

Social Justice and Community Health Centers: Commitment to One Gave Rise to the Other

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As an undergraduate biology major, while I still had my sights set on a career in medicine, I began my honors thesis, a comparative health policy analysis of the United States and Sweden. It was a sort of natural experiment to observe the outcomes of universal coverage. One of the central components of my work was a model depicting the interplay between health and its social determinants. Now, as I pursue a master's degree in health policy and having become acquainted with the work of H. Jack Geiger, MD, MS, ScD (hon.) I see that, while my model was accurate, it was by no means novel.

Nearly two centuries earlier, in the early to mid-1800s, the basic concepts of social medicine had been developed by Louis-René Villermé in France; Charles Turner Thackrah, Edwin Chadwick, and Friedrich Engels in England; and Rudolf Virchow, Salomon Neumann, and Rudolf Leubuscher in Germany. By the early 1950s, the principles of community-oriented primary care were being articulated in South Africa. A decade later, Dr. Geiger applied those principles to the problems of health and poverty in the United States.

For the better part of two hours on the night of March 3, 2005, Dr. Geiger spoke to a group at George Washington University about his life and, at greater length, about the lives of others. A co-founder of the first community health center in Columbia Point in Boston (along with Dr. Count Gibson) Dr. Geiger traced for me the origins of the community health center movement in the United States. His story is as unique as it is inspirational.

Geiger was born and raised in New York, and it was during his adolescence there that the foundation of social justice that would lead him to civil rights activism and community health care reform was laid. The direction his life would eventually take was not at all obvious when he enrolled at the University of Wisconsin intent on becoming a writer. It was while he was at Wisconsin that the young Jack Geiger joined the 1942 efforts of civil rights leaders A. Philip Randolph and Bayard Rustin. At the time, Randolph, Rustin, and their followers were planning a march on Washington unless then-President Franklin D. Roosevelt signed an executive order to ban the widespread racial discrimination in defense plants, which were busy churning out armaments for World War II. Roosevelt made concessions and the march was cancelled.

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In 1943, while in Madison, Geiger helped found an early chapter of the Congress of Racial Equality (CORE), the organization that came to play central roles in the Civil Rights movement. (An interracial group of students had founded CORE in Chicago a year earlier, in 1942; many of them were members of the Chicago branch of the Fellowship of Reconciliation, a pacifist organization seeking to change racist attitudes, which itself was strongly influenced by Mahatma Gandhi's teachings of nonviolent resistance.)

During World War II, Geiger enlisted in the Merchant Marines, the only branch of the military that was racially integrated at that time, trained as a radio/radar officer, and sailed for years on the only American vessel captained by a black man, Captain Hugh Mulzac of SS Booker T. Washington (itself the first major U.S. oceangoing vessel to be named after an African American). After his wartime service, Geiger returned to school at the University of Chicago from 1947 to 1951. While his commitment to the civil rights movement never faltered, the focus of his studies moved from writing to biology.

During his time at the University of Chicago, Geiger was actively involved in an organization called the American Veterans Committee, and served as the chair of its civil rights committee. When presented with allegations that the University of Chicago's Billings Hospital was denying care to black patients, Geiger and the rest of the committee launched an investigation. In little time at all, they uncovered atrocious acts of racial discrimination. Black patients were being turned away and sent to Provident Hospital (at that time the African American hospital on Chicago's South Side), administrative medical staff were lying to keep blacks out of Billings, and the medical school admission committee was denying admission to admittedly qualified applicants solely on the basis of race. On guard against racial injustice, Geiger and his colleagues alerted the press to the violations by staging a 2,000-person student strike and protest rally outside of the school. Such a display of commitment to personal values and such a public shaming of the University finally resulted in the end of discriminatory practices after a two-year campaign.

