"Send Freedom House!": A Study in Police Abolition

Tiffany Yang
“SEND FREEDOM HOUSE!”: A STUDY IN POLICE ABOLITION

Tiffany Yang*

Abstract: Sparked by the police killings of George Floyd and Breonna Taylor, the 2020 uprisings accelerated a momentum of abolitionist organizing that demands the defunding and dismantling of policing infrastructures. Although a growing body of legal scholarship recognizes abolitionist frameworks when examining conventional proposals for reform, critics mistakenly continue to disregard police abolition as an unrealistic solution. This Essay helps dispel this myth of “impracticality” and illustrates the pragmatism of abolition by identifying a community-driven effort that achieved a meaningful reduction in policing we now take for granted. I detail the history of the Freedom House Ambulance Service, a Black civilian paramedic service in Pittsburgh, Pennsylvania, that was created in the late 1960s to confront the racialized violence and neglect inflicted by police ambulance drivers. This Essay outlines the now abolished practice of ambulance policing, explores the city’s response to Freedom House’s revolutionary program, and analyzes current efforts of police reform through this historical lens.

INTRODUCTION

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INTRODUCTION

In 2011, Willie Ray Banks pleaded “I can’t breathe” after the police
repeatedly tasered him and pinned his body to the ground. One police officer responded, “If you’re talking, you’re breathing—I don’t want to hear it.” Another officer denied that Banks was dying and offered to “give a damn trophy out if he does.” Banks became unresponsive before the police delivered him to the jail in Burnet County, Texas, and he was soon thereafter pronounced dead.

Willie Ray Banks’s death was not the first instance, nor the last, of the police killing a person who cried out for help. In 2014, Eric Garner pleaded “I can’t breathe” at least eleven times while the police choked him on a New York sidewalk. Just a few months later, Balantine Mbegbu pleaded “I can’t breathe, I’m dying” when the police hit him in the face, tasered him, and pushed their knees on his back and neck after he asked the officers to leave his Phoenix home. One month later, the police slammed Tanisha Anderson to the pavement in Cleveland while she was experiencing a mental health crisis, kneeled on her back while pushing her face to the ground, and delayed calling for an ambulance even when she laid unmoving in the middle of the road. In 2017, Hector Arreola pleaded “I can’t breathe” at least thirteen times in Columbus, Georgia, when the police “flatten[ed]” him, sat on his back, and shackled him to await a psychological evaluation he did not request. In 2019, Byron Lee Williams pleaded “I can’t breathe” after the police chased him and

3. Dexheimer, supra note 1.
4. Id.
5. The following examples in this paragraph rely on the reporting of video footage filmed by witnesses (such as in the killings of Eric Garner and George Floyd), or on the reporting of facts asserted by witnesses in interviews or civil lawsuits (such as in the killings of Balantine Mbegbu, Tanisha Anderson, Hector Arreola, Byron Lee Williams, and Angelo Quinto).
kneeled on his back for allegedly riding a bicycle without a safety light in Las Vegas. In 2020, George Floyd pleaded “I can’t breathe” more than twenty times while the police held a knee to his neck. And in 2021, Angelo Quinto asked the police not to kill him before they knelt on his back and neck for nearly five minutes. These people are a few among many who were killed by the police after begging for their lives.

When the police killed Eric Garner, chokeholds had been banned by the NYPD for over twenty years. By the time the police killed George Floyd, the police killings of Michael Brown, Eric Garner, Tamir Rice, Freddie Gray, and many more had already sparked nationwide protests and promises of widespread reforms. Six years passed between Eric Garner and the NYPD’s History of Deadly Chokeholds, Atlantic (Dec. 4, 2014), https://www.theatlantic.com-national/archive/2014/12/context-for-the-punishment-free-killing-of-eric-garner/383413/ [https://perma.cc/3WVM-NMUG].

It is important to note that “[t]he lack of meaningful accountability for the deaths of unarmed Black men also extend[s] to deaths of unarmed Black women and girls.” Kimberlé Williams Crenshaw & Andrea J. Ritchie, African Am. Pol’y F. & Ctr. For Intersectionality and Soc. Pol’y Stud., Say Her Name: Resisting Police Brutality Against Black Women 1 (2015). The same year that the police killed Michael Brown and Eric Garner, the police also killed a number of Black women including Tanisha Anderson, Gabriella Nevarez, Aura Rosser, and Michelle Cusseaux. Id. Although the police killings of Black women have not spurred the same levels of mass protest nor gained the same level of media attention as the police killings of Black men, Black women also face the lethal risk of police violence. Id. at 1–2. This erasure and marginalization has catalyzed the Say Her Name campaign, which “sheds light on Black women’s experiences of police violence in an effort to support a gender-inclusive approach to racial justice that centers all Black lives equally.” Id. at 1; see also Marcia Chatelain & Kaavya Asoka, Women and Black Lives Matter: An Interview with Marcia Chatelain, Dissent (2015), https://www.dissentmagazine.org/article/women-black-lives-matter-interview-marcia-chatelain [https://perma.cc/YZ68-EDCD] (highlighting Professor Marcia Chatelain’s agreement with Dani McClain, Melinda Anderson, Kali Gross, and Kimberlé Crenshaw that the conversation about police violence must, but often does not, address the targeting and endangerment of Black women).


13. The New York Times has reported that between 2010 and 2020, there were at least seventy documented incidents of people dying at the hands of the police after saying the same words: “I can’t breathe.” Baker et al., supra note 2.


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Garner’s and George Floyd’s last breaths, but their killings tragically shared the same core: even where the alleged reason for arrest was rooted in the person’s poverty, even where purported reforms should have safeguarded against harm, even where the person begged for their life and beseeched the police to save them, the police chose force over care.

This choice echoes across the history and institution of policing. Pointing to the failure of traditional reforms to abate the brutality of policing, organizers have turned to abolitionist frameworks to guide their communities’ demands for transformative change. Calls for police abolition grew in fervor after the 2014 police killings of Black community members inspired mass uprisings, and they surged when the


18. See infra Part I.

19. Id.


21. For example, abolition of the prison industrial complex, including policing infrastructures, became a demand following the Ferguson uprising after the killing of Michael Brown. See, e.g.,
2020 police killings of George Floyd, Breonna Taylor, Tony McDade, and Rayshard Brooks sparked a renewed reckoning. 22

In the wake of the growing power of abolitionist organizing, more legal scholars are analyzing abolitionist frameworks in their critiques of traditional reforms. 23 However, many voices continue to disregard police abolition as an unrealistic demand. Critics have dismissed abolition as “naïve,” 24 nothing more than a “snappy slogan” incapable of soliciting broad support, 25 or a “pie-in-the-sky imagining[ ]” 26 unrooted in reality. Such criticisms reveal a misunderstanding of a demand thoughtfully crafted by the people most directly impacted by state violence, and ignore a rich history of successful abolitionist organizing that demonstrates the practical necessity and viability of this demand.


This Essay highlights one historical example that reduced the scale of policing in a meaningful way. In the not too distant past, the police functioned as ambulance drivers (what I call “ambulance policing”) in regions across the country. Pittsburgh, Pennsylvania was one such city. The racialized violence and neglect that accompanied policing in Pittsburgh manifested into a Black public health crisis, and sustained investments in ambulance policing failed to remedy its well-established harms. Driven by a need to secure the safety and health of their neighborhoods, Black Pittsburghers catalyzed the creation of a new civilian ambulance program, Freedom House Ambulance Service, that largely existed outside of policing infrastructures. For the years during which it was allowed to operate, it was a triumph. Despite fierce resistance from the police and the program’s premature end, the success of Freedom House would go on to transform the practice of emergency medical care and precipitate the end of ambulance policing.

27. See infra Part II.A.
28. Id.
29. See infra Parts II.B and II.D.
31. See infra Part II.C.
32. Id.
33. See infra Parts II.C and II.D. It is important to note that despite eventually achieving this
Today, it would be unfathomable to replace existing civilian paramedic services and ambulances with police officers and paddy wagons. After all, the institution of policing has manifested a refusal to care for victims even when they beg for something as basic as air. But just a few decades ago, when confronted with the harms inherent in ambulance policing, advocates of traditional reforms insisted that improved ambulance policing was possible—that additional training and resources would remedy the injustices. Now, with the advent of modern civilian ambulances, we can acknowledge the futility and danger of reinvesting in police ambulance drivers. Ending ambulance policing was the only pragmatic solution.

Through the history of Freedom House, this Essay illustrates the viability and practical necessity of abolition. Part I provides a brief introduction to police abolition and the demonstrated need for transformative change. Part II outlines ambulance policing in Pittsburgh and the Black public health crisis it created, details the history and success of Freedom House, and explores the city’s destructive response to this revolutionary program. Part III then applies the abolitionist framework introduced in Part I and the history of Freedom House chronicled in Part II to analyze current efforts of police reform.

I. THE TRANSFORMATION OF ABOLITION

Before turning to the history of Freedom House, this Essay begins with an overview of the brutality of policing. In so doing, it outlines the need for transformative change and provides a brief introduction to police abolition, which seeks to meaningfully address the harm of policing (and the broader prison industrial complex) at its root.35

meaningful but incremental change, the end of police ambulance drivers has not eliminated police presence in hospitals or other spaces of emergency medical care, nor has it eliminated the assignment of police as first responders to 911 calls. See infra Part III.

