

*So Much Milk, So Much Meat, So Many Vegetables, So Many Eggs*

—H. Jack Geiger, “The Unsteady March,” p. 9

“We always need colleagues in other disciplines. Doctors aren’t very good as community organizers. We are trained in hierarchical systems, and it’s hard for us to get over that. We don’t have the same skills that are necessary for activism, so we need to find ways to work with community organizers, health educators, nurses, clinical psychologists, social workers, labor leaders and others who have the skills to supplement the skills that we have—with lawyers, with other forms of human rights activists” (Geiger, 2005, p. 8).

In 1965, H. Jack Geiger, physician and civil rights activist, opened one of the first two community health centers in the United States in Mound Bayou, Mississippi (Geiger Gibson Program, n.d.). The invention of the double-row cotton-picking machine had recently replaced the need for an entire population of sharecroppers, causing massive unemployment and exacerbating poverty (Caplan & Rodberg, 1994). Geiger’s community health work has left a distinct imprint on the world of public health, changing acceptable methodologies for achieving health and eliminating health disparities by addressing poverty and racism directly.

To assess the needs of the community, The Mississippi health center began by holding a series of meetings in homes, churches, and schools. As a result of these meetings, residents created ten community health associations, each with its own perspective and priorities. Some communities needed clean drinking water without having to walk 3 miles; others needed child care or elder care. Community participation played a central role in broadening traditional conceptions of health. In the beginning, the health center saw an enormous amount of malnutrition, stunted growth, and infection among infants and young children. Geiger and his colleagues linked hunger, a health issue, to acute poverty and linked poverty to the massive unemployment that had turned an entire population into squatters.

Instead of just treating individual cases, Geiger and his colleagues addressed the problem of malnutrition, first by writing prescriptions for food. Health center workers recruited local black-owned grocery stores to fill the prescriptions and reimbursed the stores out of the health center's pharmacy budget. "Once we had the health center going, we started stocking food in the center pharmacy and distributing food—like drugs—to the people. A variety of officials got very nervous and said, 'You can't do that.' We said, 'Why not?' They said, 'It's a health center pharmacy, and it's supposed to carry drugs for the treatment of disease.' And we said, 'The last time we looked in the book, the specific therapy for malnutrition was food'" (Geiger, 2005, p.7).

The health center then sought to prevent hunger and began urging people to start vegetable gardens. The health center used a grant from a foundation to lease 600 acres of land to start the North Bolivar County Cooperative Farm. By pooling their labor to grow vegetables instead of cotton, members of a thousand families owned a share in the crops. In the first two years, scores of tons of vegetables were grown. Health center workers also repaired housing, dug protected wells and sanitary privies (Geiger, 2005, pp. 7–8), and later even started a bookstore focused on black history and culture.

By addressing the roots of illness drawn from community concerns, these health centers pioneered an effective methodology for approaching health care in underserved communities. They explored environmental conditions such as housing, food, income, education, employment, and exposure to environmental dangers and linked them to health outcomes. Then, in an effort to prevent poor health outcomes, they moved upstream to change the conditions that led to those outcomes.

“You can do more than bail out these medical disasters after they have occurred, and go upstream from medical care to forge instruments of social change that will prevent such disasters

from occurring in the first place. One of those disasters is the combination of racism and poverty,” said Geiger (2005, p. 4) some forty years later, speaking to a graduating class of medical students.

Today there are almost a thousand community health centers in the United States, making health care accessible for more than 11.5 million patients each year (Fairchild, 2005).

*Source:* Prevention Institute.