Geiger recalls that, when he was applying to medical school, the American Medical Association sent out an alert to the deans of all the medical schools regarding his "extracurricular activities," not, however, preventing his admission to medical school at Case Western Reserve University in Cleveland, Ohio. In Cleveland in 1958, Geiger became a licensed medical doctor. Around that time, an epiphany moved him to seek to join together his commitments to social justice and to medicine. Geiger describes standing on the top floor of the medical school and seeing the University Hospital in the foreground and the city of Cleveland beyond. Suddenly he realized not only who got sick, but also how they got sick, and what happened to them next, were all *social* (not just biological) phenomena. He asked himself, "Why not make medicine an instrument of social change [p. 12]?"¹

He found his first opportunity in South Africa. In 1957, the Rockefeller Foundation was funding a community health center in South Africa (where explicit racial apartheid laws had been in place since 1948), operated by the country's only nonwhite medical school, the University of Natal, and primarily treating Zulu, Indian and poor white populations. As a fourth year medical student, Geiger planned an elective

clerkship to study this new model of care. After securing funding and approval for travel to South Africa and work at the clinic, Geiger studied and practiced at the Pholela and Lamontville Health Centers for five months. His mentors were Drs. Sidney and Emily Kark, who practiced community-oriented primary care (COPC) in response to the fact “that social, economic, and environmental circumstances are the most powerful determinants of population health status [p. 1713].”²

After returning to the States, Geiger continued his medical education and civil rights advocacy. During the Freedom Summer of 1964, Geiger helped found the Medical Committee for Human Rights, organizing medical care for the Selma to Montgomery march in Alabama, at times traveling with the Rev. Martin Luther King, Jr. as his personal physician. He saw the desperate need in much of the rural Southeast for the type of health care he had seen delivered at the community health center in South Africa. Having begun training to work in international health, he realized that the problems of the third world were present in many communities in the United States and he resolved to establish COPC in the United States.

During the Johnson Administration, Geiger sought a grant from the Office of Economic Opportunity (OEO) to establish a community health center in the United States. The OEO was waging President Johnson’s War on Poverty and it awarded Geiger (who had asked for \$30,000) \$300,000. Seeing a big opportunity, Geiger returned to the drawing board, sketching a proposal to the OEO for two community health centers (one urban and one rural) as demonstration projects, with a combined budget of \$1.2 million. The Columbia Point Health Center in Boston, Massachusetts was approved on June 11, 1965, and opened officially in December 1965. Working with Dr. Count Gibson of Tufts Medical School (a graduate of Atlanta’s Emory Medical School), Geiger’s group looked at several locations around the Southeast for the second center, including sites in Alabama, Georgia, and South Carolina, before Mound Bayou, in northern Bolivar County, Mississippi, was finally selected. Geiger remembers knowing from the start that he wanted to put it in Mound Bayou, “one of the poorest areas in the nation [p. 16].”¹ From 1965 to 1971, Geiger was the director of the first community health centers in the U.S.

The health centers did more than just treat disease. They sought to address the underlying factors that led to many diseases taking root. In Mississippi, malnutrition was one of the overwhelming health conditions. Geiger and his staff devised an innovative, if fundamentally common-sense, solution: write prescriptions for food. The health center made arrangements with the local grocery, so that sick and malnourished children could take their prescriptions for food and have them filled, and the grocer could send the bill to the health center. The health center would then pay those bills using funds from the pharmacy budget. The OEO wasn’t keen on this setup initially, saying those funds were only to be used for the treatment of disease, but Geiger made clear that the last time he checked in the book, the treatment for malnutrition was food. His efforts didn’t stop there.

Health center staff repaired housing, dug wells and sanitary privies, and eventually established a 500-acre cooperative farm on which local families worked together and grew hundreds of tons of vegetables—instead of cotton—to solve permanently the hygiene-related and malnutrition-related health problems plaguing the area.

