ROBERT KORSTAD: One of the things we are trying to develop is a common thread is to get people to talk a little bit about their Childhoods, their families, and some sense of where they got their values and understandings of the world. So, could you maybe begin by telling us a little bit about your family, where you grew up, some sense of the things that might of had an important influence on you and the work that you have done?

JACK GEIGER: Sure. I grew up in New York City, in Manhattan on the Upper West Side, about as far away from a cotton field as you can get, in a middle-class Jewish family. My father was a doctor. My mother, at a time when women didn’t do this all that often, had been a microbiologist. A family, I think with liberal, middle-class values and nothing striking in terms of political activity or deep involvement in liberal causes or anything of that kind. Franklin Roosevelt was a hero, it was that general environment. So that gave me a kind of vaguely liberal and humanitarian framework and outlook on life. What changed things I think for me that relates ultimately to the work I later ended up doing was that I was a rebellious kid in a difficult circumstance. The New York City public schools used to take kids that did well and skip grades. So, I got skipped five times and then I went to a special magnet high school that New
York City had, Townsend Harris High School, that compounded the problem by doing the four years of high school in three years; all of us kids in knickers were to little too little to be in high school running around. I graduated high school when I was fourteen and I had a regent scholarship to go to college, and in their wisdom, no college would let me in. I was really adrift in kind of three different places; emotionally, chronologically and intellectually, and in addition to that I was fourteen. I'm going to waste some tape because you would just enjoy this story.

A long time later, this is 1984, my wife and I were on sabbatical out in California. Her son David was fourteen and in the throws of kind classic adolescent rebellion, and his mother was going up the wall. I remember that time vividly because it is the only time I can clearly identify that I was the serene one in a family. Having been through all of this, it didn't seem very bad to me. L.C., who had always had a special relationship with David from when they first met, came out to visit us and went out for a long walk with Nicole. Nicole filled her with stories of how horrible it was to get along with David. L.C. listened very patiently and then turned around and said "Well, you don't understand! Fourteen is the curse of God."

I was the curse of God to my parents when I was fourteen, lots of vague rebellion and somewhere in there, to make a longer story short, I went to see one of that year's important plays which was the Orson Wells production of Native Son with the dramatization of the Richard Wright novel. I was very moved by
it and went back stage and met the star, the lead actor, who was the leading black actor of that period; a man named Canada Lee. I went back two or three more times just to talk with him, I think originally because I was the editor of the high school paper and that gave me some kind of reason; but obviously a sort of personal friendship developed. He invited me up to his house for lunch one day and off I went. Then when the conflict with my folks got too severe, one Sunday evening when I knew there was no performance, I packed a bag and went up to 555 Edgecomb Ave., the top of Sugar Hill and Harlem and rang Canada's doorbell. He answered and I said that conflict with my folks has just gotten more than I can handle and I thought maybe I could stay here for a while. Lee kind of looked around and said, "Well, I suppose you could sleep over there." After I was asleep, he called my parents and said he would send me back in the morning, but who knows where I would land the next time and why didn't I just stay there? I don't know how these nice upwardly-mobile ( ) people did it, they must have been really exhausted with me, but they said okay. I spent the next couple of years on the top of Sugar Hill as my home base. Through that apartment came of the people I remember vividly and some of them often; Richard Wright, James Baldwin, Langston Hughes, Josh White, Duke Ellington, William Saroyan, Adam Clayton Powell and Vido Mark Antonio. I got a kind of education -- I was the kid who sat and listened -- that was an incomparable experience in terms of emersion in an entirely different world view. Lee staked me to my first year of college.
I finally got into the University of Wisconsin. You want a picture of trouble? You take a fifteen-year-old kid and send him to a Big Ten college campus where all the girls pat him on the head and say come back when you make Eagle scout, and they listen. Not an easy year! (Laughter) But almost by definition, I remember getting to Wisconsin was the beginning of my organized work in civil rights and it simply flowed as part of a life experience out of all of this time on Edgecomb Avenue. That was, something else needs to be added I think, that was a much sweeter time in urban areas and black areas. I can't ever remember being nervous walking around Harlem or walking through Harlem or whatever, or ever having any difficulty in that sense. I was there, back home for a while in 1942 or 1943, at the time of the first World War II alleged race riot. Which in fact, was a riot that started over the false report that cops or MPs had arrested a black soldier. Harlem was seething with the stories of what happened at Army camps in the South during training and this just triggered it. Well, number one, it was a very selective riot; rumor spread that someone had been shot, a very selective riot in which quite carefully, exploitative stores were trashed and others were left alone. It was no more of a race riot than a man-in-the moon because I walked through the middle of it, not quite understanding what was happening, but it had very little to do with race or that kind of conflict in the contemporary sense.

At any rate, I got to the University of Wisconsin and discovered very early on that the University had an approved
housing list outside of its own dormitories. I was working for the campus newspaper and an Asian kid came in and told us he could not find any place to live. At any rate, what we discovered is that the University of Wisconsin had on its official waiting list people that did not take Asians, people that didn't take Blacks, people that didn't take Jews, etc. World War II had started and there was a set of commitments to point to. The first civil rights campaign I can remember running and being involved in was over this whole question of campus housing, university policy, and housing segregation in general, and I was kind of off and running from there. In late 1942 or early 1943, I met Jim Farmer in Chicago. He had just started CORE and some colleagues and I started what I think was the second chapter of CORE in the country in Madison, Wisconsin. By this time, I was getting to have to think about the war and the Army, and was coming on to eighteen, and for two reasons decided to enlist in the Merchant Marine. One was, that it was the only branch of anything military that wasn't racially segregated. The second was more personal. I knew enough about myself I think at this point to decide that I usually had trouble with authority and that I would be better off in some place where the authority was reasonably functional, like the Merchant Marines, rather than the Army or the Navy or whatever. I enlisted in the Merchant Marine. It was obviously a multi-racial, relatively unsegregated kind of activity. After my first trip or so, I had the opportunity and signed on the flagship of the National Maritime
Union - carrier of the civil rights message. The only ship in the Merchant Marine with a black master, Hugh Multi. Lord help us, -- the name, "The SS -- Booker T. Washington." I've always appreciated the irony! But the Booker T. was a famous ship and the black Captain and an interracial crew of officers. I sailed on the Booker T. for a couple of years and that was a further education of sorts. On the one hand; liberal labor leadership of the NMU; on the other, although I don't know it was ever identified as such, I can't remember, there was clearly kind of a communist party cell or group on the ship. I can remember vehement arguments because the communist party position, U.S. communist party position at that time, was for separate black states. The arguments that cut across racial lines that we used to have with that crew arguing for Soviet model ethnic states were very vivid. In all of this interim, when I would get back to New York and during those first two summers at college and so on, I was by and large back with Canada Lee and that same company of people; the kind of intellectual literary leadership of the black community in New York if not nationally. There was a kind of shaping, not only a shaping of values beyond what my family had, but a kind of contact with people I wouldn't often have had otherwise.

By this time my autonomy was so firmly established that it was okay to talk to my folks and see them. I remember inviting them up to a party at Canada's, with what I think was for them enormous intrepidation if they came to Harlem. Canada was
effectively a bachelor. He was divorced; he had a son my age, Carl Canagata, who later became a filmmaker. He made the film, "The Connection". At any rate, Canada was effectively a bachelor and a smart man and knew my mother was uncomfortable and he turned to her early in the party and said "You know, I'm really a bachelor, I wonder if you could give me some help in the kitchen"?. My mother was delighted! The next day after the party I was talking to them and she said she had the most wonderful time; that she had spent a lot of the time in the kitchen chatting with this wonderful man that she found so congenial -- a black man. She didn't know who it was, and I said, "Well, describe him." And she described him and I said, "That was Langston Hughes." My mother's discomfort, the idea that she had spent a whole evening with Langston Hughes, who was an acceptable figure to middle-class white liberals, I think, and a known name was enormous. So, I had continuous involvement in that environment.

R.K. I'm wondering how much of the kind of practical sense of politics and possibilities of community involvement -- did you partake of or listen to or comprehend what that was about?

J.G. There was some of that, certainly with people like Vido Mark Antonio.

R.K. Was Robeson close?

J.G. No, he wasn't close, and Richard Wright, in fact, had already immigrated to Paris. This was a brief time back. The discussions I remember were some about politics, but there was
very little about community organizing. I'm not even sure if those words existed then. It was civil rights as a moral and political issue and injustice and so on more than anything else. At Wisconsin, when I was floundering at one point in this campaign over university housing and racism in university policy, a couple of older black graduate students who, I guess, were friends of friends of mine, in effect guided me and gave me some of my first training, informal as it was, in organizing and what you did next in how you organize movements and how you organize rallies and other things of that kind. That was really the same that started CORE. It broadened out to a whole set of issues.

Another piece from Madison – in 1942 the same group of people who were mentors to me in terms of organizing -- the first of the three A. Phillip Randolph marches on Washington, nobody hardly knows about the first two. This was a threatened march on Washington over racism and segregation in defense plants right at the beginning of World War II. I remember a group of us going out and picketing the Racion factory in Madison over racism and discrimination in defense jobs. The threat was so effective of our march on Washington that Franklin Roosevelt signed an executive order banning discrimination in defense factories, and of course that was what set into motion the enormous migration out of the South in World War II, and the possibility of upward mobility and all of the rest of it. To jump ahead, I was also involved in the second threatened march on Washington which was over racism and segregation in the armed forces in 1950, and that
one led Harry Truman to sign the executive order outlawing segregation in the armed forces. And 1963 was really the third march on Washington, the one that actually took place. The other thing was that I was going to be a writer and a journalist and that is what I did. Indeed, when I was at Wisconsin in that last year I worked at night for the Madison Capital Times and went to the University of Wisconsin in the daytime. So a lot of the focus of what I heard, and given some of the people that I described, was in a way literary and journalistic rather than political and organizational. I think some of my experiences in the Merchant Marine moved more toward direct action although one still wouldn't call it community organizing.

Somebody in the war-shipping administration kept sending the "Booker T. Washington" when it was returning to the States from these trips to Europe to Norfolk, Virginia. Every damned time, Norfolk, Virginia, not New York. Of course, Norfolk was thoroughly segregated and it became a routine that all of us, the officers and some of the crew, would dress up in our uniforms, the ones with the gold braid and so on and so forth, and go to the segregated railroad station and stand in the "whites only" waiting room and try and buy tickets at the "whites only" ticket counters and get arrested. That was 1944 or so I would guess. So the idea which CORE had also fostered back in 1943 of involvement and direct action and direct confrontation and groups of people doing it together long before the sixties when that became a mode of direct action was something reasonably familiar
and comfortable. And then some of the political discussion out of the Booker T., I suppose, made a difference. I think the real political experience then came while I was out floating around the water.

Somehow I decided that I was interested in biology and medicine. I think one returns to family roots after adolescent rebellion and decided also that I hadn't hardly learned a thing at the University of Wisconsin. I think the University of Wisconsin in 1941 and 1942, I think, was pegged so that the average graduate of an average Wisconsin high school could get a "C". I came out of this super magnet high school in New York that was taught by the city college faculty and took the placement exams and was placed in junior everything and that made it worse in terms of the age problems I was having. I decided that I wanted to go get a real education so I applied to the University of Chicago while I was a merchant seaman and knew that I would get out. I started there in pre-med really, physiology, in the beginning of 1947. There was a liberal veterans organization that had really started in Chicago, the American Veterans Committee, of the three, the politically active one that had to do with more than veterans issues. There was of the four I guess; the Legion, the Veterans of Foreign Wars, and AMVETS, and then the American Veterans Committee.

