

housing, pest control, and disabled elderly persons. Each community was encouraged to select temporary committees to begin work on issues of their choice and to act as contact persons between the community and the center. We soon found that food—the lack of it—was the most pressing problem in the fall and winter of 1967. What could we do to help? Members of the staff were mobilized to help persons apply for assistance under existing government programs but, for whatever reasons, existing programs were not working. The concern

over food eventually led to the development of a cooperative farm, owned, staffed, and administered by displaced tenant farmers and sharecroppers. Considerable support for the project was provided by the center staff, but from day one it was the community's project. Thanks to the community's hard work and support from the Ford Foundation and the Office of Economic Opportunity (O.E.O.), the cooperative was able to purchase modern agricultural equipment.

Providing this level of support to the farm cooperative during its

first year of life did slow down the development of other priorities, but by leaps and bounds interest in center-related programs increased. Thus, when another community sought assistance in establishing a protected and reliable water system, the center provided legal and engineering services. In addition, we have supported environmental cleanup and sanitation programs, emergency clothing centers, cooperative purchasing of fuel, and repair and restoration projects on dilapidated and neglected plantation housing of former sharecroppers.

The Community Part in Health Center Program

Excerpted from Pearl B. Robinson, "The Community Part in Health Center Program," Presented at the 97th Annual Meeting of the American Public Health Association and Meeting of Related Organizations; November 10–14, 1969; Philadelphia, PA.

THE TUFTS-DELTA HEALTH

Center is now serving Northern Bolivar County. The great majority of people believe that the service is good and many of us take part in shaping the program to our local needs. The program is not perfect, but we do feel that we have found an effective way to bring about much-needed improvement in some areas of community life.

I first heard about the program in the fall of 1966. A team of people came to my church to talk about a health clinic they were trying to get started that would take care of poor people. We listened politely and clapped when they had finished. A few people asked questions, I didn't. I thought it was just another group

of people trying to get money. First, there was no doctor in the visiting group and I didn't understand what those present would have to do with helping sick people. The main thing I wondered about was the fact that some of the people talked funny and some of them were white. No white person had ever been to our church except to attend the funeral of a servant.

We had been wary of grand schemes to help us because they usually ended up helping only those who didn't need help to begin with. I felt they must be trying to sell insurance. White and black people had been selling worthless insurance for years. Somebody asked what we'd have to do to get in on this program

and they said it would be for all poor people if we wanted it. This didn't make much sense. I was thinking that only a fool would turn down what they were talking about, and only a fool would believe that all these things could ever come about.

I didn't see the Tufts people for several months. I heard about their visits to other churches and people's homes. The next time I heard them was at a meeting of our civic club. They had hired a respected preacher in the community and he seemed really to believe the program could benefit people. This man had a fine reputation, was a good thinker, and had never been in on anything shady. I began to feel that maybe these people were not

crooked, but dreamers who just didn't understand the real world, especially that part of it called Mississippi.

In the spring of 1967 a group of black and white people moved into Mound Bayou to start a government hospital. It was news because no white people had ever lived in Mound Bayou. This time some of the people were doctors and nurses. A few months later, the Tufts people began to talk about jobs and visited our church again. The visitors asked us about our problems and which ones were most pressing. We had many problems and they were all most pressing. We decided to appoint a committee that would decide what things we might do first. The committee would meet once weekly and keep the neighborhood up-to-date.

I was a committee member and after a while I really began to believe that we would do things. We talked a great deal about community health. Before I had thought of health as doctors and nurses and didn't want to see either unless I was sick. As we talked about problems such as how to get food, bad housing, no jobs, and hauling water, we found that the center people saw these problems as things we should work on. In the fall, the Tufts people began to see sick people. This was good. More people began to come out to meetings. Those who had been to the clinic told of how respectfully they had been treated.

We were seeing and talking with many new kinds of people, such as nutritionists, community developers, sanitarians, public health nurses, and social workers. There were no easy answers to our problems, but we were hopeful because everybody was

pitching in to do what they could. Many people were seeing the doctor when they needed to. This was the first time poor black people had ever had this right. Until a few years ago, most of us lived on the plantation as tenants or share croppers. When the boss-man needed us, he would stand for the doctor's bill, but it was always necessary to get a note from the boss. If he didn't think you were sick you couldn't see the doctor. Some people told me they really weren't that sick but they went to the clinic to see if you could really see a doctor when you wanted to. Many people were addressed as Mr. and Mrs. for the time by white people. It was strange to the poor to be treated with dignity, but it felt good.