34. See infra Part II.D.

35. This Part provides a brief overview of my understanding of (police) abolition to lay a foundation for the analysis shared in Part III and is not intended to be an exhaustive summary. It is my hope that this Essay provokes further study and consideration of abolition, and that it adequately honors the many brilliant organizers and scholars who have nourished this longstanding movement towards an abolitionist horizon. For a more detailed and robust understanding of abolition, follow the work of abolitionist community groups and organizations such as Critical Resistance, INCITE! Women, Gender Non-Conforming, and Trans People of Color Against Violence, Survived & Punished, Black Youth Project 100 (BYP100), Dream Defenders, Assata’s Daughters, Mijente, Detention Watch Network, Project Nia, Black and Pink, Puente Human Rights Movement, and Southerners on New Ground (among many others). Also look to the work of abolitionist organizers and scholars such as Angela Davis, Ruth Wilson Gilmore, Dylan Rodriguez, Rachel Herzing, Mariame Kaba, Beth E. Richie, Dean Spade, Andrea Ritchie, and Joey Mogul (among many others).
The institution of policing has demonstrated a propensity for chronic racialized violence. Only a tiny percentage of today’s policing work addresses so-called “violent” crime—one study found the share to be as small as four percent—and yet the violence of everyday policing is overwhelmingly and tragically routine. As established by a growing consensus of medical professionals, police brutality is itself a “public health emergency” requiring prompt attention.

When discussing police violence, much attention is justifiably focused on police shootings—but the police can inflict a broad scope of pervasive harms. For example, injuries inflicted by the police can be almost as ubiquitous in emergency rooms as injuries from motor accidents. The evidence of racial discrimination in everyday police stops


37. See discussion infra Parts I, II.B—D, III.A.


40. This Part summarizes some of the varied harms inflicted by modern-day policing to provide context for abolitionist demands for police abolition. For a comprehensive summary of structural critiques of policing that has emerged in legal scholarship, see Akbar, supra note 23, at 1789–1800.

41. Jill Lepore, The Invention of the Police, NEW YORKER (July 13, 2020), https://www.newyorker.com/magazine/2020/07/20/the-invention-of-the-police [https://perma.cc/EKF6-UCSW] (citing a study “suggest[ing] that, among American men between the ages of fifteen and thirty-four, the number who were treated in emergency rooms as a result of injuries inflicted by police and security guards was almost as great as the number who, as pedestrians, were injured by motor vehicles.”).
has been deemed “unequivocal,” and policing agencies have exerted this form of racialized violence to generate revenue for municipalities and local governments. Studies have demonstrated that police officers commit sexual abuse or harassment, as well as domestic violence and intimate partner abuse, with alarming frequency. The police routinely use chemical weapons that are instruments of war, and they employ so-called “non-lethal” weapons, such as kinetic impact projectiles (including “rubber bullets”) or tear-gas and flash-bang stun grenades, in lethal ways. The police have targeted the most vulnerable parts of the human


45. See, e.g., Leigh Goodmark, Hands Up at Home: Militarized Masculinity and Police Officers Who Commit Intimate Partner Abuse, 2015 B.Y.U. L. REV. 1183, 1185–86, 1189–96 (2015) (noting studies suggesting that police officers are more likely than the general population to commit intimate partner abuse); id. at 1235–46 (describing 102 instances of intimate partner abuse by police officers).


body  with these weapons and have robbed people of their cognitive abilities, their eyes, and their ability to have biological children. Indeed, as we know from the murder of George Floyd (among many others), even the weight of one’s body can be lethal when wielded by the police.

Given the persisting abuses inflicted historically and systemically by the police, abolitionist organizers have long explained that the institution


49. Shot in the Head, PHYSICIANS FOR HUM. RTS. (Sept. 14, 2020), [https://storymaps.arcgis.com/stories/29/bf8b7b94fdaabdec5350839e] (last visited July 31, 2021) (documenting that crowd-control weapons have caused at least 115 head injuries across the United States during the 2020 uprisings).


52. See, e.g., Baker et al., supra note 23, at 1817–19 (discussing the work of abolitionist organizers and scholars who write about the history of policing within the history of enslavement and colonialism); Allegra M. McLeod, Prison Abolition and Grounded Resistance, 62 UCLA L. REV. 1156, 1186–94 (2015) (describing the history of law enforcement as the “primary mechanism for the continued subordination of African Americans for profit” following the abolition of slavery); Dorothy E. Roberts, Constructing a Criminal Justice System Free of Racial Bias: An Abolitionist Framework, 39 COLUM. HUM. RTS. L. REV. 261, 276 (2007) (observing that the roots of police interrogation tactics can be traced to lynching); Michel Martin, All Things Considered: The History of Policing and Race in the U.S. Are Deeply Intertwined, NPR (June 13, 2020, 6:09 PM), [https://www.npr.org/2020/06/13/876628302/the-history-of-policing-and-race-in-the-u-s-are-deeply-intertwined] (discussing the historical origins of
of policing is not broken—it is working effectively as designed. These organizers and scholars note that conventional reforms seeking to “repair” the system by legitimizing or expanding the scale of policing have failed to achieve a reduction in police violence. These organizers make plain that such reforms are “tantamount to rearranging the deck chairs on the Titanic” and will only perpetuate existing violence. They instead point to an abolitionist vision and explain that “[t]he only way to diminish police violence is to reduce contact between the public and the police.”

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of abolition reflects a political vision for a world without police and prisons, but the object of transformation extends beyond the prison industrial complex—abolition also calls for the transformation of resources, systems of care, and our own understandings and assumptions of criminal punishment. As a theory of change, this movement “embrace[s] both a negative or deconstructive project of dismantling penal systems and a positive project of world-building” to progress “towards the horizon of abolition.” It is a practice of absence as well as presence.

The deconstructive project emphasizes the need to “shrink” and “erode” the prison industrial complex, including the institution of policing, and to oppose any reforms that would expand its power, scale, or legitimacy. Through this lens, abolitionist organizers work towards transformative changes that include stripping the police of their militarization and weaponry, dismantling systems and methods of

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64. Kushner, supra note 61 (citing the work and words of Ruth Wilson Gilmore).

65. See, e.g., Critical Resistance, supra note 54, at 13 (identifying Critical Resistance’s approach to abolition as an organizing strategy to “shrink and starve” or “chip away” at institutions of policing, which includes “opposing any reforms that extend the life, scope, or scale of policing”).

surveillance, stopping the encroachment of police into schools, transit systems, and other aspects of daily life, and otherwise shrinking the footprint of policing. Simultaneously, the positive project takes concrete steps to build a world where police and prisons are rendered obsolete.

67. See, e.g., End the Surveillance on Black Communities, MOVEMENT FOR BLACK LIVES, https://mbl.org/policy-platforms/end-surveillance/ (identifying the end of surveillance on Black communities as a demand of the Movement for Black Lives). For example, the Stop the Injunctions Coalition organizes to end the use of “gang injunctions,” a suppression tool used by prosecutors and police that subject entire neighborhoods encompassed in a so-called “safety zone” to increased surveillance and harassment as police wield “extensive discretion to stop, interrogate, and gather information” on the people within that zone. Stop the Injunctions Coalition, Our Oakland, Our Solutions, in LIFE DURING WARTIME: RESISTING COUNTERINSURGENCY (Kristian Williams et al. eds., 2013), https://drive.google.com/file/d/10pmTKoASL04umAQCdU Ox47_re5s-xuGN/view [https://perma.cc/67ZY-GFKJ]. After years of organizing, STIC successfully moved the City Attorney’s Office to dismiss the injunctions. Press Release, Critical Resistance, Victory for Oakland Residents as City Attorney Dismisses Controversial Police Gang Injunctions (Mar. 6, 2015, 9:15 AM), https://www.commordreams.org/newswire/2015/03/06/victory-oakland-residents-city-attorney-dismisses-controversial-police-gang [https://perma.cc/KV4L-KAK4].


69. For example, community groups like Decolonize This Place organize to challenge police presence in spaces of public transportation throughout New York City and the subsequent criminalization of Black and Brown riders. See FTPHH OPERATIONS MANUAL 23 (2020), https://static1.squarespace.com/static/5c5e0e57d86ce92260827e7544/e1e7abd10e8a810447c3b551579055814678/FTPH3_OperationsManual.pdf [https://perma.cc/P5BC-VT5J]; Sarah Emily Baum, MTA PROTESTS IN NEW YORK CITY TARGET FAKE HIKES, POLICE CONDUCT, TEEN VOGUE (Feb. 14, 2020), https://www.teenvogue.com/story/mta-protests-new-york-city-fp [https://perma.cc/DK93-QKJU].