I don't remember exactly how it happened, I became civil liberties chairman of the American Veterans Committee. Very early in 1947 a faculty member came to us, a faculty member with
a black domestic servant who had been turned away from Billings Hospital, the University of Chicago teaching hospital, on the grounds of race. We set up a couple of test cases and documented it. We -- that is the civil liberties committee of the American Veterans Committee. That was the beginning of really the first major civil rights campaign I think that I ran. It turned out that under the great liberal aegis of Robert Maynard Hutchins, the University of Chicago teaching hospitals, several of them did not accept blacks at all. The lying-in hospital and a number of others in the others. Billings and the children's hospitals did everything they could to keep blacks out. The medical school had no black faculty and no black students. We, as the AVC, had raised the issues initially with the University and gotten nowhere or gotten stonewalled or got denials. What made it such an effective campaign as compared to many, I think, was that practically every secretary on campus was the wife of a veteran and we robbed their files blind and what was in their files was astonishing. Minutes from the medical schools admissions committee interviewing black candidate and saying that this candidate is perfectly qualified but we are not ready yet to accept a black student, and put it into the minutes. Regulations of the teaching hospitals lying-in another saying "no blacks, our white patients wouldn't stand for it". Printed instructions to receiving clerks at Billings hospital as to how to identify black callers and black addresses and refer them to other hospitals or turn them away. We put together something like sixty or seventy
pages of documentation out of their own files and printed and distributed it and demanded change and an end to this; and again, got no where. We called on December 7, 1947, Pearl Harbor day, in order to invoke democratic principles that the war had been fought for. We called a one-day campus protest strike; 1947 is reasonably ahead of our time I think in retrospect, and turned out about three thousand faculty and students with front-page coverage in all of the Chicago newspapers. And still, Hutchins reported that he had no control over the medical school faculty, and the medical school faculty and administration refusing to bend in any significant way.

Finally, this is just about a year, we had the secretary to the vice-president for development, that is the fund-raising arm of the University, and I had a thought and I said when is their next foundation meeting? It turned out that about a week or two weeks later they were going to see, I think it was, Carnegie Mellon in Pittsburgh, for money. So a group of us wrote a letter to Carnegie Mellon and asked for an appointment the day before the University was to arrive and got it and went to Pittsburgh and met with Carnegie Mellon and handed them our documentation. We told him who we were and what we had done and said we were not about to try and begin to tell them what to do or what not to do, but we thought really that they would want to consider this carefully before they decided which kind of institution they were going to give money to. Two days later we got a call from the vice-president saying what did we want? The lesson was of course
that if you can go threaten effectively the money sources, that's where the effective leverage was, not the publicity, not all of the other things.

I should back up because it touches on some things that happened later in my work -- or that happened in my own life personally. One of the claims of the University of Chicago medical schools, of course, was that they did not have qualified black applicants. I went down to Howard medical school. The dean of which was a great black pathologist and anthropologist, Montegue Cobb, part of the Washington black elite of that area for many years. I told him what the problem was and we worked out an arrangement that AVC would fund under which twenty of the best candidates to Howard medical school that year would also apply to the University of Chicago and they would give us in advance copies of their applications, their college transcripts, their medical college admission test scores, their letters of recommendation, and so on. We in turn, we must of had sixty or seventy white veterans that we knew through AVC that were applying to the University of Chicago medical school, and we matched the applications grade point for grade point and CAT for MCAT. Then we went to the University of Chicago and we said, "Well you have had this problem, and we are going to fix it for you; you are going to get twenty good black applicants," and they professed pleasure. We then say that each of those applicants, however, is paired with a white applicant and we aren't telling you who the white applicants are. Anytime, however, you accept a
white member of a pair and not the black with identical records, you are going to have to explain to us why that is not a matter of race. That year, in point of fact, I think they admitted their first three or four black students. I went on doing this kind of work, and merchant seamen didn't get GI Bill. I was working at night as I had to support myself as a journalist, first for the Chicago Daily News and then for International News Service, INS, which is now the I in UPI, and getting pretty tired. In 1948, I wasn't sure I wanted to go to medical school, but I applied to about four or five schools and I got a call out of the blue from Montegue Cobb, and he said, "You're applying to medical school, aren't you?" And I said, "Yes, how did you know?" He said, "Well you're going to have some trouble, you better come down and see me." I went down to Washington that following weekend and it turned out that the American Medical Association had sent out a letter carefully written so as not to be actionable calling attention to my application to medical school and inviting them to pay close attention to my extra-curricular activities. The AMA, being the AMA, had sent it to all of the medical schools including Howard and Meharry, and Montegue Cobb saw it and realized exactly what it was and called me up and said, "You are not going to get into medical school anywhere, but you have a place here at Howard".

R.K. I think we need to stop here. <Interruption>

J.G. The content of the conversations; listening in a way to which most white people, adolescent or others, wouldn't
ordinarily have been privileged to highly competent and powerful black people in effect talk about their experiences of life in these United States, and the struggles they were having and the visions they had. Outsiders ordinarily wouldn't have been in on. These are the kinds of conversations I might have with L.C. or John, or other people now, or thirty years ago even. I think for back then, and certainly for me, and I think it helped that I was the kid, this adolescent. I didn't join in on these conversations very much, once and a while I did. An awful lot of the time I just sat and listened. People knew I was there and I suspect for some of them there was some sense that they were educating me; although, that wasn't probably a primary purpose. There was a multi-cultural part of it as well. By and large white people went to Harlem in those years, went to the night clubs; Smalls, and maybe once in a while to the Apolo, and some of the other jazz spots. But they didn't have the experience of walking around on the streets, didn't have the experience of meeting other people. That was a part of it as well. There was a political part of it from early on. Somewhere in that _______ Lee was black-balled on political grounds. This was post-war, I remember more clearly. There was a funny South Africa thread; although, I think by that time it was the last movie that he made, because he made "Cry the Beloved Country," some of which was shot in South Africa back then. I think it was the best movie he ever made, in point of fact. The other thing it did, in which I guess I should mention, which I don't think
would have happened otherwise, is it turned me on to a whole lot of literature that I would otherwise might not have known about or selected or been a part of.

Let me back up and say, and I think that this has been an unrecorded and unrecognized signal experience for a lot of people in the North and not the just the traditional southern story. A lot of the time that I can remember from my childhood, my family had black domestic servants and I remember them as, again, sort of anchors of serenity and models of a sort of emotional stability, and some awareness that they had other lives. I think that was part of the early substrate of all of this. My father's racism, his explaining to me that it really was a shame that other fighters had to fight Joe Lewis because everybody knew that black people had thicker skulls and, therefore, they made better prize fighters. One of the common racist stereotypes of the Joe Lewis period, and yet my father wouldn't knowingly have engaged in racist behavior -- knowingly racist behavior; I think he would have been capable of being condescending and patronizing and all of the rest. I think the black domestic servants made a difference in some respects going back early.

At any rate, back to 1948 and Montegue Cobb offering me a place at Howard. What that meant was that I had to decide if I really wanted to go to medical school or not? I decided that I really didn't. I had a gorgeous education in science. I was a highly competent journalist and the obvious thing for me to do was to cover science and medicine. From 1948, 1949, or 1950, one
of those years until 1954, I was science editor of International News Service, first still in Chicago and then in New York. I remember continuing with other groups, particularly with CORE, in those years of civil rights activities in Chicago. In particular being involved in the CORE techniques of direct confrontation. I have a little scar still, you can feel, you can't see it, in my eyebrow from integrating Grant Park and integrating the Avalon Ballroom. Somebody hit me with a chain. And integrating housing around the University of Chicago campus in the area, and integrating restaurants. I had forgotten again how far this was at. In 1963 [1951?] an integrated group of people go to a restaurant and simply sit there and tie the place up until we were served; and or go around to all the other patrons who were there and saying, "They're refusing to serve us, do you think that's right? Why don't you tell them they ought to serve us?"

That whole new CORE, passive, non-violent, resistent mode of direct engagement in integration -- that went on during those years in Chicago as well and constituted most of my continuing political activity. I moved to New York around 1951 I guess it was to the New York office of INS and spent the next three or four years covering science and medicine. It was a gorgeous education in science. I went to all of the major meetings, and I interviewed all of the major people. By 1954 I was number one, getting pretty bored with it, that is with the journalism, and number two, from my vantage point in covering and interviewing, you could see the major convergences in science that were then
occurring, which were in virology, in genetics, and enzymology, all around the nucleic acids. This was once a (_______) time and immediately after. I was very excited by that. I had encouragement from a fair number of the scientist that I had interviewed or talked to; <sounds like Saul Aleria>, one Nobel laureate, Charlie Huggins, and others. I really decided that what I wanted to do was nucleic acid research. I also knew how much easier it was to get an MD than a PhD. MD is tedious but not rigorous as compared to a PhD in biochemistry. I decided I would apply to medical school. I only applied to three: Yale and Harvard and Western Reserve. I applied to Western Reserve because it was the second or third year of their new integrated curriculum. But it wasn't just their integration of the curriculum, it was their commitment that medical students were to be treated like colleagues and graduate students. The one thing that concerned me, a little bit analogously I suppose to going to the Army or Merchant Marine at age twenty-nine or so after having a highly successful career at what I did, was whether I would be able to tolerate the kindergarten lock-step of conventional medical school. Indeed, I ended telling off the guy that interviewed me for Harvard, withdrawing my application and walking out because there was so much of that involved. Actually the way I did it was, I assigned myself to cover the annual meeting, the Association of American Medical Colleges, which all of the dean's attended on the Willy Sutton principle that if you wanted to go medical school you went to where the deans are. In
covering that convention, I started talking to deans. The Dean of Admission at Western Reserve, Jack Coy, first of all was a press buff, but more importantly he was a one-man admissions committee, which could have been a disaster but was wonderful because Coy believed medical education was a great bottle-neck and if you wanted any diversity on the far end you better have it on the front end. Ten percent roughly of every class admitted to Western Reserve for a whole generation -- he retired only about ten or fifteen years ago -- were what he called broken arrows as compared to straight arrows. People whose backgrounds were deviant; older people, and so I could accept it. Then he would take all of those people for his own preceptor group which were always known as "Coy's kooks". There was myself; a journalist from a small-town paper in Michigan or somewhere; there was a woman who later became a distinguished physician in adolescent medicine, named Addie Clax, who had spent the previous three years playing the saxophone in Phil's (_______) all-girl orchestra. There was a Baptist minister who had lost his faith; a rancher from some place out west; a guy who had flunked out under the old curriculum and Coy thought it would be interesting to see how he would do under the new curriculum; a nurse anesthetist, and so on. It was a wonderful way to run a medical school and it turned out to be a very fortunate choice for me. I went to medical school, really, with the idea that I would come in on virology afterwards and do nucleic acid research. I never had any trouble with academic work
particularly because of the integrated curriculum and because I had spent the previous three or four years covering what wasn't even in the textbooks yet; so I knew the shape of the wall while we were having all of these bricks of biochemistry and physiology and whatever, and it made it a great deal easier for me. It became clear during that first year, number one, doing lab work research projects part-time, that I didn't have the patience to sit with one enzyme system for five years and that is clearly what it took if one wanted to do this kind of work. I broke things in the lab and wasn't good at it. I thought seriously about quitting. Warren Weaver -- I guess I first met Warren Weaver when I was first covering science and medicine -- was vice-president of the Rockefeller Foundation -- someone who had almost single handedly created molecular biology in this country through the Rockefeller Foundation. Warren Weaver who I had gotten to know decided -- what he wanted was for me to become the science editor of the Rockefeller Foundation and he kept offering me this job as science editor of the Rockefeller Foundation and intensified it when I told him I really wasn't cut out to do nucleic acid work and maybe I wouldn't go back. I went back for the second year of medical school. I spent that summer at the marine biological lab at Wood's Hole, intensifying my experience of not doing well at bench research. I went back the second year to see what would happen. Somewhere in the middle of that second year, one day I had a moment of epiphany which really relates to where we are sitting now in Mound Bayou. I was standing in front
of the medical school, it was kind of on a hill and you could look beyond the medical school and see the teaching hospitals, beyond the teaching hospital you could see the city of Cleveland. It occurred to me that what happened out there in the city of Cleveland, and who got sick and who didn't get sick, and how that illness was distributed, and what happened to people after they got sick, and whether they came to this or other institutions, and the nature of their interactions were all social as well biological phenomena. It was the beginning of the synthesis of all of my earlier life with medicine and what medical school was like. In effect, I invented social medicine. I was very excited by the idea and ran off to the library and discovered it had already been invented for about a hundred years, mostly by the British. I turned to the American literature and the more that I read of the American literature in that period, the more my heart sank. What passed for social or community medicine in the US and in that literature in the mid 1950's those terms did not really exist here -- was fuzzy, liberal bleeding heart, and tender loving care stuff.

