, Adelanto, CA, https://mutulushakur.com/acupuncture-interview/ (accessed Feb 9, 2022).
[9] "Hong Kong Doctors Use Acupuncture to Relieve Addicts' Withdrawal Symptoms," *New York Times,* April 15, 1973.

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

When Shakur brought acupuncture into the Bronx, he inadvertently kept the TCM philosophy alive by bringing one of its treatments outside of the Chinatown community and practicing care that met individualized needs. While TCM practitioners in Chinatown brought in a stable number of non-Chinese clientele themselves, acupuncture and other TCM modalities did not have official licensure in the United States, so all TCM practitioners were technically

[10] Anthony Christie, *Chinese Mythology,* (London: Hamlyn, 1968).
[11] Iris Benzie, Sissi Watchel-Galor, *Herbal Medicine: Biomolecular and Clinical Aspects* (2nd ed.), (CRC Press, 2011).

unlicensed health professionals.[12] The American Medical Association (AMA) and the New York Department of Education stated only doctors with a US medical license could perform acupuncture because it was considered a practice of medicine, negating the validity of the practice learned through apprenticeships or non-Western TCM schooling.[13] However, after years of training under acupuncturists in both Canada and China, Shakur could finally do what most New York Chinatown TCM practitioners would be fined or shut down for doing in the 1970s: publicly practice TCM.

While Shakur's story might depict a glorious historical moment of interracial solidarity amongst African American, Puerto Rican, and Asian American communities playing to their strengths in a collective effort to reform health care, a more complex narrative unfolds when tracking the histories of community-based health care in these New York City communities during the 1970s. From the turn of the decade, an influx of African Americans, Puerto Ricans, and immigrant Asians poured into New York City's urban environment as white New Yorkers moved to the suburbs. Lack of funding in city infrastructure and ability to cater to the needs of these low-income communities of color resulted in increases in crime, police brutality, and homelessness.[14] Furthermore, a 1969 *New York Times* article attributed the decline of hospital programs due to fiscal restrictions and the competitive salary of the private sector.[15] The city's low investment into New York communities of color led these marginalized communities to

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[12] Carl Leung, interview by author, March 11, 2022, New York, NY.

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

[14] The change in New York City's demographics during the late 1960s into the 1970s resulted in the city's nickname, "Fear City," highlighting the perils of living in New York during the decade, as a result of the city's government corruption and fiscal crisis. For more information on New York City's reputation as one of the most dangerous places to live in the 1970s, see Kevin Baker, 'Welcome to Fear City'—the inside story of New York's civil war 40 years on," *Guardian*, May 18, 2015.

[15] John Sibley, "Health Department Seeks Lost Glory," *New York Times*, December 3, 1969.

feel that they were not getting the adequate socioeconomic, political, and medical resources needed, leaving many of these communities scrambling for grassroots solutions, as illustrated by the People's Program in the Bronx and the Chinatown TCM practitioners' journey to preserve TCM as a specific treatment that met the needs of their respective communities. However, this intersectional moment was just that—an ephemeral point of convergence of two different communities sharing the same oppressive struggle. While there would be more important moments of convergence in the following years between the African American, Puerto Rican, and Asian American communities, the Bronx and Chinatown communities ultimately diverged in their approaches to bringing adequate, quality health care to their own respective neighborhoods.

Only some topics of my essay have been heavily researched, such as the Black Panthers' and Young Lords' role in the establishment of the People's Program at the Lincoln Detox Center.[16] Ideologies for healthcare reform, including community care and the right to self-autonomy, come from reproductive justice works such as *Body and Soul* by Alondra Nelson, and *Bodies of Knowledge* by Wendy Kline.[17] The history of acupuncture and herbology is also covered in thorough detail by Tamara Venit Shelton's Herbs and Roots, Donna Mah's 2018 "Chinese Medicine in America" special exhibition at the Museum of Chinese in America, as well as the history of TCM in the West Coast by Nayan Shah's *Contagious Divides*.[18] Sarah Wiecksel's story for the Smithsonian National Museum of American History detailed the 1971

[16] *Dope is Death*, directed by Mia Donovan, Eye Steel Film, 2020.
[17] Alondra Nelson, *Body and Soul: The Black Panther Party and the Fight Against Medical Discrimination,* (Minneapolis: University of Minnesota Press, 2011); Wendy Kline, *Bodies of Knowledge: Sexuality, Reproduction, and Women's Health in the Second Wave* (Chicago: University of Chicago Press, 2010).
[18] Tamara V. Shelton, *Herbs and Roots* (New Haven: Yale University Press, 2019); *Chinese Medicine in America* (2018), [Exhibition], Museum of Chinese in America, New York, 26 April 2018-16 September 2018; Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco's Chinatown* (Los Angeles: University of California Press, 2001).