70. See, e.g., CRITICAL RESISTANCE, supra note 54, at 15 (noting areas where decreasing or removing police presence would stop encroachment into civic and social life, and police funding and power could be rerouted); SARAH-JI & MONICA TRINIDAD, A COMMUNITY COMPILATION ON POLICE ABOLITION 20–21, 30–31 (2016), https://issuu.com/ftpzines/docs/gbnf_zine_all [https://perma.cc/JB97-Y6FM] (discussing approaches to disarm and disband the police).
because community needs are fully met. This new world centers care and offers protections like guaranteed housing, universal healthcare, mental health and addiction support, free public education, and systems of accountability that do not rely on criminal punishment. Abolitionist organizers note that this affirmative world-building requires “a constellation of alternative strategies and institutions” of care and that “one single alternative to the existing system” will not suffice.

Demands to “defund the police” can achieve both the deconstructive and positive aspects of abolitionist organizing. These demands acknowledge that municipalities often increased policing budgets without empirical justification while defunding budgets dedicated to healing and nourishing policed communities. When aligned with the broader project of abolition, defund campaigns fight to reroute the billions of dollars earmarked for militarized policing into the resources necessary to rebuild policed communities, simultaneously shrinking the budgets and footprint of policing (negative project) while growing and reinvesting in systems to support community needs (positive project).

Abolitionist organizers understand that the process of dismantling the prison industrial complex will not be achieved overnight, and that even incremental reforms—so long as they seek to dismantle rather than maintain or strengthen policing infrastructures—can play a critical role...
in the struggle towards an abolitionist horizon.\textsuperscript{78} For example, campaigns to abolish targeted components of policing, such as campaigns for police-free schools, will not singlehandedly abolish the entire institution of policing.\textsuperscript{79} But when realized, such campaigns can meaningfully diminish the footprint of policing and can contribute to “the deliberate, patient and persistent work necessary” to achieve abolition.\textsuperscript{80}

There is no one “blueprint for abolition,”\textsuperscript{81} but abolition provides a “transformative vision” that shapes a framework for concrete analysis and practical strategy.\textsuperscript{82} It is a discipline, not a slogan. And “[e]very vision is a map”\textsuperscript{83}—it shows us where we could go, and how to arrive at that horizon, if our imaginations opened to the possibility.

Examples of successful abolitionist projects are evident throughout history, if we take the care to look.\textsuperscript{84} As this Essay explains, the creation of Freedom House Ambulance Service and the resulting end of ambulance
policing offers one material example of the transformative change sought by abolition. Although Freedom House was not an explicitly abolitionist proposal, the analysis and strategy informed by abolition offers an insightful lens to view its history as well as its enduring impact on modern American society.

II. ABOLISHING THE “SWOOP AND SCOOP”

Before applying an abolitionist analysis to the history of Freedom House in Pittsburgh, Pennsylvania, this Essay outlines the birth, success, and legacy of this revolutionary program. This Part begins with the police: it provides context for the practice of ambulance policing in the late 1960s in Pittsburgh as well as the brutality and neglect that motivated Black residents to create their own civilian ambulance force. It ends with the city officials that defunded the program and reinvested in ambulance policing despite Freedom House’s objectively superior care. Central throughout this history is the group of Black Freedom House paramedics who, in creating a system of care for their own community members, transformed the practice of emergency medical services and catalyzed the end of ambulance policing.

A. Ambulance Policing in Pittsburgh, Pennsylvania

Before modern ambulances, there was the police. Prior to the late 1960s, police departments and funeral homes often answered calls for help when people suffered injuries in the community. Because most of these responders lacked first-aid training, there was little to no emergency care provided at the scene. Instead, the priority was transportation: people were routinely delivered to nearby hospitals in police paddy wagons or hearses. Hearses were known to give a “two-way ride”—to deliver someone to the hospital and wait for the subsequent trip to the funeral home. The police engaged in a similar practice known as the
“swoop and scoop”\textsuperscript{93}: officers placed patients in the back of their vehicles while the officers drove in front, abandoning the injured patient without treatment or care during the ride.\textsuperscript{94}

Pittsburgh, Pennsylvania was one such city where the police pulled “double-duty” as ambulance drivers in their precincts.\textsuperscript{95} As a result, Pittsburgh suffered high rates of fatalities and injuries.\textsuperscript{96} In the mid-1960s, prior to the creation of Freedom House, there were routinely 2,000 preventable deaths a year in the city.\textsuperscript{97} A 1971 study demonstrated that the police provided inappropriate care to more than 62% of the patients it transported to a hospital emergency room.\textsuperscript{98}

One issue was training and medical neglect. Police officers received only a single ten-hour course in first aid—\textsuperscript{99} a regimen described by a local paper as “barely the Boy Scout level”—\textsuperscript{100} that did not include training in advanced first aid or cardiopulmonary resuscitation (more commonly known as CPR).\textsuperscript{101} This was well below the eighty hours then-

\begin{footnotesize}
\begin{enumerate}
\item Episode 405: \textit{Freedom House Ambulance Service}, supra note 30; Edwards, supra note 30, at 444.
\item Id.
\item Lives Hinge on Better Emergency Care, supra note 95.
\item Frederick, supra note 99.
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recommended nationally for “first level” or “basic” medical training. This same local paper observed that this dearth of training was likely intentional, as it exempted police officers from civil liability when transporting patients.

Another issue was deficient equipment. The police relied on “‘paddy wagon’ ambulances” outfitted with only basic first aid kits, oxygen, a canvas stretcher, and blanket sheets. Even for national standards developed at the time, these vans were largely underequipped with emergency care essentials. And the police carried yet another limitation: jurisdiction. Because they were not permitted to leave the borders of their own borough or township, they were forced to take patients to the closest hospital—even if the patient required treatment at another, more distant hospital better equipped for the emergency.

The people of Pittsburgh expressed their skepticism and frustration with ambulance policing. In a 1968 letter to the editor in the Pittsburgh Post-Gazette, one resident noted the “sheer ignorance” of police officers who “further injured” people requiring medical assistance. The resident observed that even where bystanders at the injury site could provide critical medical input, the police would belligerently refuse this aid. For example, informing a cop “he is killing a girl by trying to rotate her head when he has not checked to see if she has neck or back injuries” would only risk arrest “for being a nuisance.” Another resident recalled his bewilderment while watching the police chalk an outline around the body of a person still alive on the street. When he informed the officer that the person was still living, the officer responded, “Yeah, but not for long.”

These practices affected many of the city’s residents, even its political leaders. After Pennsylvania Governor David Lawrence collapsed at a political rally in Pittsburgh from a heart attack in 1966, two officers

102. Telemetry Keeps Doctor in Touch, supra note 95.
103. Frederick, supra note 100.
104. Lives Hinge on Better Emergency Care, supra note 95.
105. Frederick, supra note 99.
106. Id.
107. Pierce, supra note 95.
108. Bessor, supra note 95.
109. Id.
110. Id.
112. Id.
transported him to a nearby hospital in a police ambulance.\textsuperscript{113} Both officers rode in front, and neither tended to the patient in the rear of the vehicle.\textsuperscript{114} The Governor fortunately had a nurse who accompanied him, but she was unable to apply essential CPR procedures due to the high speed and instability of the ride.\textsuperscript{115} The lack of continuous resuscitation resulted in brain damage that led to the Governor’s death.\textsuperscript{116}

As one returned veteran remarked about this era: “If you got a gunshot in Vietnam, you stood a better chance of surviving than if you had a cardiac arrest in Downtown Pittsburgh.”\textsuperscript{117}

\section*{B. Policing and Public Health Crises in Black Pittsburgh}

Many of Pittsburgh’s residents suffered from the police’s failures in emergency care, but the harms inflicted by ambulance policing (and policing more broadly) multiplied in the city’s poorest Black neighborhoods.\textsuperscript{118} Both poverty and policing left a mark on the Hill District, a Black neighborhood adjacent to downtown Pittsburgh\textsuperscript{119} that would eventually become the birthplace of Freedom House.\textsuperscript{120}

For a time, the Hill District thrived as “the heart of [B]lack cultural life in Pittsburgh.”\textsuperscript{121} But empty and manipulated plans for so-called “urban renewal” obliterated the neighborhood.\textsuperscript{122} In the 1950s and 60s, the city razed over 1,300 buildings and cleared roughly eighty blocks of residential life from the Hill,\textsuperscript{123} displacing over 8,000 people and 400 businesses from the neighborhood.\textsuperscript{124} The devastating impact of the city’s divestment from the neighborhood was plain. By 1968, unemployment

\begin{thebibliography}{9}
\item \textsuperscript{113} Frederick, supra note 100.
\item \textsuperscript{114} Id.
\item \textsuperscript{115} Id.
\item \textsuperscript{116} Id.
\item \textsuperscript{118} See infra Part II.B.
\item \textsuperscript{120} See infra Part II.C.
\item \textsuperscript{121} Foretek, supra note 119.
\item \textsuperscript{122} Id.
\item \textsuperscript{123} Id.
\end{thebibliography}
was four to five times higher in the Hill than in the city as a whole.\textsuperscript{125} A large percentage of the available housing suffered terrible conditions, and half of the Hill’s families were impoverished.\textsuperscript{126}

Oppression arrived in yet another form: policing in Pittsburgh was then, as it is now, marked by routine racialized violence.\textsuperscript{127} Community groups organized frequently to challenge the brutality of policing. In 1965, about 600 people attended a mass meeting organized in the Hill District to discuss police violence.\textsuperscript{128} People remarked they were “tired of being abused because [they] are Black” and wanted to “show how enraged [they] are that a Black man is not safe in his home.”\textsuperscript{129} Both longstanding patterns as well as recent incidents fueled the community’s outrage.\textsuperscript{130} In just the few months preceding this 1965 mass meeting, police had fatally shot a Black man who fled a sidewalk dice game,\textsuperscript{131} fatally shot a fleeing twenty-year-old Black youth,\textsuperscript{132} shot at a Black couple in their home while searching for an unrelated alleged suspect,\textsuperscript{133} and had beaten and choked the Black mother of an alleged suspect in her home.\textsuperscript{134} Black community leaders asked the city “to weed out that form of racial bigotry which expresses itself in physical brutality and hostility against [Black communities].”\textsuperscript{135}


\textsuperscript{126}. Id.