THIS IS THE END OF TAPE 1, SIDE A.

THIS IS THE START OF TAPE 1, SIDE B.

J.G. It was the annual report of the Rockefeller Foundation that described this remarkable set of projects in South Africa at Pellela, and Lamontville, and the University of Natal medical
school and what they were doing with these things called community health centers, and how they were organized, and how they attempted to intervene. I read this stuff and I got enormously excited and I went to see Warren Weaver. He offered me the job again, the science editor of the Rockefeller Foundation, and I said no. He was sure that I was going to take it. He got kind of miffed, and he said, "Why"? I said because I got a whole thing that I just figured out that all of these things are inter-connected and that social, and biological, and economic, and political phenomena are all part of the same package when it comes to health and community development. I made this long speech -- I blurted it out -- and I was sure that this was going to be the end of that relationship and whatever support, mentoring and whatever. I got to the end of it and looked up and he was grinning. I said, "What's so funny?" He said, "You've just stated the fundamental philosophy of the Rockefeller Foundation and I want you to come back in two weeks and talk to Dean Rusk," who was then President of the Foundation. It was like that scene at the end at one of the Saroyan plays when the guy finally hits it on the pinball machine and the Star Spangled Banner plays, and flags wave. Indeed, I did go to see Dean Rusk and wasn't quite sure why he was seeing me or me him and talked about this. Subsequently I brought up this question of the Department of Social Medicine and the health centers in South Africa with Warren Weaver and he got very excited, because he had been there not that much long before and was enormously
interested in it and thought it was great that I had identified this. So beginning of the third year, I decided that if social medicine was real, then this is where I would find out that I needed to go there. Again, Western Reserve was very flexible. I took all of my elective time and all of my vacation time and put it together in a package which gave me somewhere between five and six months that I could devote to this over my junior and senior years. Then I conducted my first exercise in grantsmanship. Thank God this was before faxes, easy long distance telephone, or international phoning! I decided there were three places that had to say yes. Western Reserve had to say yes I could go; the University of Natal and Sydney Cark had to say, "Yes, I could come"; and the Rockefeller Foundation or somebody had to say yes that they would pay for it. I wrote all three of them and told each of them in effect that the other two had already said yes. I figured they were not very likely to communicate directly. They all wrote back and said in that case okay, so I got funded for a Rockefeller Foundation fellowship to go to South Africa. I remember having to sign a waiver for the South African government. University of Natal was the only medical school for non-whites that existed in the country -- blacks and Asians. I had to swear that I wasn't going to be registered as a student there and integrated, that this was going to be a fellowship. I did that and went off to Johannesburg and Durban in the late spring of 1957. I had the next five months of about equally divided between Lamontville, which was (______) urban, now would
be called a township, a housing project kind of a community of about ten or twelve thousand people on the southern edge of Durban. About an equally amount of time at Pellela. I had a tutorial with Sydney Cark and another with Guy Stewart, one of the group that later of course came to Chapel Hill and then yet another with John Bennett who has been subsequently responsible for an awful lot of the development of community oriented primary care in east Africa at Pellala. He was then the clinical officer in charge of Pellela. John Cassell had just recently left, I didn't meet John until later back in the states. It was a signal experience in my life very obviously and it gave me the concepts and the tools to reify these general ideas of community medicine, and social medicine, and interventions and the like. Then I knew what I was going to with my life and medicine - it was called International health. I thought about how I should train for that and finished medical school. I wrote my medical school thesis. Western Reserve required a thesis for the MD degree. I wrote a thesis based mostly on my own work in Lamontville and Pellela and contrasting it with the functioning of the outpatient departments at the Western Reserve teaching hospitals. It was called, "Family Health in Three Cultures: Implications for Medical Education." At the end of which there were about four paragraphs that said, "a US medical school really ought to start a community health center somewhere in its area." I think I named a housing project in Cleveland as a site both for educational and health purposes, 1958. It was the first proposal
that I know of for what became community health centers in this country. However, my focus was really international health because that's where I thought it was. I went to Boston and trained on the Harvard medical service.

R.K. Could we stop and talk about South Africa a bit more? I have some kind of a personal interest in it. Maybe you could just describe a bit more about what that concept was and what was fascinating about it. In some ways it was very revolutionary about as a way of dealing -- how it grew out of the conditions that existed there. It wasn't just an intellectual exercise that these guys were trying to apply. The sense I get is it did come out theirs and other people's sense of the problems and issues that they were trying to deal with.

J.G. One of the things that I will have to do to give you some of this in detail is find that Merlin Saucer paper which describes in greater detail. I had seen in many places before the evolution of Cark's own work. Let me begin with that. It's as if in South Africa in the late 1930s, there was a kind of equivalent of what in the 1960s became the student health organization in the United States. A group of people, apparently mostly at (__________) at Johannesburg, who first of all started the Alexandria health clinic, in Alexandria Township, and think that was the first field venture for any of these people including Sydney Cark. There was some kind of a health clinic there and students from the vits volunteered to go and rotate and treat. Sydney and his wife, I think Harry Phillips, had this
experience, and a number of others. I think that this was sort of a revelation of the kinds of conditions that existed and the relationship between those conditions and the distribution of illness. I think some awareness of the relative ineffectiveness must have reached them rapidly simply doing clinical work over and over again, standing in the revolving door. Sydney then headed some kind of nutrition survey for the South African government in the late 1930s shortly after his graduation. That led to a series of reports; this was before the Afrikaner government, not that its predecessor was great-shakes, one by George Gail and there was something called the Gail Commission. Another by somebody named Glockman and all of this is down, at any rate there emerged a proposal originally as a nutrition proposal for some model health centers. Cark started altogether a series of about ten of them. Only Pellela and Lamontville are widely know, but there was Springfield and at least six or seven others recounted in the first Cark and Stewart book, *A Practice of Social Medicine*. They were helped enormously in this and there is another thread that is important by John Grant of the Rockefeller Foundation. There is a book I think published by University of North Carolina press by Conrad Sythe called *The Collected Papers of John Grant*. John Grant had funded what is arguably the first community health center in the full sense of the word in modern times and what was then the Peking University Medical School in Beijing under Rockefeller Foundation auspices as was that whole medical school. There is a relevant book by C.C.
Chen about the development of community oriented primary care in China. Grant was to continue funding the development of this model in India and then for Sydney Cark in South Africa and I think some of the intellectual stimulus for the Carks came from John Grant and certainly the funding resources to make it real. Carks ultimately, out of the string of health centers, attached these two to the University of Natal Medical School and started what was called the Institute of Family and Community Medicine out of the Department of Social and Preventive Medicine at the University of Natal Medical School, which he headed, which gave it the academic base. This was already well into the 50s and what had started in terms of government sponsorship in the post World War II 40s in terms of the Gail Commission and the Glockman report. Which really was call for some kind of network of community health centers and with a nutritional component, which I think was the only initial community oriented component. Off I went to work in Lamontville first, and here were a whole set of experiences. First of all, being walked around a community by a set of people, first Guy Stewart and then the indigenous health educators that Guy Stewart had trained. While they were health educators rather than community organizers, they clearly had both functions, and they knew the structure of this community. They knew -- because there was an annual census -- and also because they worked with a whole variety of community groups, what were the problems consequent to the add-mixture of first and second and third generation urban dwellers, with arrived yesterday from
the tribal reserves, rural people and the problems of employment, language, cultural conflict, and the problems of alcoholism and social disruption. The organization of a variety kinds of groups -- mens groups, womens groups, church groups, and others -- all out of a health center regarded as a legitimate source of health related activity, first of all. Secondly, walking around, I can remember with one of Cark's family practitioners, Burt Gample, who in the part that was served by his family health care team, his firm, just knew off the top of his head the social structure of almost every household, what the problems were, and what the diagnoses were. Secondly, and equally importantly, the epidemiological orientation. I would examine patients in a consulting room that had plastered on the walls graphs and histograms of the infant mortality rate by race and section of the community. The typhoid rate, the immunization rates, and all kinds of pertinent epidemiologic and demographic information; the weight and height curves and how far off people were. One could not treat the individual patient without thinking about the community. Then I remember looking to study, this was mostly a Zulu community in Lamontville, but the health center also served an Asian community called Merbank, now huge township was then a slum on the banks of a muddy river, with Indian families -- all of them pretty poor -- organized in a traditionally patriarchal way. I remember either Guy Stewart or Sydney Cark or both leading me through the health center's investigation and work with that community. Organized patriarchally, the sons married
and stayed at home and the daughters left. The hierarchy of the household was the number one son and his wife and their children. At the bottom of the latter was the number five son and his wife and their children. Without exception, all of the cases of kwashiorker and marasmus, and malnutrition, and infectious disease were concentrated among the children of son number five and that wife. It was this gorgeous example, other things aside, the application simultaneously of social, and cultural, and epidemiologic principals, and the identifications of where the health problems were. If you wanted to intervene, those were the people you concentrated on. You had to find a way to concentrate on them without getting into trouble with the hierarchy and it was a vivid lesson. So the epidemiological part of it was equally important. Then a third part of it was of course the utilization and training of indigenous people. Given their strengths in knowing and understanding the community, and the need, and their skill, therefore, community organizing, or educating, and the need for training. I guess fourth, the idea of functioning in family health care teams where a physician was connected all the way to the health educator community organizer, public health nurse, or whoever served that community. I went on to Pellela, this rural community, five hundred square miles of tribal reserve, and had an experience that the principles were all the same, worked, the problems were very different than in the urban Lamontville industrially employed and mixed. Here was what would now be called a homeland, terrible land, impoverished
communities, thatched huts. Inurongoes and other full practitioners of one kind or another. The same kind of outreach in health education -- a big demonstration vegetable garden. I recently found a paper that Steve Tollman and Cark wrote together that they gave at some conference in Senegal that recalls some of the early work at Pellela and the phenomenal success at beginning to control syphilis, tuberculosis, and malnutrition by these means. The effectiveness of that kind of intervention was evident. One thing was missing, most notable in the urban area in Lamontville, and it was noticeable because it was some of the staff, white physician staff among others, that constantly pushed and hollered and argued about this and often, I think, considered quitting. That was the lack of political activism, of political organizing, of civil rights organizing, of organized structuring or pushing for change. It was really the Saul Alinsky argument -- there were people who felt this was palliative and therefore, in a sense, immoral because it wasn't helping people to change the political and social situation. Cark's answer was conservative, but I think there are ways in which Sydney, while being very wise, is intrinsically conservative, and more focused on the health parts of it than on the political part of it even as he recognizes the relationship of the political and economic distribution of resources. The blunt fact of the matter is that this is government funded one way or another and any case would have been shut down in an instant, and I was I'm sure even then constantly being surveyed and attacked as a potential for
subversion. But activism wasn't there. What was there was the effectiveness of this kind of approach in terms of organizing people and improving health. It's hard to recall how far behind anything current the whole scene was politically even then pre-Africans. I was asked one evening to come talk to the medical students at the university, at the medical school at Natal about medical education in the United States -- to give a little talk.