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

My essay will be divided into three parts. I will first be giving some historical background to situate the audience into the time period as well as contextualize some topics that are larger than my essay itself. My essay is established at a unique time to be thinking about meritocratically-forged hierarchies, interracial solidarity, pacificism, and how health care fits into the midst of it all. My first section will be covering the founding of the Young Lords Party in New York, the Lincoln Hospital occupation to protest inadequate health care, and the turn to acupuncture to treat heroin dependencies. I will analyze how healthcare activism, specifically that of non-Western practices, was successful in building a community and resisting oppression from the government. My second section will cover the goals of the 1971 Chinatown Health

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

Fair, the establishment of the Chinatown Health Clinic, and Chinatown attempts to mobilize the Lower East Side community to protest the NYCHHC. This section discusses a different approach to medical oppression and examines why the community may have chosen to establish a Western healthcare clinic to earn state-recognized credibility within the city of New York. I will also be juxtaposing these histories with that of the founding of Kamwo, one of the oldest herbal dispensaries in Manhattan Chinatown, in 1973 to give insight on why Chinatown TCM practitioners might have been left out of the narratives of both the People's Progam and the Chinatown Health Clinic. I acknowledge that Kamwo, however, cannot be a totally accurate representation of the entire Chinatown TCM community, but it is one of the only herbal dispensaries to survive until now. The last section investigates the outcomes of both the People's Program and the Health Clinic as they diverge onto different paths and transformations. My conclusion explores the legacies of these three narratives and how they influenced the present-day healthcare system.

HISTORICAL BACKGROUND

Throughout the fourteenth to seventeenth centuries, TCM made its way to the Western World when European travelers and missionaries would encounter this type of health care on their adventures to the East. During the late eighteenth century, the usage of herbal medicines was widely accepted in the United States because its practice was easy to adapt into the health care of the early settlements. Historian Tamara V. Shelton writes, "Families grew medicinal plants in their gardens, foraged them in the wild, or purchased specimens from 'root-and-herb doctors,' men and women who dispensed raw, locally sourced botanical remedies."[20] The early American settler centered the home as the primary place of medical care, and they could easily

[20] Shelton, 31-32.

incorporate herbology and horticulture as part of their daily lifestyle. In addition, Americans also had experience observing the Indigenous and African usages of medicinal plants as treatments for ailments.[21] The concept of non-European medicine was not novel during the early settlements of the Americas.

The Western hemisphere's fascination with TCM would soon deteriorate by the early 19th century. The British introduction of opium to China along with medical missionary work birthed a desire of Western countries to come to China to trade, civilize, and treat Chinese people using Western means of medical care.[22] Benjamin Hobson, a Protestant medical missionary, recounted medical science in China as "at a low ebb. It does not equal the state of the medical art in the time of Hippocrates and Celsus. The knowledge of anatomy and surgery in ancient Greece and Rome was much superior to anything now in India and China."[23] The framing of Western medicine as superior to Eastern medicine was supported by accounts of European travelers recording instances where Western medicine solved what TCM couldn't, reifying depictions of Chinese people and TCM as exotic, harmful, and invalidated in the Western scientific community of both Europe and America. With the European medical missionary accounts, the attitudes of America that once based their healthcare system on herbal medicine and other non-Western remedies transformed to find these practices foreign and inferior to Western medicine.

Additionally, the formation of the AMA in 1897 created authoritative power for those to define "modern/orthodox" medicine contrasted with the othering of "alternative/traditional

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[21] Ibid.