\textsuperscript{129}. Id.

\textsuperscript{130}. Id.


Despite attempts to force the police to reckon with their violence, the brutality of policing persisted. During a 1968 Hill District forum where Pittsburgh’s Mayor intended to discuss issues experienced by community residents, about a hundred students staged a walk-out in protest. The youth organizers collectively wrote a letter outlining the “dehumanizing” problems they continued to suffer, including “the mental and physical police brutality.” In 1969, when Black construction workers demonstrated to protest their exclusion from construction unions and employment, the police responded with violence. Witnesses noted the officers’ “club-flailing” and “baton-swinging brutality” and declared that “the crucial factor” motivating the violence was the officers’ “belligerent,” “aggressive,” and “hateful” attitude.

Louis Mason, a Pittsburgh City Councilor from 1970 to 1977, remarked that police behavior in Pittsburg was “too ingrained with racism to change.” Given this pattern of harm, Black residents were understandably reluctant to call the police even when experiencing a medical emergency. One former Hill resident explained that many did not trust the police, who often acted without constraint or fear of repercussion for their actions. Another described the thinking of an injured Black man who saw a familiar cop approach in a moment of physical crisis: organizing, he reminded his audience that “the laws of your state are wrong if they permit police to shoot a person merely on suspicion. . . . A badge, a blue shirt, a gun and a club have not made him my judge, jury, and executioner.”


137. A Black youth organization named “the Organizers” distributed an open letter explaining that the mayor’s visit was a “joke,” criticized him for failing to acknowledge the issues flagged by community members in the Hill, and cited the following concerns: “garbage, inadequate housing, unemployment, lack of recreational facilities, the mental and physical police brutality, the exploitation, the rats, roaches, dirt, filth, disease, and the general dehumanizing [sic].” Johnson, supra note 125.

138. Id.


140. Gray & Gray, supra note 139.

141. Arnal, supra note 139.

142. Gray & Gray, supra note 139.

143. Edwards, supra note 30, at 448–49.

“He’ll think the cop is going to bash his head in like he did before.”\textsuperscript{145} Residents in the Hill struggled with “the indignity of calling the police for a ride.”\textsuperscript{146}

But even when Hill residents made the call, officers responded with neglect or indifference. Pittsburgh’s police force, which was largely comprised of white officers, routinely refused to enter the Hill District.\textsuperscript{147} People bled to death waiting for service that would never arrive.\textsuperscript{148} If officers did respond, they could be deliberately slow to appear\textsuperscript{149}—they came in time to “wrap[] the dead in body bags” or “transport [the injured] to hospitals without care.”\textsuperscript{150} One former Hill resident recalled being seventeen years old when his mother suffered a cerebral hemorrhage in her home: his family called the police, but after the two white officers arrived, the officers falsely claimed that his mother was drunk and refused to help.\textsuperscript{151} He carried his mother out of the house in his arms and laid her in the only transport space available to them: the back of the paddy wagon. “I never saw her alive again,” he said.\textsuperscript{152}

C. The Success of Freedom House

Ambulance policing created a public health crisis that disproportionately impacted Pittsburgh’s residents of color, and those in the Hill grew increasingly more concerned about their access to medical care and emergency medical support.\textsuperscript{153} This concern would eventually motivate a group of people to try securing the people’s access to medical care without reliance on the police.\textsuperscript{154} One critical step towards this effort

\textsuperscript{145}. Moyle, supra note 111. These fears are not unique to the Hill District; the long history of violence and brutality towards many minority communities in the United States has created a persisting mistrust of the police. See, e.g., Rick Jervis, Who Are Police Protecting and Serving? Law Enforcement Has History of Violence Against Many Minority Groups, USA TODAY (June 15, 2020, 3:20 PM), https://www.usatoday.com/story/news/nation/2020/06/13/mistrust-police-minority-communities-hesitant-call-police-george-floyd/5347878002/ [https://perma.cc/44WL-LQ2S] (observing that a history of police violence and aggression towards marginalized communities has created mistrust and fear of law enforcement).

\textsuperscript{146}. Srikameswaran, supra note 89.

\textsuperscript{147}. Freedom House Ambulance Funding Challenged, PITTSBURGH PRESS, Mar. 5, 1974, at 9, https://archives.post-gazette.com/image/141909498 (last visited July 27, 2021); Moyle, supra note 111; Edwards, supra note 30, at 448; Dyer, supra note 96.

\textsuperscript{148}. Dyer, supra note 96.


\textsuperscript{150}. Dyer, supra note 96.

\textsuperscript{151}. NEMSMA & EMS1, supra note 30.

\textsuperscript{152}. Id.

\textsuperscript{153}. See supra Part II.B; Srikameswaran, supra note 117; see also Edwards, supra note 30, at 450–52.

\textsuperscript{154}. See Edwards, supra note 30, at 451; Dyer, supra note 96.
occurred in 1967, when a new organization, Freedom House Enterprises, Inc., made its appearance in the Hill.155

Founded by local steelworkers union leader James McCoy, Jr., Freedom House was a Black-led non-profit organization that aimed to provide job training, develop Black-owned businesses and housing, and provide financial assistance to support the Hill’s Black residents in the struggle for equality.156 In its first two years, it launched a housing rehabilitation program, created job training courses, and established a mobile market of fruits and vegetables in the neighborhood.157

Having heard concerns about the growing public health crisis in the Hill District, McCoy and other Hill residents grew interested in acquiring their own vehicles for transportation to the local hospital without police involvement.158 With the assistance of Phil Hallen, the president of the Maurice Falk Medical Fund, Freedom House approached administrators at a local hospital for advice on acquiring such vehicles.159 They were redirected to Dr. Peter Safar, the hospital’s chairman of anesthesiology and “a leader in creating national standards for emergency personnel training.”160 Through this collaboration, Freedom House helped develop an entirely new, community-driven system of emergency medical care that would provide treatment in the field before transporting a patient to an emergency room without police involvement.161 In 1968, the city contracted with Freedom House to provide ambulance services in three underserved Black neighborhoods: the Hill District, part of the Oakland District, and downtown.162

In the spirit of its mission of community investment, Freedom House recruited Black residents of the Hill District without stable employment

158. Edwards, supra note 30, at 451; Srikaneswaran, supra note 117.
159. Srikaneswaran, supra note 117. This Pittsburgh hospital, what was then known as the Presbyterian University Hospital, is now the University of Pittsburgh Medical Center Presbyterian Hospital. Amato, supra note 30.
160. Srikaneswaran, supra note 117.
161. Srikaneswaran, supra note 89.
to become the city’s first fully-trained paramedics. The initial class of twenty recruits completed an intensive thirty-two-week course developed by Dr. Safar that included standard and advanced first aid, fifty hours of human anatomy and physiology, thirty-eight hours of emergency medical care, thirty hours of inhalation therapy, nineteen hours of resuscitation training, defensive driving, rescue techniques, and nursing, as well as weeks of observation and work in operating rooms, emergency rooms, and intensive care units. This training program far exceeded the police’s scant ten hours of “Boy Scout level” training. Indeed, it even exceeded the eighty hours of “first level” medical training then-recommended nationally, and it became so successful that it formed the basis for a two-level National Research Council emergency medical technician’s training recommendation. Freedom House’s ambulances were also equipped to national standards, eclipsing the basic first aid kits on board the police’s paddy wagon ambulances.

The pilot program quickly grew from two vans to five. In its first year alone, Freedom House paramedics transported over 4,600 patients, for whom they managed life-threatening emergencies such as heart attacks, strokes, drug overdoses, seizures, and other severe injuries. These Black paramedics were among the first in the country to deliver an electric shock to a patient’s heart in the field, intubate a patient on the street, or use Narcan to reverse an overdose. They were also among the first to introduce telemetry: to be in continuous contact with a doctor over the radio during in-field treatment. “Freedom House was the proving ground for a lot of the things that are standard today,” said John Moon, who would become one of Freedom House’s most experienced...