I was already considered close to the margin for me as a white to come and have dinner with them. That unbelievable rotten food, I still have a little scar on my knee because I would rather talk than eat, and I'd ate all of this food which I don't even have a memory of while talking to these students. They had quansant huts for their lounge and extracurricular activities. We were then walking to the other quansant hut where I was going to give this talk and the head of the student medical association turned to me and apologized for the food. My wife kicked me in the knee, I still remember, and I got enough of the message not to say anything. Later, while I limped to the seminar, she said, "You were about to say the food was fine weren't you?" and I said "Yeah, I ate it all". She said, "the meat was rotten, the potatoes were black, only you could have eaten it, none of the others were eating it and you would have been profoundly insulting if you had said, "No, the food was fine". They don't know what you're like. At any rate, I gave this talk and then a student stood up and asked a question, were there any medical schools for blacks in the United States? I said yes, there were
two, Howard and Maharrie, but that while there had been a long history of segregation and discrimination, most of the medical schools in the North, at least, this is in 1957, most of the medical schools in the North at least had black students as well as white and that my own class had four or five black students. There was this profound silence; so profound it was palpable, so still, and I thought - what did I say! There was a whole moment of this and then somebody asked another question and we went on.

The next day I mentioned this to Sydney or Guy or somebody and he said this is the Zulu expression of profound feeling. Profound emotion is an absolute stillness, and I still remember the moment. The idea that there were integrated schools was then such a powerful one. Indeed, there wasn't political activism, but there was all the rest. I talked to people in the ANC in the Indian National Congress. I remember having dinner with a man who represented the Indian National Congress at the UN as a kind of non-governmental organization. One was aware that there were these -- "protest movements", is almost too strong -- but these movements at least to ameliorate apartheid, the way the society was organized. This was in Natal, the most liberal of the provinces and the most English and the most Africans, and better than, I think, than all of the others. I returned to get my training. I knew what I wanted to do. I wanted to train at an elite medical school with a public hospital that served poor people; so, I went to the Harvard Service at Boston City. I put together a package over turned out to be five years or more of my
three years of training in internal medicine which I split up, degree in epidemiology at the School of Public Health, and two years of post-doctoral training in social science across the river at Harvard, which seem to be the package if you wanted to put together this kind of intervention in international health. The civil rights activities hadn't stopped. I was in Boston organizing. You don't have a whole lot of time when you are an intern and resident. The year at the School of Public Health and the years as a post-doc fellow were obviously easier, and one of those was 1963 I was Boston organizer for the third march on Washington, and a variety of other civil rights activities, none very consuming. I still was in the middle of this, finishing my training in 1964 and freedom rides had already occurred, and movement in the South particular was developing, and we were coming on to Freedom Summer. I had just finished my training - I skipped a piece - Rockefeller Foundation piece; I think their plan had always been that I would join their field staff in my senior year residency in 1963. They took me to Nigeria as the last kind of look, we had been talking back and forth, at a rural really maternal and child health center in a place called Ibadan about sixty miles from the medical school at the University of Ibadan with the idea that I would join the Rockefeller Foundation field staff and head that and work there. It was sixty miles out in the rural, in the boondocks. It was suppose to be a teaching facility for the Department of Preventive Medicine in the medical school. It was the functional equivalent of a
hundred and twenty miles. What became rapidly clear, was that the medical school and the Department of Preventive Medicine hungered for the Rockefeller Foundation money but didn't want to have a thing to do in fact with this health center. They could have done the same thing twelve or fifteen miles from Ibadan. I turned it down with great anguish because this had been a Rockefeller Foundation path the whole way and I wasn't sure what I was going to do. I accepted an offer to join the faculty of Harvard School of Public Health, really as a temporizing mechanism while I figured out. In fact I knew there was a project developing in Uganda that I thought I might go to in a year or so. Here we were coming up to 1964 and a group of us around the country, based on the experience of the freedom rides and what we anticipated for the summer, this is the spring of 1964, started a thing called the medical committee for human rights. This was an organization of physicians from all around the country with the idea of going as a physical presence to Mississippi and providing health care and health protection for the civil rights workers. That rapidly got expanded to include indigenous civil rights workers and to some extent communities. I had really just started at the school of public health. We were already down in advance. I don't remember the timing anymore, but that was the spring or summer of James Cheney, Mickey Schwerner, and Andy Goodman. It was MCHR that called down a pathologist, from New York, to do in effect a second autopsy, to attend the autopsy. I was there. I will never forget that at
"Ole Miss" medical center - cops and state troopers were all over the place! I'm blocking the guy's name, the pathologist's -- Spain -- Charlie Spain, from Long Island. What was really demonstrable, which they had tried to cover up, was that Cheney had been beaten to death and effectively before he was shot. MCHR in any case, took leave for the summer and came here as Mississippi coordinator for July and August. That was what brought me to Mississippi and Jackson, and my first contact with Bob Smith, this physician who was in effect a major local black physician resource for the medical committee and all of this crew of people from around everywhere. Aaron Henry -- I didn't meet Aaron Shirley until a little later -- I think Aaron was in Vicksburg at that point as a general practitioner at that point and I met he and his wife later. I met Charlie Evers, Bob Moses, Jim Foreman, the SNCC people, it was SNCC and COFO, CORE, Southern Christian Leadership Conference, and all of that group. I had spent that summer in Mississippi. I had recruited for that same period of time the head of preventive medicine at Tufts, Count Gibson, who was extraordinarily useful because he grew up in Georgia. Every day that he stayed his southern accent got thicker and the Boston edge got lost and that was very valuable. It was a frightening time. That was the summer of the famous COFO creep, which was, if you came to a full stop as required by law at a railroad crossing you were very likely to get clobbered by ten cars coming behind you. Nobody stopped for railroad crossings. If you didn't stop, the state troopers were
watching for the summer people to arrest so you would creep across without ever quite stopping. People were arrested, people were beaten, there was kind of a continuous threat of emergencies. I had an exposure overall to the Mississippi scene during this time. I went back at the end of the summer to Boston, almost in reflex and through MCHR, which continued as a national organization and of which I was national program chairman. As one of the subset of activities started a little two-bit volunteer clinic in Milestan, Mississippi, which was outside of Tchula in Holmes county. Got their funding basically from some wealthy friends in Bethesda, and started this little volunteer activity with a couple of public health nurses; Joe Dispardy, whose now at city college, Pat Galligher, and recruited Al Pusant, from UCLA, and a number of others. We got funding from somewhere and bought a van that we had converted into a kind of half medical-ambulance, emergency vehicle and ran this little really clinical operation. It was a reflex that you started something of this kind, but it had nothing to do with I described up until now. We kept coming back, however, Count and I. There were various things in Boston to ship; food and clothing and other stuff down. In December 1964, by this time the big Headstart struggles had been joined. The big Headstart struggle, you remember, was the white resistance, and the white governmental resistance -- Headstart as the first instance of OEO directing money that did not go through white hands or white gatekeepers hands to the black community, and the enormous
threat, and Eastland and Stennis. There was a final compromise of having two Headstarts in Mississippi. All of that had been unfolding. A whole group of people got together on December 10th and 11th, because I still have the motel bill preserved somewhere, at the Holiday Inn in Greenville; people from Headstart, people from other activist groups that had been around that summer, Bob Smith, myself, Count Gibson, and some others to kind of talk about what would one would do next. The transition from 1964 to 1965 in Mississippi and in the civil rights work was difficult. I think Bob Moses was there, but things were spinning downhill in many ways; the trip, the movement itself, disorganization, friction, and the like. I remember having a bad headache, which must have represented some kind of emotional blocking, for several hours on the second day of that conversation, and then very suddenly the headache went away and I thought of Pellela. Literally, I hadn't put those pieces together, as being incredible as that sounds, and I said "Hey! What should happen is that a good northern medical school should come down here and, as a part of its own activities, start a comprehensive teaching health center." People said, what is a comprehensive teaching health center and laid this whole thing out. Everybody kind of ran around the room and said "You've got to do that, you've got to do that!", and I said, "Sure!" But it was like that moment back in Cleveland, it was a moment of synthesis. It preceded any conscious thought of the kinds I came to articulate later. As one looked around at the same relative
level, not the same absolute level, all of the same problems of extreme poverty, extreme ill-health, unemployment, lack of education, lack of mobility, dangerous physical environments. You didn't have to go to Africa or southeast Asia or Latin America, they were all here. That came later in a way. It was suddenly this realization that had fit -- that Pellela and Mississippi had striking similarities, and the same kind of approach might work.

The Count and I flew out that evening and we got to go that evening. We got to go back to Boston and we got grounded in Atlanta and sat in a motel, and Count said let's talk about the deal. I said, "What deal?" He said, "That health center thing, I think Tufts might sponsor it, we don't have any money, but we might do it." I said "okay," and he went to talk to the dean. I was still at the Harvard School of Public Health. A couple of weeks later, I talked to the dean who I think didn't have any clear conception of what all of this was, but was very anxious to steal someone from Harvard as he saw it. (Laughter) He said, "We don't have any money so we will guarantee you a couple of years' salary." I was still nominally on the faculty at Tufts and being paid. Selma came next and came in between. I was on the bridge in Selma. We had this crew in Mississippi and we had advanced warning. I had met Martin Luther King in Boston by that time on one of his trips when he was organizing for SCLC and through MCHR, I think, and he knew of us and knew what was coming at Selma and requested that we have our van there. The van came
over from Mississippi and there was Governor Wallace's famous Sunday on the Edmund Pettus bridge. The van was attacked by the same crew that an hour or so later killed James Reeb, the Unitarian minister. I got arrested. Fortunately, in the presence of other people who immediately set up a hue and cry that reached all the way to the Boston papers. I was hauled in and told that I would be prosecuted for practicing medicine without a license. It was an attempt to intimidate. The classic maneuver was they threw you in a drunk tank with a bunch of local whites who then beat you up. Fortunately, the phone started ringing very rapidly, and I knew that Alabama had a Good Samaritan law, and I was yelling about that. In point of fact, as Bill Corrin, the legal expert at the Harvard School of Public Health later said, that I was on quite shaky ground. It is one thing if you have a Massachusetts license to take care of somebody in an emergency auto accident in Rhode Island; it is something else again to cruise Rhode Island in an ambulance looking for an accident, which was the equivalent of what I was doing. Selma intervened.

Meanwhile, another process was going on. Lisbeth Schorr was just moving from the UAW to OEO and went to talk to Lee Schorr. She sent me to William Kissick out at the University of Pennsylvania, who was heading the whole Lyndon Johnson's Appalachian health program, he sent me to OEO. I went to see a man in January 1965, Sandy Kravitz, Sanford Kravitz who was director of research and evaluation for OEO. Brand new OEO, they
were still moving the furniture at that building at 13th and L.

