

## I. Summary of Innovation

Date(s)	Category	Innovation
1965	Healthcare	The first nonprofit community health center in the United States.

### Short description

Having met during the Freedom Summer of 1964, Drs. Jack Geiger and Count Gibson opened the nation's first community health center the following year. Supported by the federal government's Office of Economic Opportunity, the two collaborated with local leaders to convert four apartments in Dorchester's Columbia Point housing project into the Columbia Point Health Center. This center provided care for the insured and uninsured alike, focusing attention on pregnant women and children. These clients were predominately black and other minorities that had been disenfranchised by the larger medical community. Through their community based programs that provided a comprehensive approach, issues of pediatrics, women's health, dentistry, elderly care, and mental health were treated in a community setting that sought to treat each patient as a valued neighbor.

Renamed in 1990, the Geiger-Gibson Community Health Center is now joined by 25 other community health centers in Boston, and 56 in the state. Nation-wide, hundreds of others have followed the successful rubric that the Geiger-Gibson has set.

### Proposed factors

Rank	Factor	Explanation
5	Local Demand	The minority and lower-class populations of Boston had been left out of the medical boom in Boston. Infant mortality rates, sickness, racial disparities and other health issues in the community demanded action.
4	Local Leadership	Both Geiger and Gibson were drawn to Boston for social reasons. It was their leadership that worked to form the community health center in Columbia Point.
4	Federal Funding	Geiger and Gibson asked for a grant of \$25,000 to open their center; the government provided them with \$1 Million as part of the War on Poverty.
3	Social and Science Interplay	Coming from the social movements of the time, Geiger and Gibson witnessed disparities in health that forced so many of the poor into unemployment, or even the inability to survive childhood. By bringing a sense of social justice to medicine, the community health centers provided a better life for residents.

3	The Masses had a Spirit of Changing Things	When given the opportunity to come together as a community for good health and fair care the ‘masses’ worked together to initiate change in their lives.
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## II. Pertinent Background Info

In the early 1950s a dump that was frequented by the poor youth of Boston’s South Boston and Dorchester neighborhoods began a transformation into a middle- and lower-class housing project on 50-acres of reclaimed land. Though the oceanfront property offered sweeping views of the city, the harbor islands, and Dorchester Bay the new project was isolated from the city, cut off from the rest of Dorchester by a major highway, what is now I-93. Made up of 1,502 units, the Columbia Point public housing project was the largest in the city and one of the largest in the country at the time.

During the first decades of the project there a community ethos collaborated with the Boston Housing Authority to maintain the complex, as well as bring public transportation and social services to the community. Though there was a strong community sense, uniting people across race and class lines in the project, citywide acceptance was a different issue. Many of the residents did not trust the teaching hospitals at the time, feeling that they received inferior and mechanical care because of their race and incomes.<sup>1</sup>

Additionally, mothers in the neighborhood received dismal prenatal care because of the time and distance required to receive such check-ups. In 1965, when the Center was founded, a pregnant woman would have to ride three buses to a hospital that did not take appointments and did not have enough seats in its waiting room for everyone to sit.<sup>2</sup>

At this time two young doctors, having met in 1964 during the Freedom Summer in Mississippi, where they both served as backup medical caregivers to voters rights workers, Drs. Jack Geiger and Count Gibson hatched the idea of providing community health care to the people of disenfranchised neighborhoods that lacked basic care. Gibson worked with the Tufts Medical School where he had worked with members of the Columbia Point project. It was here that Geiger and Gibson proposed to open the first community health center.

Petitioning the Johnson administration, Geiger and Gibson wrote for a \$25,000 federal grant to open community health centers in Boston and Mound Bayou, Mississippi. The government answered their proposal with a grant of \$1 Million, from the Office of Economic Opportunity, if they could open a center before the end of the 1965. On December 10, 1965, Geiger and Gibson accomplished the task by opening the Columbia Point Health Center on Mount Vernon St. in Dorchester. This first office was made from four renovated apartments in the project and quickly became an integral part of the project.