166. Frederick, supra note 99; Frederick, supra note 100.

167. Telemetry Keeps Doctor in Touch, supra note 95.

168. Lives Hinge on Better Emergency Care, supra note 95.

169. Telemetry Keeps Doctor in Touch, supra note 95.

170. Stuart, supra note 165.

171. Id.


173. Telemetry Keeps Doctor in Touch, supra note 95.
paramedics.\textsuperscript{174}

Objective, Freedom House ambulance crews provided care that was far superior to the police’s “swoop and scoop” approach. One study determined that the police provided inadequate or inappropriate care to 62\% of its patients, as compared to Freedom House’s 11\%.\textsuperscript{175} Incredibly, the patients transported by the Freedom House had a fatality rate of only 1.9\% before arriving at the hospital.\textsuperscript{176}

Increased training was certainly helpful towards elevating the standard of emergency care, but it was the absence of the police that was truly transformative. “[W]hen Freedom House goes someplace we’re going there for one purpose,” Freedom House director of operations Mitchell Brown once explained—the people knew they had no need to fear arrest or police retribution because Freedom House paramedics arrived solely to help the injured party.\textsuperscript{177} That degree of trust was critical. Members of the neighborhood saw themselves in the paramedics, and one former resident of the Hill remembered a “warmth” and “connect[ion]” between the community and the paramedics serving them.\textsuperscript{178}

In the Hill District and beyond, “[s]end Freedom House[!]” quickly became a rallying cry when anyone required emergency care.\textsuperscript{179} Freedom House’s reputation for providing superior care even traveled past its coverage areas, prompting white residents in neighborhoods outside of Freedom House’s jurisdiction to request its assistance for serious medical emergencies.\textsuperscript{180}

Freedom House not only saved people’s lives; it also protected people’s liberty. In 1975, Freedom House partnered with the Salvation Army to transport people under the influence of alcohol to a sobering center, where they would have an opportunity to receive medical attention, counseling, and shelter outside the criminal legal system.\textsuperscript{181} This decision to prioritize care over punishment would have had a significant impact given that approximately one-third of all arrests made in Pittsburgh around that time

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174. NEMSMA \& EMS1, supra note 30 (speaking in 2019).
175. Telemetry Keeps Doctor in Touch, supra note 95.
176. Stuart, supra note 165.
177. Moyle, supra note 111.
178. Srikameswaran, supra note 89.
179. Dyer, supra note 96.
\end{flushright}
were for public intoxication. A representative of the Salvation Army noted that in the neighborhoods where Freedom House operated, many individuals who were transported as part of the sobering program were also in need of medical attention and would benefit from Freedom House’s expertise. Freedom House drivers, he said, were “better judges” of the medical needs of patients under the influence than the police.

Freedom House paramedics did extraordinary work, but they were often forced to confront and overcome fierce defiance from the police. Under the city’s contract with Freedom House, police dispatchers were responsible for forwarding calls to Freedom House ambulances in the neighborhoods where they operated—but police dispatchers often refused to do so. Officers believed that the ambulance driver jobs “belong[ed] to them” and were territorial with what they considered to be their jurisdiction. After suspecting that the police were withholding emergency calls, Freedom House paramedics purchased police radios or programmed the police frequency onto their own radios to intercept police dispatch communications.

But police resistance was not limited to a refusal to forward calls. When Freedom House paramedics arrived at the scene, police officers could be hostile or unaccepting. John Moon recalled seeing the police dragging patients out of wrecked cars—when he and his crew tried to explain that the patient needed to be placed on a spine board with a cervical collar, the police “cuss[ed] [them] out.” In some situations, the police threatened Freedom House paramedics with arrest if they tried to intervene.

But the various forms of police resistance could not dampen Freedom House’s success. Throughout the course of the program, Freedom House trained more than fifty people to provide on-the-ground assessments and care. These paramedics, the city’s first, prototyped the modern ambulance, revolutionized the delivery of emergency medical services,
and treated approximately 45,000 emergencies in neighborhoods that had been historically neglected by the police. As a longtime Hill District resident once remarked, “Freedom House was the acorn from which this big oak called paramedic services sprang . . . I don’t think I’ll ever forget the way they made me feel.”

D. The Defunding of Freedom House

After demonstrating its many successes, Freedom House aspired to provide advanced medical care citywide. Freedom House offered to expand its services to the entire city at an estimated cost of $1.2 million per year—the same amount needed to operate the police’s paddy wagon ambulances throughout the rest of the city. The City Task Force of the Western Pennsylvania Coalition for Human Needs urged Pittsburgh to use funds of $550,000, already approved by the City Council, for this proposed expansion. But instead, after Mayor Peter Flaherty replaced Mayor Joseph Barr in 1970, the city cut its funding to Freedom House in half.

City officials claimed the decision was an “economic necessity” due to budgetary concerns, and Freedom House was forced to return its jurisdiction over downtown ambulance services to the police. But at the time, the costs of running the police ambulance service often exceeded the costs of maintaining Freedom House. The average price of a Freedom

192. Id.; see supra Part II.B.
193. Srikanthwaran, supra note 89.
195. Telemetry Keeps Doctor in Touch, supra note 95.
198. Stuart, supra note 165.
House ambulance was less than half the cost of a paddy wagon ambulance, and Freedom House paramedics’ salaries were only two-thirds of what police officers received.\textsuperscript{199} Although Freedom House and its ambulance crew had demonstrated that they could do much more with a smaller budget,\textsuperscript{200} they were nonetheless forced to reduce their service to the city. Problems arose again in 1973, when the city delayed its contractual payments to Freedom House.\textsuperscript{201} A year later, a city councilman accused Flaherty of bypassing grants that could have further sustained or even expanded Freedom House.\textsuperscript{202}

The year 1974 would become significant for the future of Freedom House. That year, Flaherty announced a plan to launch a new ambulance network that would be operated and managed by the police.\textsuperscript{203} Following the advice of law enforcement advisors,\textsuperscript{204} he originally intended to train uniformed, armed police officers to staff sixteen emergency vehicles: eleven specially designed new vans and five mobile intensive care units, which local newspapers described as “super ambulances.”\textsuperscript{205} Flaherty’s design did not include Freedom House or its paramedics, who faced immediate threats of losing their livelihoods.\textsuperscript{206}

Local newspapers published editorials urging the city to “[s]ave

\textsuperscript{199} Telemetry Keeps Doctor in Touch, supra note 95. The average cost of a Freedom House van ambulance that met national standards at the time was approximately $7,000, compared to the approximately $17,000 cost for an “unequipped heavy-duty ‘station wagon’ vehicle[ ]” used by the police. \textit{Id.} Freedom House paramedics were paid $153 per week, while city police were paid about $230 per week. \textit{Id.} Although this Essay identifies the existence of this salary difference, it in no way intends to justify this difference. It is important to note ongoing efforts to improve the benefits and salaries of emergency medical technicians and paramedics, who have systemically suffered pay disparities and inequities despite providing essential frontline services. \textit{See, e.g.,} Editorial Board, \textit{Emergency Medical Workers Deserve Pay Equity}, \textsc{N.Y. Times} (Sept. 21, 2019), https://www.nytimes.com/2019/09/21/opinion/sunday/emt-paramedics-salary.html [https://perma.cc/CKM6-CW7M] (highlighting efforts by New York paramedics and emergency medical technicians to fight for pay equity and noting claims that this disparity is a matter of racial and gender discrimination, given the more diverse composition of emergency medical services).

\textsuperscript{200} \textit{See supra} Part II.C.


\textsuperscript{203} \textit{Ambulance Service in City Folding Up, supra} note 197.


\textsuperscript{206} \textit{Ambulance Service in City Folding Up, supra} note 197.

Faced with such public outcry, the city eventually approved the scant funding needed to extend Freedom House’s operations until the end of 1974.\footnote{City Rescues Ambulances as Council OKs $50,000, \textit{PITT. PRESS}, June 11, 1974, at 10, \url{https://archives.post-gazette.com/image/147334901} (last visited July 31, 2021).} But it refused to invest in the citywide expansion of Freedom House’s services—even though the press, Pittsburgh residents, and the medical community alike all recognized that Freedom House served as a model for ambulance services.\footnote{Keep Freedom House, supra note 208.} One local editorial noted that Freedom House provided a “superior ambulance program serving an important minority,” and it observed the irony that the very deficiencies in the police’s ambulance system requiring Freedom House’s existence would motivate the city to invest solely in the police.\footnote{Keep Freedom House, supra note 208.} When asked why the city would not invest in an ambulance program like Freedom House, Flaherty responded that a city ambulance was “a
public safety function” that should be operated by the police. Based on a review of the press coverage at the time, it does not appear that Flaherty provided the public any data or concrete explanations for why the police, who had historically inflicted such widespread harm (especially in Pittsburgh’s Black neighborhoods), would yet again be entrusted with ambulance policing. Freedom House’s ambulance program was created to “fill[] a void in ambulance service to . . . [B]lack neighborhoods,” a void forged by police violence and racism, and yet it appears that Flaherty’s empty assertion of “public safety” did nothing to acknowledge the threat to health and safety inflicted on Black neighborhoods by the continued practice of ambulance policing.