I had the experience that everybody ought to have, once. I came and sat down to talk to Sandy Kravitz and I described what a community health center was, what the models had been at Pellela, Lamontville, and really articulating for the first time because the funding rubric was the community action program. OEO had no health activity -- believed at the time that HEW effectively took care of all of that. They hadn't yet seen the data back from Headstart or the data back from the Job Corps about how terrible the reality really was. Articulated for the first time the concept of community health center as an instrument of social change -- of intervention in the social, and biological, and physical environments in a basis of community organization and community empowerment. As well as, all of the pieces that had to do with how it was organized in its own right -- family health care teams, indigenous health workers training, the whole thing.

I had put this all out on pieces of yellow paper as I talked. I must of talked to Sandy for an hour and a half, maybe more, non-stop. At the end of it I asked for what Tufts was going to request -- a classic academic chicken side-step of thirty thousand dollars for a year's feasibility study to come down to Mississippi and whatever to find a site. Sandy said, "You can't have thirty thousand dollars for a feasibility study." I said, "Why not?" He said, "Because you have got to take three hundred thousand dollars and do it now." Everybody ought to have that happen to them once in their life!
So I said I would go back and draw up a real budget. Two things happened over the course of the next month or so. One was, that I suddenly realized that there was no way in the world that Tufts could sponsor and operate and direct a health center for poor people fifteen hundred miles away in rural Mississippi and not be doing something on its doorstep in Boston.

THIS IS THE END OF TAPE 1, SIDE B.

THIS IS THE START OF TAPE 2, SIDE A.

J.G.: So, two things happened. One, is the realization that there has to be a Boston segment and very rapidly we settled on Columbia Point. This peri-urban housing project of what was then about eight or nine thousand people living in twelve hundred serially numbered apartments. An epidemiologist's dream! What we were in the process of doing, for me at least, entirely unconsciously, with the later selection of northern Boliver County, was of course absolutely replicating Lamontville and Pellela, but that was totally unconscious. I started to draw up a real budget which hadn't been a requirement when you were just asking for thirty thousand dollars. This rapidly grew to a million and a quarter. This within a month of thirty thousand to three hundred thousand to a million and a quarter, by which time the people at OEO were swallowing hard. At the same time, it became clear that there would be political problems. It became
clear in several ways. Shriver was so nervous about getting into health activities and about getting into Mississippi, in particular after the Headstart wars, that he appointed a special committee to review this whole proposal. This included Julius Richmond, who had been deeply involved in Headstart out of Harvard, and Robert Cook, who was one of the Kennedy family physicians. He was out of Georgetown and particularly interested in mental retardation, and Dr. Howston later at the University of Vermont who had been heavily involved in the Peace Corps. I remember presenting it to all of them and having to really struggle. Cook wanted to know why we weren't doing mental retardation, that was the most urgent problem in his classic, do-my-thing, not yours. The guy from the Peace Corps was appalled at the money and said, "Do you realize what we did in the Peace Corps? We had these little village huts and we did so and so." I had to cut it vehemently that this is not what one did for American citizens. We were not talking about the US in India, we were talking about the US here and concepts of poverty and dignity and equality. Julius Richmond understood it.

It became clear that I then had to solve the political problems and that Shriver wasn't going to yield. I wrote a proposal for a Columbia Point and a southern rural health center as one proposal. The southern rural site was not specified. That could of been any one of thirteen southern states. What that meant was that Shriver did not have to pass the grant through any congressional delegation except Massachusetts, that
was part of how OEO worked, as you know. Not only did Massachusetts not care, not the only reason, but one reason it was fortuitous for picking Columbia Point, was that it was in John McCormick's district. John McCormick was Speaker of the House. The initial launching of Columbia Point became a major media event a little further down the line. I had this long negotiation to get the grant through for Columbia Point and southern rural. I was aware from early on of something else that I came pointing out to Julius Richmond and Shriver was that we were in terms of Mississippi, veto proof. The deal that had been struck over the OEO legislation was that any OEO project could be vetoed by the Governor of the state. Shriver had the power to override that veto and there were occasions when Shriver did override the veto, but he did so at substantial political cost that he had to weigh, because OEO was always on annual funding. Shriver had to maintain a level of congressional support in Congress and he couldn't do that too often. But as part of the deal that had been struck over the legislation, they agreed that there would be no veto on grants to institution of higher education, because the southerners were not expecting any trouble from, "Ole Miss" or the University of Alabama. Nowhere did it say that you could not give a grant to an institution of higher education in Massachusetts to do something in Mississippi. We reinvented carpetbagging, in effect. The only person who could have vetoed us was the Governor of Massachusetts and he didn't give a damn. I pointed this out to Shriver from the beginning
and it became a very important fact later on when we were starting here.

On June 11, 1965, we got word that the grant had been approved, finally, with the reservation that Shriver reserved the right to approve the final choice of site for the southern project. We opened Columbia Point on December 11, 1965, a year to the day from that meeting at the Holiday Inn in Greenville, and six months to the day from when we got the grant. I think we had some mystical sense that everything must be unfolding the way it was ordained because of the concatenation of dates. I learned some lessons. Columbia Point was relatively easy to do and organize -- lessons that were learned gradually. What we did at Columbia Point was what everybody else started to do both because of the community action and community organization requirements, which is we did, relatively speaking, instant community organization. There was a bond in the way OEO had organized all of this. You had to have a community group in order to apply for the grant. That meant you had to either find or create a community organization, and that meant that you did instant community organization or you hooked up with a community group that might or might not be representative. All of that set of problems that in almost every case, I think inevitably came back to haunt people and which we were subsequently spared here by the political troubles that we had in starting here, which meant that for two years almost, the only thing we could do was community organization. The combination of having that and John Hatch made
this one of the relatively few places that from early on had real community organization, bona fide, of poor people themselves, largely outside the existing power structures within the black rural community -- political power structures or civil rights power structures.

Meanwhile, people had started to recruit themselves both to Columbia Point, to work there in a whole variety of ways and, although there had not been a whole lot of publicity about it, the draft grant circulated through the Boston Housing Authority. Columbia Point was a Boston housing authority project. I got a call from this guy named John Hatch who was a medium-senior figure as I understand at the Boston Housing Authority, asking if all of the southern positions had been filled yet. I can remember in early 1965 or 1966, and I said no, and John came over to talk. Here was this remarkable man who had grown up in the South, who had grown up on a farm in the South, who had a whole career subsequent to that; who had been the student who brought the lawsuit to integrate the University of Kentucky Law School, and had been placed in a segregated class of one, and had become a social worker. He had been, in particular, acutely aware of southern immigrants to urban areas like Boston and recognized the possibility of intervention on the front end, and that it was culturally familiar, and John signed on. We were at that point in the process, indeed, at looking at a whole bunch of southern states and counties with a set of criteria. We wanted a place that was very poor, that was rural, that was very sick, that
didn't have a lot in the way of existing resources in terms of physicians, hospitals, other health care resources, and that would be politically feasible.

Politically feasible needs to be understood. Some of the worst places on the data were in South Carolina, but that looked very tough for a whole variety of reasons. There was a four-county area, Georgia counties are tiny, it was a four-county area in Georgia that really wanted us to come. The white doctors, I think, they saw a quid pro quo for getting their Hill-Burton Hospital. We were looking at that and looking at Mississippi. My bias had been from the beginning Mississippi. That is part of what I meant by being politically feasible. My feeling was that if we had gone to Georgia everybody would have thought of Atlanta and nobody would have believed it was as bad as it was. Whereas, if we went to Mississippi everybody would believe it was even worse than it was and we furthermore would have a command of support and attention that might not exist elsewhere as easily, simply because of Mississippi's record, history, reputation, and what had been happening. John has written a very funny article about his first interview with me and how he was put off by a question that I don't remember asking, that he may of made up as to whether or not he had ever picked cotton. He wondered what kind of job at Tufts Medical School I had in mind that involved picking cotton. The fact of the matter is John came on board and did the other half of the scouting. I did the professional scouting; John did the scouting of the black communities in the
areas we were considering. Georgia, I remember, the white
doctors were so turned on that near the end we had dinner all
together, including I think John, in a restaurant where John had
for the previous week had had to be served at the counter out the
back door which is where blacks got served. I remember when he
first came he lived in a turpentine camp in Georgia. He can
relate the experiences to you. When he first came to
Mississippi he disappeared for two or three weeks. I got very
nervous. When he came back, I said, "Where have you been?" He
had been picking cotton for two weeks, and doing a whole bunch of
other stuff in the Delta area. He was an invaluable resource in
knowing what the turf was, what the problems were, what existed
in the black community, the combination of his own skills, his
background in the region, his training, although it hadn't
involved health or health centers, which was great because it
added all kinds of things that conventionally trained health
educators or people in the health environment wouldn't have
thought of.

We started really looking closely at Mississippi. There was
a problem, as we understand it, and as OEO was then interpreting
the congressional mandate -- turned out not to be true, but
neither we nor they knew it at the time -- no OEO money could go
for construction. You could rent, but you could not construct.
You could rehabilitate. It was perfectly clear -- that
rehabilitation or remodeling -- they were willing to start with
the first brick, but you couldn't start from scratch. We had to
find a building, and that was what that brought me, after considerable floundering around in the Delta, to Mound Bayou. I heard from someone at Meharry that there was some partly completed buildings for what had been proposed as a junior college, the J.C. Campbell Junior College, that was in the Mound Bayou area. That sounded perfect, and I thought that I ought to come here and go look at them. In October of 1966 I came here. I don't know if they are still there or if they have fallen down. Here were these two totally unfinished, unwalled, concrete shells just slabs and posts sitting out in the field. It looked perfect to turn into a health center. As I thought about it, other advantages of Mound Bayou -- an all-black community and black government -- therefore, a degree of shelter from the state and a degree of physical safety for an integrated staff which in other areas might of been considerably more problematic in 1965 and 1966, the time we are talking about. All of which made it seem attractive. It turned out, in one of those classic maneuvers, the church that had started to build the J.C. Campbell Junior College had been ripped off by some white man that came to the Bishop and said invest the money with me. The whole thing was now in the hands of receivers. Some law firm in Jackson had offered to sell it to us for two million dollars or something outrageous. Meanwhile, that brought us to this area. The other substantial advantage was that there was this hospital, in fact two hospitals. What was then the Taborian and Knights and Daughters of Tabor, and across the street the even smaller Sarah
Brown that had grown up out of another society that had split from the Knights and Daughters earlier. The whole question of having access to a resource to the hospitalized people was a significant one, hospital privileges. It was just a beginning of the process by which southern hospitals were being desegregated under Title VI, because they all ran eighty-three cents on the federal dollar and there was leverage. However, what they were doing was furiously converting to all single rooms as a way of integrating. Indeed, I was on the review committee, to digress for a second, for HEW to observe or certify the integration of the Ole Miss Medical Center in Jackson. The director of the center, proudly took us to see Mississippi Medical Center's first integrated ward - and, indeed, there they were! A white man, two black men, and a Native American man. All in the same room, a four-bed room, and all comatose. (Laughter)

That was their beginning. At any rate, access to a hospital, that was important. John had talked to Anzie Moore in Cleveland. Anzie had warned him not to come Mound Bayou, in so many words. He said in effect that if it were in Mound Bayou he, Anzie, wouldn't be connected with it. It was advice that John and I had talked about many times since in view of the many subsequent kinds of struggles that we have had here. Meanwhile, it was beginning to be clear about this time that we couldn't construct -- we could do a lease rental. There were these firms that would build facilities for you and you could lease them, and that was okay under the law.
Having decided on Mound Bayou, we then had two problems. One was OEO and the other was the state, and they were closely related problems. I had very carefully never brought a grant into the state, a copy of the grant or grant proposal -- physically brought it in. We had some contacts in Batesville, a doctor that Jo Dispardy, the public health nurse, knew and when we were ready she left him a copy of the grant. The next day the Governor of Mississippi was on the phone calling the President of Tufts University, which is what we had anticipated in a way, although, not that rapidly. It hit the fan! The state health commissioner then was a man called Archie Gray, whose political idol was Theodore Bilbo -- literally, and that's not a rhetorical overstatement. Archie and all the others in the state medical society started screaming and raising hell, which is, in a way, what we anticipated. And because it was running through Tufts, and it was carpetbagging, I think they were aware before very long that they could not veto it -- that Shriver could override it; that no, they could not veto it -- it was a Massachusetts grant and not a Mississippi grant, so they couldn't stop us in any formal sense.