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

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

medicine."[24] The oculus of medicinal culture in the world not only shifted towards a more rationalistic approach to medicine, with focus on treating the disease instead of treating the patient but also garnered a shift to a more dominant Western narrative, inadvertently colonizing the global medical sphere. The late 19th century to early 20th century birthed the formalization of the medical profession and required training. Medical schools emerged near urban hospitals for ease of clinical practice and an abundance of case studies. In addition, the 1910 Flexner Report by Abraham Flexner fueled the professionalization of standard medical school requirements thus exacerbating a pre-existing issue in American medicine: increasing racial disparities in healthcare. In the following years, more than half of the existing medical schools in the country shut down, including five of the seven Black medical schools.[25]

Around the same time, the Chinese Exclusion Act of 1882 and the 1900 San Francisco bubonic plague epidemic also contributed to anti-Chinese discrimination, linking this medical crisis to further validate the AMA establishment of medical hierarchies as not only meritocratized but also racialized. The San Francisco Board of Health claimed that the plague originated from Chinatown; consequently, medical care by a non-Chinese practitioner was difficult to find for Chinese people due to the practitioner's fear of supposed Chinese disease. [26] In the first few years of the 20th century, the Chinese community opened a few new health

[24] In this sense, Western medicine is defined as more "modern," or developed, while traditional medicine would mean the opposite—underdeveloped or outdated.
[25] After news of the Flexner Report, various alumni, families of students, and generous philanthropists invested in certain medical schools to supply them with the resources they needed, while other medical schools without powerful connections were left to fund for their own resource improvements, often closing down as a result of not meeting the standards. This latter category especially included Black-operated medical institutions catered to Black students and patients. For more information about the impacts of the Flexner Report, see Jesse Wright-Mendoza, "The 1910 Report That Disadvantaged Minority Doctors," JSTOR Daily, https://daily.jstor.org/the-1910-report-thatunintentionally-disadvantaged-minority-doctors/ (accessed Apr 7, 2022).
[26] For a first-hand account from an official of the San Francisco Citizens' Health Committee, see Frank Morton Todd. *Eradicating plague from San Francisco: report of the Citizens' Health Committee and an account of its work,* (San Francisco, Press of C.A. Murdock & Co., 1909), 30. For more information on the term 'medical scapegoating' and the xenophobia that resulted from the government's poor hygiene regulation, see Joan Trauner, "The Chinese as medical scapegoats in San Francisco, 1870-1905," *California History* 57, no. 1 (1978): 70-87.
[27] Shah, 123.

services in San Francisco. Before the plague, Chinese Americans only relied on Traditional Chinese Medicine with their ailments. In his book, *Contagious Divides*, scholar Nayan Shah explains,

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

However, the realization to integrate Western medicine into the Chinese community was apparent after the plague ended in 1904 along with the 1906 San Francisco earthquake that destroyed the Tung Wah Dispensary, the popular Eastern medicine herbal dispensary established in 1900. When the Tung Wah Dispensary was rebuilt into the Tung Wah Hospital (also known as the Chinese Hospital) in 1925, only Western healthcare practices were provided.[27]

The same patterns could be seen in the East Coast by the time Chinese immigrants built a community within New York a few decades later. At this point, the Chinese community in America had been spotlighted as diseased foreigners, and with the rise of Maoist Communism in China, the Manhattan Chinatown was far from a community due to outside scrutiny by non-Chinese New Yorkers and the tensions of political factions within the neighborhood.[28] Dr. Thomas Leung, current owner of Kamwo Meridian Herbs, describes the undercurrent of practicing TCM in Chinatown, "[Chinese medicine] had to keep a low profile because there [were] issues with the Western medical establishment. You're treading on their territory."[29] The competition for patients in the medical market was almost monopolized by Western institutional

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[27] Grace Chen, 2021. Power, Politics, and Pluralism in the Establishment of Community-Based Care in San Francisco's Chinatown, 1850-1925. Bachelor's thesis, Yale University.

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

[29] Thomas Leung, interview by author, November 19, 2021, New York, NY.

medicine, and the language barrier as well as the anti-Communist, anti-Chinese discrimination faced by the Chinese immigrant community made it difficult to be practicing TCM publicly the way Shakur did. As a result, Chinese Americans had to find other means to treat their community —whether it be building their own TCM clinics, turning to study Western medicine to substantiate their credibility, or a bit of both. With the New York urban environment being the hub for social justice movements in the 1960s and 1970s, Chinatown would soon become one of the marginalized groups embroiled in a fight for healthcare justice during the 1970s, along with the Black Panther Party and the Young Lords.[30]

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