Freedom House operating manager Mitchell Brown questioned Flaherty’s “public safety” claim and stated there was no example anywhere in the country of the police providing the same level of care that Freedom House offered. State Representative K. Leroy Irvis criticized Flaherty’s office as “obstructive” and called for a “public outcry” in support of Freedom House. If the city’s plan went through, he warned that Freedom House would be replaced with inferior services at a higher cost. Dr. Safar joined the critiques and blamed the city’s mistreatment of Freedom House on “racial prejudices with white police officers eager to maintain control of ambulances city-wide.” He described the police’s paddy-wagon ambulances as a “disgrace” and organized twenty-two physicians and community leaders to join him in an open letter criticizing the police force.

The proposed cancellation of Freedom House was tragic for another reason: it was the last remaining city-funded program in Pittsburgh to provide job training for Black residents. As Freedom House paramedic Eugene Key explained, “[t]his is the last antipoverty program which still

215. Ambulance Gets Extension Funds, PITTSBURGH PRESS, June 21, 1974, at 1, https://archives.postgazette.com/image/147342728 (last visited July 31, 2021). Flaherty also claimed there were unspecified “legal questions” if the city funded Freedom House to provide services citywide. Warner, supra note 208.

216. See supra Parts II.A and II.B.

217. Moyle, supra note 111.

218. See supra Part II.B.


220. Id.


222. Hazzard, supra note 30.

223. Edwards, supra note 30, at 455.

224. Id. at 458.

survives in the city . . . [a]nd now they want to get rid of it, too." 226 Tim Stevens, then-executive director of the NAACP, branded the proposed phase-out as part of "a pattern of ripoff in [B]lack programs in Pittsburgh and across the nation." 227

Eventually, in September 1974, the City appropriated enough funds for Freedom House to continue until the end of the following year—but it was careful to emphasize that this new block of funds was nothing more than a temporary reprieve until its citywide ambulance plan could formally begin. 228 By the fall of 1974, Flaherty’s plans for a citywide police ambulance force were well underway. A hundred police officers had already taken courses at a local hospital on operating the “[a]mbulance [s]uper-[f]leet” planned for the force, and these officers were on track to have eighty hours of training by the end of the year. 229

In May 1975, after months of suspense, Flaherty announced a change to his plan: the five “super ambulances,” which he called “mobile intensive units,” would be operated by civilian paramedics. 230 But police officers would continue to operate the eleven “conventional” police ambulances, many of them newly purchased, to handle the “less severe cases.” 231 City police dispatchers would be responsible for choosing whether police or civilian responders were assigned to an emergency call, 232 and it was uncertain whether these “super ambulances” would be located in police stations or in hospitals. 233 This could be seen as a qualified victory for advocates who had warned against police presence in emergency care, but it would nonetheless betray Freedom House’s future.

Rather than expanding Freedom House citywide, the city decided to end the program altogether. By August 1975, about 130 police officers had received forty hours of “basic emergency care” training in

226. Moyle, supra note 111.
227. Rosensweet, supra note 221.
228. Moyle, supra note 194.
229. City to Ask Bids on Ambulance Super-Fleet, supra note 205.
232. City Superambulance to Roll, supra note 231.
anticipation of the rollout of the new citywide plan. After October 15, 1975, after answering more than 40,000 calls for aid during its seven years of operation, Freedom House Ambulance Service was forced to shut its doors.

After Freedom House was forced to close, there was no public announcement, formal ceremony, or official recognition for the service that Freedom House paramedics had provided to the city. As Freedom House medical director Dr. Nancy Caroline later reflected, these paramedics “gave so much of themselves” to “clear[] the path for the kind of paramedic services now glorified,” but they themselves were “shunted aside, forgotten, left to return to the street corners and watch the parade pass them by.”

Freedom House paramedics could apply to the city’s civilian paramedic force, but certain barriers excluded many of the experienced and talented paramedics that the city’s service would have been lucky to retain. Those who had criminal records were not allowed to join the service, despite their years of experience and proven reentry. The service imposed new tests that covered content beyond what Freedom House paramedics should have been responsible for, artificially failing many paramedics. Many who passed the tests were placed in positions below their qualifications. Freedom House paramedics had pioneered this work, and yet many were rejected for promotions that instead went to more inexperienced white men. “[I]t was like living in ‘Pittsburgh, Mississippi,’” a Freedom House paramedic recalled. Over the course of a year, twenty of the thirty Freedom House paramedics who had initially tried to stay on were “weeded out” of the department.

234. Ready for Road, but Await Plan, supra note 197.
236. Hazzard, supra note 30.
238. See Dyer, supra note 96.
239. Amato, supra note 30.
240. Dyer, supra note 96; Amato, supra note 30.
242. Id.
243. Id.
244. Rich Lord, Outspoken Assistant EMS Chief Retiring from City, PITT. POST-GAZETTE, Oct. 12, 2009, at A7, https://archives.post-gazette.com/image/96492105 (last visited July 24, 2021) (quoting John Moon). However, it is important to honor the careers of Freedom House paramedics who were
civilian paramedic force would later go an entire decade without hiring a single Black employee.245

Once Flaherty’s citywide plan was implemented, familiar issues resurfaced. The police “displayed animosity” towards the civilian paramedics, as they did against Freedom House, “because they felt the paramedics were taking part of their jobs.”246 One local paper described the police as so “jealous[]” of their civilian counterparts that they instigated a “rivalry” against these trained medical professionals.247 Even where the dispatcher recognized an emergency warranting the trained civilian crew, unqualified police officers often “scoop[ed] patients” in a police ambulance before the trained civilian paramedics arrived.248

According to the emergency medical services (EMS) director at the time, the police continued to fail to understand that the speed of the drive could not be equated to quality of care.249 The director went so far as to say that he did not want the police to answer any ambulance calls.250 His vision for a police-free civilian paramedic force would eventually come to fruition: in under a decade, Pittsburgh’s EMS department grew from a $500,000 budget and forty-person staff to a $6.5 million budget and 200-person staff, and it eventually supplanted the city’s system of paddy wagon ambulances.251

Despite the vital role that Freedom House played in developing emergency medical services, the country’s memory largely moved forward without honoring its remarkable work. For example, a history of emergency medical services outlined by National Emergency Medical Services Education Standards makes no mention of Freedom House and instead recognizes Dr. Eugene Nagel for launching the nation’s “first” paramedic program in Miami, Florida, one year after Freedom House
began its ambulance service. Dr. Caroline lamented in an unpublished manuscript
that Freedom House should have been known as “the success story of the century.”

But no matter how fallible our national memory is, Freedom House’s place in
history cannot be erased. As Mitchell Brown, Freedom House’s operations
director, reflected a week after Freedom House’s last day:

We were the first. We developed a little known area—emergency ambulance
care by trained technicians—into a successful model which has been copied by other municipalities across the

country . . . . People swore by us because they knew we cared. We cared because many of us came from the sections where we
operated . . . . We were good, and the people—all the people—came to recognize that fact.

III. THROUGH THE LENS OF FREEDOM HOUSE

Today, we take the legacy of Freedom House for granted. In cities like
Pittsburgh, the return of “swoop and scoop” paddy wagon ambulances
would now be unfathomable given the superior care modeled by Freedom House paramedics and replicated nationwide. And yet, at the time of
Freedom House’s conception, it was radical to suggest that this responsibility be assigned to anyone but the police.

This community-driven intervention, although not self-defined as abolitionist, nonetheless offers an example of transformative change aligned with abolitionist principles. Freedom House Ambulance Service realized both positive and deconstructive abolitionist achievements. The program provided training, stable employment, and developed Black

252. NAT’L HIGHWAY TRAFFIC SAFETY ADMIN., NATIONAL EMERGENCY MEDICAL SERVICES
/pdf/education/National-EMS-Education-Standards-and-Instructional-Guidelines/Paramedic_Instruc
tional_Guidelines.pdf [https://perma.cc/N78V-XHMX].
254. Donalson, supra note 231. Although the history of Freedom House has arguably not gained
the national recognition or acclaim it deserves, it has been commemorated in smaller (but nonetheless
important) ways. For example, as a symbolic measure, today’s EMS vehicles in Pittsburgh depict
Freedom House’s emblem. NEMSMA & EMS1, supra note 30. In 2013, the National Highway
Traffic Safety Administration awarded a public service award to Freedom House. Id. An effort in St.
Paul, Minnesota, to train young people from disadvantaged neighborhoods to become emergency
medical technicians was renamed “Freedom House Station 51” in honor of Freedom House’s legacy. Id.
And in late 2020, the University of Pennsylvania Medical Center launched “Freedom House 2.0”
in Pittsburgh, a training program that provides a ten-week first responder training to individuals from
economically disadvantaged communities. Taylor Andres, UPMC & UPMC Health Plan Launch
Freedom House 2.0 to Support Economically Disadvantaged Individuals, UPMC: INSIDE LIFE
rma.cc/H8SF-9FFX].
leadership in a neighborhood chronically underserved and abandoned by the city of Pittsburgh, achieving the positive project of abolition. As for its deconstructive elements, it eventually stripped the police bureau of what was then considered a core police function, thereby reducing the legitimacy and footprint of policing. It even collaborated in the operation of sobering centers to ensure that, for a time, the city responded to alcohol dependency not with criminalization and punishment, but with voluntary treatment and care. Ultimately, the success of Freedom House paramedics proved the inherent flaws of ambulance policing, and it forced the city to eventually recognize and confront the limits of conventional reforms. No amount of training, sophisticated equipment, or funding would adequately reduce the harms inflicted by police ambulance drivers. The only pragmatic solution was abolition.