<sup>1</sup> Boston Globe, “25 Years of Intensive Care,” October 28, 1990.

<sup>2</sup> Boston Globe, “Good Medicine From the ‘60s,” March 21, 1995.

The initial goal was to bring aid to the people where they lived. Focusing on providing care to all members of the community, insured or not, the Columbia Point Health Center was soon providing care to those unable to receive it before. The outlook for the project itself was bleak; without proper maintenance, policing, and the fleeing of many of the blue-collar families that provided a base for the community, the Columbia Point development fell into decay. But the health center continued on, during a time when ambulances would not enter the projects without police escort, the health center continued to provide care and assistance to the neighborhood. When the community was revitalized as Harbor Point Apartment Community in 1984 by developers, the health center continued to provide care for the people that were being razed out of their apartments. Now a key member of Harbor Health Services, a non-profit community corporation dedicated to providing neighborhood care, the center works as part of an agency to provide primary and preventative healthcare, child care service, elderly service, and job training to the large and diverse population of the Greater Boston area.

### **III. Economic/Social Impact**

Suffering staffing and funding shortages the health center continues to this day. Renamed in 1990 as the Geiger-Gibson Community Health Center in honor of its founders, the center has influenced the opening of hundreds of other community health centers around the country. Today in Massachusetts there are 56 other community health centers and 25 in Boston alone. These community healthcare centers engage members of the community that walk through the door, they serve as active parts of the community, and require their patients to be involved and active too. In Harbor Health Services words, “the Agency is the result of tireless efforts by local residents who were committed to providing neighborhood-based health care for their families and themselves.”<sup>3</sup> This community action has allowed the community programs of Boston to be some of the best in the country, providing care for more than a million people every year. They have also kept the discussion of disparities in healthcare going, allowing for slow progress towards a better system.

This better system has recently received a boost in the form of Mayor Menino’s announcement of the allocation of \$1 Million in grants to help fight racial and ethnic health disparities in Boston. This money will go largely to community health centers and other grass-roots groups that will work to remedy some of the gulfs that have formed between fair care and the current system. Boston is the first city in the nation to roll out such a comprehensive program, following in the tracks left by Geiger and Gibson forty years ago.

### **IV. List of Variables**

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<sup>3</sup> [http://bostonworks.boston.com/research/profiles/harbor\\_health.shtml](http://bostonworks.boston.com/research/profiles/harbor_health.shtml)

**5: Local Demand**

The desegregation of housing developments in Boston had led to a white flight from the lower-class neighborhoods of the city. The largely black communities that filled the apartments became quickly disenfranchised out of the medical and healthcare communities. The high infant mortality rate, long distance to travel for poor care, and increased sense of abandonment led to a demand for better care from within the community.

**4: Local Leadership**

Geiger and Gibson filed for a grant from the federal government that would allow them to establish a community health center. The idea was not new; community service had been practiced throughout Russia, Cuba, and elsewhere. The idea was new, however, in the United States. These two men pioneered what would become a

**4: Federal Funding**

Through President Johnson's avowed 'War on Poverty,' that was largely targeted at remedying the income gaps between blacks and whites, the Geiger and Gibson grant request of \$25,000 was awarded \$1 million. They received these funds through the newly created Office of Economic Opportunity.

**3: Social and Science Interplay**

Bringing accessible healthcare to a struggling neighborhood did more than provide better health to the residents; it helped form a sense of community. Many of the people that went to health center went on to work there, pursue college and nursing degrees, and go on to medical school and beyond. The community at large was healthier and the high infant mortality rate declined.

**3: The Masses had a Spirit of Changing Things**

The people of Dorchester knew they were disenfranchised and they were not hopeless. With the help and inspiring labor of Geiger and Gibson, many people in the community rallied for the opening of a community health center and others went on to open similar centers throughout the greater Boston area and beyond.

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