Recalling this time, Geiger wrote in 2002:

The health center established an office of education, seeking out bright and aspiring local high school and college graduates, assisting them with college and professional school applications, and providing scholarship information and university contacts. At night, health center staff taught high school equivalency and college preparatory courses, both accredited by a local Black junior college. In the first decade in which it was in place, this effort produced 7 MDs, 5 PhDs in health-related disciplines, 3 environmental engineers, 2 psychologists, substantial numbers of registered nurses and social workers, and the first 10 registered Black sanitarians in Mississippi history [p. 1715]. . . .²

There are two important lessons to be gained. . . . that communities of the poor, all too often described only in terms of pathology, are in fact rich in potential and amply supplied with bright and creative people. . . . [and] that health services, which have sanction from the larger society and salience to the communities they serve, have the capacity to attack the root causes of ill health through community development and the social change it engenders [p. 1716]. . . .²

Reflecting further on the philosophy underlying community health, in a speech from 1968, Geiger expressed himself this way:

I believe this model is just as appropriate for middle-income groups as for the disadvantaged, and should not be restricted to the poor—but, in these initial efforts, the poor—with their greater need—should have first priority. But health action alone is not enough. In the urban crisis . . . it is absolutely clear that the biological, social, economic and political environment of the ghetto is incompatible with health/life, and no amount of health service as such will alter it. There is just no point in treating rat-bites—and ignoring the rats. . . . To equip a concentration camp with a medical center is not only futile—it is an expression of the deepest moral cynicism. [p. 466]³

Having worked effectively, at first in the trenches and later in more prominent positions, Dr. Geiger's efforts have been widely recognized. Most memorably, he received the Award of Merit in Global Public Health from the Public Health Association of New York in 1982 and the first Award for Excellence of the American Public Health Association for "exceptionally meritorious achievement in improving the health of the American people" in 1973. In 1993, he was elected to Senior Membership in the Institute of Medicine (IOM), National Academy of Sciences, and in 1998 he received the IOM's Gustav O. Lienhard Award for "creating a model of the contemporary community health center to serve the poor and disadvantaged and for contributions to the advancement of minority health." Dr. Geiger's numerous and varied other accomplishments would fill pages.

Two organizations of which Geiger was a founding member and is a Past President, Physicians for Social Responsibility (PSR) and Physicians for Human Rights (PHR), have achieved particular prominence: In 1985, PSR shared the Nobel Peace Prize with International Physicians for the Prevention of Nuclear War. In 1997, PHR shared the Nobel Peace Prize as one of the original steering committee members of the International Campaign to Ban Landmines.

Geiger has written hundreds of works on topics including community-oriented primary care, health care and poverty, community health centers, medical education, the health and environmental consequences of nuclear war and nuclear weapons production, and the role of physicians in the protection of human rights. Dr. Geiger's work in human rights spans more than six decades.

In the words of Martin Luther King, Jr., "A social movement that only moves people is merely a revolt. A movement that changes both people and institutions is a revolution [p. 117]."⁴ The community health center movement might just be the sort of revolution Dr. King had in mind. As Geiger says, "The comprehensive neighborhood health center, in our view, is a new kind of social institution [p. 465]."³

Since 1978, when the City University of New York (CUNY) Medical School created a chair in the department of community medicine and offered it to him, Geiger has been at CUNY, where he is now the Arthur C. Logan Professor Emeritus of Community Medicine. No doubt he is doing what it is he was born to do: Being an example and an inspiration to all who desire to serve their neighbors and make our world a better place. His words for everyone: "Watch for the moment—the opportunity—that reflects your values. Seize it [p. 27]."¹

Notes

1. Geiger HJ. A life in social medicine. In: Bassuk EL, ed. *The Doctor-activist: physicians fighting for social change*. New York: Plenum Press, 1996.
2. Geiger HJ. Community-oriented primary care: a path to community development. *Am J Public Health* 2002 Nov;92(11):1713–6.
3. Geiger HJ. Health and social change: the urban crisis. *Vital Speeches of the Day* 1968 May;34(15):463–7.
4. King ML, Jr. *Why we can't wait*. New York: Signet Classic, 2000.