We kept saying over and over again that it was their data. Here is their data on the infant mortality, here's their data on communicable disease, here's their data on malnutrition. They kept making idiotic statements to the effect that they weren't seeing this. Archie Gray went and testified in Washington, or the doctors did. There was a very substantial uproar, and we by
design, kept saying, "What is the problem with taking care of poor people who are miserably sick and don't have access to health care? How can anybody object to that? It is quite clear that it is not being done with available resources". To which the best they could say was, "Well, give the money to us and we'll take care of it" -- all of this huge amount of money that was being proposed. We said, obviously, their record wasn't good and there were none of these other elements of community participation. This was at a time when the whole maximum feasible participation debate had erupted.

The Count and I called the State Medical Association after this controversy had gone on for a month or more. All around a Batesville I had identified a school that we might remodel, a northern Delta, a bigger town, six doctors, or whatever. We went to Atlantic City, the clinical meeting of the AMA to meet with the leaders of the state medical association; doctor to doctor and all very professional and courtly, silver service in the private dining room, and had this cordial long discussion in which they repeated all of the arguments about how it wasn't necessary and certainly it couldn't be in Batesville, and everybody was being taken care of. We politely repeated all of our arguments and then after about a hour and a half, I said, "I still really want to do this in Batesville. The only other place that we have looked at or even considered in Mississippi wouldn't be as good, but it may be possible, is Mound Bayou." It was like pulling a lever on a slot machine and seeing three lemons come up
in their eyes. They said almost immediately, "Well, if you have

to do it, and it's still a bad idea and totally unnecessary, but
if you really insist on doing it, that is the one place where you
could do it. So in effect, I allowed them to force us to beat a
strategic retreat to where we wanted to go in the first place.
Instead of starting with Mound Bayou and by starting with
Batesville.

That left us with the Delta Medical Society, the Tri-County
Medical Society and some of the state establishment, OEO, and
Shriver still to contend with. I went -- and it was a revalation
-- and spoke by invitation to a meeting of the Tri-County Medical
Society in Greenville. Meanwhile, having to struggle with
Shriver - approve it!, approve it!, approve it!, where we were
already getting going and his refusal, his stalling. I went and
spoke to this medical society -- there must have been one hundred
doctors there, and laid out the whole plan again, this is what we
plan to do, this is why, these are the needs. They then had a
vote. I was elated! The vote was fifty to one against it. The
one being the one black physician in Greenwood, Mississippi who
belonged I'm not sure even to the same society -- and there were
fifty abstentions. I knew what every abstention meant, that they
were for us. Furthermore, after the speech that evening, I
remember there was a banquet, a couple of times I went to the
men's room and doctors or others would follow me in and come up
and quietly say, "You go ahead and do that, that's a good thing
that you want to do."
What I realized was that there was a substantial reservoir of latent support that people were not about to articulate publicly because of the social costs to them, but that was there; and the fifty to one vote meant at the least an even split and a lot of support. I couldn't wait to get on the plane the next day, because I desperately knew I had to get to see Shriver because he had people there and this fifty to one vote was clearly going to get reported back to him as a terrible negative.

I went tearing in the morning up to Memphis and on to Washington and met with Shriver and told him what this vote meant, and what was really happening. He still stalled. A week later I came down with the vice-president of Tufts University -- I can't remember his name -- and we had decided what to do. I think Count Gibson came with me, and I'm not sure about John. We walked into Shriver's office unannounced, and he wasn't there, he was on the Hill. Said we would sit and wait, and then he couldn't come back to his office because we were sitting in it. I think it may have been the first sit-in at OEO or anywhere else in which a university vice-president took part, and this guy was in addition, phenomenal. Shriver's secretaries clearly informed him, and we said he had to approve it and here was the whole story or we would go public. Shriver sent Julius Richmond to negotiate with us and we negotiated and negotiated approval of this site. I can't remember what kinds of conditions that Shriver wanted, and we negotiated with Julia who would come running upstairs to Shriver's office and back down to us.
Finally, about ten o'clock at night we reached an agreement. I remember the moment and I recalled it to Julia very vividly, and Julia said, "Well, that's fine." He said, "We are agreed on all of this. The secretaries have all gone home. We will have to write it up and sign it in the morning." It was one of the times when journalistic experience was really helpful. I turned to Julia and I said, "That's okay Julie, I type a one hundred and ten words a minute, I will type it out right now and you can take it upstairs for Mr. Shriver to sign, and his face fell. I did it, and we took it upstairs -- he took it upstairs -- and Shriver signed it, and sent it back down together with a little note and a basket of fruit saying that this is in admiration of your tenacity, or words to that effect. I always remember it was symbolic, they were raspberries. At any rate, we did the sit-in and we got it approved.

The realization of the Delta Society and others was that there was nothing that we could do about it. Also, the message was there that if we were wise, we could get all kinds of support from the white medical establishment as long as we were willing to do it covertly, informally, without exposing them to formal arrangements, and therefore, the possibility of retribution. We brought an initial crew, John in particular, to Mound Bayou to begin. Under the rubric of the original grant without having a formal site selection, we had already begun and had almost a year under our belts which John can tell you about. It was really a struggle about beginning clinical services. I've talked about
our problems with state medical society and the latent support, and the latent support from the University of Mississippi Medical Center.

We had two other problems. One was physical safety in the region and the neutrality of at least on the part of the police and the sheriff's office, the more so once construction was beginning the health center proper and here was where my own past helped. I did two things simultaneously. I called in every journalistic chip that I had, and this health center and development were covered all over the country by everything from TIME magazine to NEWSWEEK to the New York Times, to the Associated Press. A lot of my fellow science writers had helped me get through medical school by giving me fat writing assignments that I would go and do on weekends while I was in medical school. They had kind of a proprietary interest also. The thought this was a good story, which in fact, it was. So, the publicity was a great shield in general. Secondly, I went and talked to the sheriff and said we were an integrated crew, and ultimately some of our people were going to start to live in Cleveland and other places in the county, and we knew that there were plenty of hostile people but that we wanted not to be harassed and we wanted to be protected. What he needed to realize was the amount of publicity that would result if nurses and doctors and other people involved in this kind of good works were attacked. The cost and the national disapproval would be enormous, and I would see to that personally.
We never had any trouble of that kind at all. That was even before, maybe simultaneously, with when construction was beginning and the appreciation of the amount of money this project was going to be bringing to the county. We really built the Holiday Inn in Cleveland with the number of people who came and OEO people and others. It was a little junior Holiday Inn. There was a generation of that kind of activity. Early on, during that period we concentrated on two areas in general. One was, community organizing, and John Hatch's skill as a community organizer and the organization of the rural poor themselves. The organization of ten local health associations, so that there was a very local character in the fact that organization began before they were put together as the North Boliver County Health Council for the overall governance and management in advisory capacity. The whole plan was that they would be developed and then would take ownership of the health center which they did in September 1, 1971, long after we had started. The grants always ran through Tufts because that was the protection each year against veto. The second emphasis was on training. We were scattered all over. There was an old abandoned movie theater in Mound Bayou. We used it as a place for the orientation and training of staff. We had another office of some kind that nurse midwives worked out of on the main street in what had been a little store front. We set up a whole training facility in the First Baptist Church in town. We made a deal with some other OEO program in Little Rock to send a whole group of people off for secretarial
and clerical training under some vocational job training program that OEO had in general. And public health nursing, which meant home nursing, home visiting being out in the territory and in the community. We were protected against falling from early on by these other struggles and delays of falling into the trap of the conventional delivery of clinical services as the bedrock and the core of what we did and what our approach was.

We had a problem with our own housing and finally rented or bought trailers. The search for that involved us in beginning to explore possibilities for the development of housing in Mound Bayou. The town is like many towns -- it's so different now. I would guess that eighty percent of the habitation, the houses in Mound Bayou when we came, were unfit for human habitation. What's happened is inconsiderably a consequence of our coming in the respect that it ended the isolation of these communities from all of the kinds of sources of help that attended black communities that were available to other communities -- federal and state funding programs. We had all of that under way.

Meanwhile, recruiting: as was the case with John Hatch and many other people, all sorts of people partly consequent to the publicity, partly to the strength of the idea, started recruiting themselves to us; physicians, nurses, and others. There was one man, David Weeks, who became our clinical director. He had spent the previous eight years working for Aramco in Saudi Arabia and his kids were getting older, and he decided that it was time to come back to United States and get into the mainstream. He came
to see me in Boston and I convinced him that the mainstream was in Mound Bayou, Mississippi. There was some of that, but an awful lot of self recruiting.

Something that's important that should be put into the picture; I mentioned Columbia Point starting in 1965 and that was a research and demonstration project -- OEO had no title for this. Fairly rapidly after these two health centers and that first grant were funded, OEO funded similar research and demonstration projects in Chicago, Miles Square, the Watts health center for Los Angeles, another in Denver, and one or two others. In the summer of 1966, Senator Kennedy came to look at Columbia Point and got very turned on. We went down to Washington together and with his aides drafted the legislation that created the OEO Office of Health Affairs and provided a hundred million dollars and became a structured part of OEO for the development of community health centers. It had become a national program. The publicity that attended that, and remember the student health organization, the ferment of the sixties, it all fit and here was a vehicle, and so people were learning about it from very early on. In addition, we started bringing down from around the country medical students, social work students and others. We had this network of recruitment but very short staffed clinically. We were having this struggle about building/renting/leasing health centers in the building and the money for it. Late '66 or early '67, while people really did not know what a health center was and thought it was something
like a hospital -- it was like nothing earlier in their experience -- I think we realized that we were getting to the point where we had to deliver clinical services in some way. We rented a little Church of Christ parsonage just off route 61, just past the high school on the other side of town; about four rooms and started clinical service. I had recruited heavily given the data that we had. We had gotten funded for total census of northern Boliver county and we have that package and data. That was the Pellela - Lamontville community oriented primary care influence to get the demographic and epidemiologic base. So we knew the whole variety of things from housing to incomes to education to resources that are in that census. We had also done a health survey on a sample. I had recruited pediatricians on the basis of those at data and this is what happened. We started in this church parsonage with the living room as a waiting room, a bedroom as an examining and consulting room, and a kitchen for a laboratory, and said we are open.

People did what they always do, they sent scouts to see what it was about. The first day we saw eight people, the next day we saw twenty people, by the end of the week the word was out and there was a hundred people trying to come through the place. At the end of two weeks, it's a message about the seduction of clinical work. Despite everything that I have told you about, we sat down with some people from one of the local health councils and said, "How are we doing and what do you think of the health service?" They said, "Oh, the health service and the doctors I
saw in there were just fine, but you know, we think we would be healthier if you had something to eat - can you do something about food, and can you do something about the fact that there are holes in the roofs of the shacks, and it's winter time and it freezes when it rains in, and the kids don't have any shoes to go to school, can you do something about those things?" In two weeks of clinical work -- and this is a seduction for doctors and all health people -- we had been not only overwhelmed with clinical demand but led away from the very principles upon which we started.