Unfortunately, eliminating “swoop and scoop” police ambulances has not eliminated the broader harms of 911 policing. Although the police generally no longer work as ambulance drivers, they continue to be dispatched as first responders to a broad range of 911 calls, from those involving minor nuisances (the vast majority of 911 calls) to those involving mental crises. And as we know, many of these police intrusions are harmful and even fatal. Policing also extends into the

255. See supra Part II.C.
256. See supra Part II.C; supra Part II.D.
257. See supra Part II.C.
258. See supra Part II.B (outlining the racialized violence and neglect suffered by Black Pittsburghers).
259. For example, in a study of police dispatches to 911 calls in New Haven, Connecticut from 2018 to 2020, less than 4.4% of responses involved “violent” offenses. See, e.g., Thomas Breen, 95.6% Of Cops’ Calls Don’t Involve Violence, NEW HAVEN INDEPENDENT (June 19, 2020, 3:56 PM), https://www.newhavenindependent.org/index.php/archives/entry/police_dispatch_stats/ [https://perma.cc/4LHS-QHSF]. Included in the top ten most frequent police dispatches by call type (excluding the expansively defined “miscellaneous” category) are motor vehicle accidents with no injury, parking violations, noise complaints, and door or welfare checks. Id. Nationwide, the statistics are much lower—“violent” crime comprises about 1% of all calls for service in other major municipalities, where “[r]elatively minor incidents such as traffic responses and noncriminal miscellaneous complaints account for a much larger share of calls for service.” Asher & Horwitz, supra note 36.
260. See, e.g., Eric Westervelt, Mental Health and Police Violence: How Crisis Intervention Teams Are Failing, NPR (Sept. 18, 2020, 5:00 AM), https://www.npr.org/2020/09/18/913229469/mental-health-and-police-violence-how-crisis-intervention-teams-are-failing [https://perma.cc/ER9G-JTTL] (noting that since 2015, nearly a quarter of all the people killed by police officers in the United States have had a known mental illness and identifying growing calls to remove the role of law enforcement in responses to mental health emergencies).
261. For example, the police shot and killed twelve-year-old Tamir Rice after a 911 caller reported that a child was waving a “probably fake” gun. German Lopez, Cleveland Just Fired the Cop Who Shot and Killed 12-Year Old Tamir Rice More than 2 Years Ago, VOX (May 30, 2017, 1:30 PM),
provision of medical care itself: armed police and security guards have a regular presence in emergency rooms and have inflicted violence in these spaces of treatment.\textsuperscript{262} Indeed, a growing number of hospitals are employing private, armed policing forces unaccountable to the public.\textsuperscript{263} And for undocumented Americans seeking urgent medical care, immigration enforcement officers have ignored their own rules\textsuperscript{264} regarding sanctuary to patrol and arrest vulnerable members of our communities in hospitals, hospital parking lots, and ambulances.\textsuperscript{265} The


\textsuperscript{265} See, e.g., Sarah Stoughton & Kathryn Hampton, \textit{Not in My Exam Room: How U.S. Immigration Enforcement Is Obstructing Medical Care}, PHYSICIANS FOR HUM. RTS. (June 10, 2019),
abolition of police ambulance drivers has not abolished the police in these critical care settings.

But even if the impact it offered was incremental at best, the end of ambulance policing can be analyzed and even celebrated as a step towards the greater goal of abolitionist transformation and radical imagination. The recognition that ambulance policing inflicted severe and inherent harms, and the decision to eventually strip the police of their operation of emergency medical transportation and care, marked an important shift that meaningfully reduced the scale of policing. The history of Freedom House offers an example of one small but powerful way that the practice of police abolition has already benefited modern American society.

Seen in this light, Freedom House was a triumph. But its history also depicts a tragedy. Despite Freedom House’s varied successes, the city of Pittsburgh chose to abandon and defund this essential program and to instead reinvest in the measurably dangerous institution of ambulance policing. Many existing narratives about the history of Freedom House fail to identify this critical fact: even after it defunded Freedom House and created a small pocket of civilian paramedics, the city maintained its system of police ambulances for many years before it finally abolished the practice.

A. From Past to Present

In current efforts to challenge the brutality of policing, we can see echoes of the errors evident in Pittsburgh’s treatment of Freedom House and ambulance policing. Three primary themes emerge that connect current failures of reform to Freedom House’s history, as detailed below. First is a persisting divestment from the resources and programs, especially those with documented success, that most support communities in need. Second is a reliance on empty justifications of “public safety” to reward policing institutions with increased funding, even when these very institutions were, and remain, the principal threat to public safety compelling demands for reform. The third is police defiance: when demands for accountability are justifiably levied, the police actively—and at times, violently—resist the changes that would mitigate the harm they inflict. This Part discusses each in turn.

https://phr.org/our-work/resources/not-in-my-exam-room/ [https://perma.cc/2Q2X-SQ73];

266. See supra Part II.D.

267. Id.
First, consider the abandonment of Freedom House despite its documented success, both in the field and in its direct investment in the community. Freedom House was not only a medical care service—it was the sole remaining program providing job training and stability to a neighborhood suffering economic crisis, and Pittsburgh’s decision to starve Freedom House of resources before fully defunding it followed a pattern of divestment from its Black communities. This pattern of divestment unfortunately persists nationwide.

Take, for example, the context in Chicago from 2012 to the present. In 2012, the city closed six mental health clinics in majority-Black neighborhoods without explanation despite organized resistance from grassroots community groups like Southside Together Organizing for Power (STOP). The following year, the city closed fifty majority-Black public schools, an unprecedented number for a major city. Then in 2014, after the police killing of Laquan McDonald and the delayed release of footage recording his murder, Mayor Rahm Emanuel responded to demands for police accountability with an announcement that the city

268. See supra Part II.D.
269. Id.
270. See, e.g., Ingraham, supra note 75 (noting that since 1980, spending on food stamps, supplemental social security payments, and temporary assistance for needy families has declined while spending on police, prisons, and the court system has “ballooned”); see also Akbar, supra note 23, at 1819–22 (noting various ways in which “[p]olicing and incarceration have become fundamental tools for neoliberal state management” that result in broad divestment from community needs).
would build a second police training facility for an additional cost of $95 million. At its core, this decision financially rewarded the police for its violence at a time when Chicago was already spending as much as $4 million per day on policing. As a member of the Black, Trans, and Gender Non-Conforming Collective noted, the city refused to invest in programs like education and mental health care that “can actually cut back on the trauma, poverty and pain that often leads to violence in our communities” while it simultaneously expanded the scale of policing.

The next year, in 2015, the state cut funding throughout Chicago for violence interrupter initiatives—demonstrably successful programs where people with experience navigating violence are tasked with building trust in their communities and intervening in conflicts before they intensify, without police involvement. This was on the heels of Emanuel’s 2013 refusal to renew a $1 million contract for the program. The month after the state slashed these budgets, homicides began to increase.

This pattern of divestment from Chicago’s Black communities has continued. In June 2020, at a time of persisting crisis for so many people in the city and beyond, Chicago’s budget director claimed that no federal COVID-19 relief funds would go towards policing—but it was later revealed that instead of funding essential programs and services, the city redirected $281.5 million of its $403 million in discretionary relief funds


275. Id. at 2.


278. Experts note that it is difficult to assess a direct correlation between the funding cuts to the violence interrupter program and increasing violence, but data does demonstrate that in April 2015, one month after state funding to this program was “slashed,” homicides began to increase. Givens, supra note 277.
to the police.\textsuperscript{280}

Chicago, like Pittsburgh, decided to divest from the programs known to measurably improve the lives of its most policed communities. These decisions echo throughout history in patterns of divestment from public schools, public health and mental health care, and other critical services, especially for communities of color.\textsuperscript{281} Even where abolitionist projects like Freedom House or violence interrupter programs\textsuperscript{282} have proven effective, governments choose to starve or abandon these efforts despite their success. Such actions defy logic.

Against this historical backdrop, abolitionist demands for community (re)investments are especially urgent. It is notable that Freedom House demanded more than the mere absence of the police—it invested in the Hill District’s own residents and built expertise and leadership within Pittsburgh’s Black communities.\textsuperscript{283} It worked to transfer resources and power directly to the community, rather than to state or city programs serving the community. This type of reallocation can be truly transformative, leading abolitionist organizers today to demand investments in community-led and community-controlled solutions rather than solely focusing on state-operated programs.\textsuperscript{284}

\begin{thebibliography}{9}
\bibitem{Dowd2} I refer only to those violence interrupter programs that do not collaborate with or directly involve the police as abolitionist projects.
\bibitem{Trone} See supra Part II.C.
\bibitem{Black} For example, the demands of Organizing Black, a Baltimore-based and member-led organization fighting for Black liberation, include the creation of a community wellness trust fund and investments into Black communities. Organizing Black (@OrganizingBlack), TWITTER (Apr. 20,
Freedom House affirms the strength of this approach, and it underscores the destructive consequences of divesting from community-directed solutions.