During the summer and fall of 1967 there was very little work. In years passed, you could earn enough to keep body and soul together by working in the fields from sun up to sun down. Life on the plantation was never good, but recently it has gone from bad to worst. One cotton picking machine can do the work of 100 people. Chemicals control the weeds we used to chop by hand. Food was our number one problem. We got together to find out about welfare laws, food stamps, and other programs that might help people. These meetings were being held in every community. The information helped some people, but many who needed help couldn't get it. We began to talk about other things we might do to get food. Some people began to mention gardens, but most of us had no land. Since all the communities were having this problem we thought we would have some area-wide meetings

to see how we might help each other.

When over 900 families said they would like to join a garden club, we found the problem was bigger than we were thinking. After looking at several possible ways of doing the project, we decided to make a co-op. The Bolivar County Cooperative Farm became the first in Mississippi chartered and operated by landless people. During our first year we borrowed land, begged seed, and borrowed equipment. The center staff were at our side planting, picking, and helping get supplies. We are much better farmers than the clinic people but greatly appreciated their effort. The center people were most helpful in guiding us to people with know-how in scientific farming. They helped to do the paperwork to become a legal organization and to get some help from O.E.O. in Washington.

The first year we raised 1,000,000 pounds of food—enough for our members, some nonmembers, and some to sell. The Co-op now farms 500 acres of irrigated land with the most modern equipment. We are eating better and some of us make \$8.00 and \$10.00 a day working on the farm. All of this came out of meetings about health.

At the same time the Cooperative was getting going, people were also talking about the problems of old people, youth, bad housing, getting to the clinic, and so on. Out of these concerns, each community got together with the Tufts staff and began Health Associations. With encouragement from the clinic staff we began to meet informally twice a month, and each of the ten communities would send people. Later, we decided to

make our sessions official and set up a Health Council.

The clinic staff was with us all the way. We are now chartered as a nonprofit development corporation and have a program budget of 150 thousand dollars. We run a patient bus service, a legal services program, and a

youth program. We have paid staff to carry out the business of the Council. Seven of the ten communities have now developed community centers and are being considered for membership in the National Association of Settlements. Council activities range from parties, dinners, and

youth activities to sessions around community development.

All of these things got started because of the Health Center. We are moving now. We are healthier and living a little better, and ain't nobody going to turn us around.

The 50th Anniversary of Freedom Summer 1964

| H. Jack Geiger, MD

WHEN THE GRANT PROPOSAL for the nation's first 2 community health centers was submitted to the federal Office of Economic Opportunity (OEO) in early in 1965, it was intended to be part of that new agency's Community Action Program. That reflected the authors' determination that the target communities of these new primary care institutions should be actively involved in their implementation, policies, and development; encouraged to recognize and articulate their health-related needs; and serve as important advisers rather than passive recipients of medical care.

That determination, in turn, sprang directly from the most important of the proposal's 3 roots: the civil rights movement

and, in particular, the Freedom Summer struggles in Mississippi in the summer of 1964, which—among other things—brought hundreds of activist physicians, nurses, psychologists, social workers, and other health professionals to Mississippi as members of the Medical Committee for Human Rights.

The second root was a network of community health centers developed in South Africa by Sidney and Emily Kark and their colleagues from the early 1940s to 1960. The third was OEO's focus on what was then called "maximum feasible participation of the poor" and its wide-ranging programs in such health-related areas as education, employment, nutrition, housing, and transportation.

This new orientation required skilled community organizers and community-based health educators, with a deep understanding of the cultures, circumstances and problems of the disparate elements of the populations they served, to build community health associations and boards that might ultimately, as community health centers grew into a national network of 1200 serving 22 million people, assume full control and responsibility. One of the best of these organizers was John Hatch, whose concise description of his work for the Tufts-Delta Health Center is excerpted above. It also required engaged and astute community residents. Mrs. Pearl Robinson, an eighth-grade educated member of the target

population, described the evolving community response in a paper delivered at the APHA annual meeting in 1969, also presented here. The health center is now owned and operated by the North Bolivar County Health Council, the group that John Hatch organized nearly 50 years ago. ■

About the Author

H. Jack Geiger is with the City University of New York Medical School, New York, NY.

Correspondence should be sent to H. Jack Geiger, City University of New York Medical School, City College of New York, 138th St. at Convent Avenue Room J920, New York, NY 10031 (e-mail: jgeiger@igc.org). Reprints can be ordered at <http://www.ajph.org> by clicking the "Reprints" link.

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