That was when we got into what became this very famous if transient experiment. We sat down and looked at it and realized we were seeing an enormous number of kids with infectious disease and malnutrition, and they were synergistic. There was no food stamp program in those days. Boliver County did not have a commodity surplus program. Welfare was inadequate and an awful lot of people did not have it. We decided that wherever we saw children in that circumstance, we would provide them with food; so much milk, so much eggs, so much meat, so much vegetables. We'd do it by writing them a prescription for food; this food literally as an Rx. We made a deal with grocery stores in the ten local black communities that we had health associations in and that we served in our area -- that the grocery stores would fill those prescriptions and send us the bill and we would pay for it out of the pharmacy budget. We also knew that there was no mother in the world that was going to feed one kid and let the
other four look, so in effect we were writing -- knowing that she would share it -- family prescriptions for food. Nobody abused it and it was obviously a stop-gap, but it worked extremely well.

After about two months, OEO came down. I think word had got out. Literally sputtering and the steam coming out of their ears and yelling and waiving their arms and saying, "How could you do this, what do you think you're doing, you can't use a pharmacy for that?" I said, "Why not?" They said, "Because a pharmacy is for drugs, for the treatment of disease." And I said, "That's right, and the last time we looked in the book for specific therapy for malnutrition, it was food." They went away because there was nothing they could say to something that stupid but that true! We knew it was a stop-gap.

Remembering Pellela, which had big demonstration vegetable gardens and knowing that a lot of people had access to a piece of land, John went to the local health associations and said how many people would be interested in a vegetable garden? We thought we would get fifty or sixty people, and about a thousand families raised their hands. John sat down and thought it over and we decided that if there was that kind of resource and there was all of this land and people with agricultural skills that we should try to organize a farm cooperative, and rent or get foundation grant to buy land and grow food instead of cotton. John can describe all of this in great detail. That was the beginning of the farm cooperative, and the true nexus of organization and the empowerment of the poor in many ways because
it was such a direct involvement; there wasn't any grant. I think it may of run initially through Tufts as a shelter again except that it had OEO money, but it was poor directed.

THIS IS THE END OF TAPE 2, SIDE A

THIS IS THE START OF TAPE 2, SIDE B

This was quite remarkable. We had to be chartered as a not-for-profit corporation here in Mississippi for all of the obvious reasons. Mississippi was the last state that still had a law not yet overturned by the civil rights lawyers that said charters for not-for-profit corporations had to be signed by the governor. Of course, the governor would not sign for us. The only alternative was to organize ourselves, because there had to be a recipient organization here. The only alternative was to organize ourselves as a charitable trust, which meant we had no corporate protection. Six or seven of the trustees of Tufts University put all of their assets in their wives' names and signed on as trustees of the charitable trust for the Tufts Delta Health Center of north Boliver County so that we could do it. I thought that that was unparalleled in many kinds of ways for involvement.

Secondly, and this is a little further on, but we began to look for kinds of leverage that I think many other people with OEO projects and grants may not have fully recognized. We had a budget by this time just for the Delta Health Center that was
coming up on somewhere between one and a half and two million dollars a year. Here was the situation in Mound Bayou and all of the other black towns in the Delta and the region; miserable housing, and blacks couldn't get a mortgage to build a house, except either with a white co-signer and all of the costs that came with that, or under the table at usurious interest rates of one kind or another, and the whole set of socio-economic problems that went with that. We suddenly realized that we had two million dollars of leverage if we chose to use it. By this time the health council had been formed, the ten health associations.

With the leadership of the health council, John and they went to all of the banks and said we have a cash flow of about two million dollars a year and we are looking for a bank to put that in. For the moment we have it in Memphs, but we would like to do it locally. However, we were looking for a bank that will open a branch in Mound Bayou. We are looking for a bank that will employ black people as tellers and in other jobs other than mopping the floor, and we are looking for a bank that is going to give mortgages to black people, in particular our staffs with secure jobs, on the same terms as to anyone else. The smallest, previously most racist bank in the region, the Bank of Boliver County, jumped at it because whatever kind of trouble they had with black they didn't have with green. You will notice there is a branch of the Bank of Boliver County sitting on Route 61.

That tied into something else. We had money in our budget for meeting places, for the rental of community facilities, and
offices for the ten local health associations. We stopped and thought about that and this rental was going to go at best to black middle-class people, mostly to white people, for the rental of properties that they owned in order to have an office, and there was no long time gain in that. Now we had this leverage in the bank, so we went back to OEO and said we want to convert this money. The local health councils will go to the bank and get a mortgage for a building of their own and then we will rent it from them, and they'll own it. Instead of renting it the way we were, our rental money will go for them to pay off the mortgage.

What that meant, in addition, was that they had a secure place to meet; they had a secure telephone. People were still tough—civil rights time! They now had ownership of their own property. Very often what they did was buy a pretty junky piece of property and turn out the whole community to fix it up; paint it, clean it, plaster it, and put furniture in it. There was the conscious use of leverage. There was also the organization of poor people and of the farm co-op itself. We just kept finding more things to do, and OEO in those early years and some help from foundations kept funding them. That is, starting a whole environmental health service. There were no water supplies for all of these towns. We dug wells. Water table at that time was only twelve feet down. Originally, we had a huge strong man that sawed a telephone pole in half and put handles on it and pounded pipe into the ground. Later we got a well-digging machine, and all over Boliver County you would see these orange-handled pumps
that we had installed at a simple protected well for water. Working again with local health associations and local people, we built sanitary privies. Most people had sunshine privies above ground draining into the drainage ditch, and over and over again we would see kids with infectious diarrhea, and dehydration, and moribund, and three or four days in the hospital being treated with antibiotics and rehydrated. And then go back to have the same experience all over again unless they were lucky enough over enough episodes to develop immunity rather than dying. It cost seventy-five bucks to dig a well and about the same to build a privy with local labor. Hospitalization in those years cost anyways $600 for that length of time.

So we got funded. We got a black environmental engineer, Andrew James is the director of environmental services, and we expanded into first of all, the well-digging and water protection and sanitary privies. Then again, by creating a tool bank with the local health associations; home repair, screening, Pellela type analysis, all kinds of kids with burns in the winter and realizing that people had tin stoves in the middle of their shacks. The kids were cold and got up next to it and their clothing caught on fire, so we worked out a way to build little fences around these stoves that protected the kids from getting too close, and the burns stopped. Meanwhile, the farm co-op was becoming a truly huge venture. We got a psychologist and started mental health services together with social work. She ended up starting to be called by the white mayors and police chief in
Rosedale and other communities as a consultant to them. Particularly for black problems, clinical kid problems that they were having; although she was white. All of these towns didn't have resources. Again, Rosedale and several other towns calling Andy James, our environmental engineer, for consultation about what they should do for their water and sewer systems; having a terrible trouble getting to call him "mister," but needing the help and advice. Recognizing after the Shaw case, we remember there was a civil rights suit, a federal court suit that said that towns like Shaw in Mississippi had to provide the same paved roads, water and sewer systems in the black part of town as they did in the white. We saw the need for legal services and got funding for a legal services program. Mostly for people to have access to the kinds of state and other federal programs as well as for personal legal services mostly dealing with problems with poverty and race. We were into the environment, food and the farm co-op, and started two kinds of an education program because from early on we had been into training. We decided to start a high school equivalency program and a college preparatory program. Our professional staff taught in the afternoons and at night. We went across the state to a black junior college in Meridian and got ourselves certified as an extension service, the Mary Holmes Junior College, so that credits could be given and we were an accredited agency for teaching. All kinds of people started to come and get their high school equivalency certificates. These communities were so isolated, we had
contacts of all of the schools in the North that we started getting scholarships arranged to send kids to.

Then we did two further things. We were renegotiating the next grant with Tufts, and Tufts was getting what I regarded as an outrageous overhead of something like eighteen percent. The point was that the real overhead cost were about four percent, because every paper clip, every expenditure was in the budget down here. All Tufts really did was keep some of the accounting records. So I had a conversation with the dean, who was a pretty good guy and said, eighteen percent of what was for the two grants, now an excess of four and a half million dollars, Columbia Point and here, not counting the farm co-op, was very substantial. I said you are going to do two things. There is ten thousand dollars or more that is going to go to the health council at Columbia Point and there was some other equivalent sum of money for the North Boliver County Health Council for their budget. I also said, you are going to set up a, this is pre-Bakke, a separate admissions program to the medical school for the communities or regions we serve, and it is going to have a separate admissions committee, and you will set aside seven or eight -- I forget what number of places -- and they agreed. We found from here and from neighboring counties and some from Jackson in that first year five black students, three of them from this county, who were admitted to Tufts Medical School. With that we set up as part of the health center a formal office of education. A man named Clay Simpson, who has since gone on to
be the head of minority of health education for all of HEW in a formal way to do counselling, college applications, scholarship applications, connections with prep schools, universities and other programs. Andy James started a program under which I think five people, graduates of his course of which I will come to, got environmental engineering degrees from the University of Cincinnati. What he did was bring in faculty, people that he knew from all over the country and organized a six- or eight-month long training course here, which led to our producing the first twelve registered black sanitarians in Mississippi history, who promptly went down and joined the sanitarians' association of Mississippi.

These ventures just escalated. Dr. Dorsey got her high school equivalency certificate from the health center. Later, when the program moved to State University of New York of Stony Brook, the health council negotiated an arrangement with Stony Brook, with some help from me, which provided an even more substantial number of scholarship places for people from here, both at the University and the health sciences center. Dr. Dorsey, with her high school equivalency certificate, was admitted to graduate school of social work, she just skipped college. She graduated with honors. A whole slew of other people from here went and got training as social workers, in the main allied health professionals, and I think some in clinical psychology. There were people who went other places. [Interruption]
I think in some ways that educational investment may have been the most important single thing that we did. I'll come back with a parallel in South Africa in just a moment. Education, the farm cooperative, environmental intervention, and community organization, these were I think the most powerful parts of the program, and substantially more important than clinical services, per se. Clinical services were important. What they were all demonstrations of was a part of the synthesis that I had finally started to see at that meeting in the Holiday Inn in Greenville, which is that health and health services can be a highly effective source of intervention for social change. It follows from an earlier premise for populations in these circumstances. Health services are not the primary determinant of their health status. The primary determinant of their health status is income, and environment; physical, biological, and social economic environments. The question, therefore, is instead of just standing in the revolving door grinding out clinical health services, is how to use health services to intervene in these other arenas. Number one, that means defining health services more broadly so that it includes environmental interventions, community organization, food, nutrition, water, and even more broadly education and training. The second is to recognize something I don't think has been recognized before, is that health and health services are particularly useful points of intervention for social change for two reasons. Number one, it has salience to the community that you are trying to organize.
It is not a relative abstraction like voting rights. Sick kids, sick adults, and sick old people are real. While health services are almost never the first priority if you get a community list as priorities; income, jobs, food and housing, but it's always in the top five as relevant, so it has salience. Secondly, health services have sanction. In English you can get away with all kinds of things under the umbrella of health that would be much more difficult to do otherwise. When we organized the farm cooperative, which sounds suspiciously communistic in the Mississippi environment, when we were first doing it and first applying for funding for it, and talking about it to agencies, we didn't call it a farm cooperative. We called it a nutrition demonstration project. That sanction, the umbrella of health, made an enormous difference. Appeals for equity and justice at least in those years were more powerful in the arena of health and couched in terms of the health of people and sick people than those appeals might have been in other the arenas. So this was the conscious use of health services as instrument of social change. That's what we were, in many ways, about.