Such patterns of divestment often run parallel to a reinvestment in policing. The second theme of failed reform identified above is a reliance on empty justifications of “public safety” to uphold continued support of known harms of policing. In Pittsburgh, the discriminatory and irresponsible practices of police ambulance drivers were well-documented, but the police and city officials alike continued to insist that emergency medical transportation should remain a “public safety” function under police control. A true allegiance to public safety would have prioritized the health of Pittsburghers over a desire to maintain the funding, powers, and employment of the police. Instead, the police and city officials insisted that funneling more resources into the police department would correct the harms inflicted by its practices.

Following the advent of modern civilian ambulances, we can now fully appreciate the danger and impracticality of the police’s self-aggrandizement. And thanks to the resistance organizing of Hill residents and their supporters, it became clear that the “public safety” justification was a fiction when the city eventually removed this power from the police.

The history of Freedom House affirms the need to continue resisting empty justifications of “public safety,” which—as evidenced by this history—can maintain or expand the scale of policing without empirical support. Abolitionist organizers have long challenged the “public safety” justifications that purportedly require policing forces to, among other forms of violence, surveil and discipline children in schools, attack people experiencing mental health crises, persecute people of color for their skin colors, and stifle the free exchange of ideas.

285. See supra sections II.A–B, D.
286. See supra section II.D.
288. See, e.g., Tracey Ross, The Abolitionist Project: Building Alternatives to Policing, ESSENCE
minor traffic violations, or harass homeless communities. Where the institution of policing is itself a danger to public safety, its persistent urging that such concerns demand increased investment should be disregarded. Unfortunately, we continue to see governments reinvesting in the police under a guise of improved public safety without meaningful critique. For example, after the police killing of Breonna Taylor, the city of Louisville refused community demands to redistribute funds from the police into needed social investments and instead increased the police budget. Following the 2020 uprisings, then-presumptive Democratic nominee Joe Biden also rejected the growing calls to abolish and defund

(6/18/2020), https://www.essence.com/essence-policy/abolitionist-project-building-alternatives-to-policing/ (discussing the Anti Police-Terror Project, a community coalition in Northern California working to build models to end police violence and support impacted families, that created Mental Health First, a mobile mental health crisis response team that offers a non-punitive, patient-centered alternative to police responses, at a time when at least one in four people who were shot and killed by the police suffered from an acute mental illness at the time).


290. See, e.g., Gwynne Hogan, For New Yorkers Who Need Food and Shelter, “Abolition Park’s” Police-Free Zone Feels Like Home, GOTHAMIST (July 8, 2020, 6:00 AM), https://gothamist.com/news/for-new-yorkers-who-need-food-and-shelter-abolition-parks-police-free-zone-feels-like-home (identifying an effort by organizers and people experiencing homelessness to occupy a plaza renamed Abolition Park, while providing care for those who need it, to support demands to defund the police).

291. See Aviva Shen, Defund the Louisville Police by $12 Million, SLATE (Sept. 16, 2020, 3:41 PM), https://slate.com/news-and-politics/2020/09/breonna-taylor-settlement-police-taxpayers.html (observing that in June 2020, after community demands to defund the police, the Louisville metro government increased the police budget from $189.8 million to $190.5 million). A Black-led collective of community organizations and individuals initially asked the city to divest $100 million from the police to invest in other forms of community safety systems, such as conflict resolution facilitators, economic and housing development, and local food systems in underserved areas. Danielle Grady, Protesters Demanded Defunding the Police, Mayor, City Council Said: No, LEO WKLY. (July 1, 2020), https://www.leoweekly.com/2020/07/protesters-demanded-defunding-police-mayor-city-council-said-no/ Another coalition of Louisville nonprofits, members of historically Black fraternities and sororities, and religious leaders petitioned for an “immediate reduction and reallocation” of the police budget to invest “in the appropriate first responders” as well as a $50 million Black Community Fund to support housing, education, and mental health treatment. Id. Councilman Brandon Coan also presented a plan to cut the police budget by 15% over three years and reallocate those funds to investments in Louisville’s Black communities. Id. Instead of making any effort towards divestment, the Metro Council increased its contributions to the police budget by $750,200. Id.
the police and instead proposed an additional $300 million in federal funds to support what he called “real reforms”: “reinvigorating community policing,” purchasing more body cameras, and hiring “more diverse police officers.” He has maintained this position even after his inauguration. As with the proposed reforms to “improve” ambulance policing with more training and more expensive vehicles, studies demonstrate that the reforms cited by Biden have largely failed to reduce police violence. And yet Biden, like other advocates of such reforms, continues to insist on expanding policing budgets and power while resisting the abolitionist demands that would concretely reduce violent confrontations with police.

The decision to reinvest in policing is especially puzzling given police defiance to necessary change, the third theme identified above. Despite

292. For example, following the police murders of George Floyd and Breonna Taylor in 2020, abolitionist organizers created a template of eight abolitionist reforms that would equip communities to provide for their own safety and wellbeing without reliance on policing or the prison industrial complex. These reforms included defunding the police, demilitarizing communities, removing police from schools, freeing people from jails and prisons, repealing laws that criminalize survival, investing in community self-governance, providing safe housing for everyone, and investing in care. See #TOABOLITION, 8toabolition.com [https://perma.cc/W9C6-7W9].


the objectively superior care offered by Freedom House, the police believed it was entitled to retain control over the city’s ambulances, that these jobs “belonged” to them.296 They therefore attempted to sabotage Freedom House’s growth, even going so far as to threaten arrest of Freedom House paramedics seeking to properly treat injured patients on the street.297 Once the city created a small service of civilian paramedics, the police also obstructed their efforts to deliver superior medical care.298

One need look no further than the most recent era of protests to observe the persisting scale and violence of police defiance. When confronted with a groundswell of public outcry in 2020 over the police killings of community members of color, the police rioted and chose violence over accountability.299 Officers retaliated against members of the press for publicizing the brutality of their actions,300 against legal observers for monitoring their violence,301 and against street medics for assisting protestors.302 And even when they could not hide from reporters’ cameras, even when they knew that their actions were being documented, the police beat, fired “less-lethal” munitions, and fatally shot community members.

296. See supra sections II.C.–D.
297. See supra section II.C.
298. See supra section II.D.
for having the audacity to ask for accountability.  

In fact, when steps were taken to hold officers accountable for their violence, their colleagues took action in solidarity with their brutality. Police officers resigned from their department’s emergency response team to protest the suspension of two colleagues for severely injuring an elderly protestor; threatened work slowdowns when a colleague was belatedly fired for killing Eric Garner; organized a sick-out to protest criminal charges levied against colleagues for killing Rayshard Brooks; and even sold t-shirts celebrating a colleague’s violence after he was reprimanded for clubbing a student protestor with a baton.

These brutal displays of defiance demonstrate a systemic unwillingness to recognize a need for change. And like the Pittsburgh police in the late 1960s, this resistance to reform reflects a deeper issue within the institution of policing: violent entitlement. The police in Pittsburgh acted as if the role of emergency medical transporters belonged to them, no matter how deadly their practices. The police today act as if the role of the “warrior cop” belongs to them, no matter how deadly their practices. Now, as it did then, the institution of policing refuses to hold


itself accountable for demonstrated patterns of harm. It has placed its own self-interest over any true allegiance to public safety, and when it has felt threatened, it has attacked rather than engaged in self-reflection. Abolitionist organizers have repeatedly urged that reforms sustaining or expanding the institution of policing are therefore bound to fail.309 The history of Freedom House provides one such cautionary tale.

But the work of Freedom House paramedics also offers a path forward. Their history demonstrates the pragmatism and viability of abolition. It shares a story of subverting police interference, of building a community-driven system of care where the people were no longer harmed or abandoned by a critical aspect of policing. They understood that the objects of transformation were not only the police, but the society surrounding them—they envisioned and then created a world where police violence receded and in its place, they were provided the space and resources to have what policing had for so long withheld: the chance to heal.

CONCLUSION

Decades after the eradication of “paddy wagon” ambulances in Pittsburgh, the people continue to mobilize against the violence of policing. In the summer of 2020, protests swelled in Pittsburgh as they did nationwide. Crowds in Pittsburgh reportedly chanted: “They don’t lynch us in the trees, they kill our babies in the street.”310

There is, of course, much more work to be done. But the lifesaving efforts of Freedom House paramedics helped galvanize a new era of civilian paramedics that, in an incremental but meaningful way, reduced the scale of policing in Pittsburgh and beyond. Fundamentally, the history of Freedom House emphasizes the enduring need for transformative imagination. Although the call to abolish ambulance policing was initially dismissed as unrealistic, it eventually reduced the footprint of policing and transformed our modern understanding of emergency medical care. What abolitionist demands are ignored today as too radical but can, in the near future, be universally essential to our understanding of community care and safety?

The legacy of Freedom House serves as a powerful reminder that the practice of abolition is already rooted in American history. From these seeds germinating throughout history, the practice of abolition will only continue to grow.

309. See supra Part I.
310. Hailer, supra note 127.