One of the reasons for doing what we did with the local health associations in leasing the space from them is that there were huge restrictions on what OEO facilities could be used for in terms of voting registration, political organization, and the like. If we had gone our original route, none of that could have been done. We leased those local health associations called contact centers, community centers -- we leased them from them
from eight to five. So what they did after five o'clock was they could register voters, they could have political meetings and it was no violation of OEO. We just grew in all of these ways under John Hatch's aegis. Many of these ideas came from people who came to work here.

We were simultaneously, directly or indirectly, training other people. Aaron Shirley and Bob Smith came up here clinically to help out. Aaron Shirley went back to Jackson and started Jackson Hines Health Centers and has just developed it in all kinds of ways ever since. Others of our people became the first clinicians in health centers elsewhere in Mississippi. Mississippi has an uncommon number. We trained a whole set of people that were developing the Lee County Clinic in Marianna, Arkansas. There is an equivalent of John Hatch named Olly Neal who's now the district attorney in charge of the cops that used to chase him around the county, which has always given me some pleasure. We trained a whole set of the people that operated the Beaufort-Jasper health center in South Carolina and was one of the best environmentally. We had so many visitors that we had to have a visitors office and hire somebody to take people around.

John Cassell went back to Pellela about ten years after it was closed and said the one residual effect that he could see was not in health status particularly; it was that there was a higher level of educational achievement and educational aspiration in that district than elsewhere. One of the things we're engaged in and tracking down now is that there is beyond our initial efforts
with Tufts and medical school and this variety of other kinds of
programs, we know something about those initial efforts. There
are five black Ph.Ds from that initial area. Two Ph.D. clinical
psychologists from Alligator, Mississippi, population 900. Three
others in other fields. Two are professors, one at the
University of Minnesota, the other I think at the University of
Alabama. There are at least seven physicians out of that initial
crew. There are about fifteen social workers. There are about
twelve RNs. There is a substantial number of people who moved up
from LPN to RN. That's all a consequence in the main of our
original intervention, and I have only touched on a little of it.
What we are now aware of, for this region, this county, is a
disproportionate number of second generation people who are going
into health careers; pharmacists, nurses, doctors, x-ray
technicians, and so on. It is the same kind of second generation
effect, we think, as John Cassell was seeing at Pellela. The
role models, the assistance, and the experience with black health
professionals that many people had not seen earlier made a
difference.

Mississippi was changing at the same time. This is not
unique to us. At the time that we came, there were maybe twenty
black physicians in Mississippi. There are now close to two
hundred. Aaron Shirley tells me that he thinks most of those
people had their first contact with a black physician through
community health centers. Directly or indirectly, this has made
a difference in terms of the educational aspirations and
educational achievement of people. For the longer term, that may
be one of the most important consequences of this intervention.
We started an early child care, pre-Headstart program. We
started a bus transportation system because of the problems
people had in getting to the health center, which was managed by
the health council. Everything new that we started we tried to
put in the hands of the health council rather than the health
center per se for the managerial and other experience. We
started a home health service, this was partly of necessity,
because we had limited access to hospital beds. What we
discovered -- and again, some of this is in the film -- is that
you can take care of quite ill people given the strength of
family and extended family with a home health package that we put
together. It consisted of a panelled truck, a fold-up hospital
bed, sheets and linens, fifty gallon or more drum of clean water,
chemical commode, if necessary, an IV pole, dressings, and other
things, and then every day a public health nurse or a nurse aide
would visit. We have footage of a little girl with a really bad
case of encephalitis who was comatose, tube fed at home by her
mother, given a range of motion exercises, bathed and cared for.
The nurse taught the mother and helped the mother take care of
the child; we bought in the bed and all of these other supplies,
and the child recovered fully.

People learn skills in addition as a consequence of
organizing things this way. I think there were longer term
effects. There is a limit that I think I should mention. It
became clear to us particularly through the experience of the farm co-op, that the government and society in general were willing to support palliative interventions of all of these kinds but drew the line at capital creation and capital involvement. The obvious route for the farm co-op, which could produce substantially in excess of the needs of its members, was to produce food for export. We realized that there were so many southern migrants who had gone to the urban ghettos that there was -- and we knew about farmers markets -- might indeed be a substantial market for canned soul food. We had help from Mississippi state agriculture department and all kinds of other people on the farm co-op itself. We went up to see the people from the Jolly Green Giant in Minneapolis and we got their permission to create a label called the Jolly Black Giant and we were going to can and market soul food in northern markets out of the North Boliver County Farm Co-op. We didn't have a cannery. A cannery forty miles from here that had been in white hands was built entirely with economic development and federal money and went broke. We asked to take it over. No way! That would have made the most enormous difference in terms of making a viable, black-owned enterprise. Instead of which, there were all of these little ventures of the little bicycle factory that ended up sewing jeans and stuff of this kind. Cottage industry kind of stuff, but never any real capital acquisition and capital development. So that was an important limitation.

Let me back up and talk a little about social class
difficulties with the black community and within the black community that started here. Early on there was uniform enthusiasm and support. A lot of this was seen initially as support for the Taborian hospital and the little Sarah Brown across the street; both of which were in the late stages of financial distress and disaster. Nobody should denigrate the enormous job that the Knights and Daughters of Tabors had done, starting in the 1940's. The only hospital beds for blacks in the Delta were in somebody's basement. There were white physicians who operated separate facilities for blacks. I saw some of them -- they were atrocities. Nickel and diming out of their start is a burial insurance association in the traditional sense. They created, the Knights and Daughters of Tabor, a kind of hospital insurance, and built the Taborian hospital. It got some help regularly over the years from the Meharry medical school in terms of staffing, but they operated it. By the mid 1960's when we were here, partly, probably mostly because of the huge economic decline in the Delta, all of what had started happening with mechanization and one double-row cotton picker replacing 100 people, their economic base had eroded enormously. Secondly, with the advent of Medicaid and Medicare and access to other facilities, the Taborian became less important. The whole operation had bad accreditation problems and the need for capital to upgrade. We were seen among other things as a mechanism for bailing them out, which we were, which we saw as in our self-interest because clearly we would need access to hospital beds.
I can remember out of the early grant in 1966 renting the Taborian residence facilities for nurses, one of the best brick houses in Mound Bayou, three-story house along in front of the railroad tracks, for $25,000 a year or some mechanism of that kind simply as a way as transferring money to the hospital. There were two black physicians in Mound Bayou; Dr. Burton associated with the Taborian, and another doctor associated with the Sarah Brown which was this even tinier hospital that had split off from within the Taborian. It belonged to the United Order of Friendship, a rival organization. What we set about, was getting the hospital to be OEO funded. Even before that we had had our first intimation of difficulty. There was a thing called the Mound Bayou Development Corporation. It was in existence when we came or shortly thereafter.

Until we got funded fully, chartered, incorporated, and approved by Shriver and all of the rest that I described, I took an option on twenty acres, the land that we are sitting on plus ten acres behind the old health center building, from a Mr. Latham who owned this land, as a good site for a health center. As kind of a gesture and a way of giving some help the local way, we had the option drawn to and held by the Mound Bayou Development Corporation. I forget exactly why that was, but there was some action in it for them. Meanwhile, we had started all of these other things and had more than asserted our own independence with regard to hiring. People would walk twelve miles and sit in our front yards when we got up in the morning
looking for jobs. And made it clear -- I think this was also central beyond class, it was also regional -- although, Mound Bayou seeing itself as middle class - they were co-terminus, we said we may sit in Mound Bayou, but we are accountable to northern Boliver County and to all of those people, who are a far larger number of people out there, who are the rural poor. That was a double blow, because the view of the middle class in Mound Bayou was, if it was in Mound Bayou then it is for and by and of Mound Bayou primarily, and secondly, that they should run it, that they should in the classic way have control over the jobs, money and so on. Even beyond what I said, there is some real economic roots that I'll come back to that aren't unique. We had demonstrated that we were organizing poor people, we were giving jobs to poor people, we were doing this independently, there was not a whole set of people who were not from Mound Bayou, but from all over the county through the health associations that were running things. It came time to build a health center and take the land for the Tufts Delta Health Center in the North Boliver Health Council, and the Mound Bayou Development Corporation, which by then included Earl Lucas, the mayor now and for many years, said no they wouldn't turn over the option except on condition that they owned the land and ran the health center. I remember ultimately two aspects of that, and I think they thought really that that's what might happen.

When it became clear that there were no other ways around it, I called a meeting of all of the staff, we must of had fifty
or sixty local staff by then, and explained the situation. Most of them knew about it, a town like this everybody knows everything. I said if this didn't get resolved we would simply have to go elsewhere and that we could do that. It was true. It also meant that there were a hundred people who had what they thought were extraordinarily good jobs that had steam in their ears. I understand then that Mr. Latham himself went around the town and to all of the board of the development corporation explaining that he didn't see what the problem was. It was his land and Tufts' money, and what did they have to do with it, carrying a shotgun on his shoulder. We worked out a face-saver that the development corporation would not turn the option over to us but give it back to Mr. Latham, which they did, and he gave it to us and we concluded the sale of the land.

Earl Lucas was then heading a poverty job training program of some sort called the Star program. His initial proposal was that the Star program do all of the employing for the health center and all of the job training. We said, no, we were not going to do that. In addition to the unique roots of this in Mound Bayou and in this existence of a middle-class here to an extent through the Taborian, through the parochial Catholic school which was here, and the route for people to Xavier and other Catholic colleges, to the burial home, the local telephone company, this small insular pond with its middle class, there was added something else; which is, by law we paid federal minimum wage. So we might hire a woman out of a rural plantation shack
who then started making almost as much as a Mound Bayou high school teacher. Indeed, one of the things we discovered is there was this consistent pattern because it was an available niche by the black middle class of exploitation of the black rural poor. To some real extent the Knights and Daughters of Tabor, the burial insurance and particularly the hospitalization insurance, and without control by the membership at all, represented that kind of exploitation.

There were a variety of others. One of the things we discovered out of a series of events was that black middle-class men, clearly married men, would hire women out of the shacks to come and work as their domestic servants at minuscule wages, far below minimum wage. One of the things that turned out, that not infrequently went with this, was the requirement for sexual favors. How we learned about this was when we had hired one of these women as a nurse aide or whatever at minimum wage and as soon as she got the job, whoever the man was from Mound Bayou came around, she told him where to get off. That man turned up at Mound Bayou that weekend intoxicated and waiving a gun and looking for Mr. Tufts because he was going to shoot him for taking his woman away and he got directed to our house of then black health center administrator, Paul Reese, a black hospital administrator from Baltimore. He was very dark skinned and came as close to turning white as I have ever seen anybody black turn.

This man was carrying around with him a gun, but it was a revelation of the changing dynamics that were going to occur any
where out of this requirement of minimum wage and what it was doing to the existing class structure. Not merely in status but also in plain down right economics as well as these questions of political control. Despite our help to the hospitals, the hospital became the Mound Bayou middle class's tool for kind of a next phase which was attempt to gain control of the health center and the health center budget by incorporation.

But even earlier there were other difficulties. When the health center was being built, it was these lease rental units that we had found from a company in California or someplace. Sixty foot by twenty foot sections that came down the road and had been put together, but there had to be a big foundation and plumbing and wiring. A crew from Watts came to do the foundations and the plumbing. It was out of a whole black employment network. They came and talked to us and said, we are posting guards as best we can but you have to really hire guards around all of this work on the foundation. We said, why? They said that somebody local, we later learned it was one of those physicians, came and offered us $5,000 to blow it all up. It was seen as a competitive threat.

OEO meanwhile proceeded, with our help, to try and reorganize the hospital and required that the two hospitals be merged because it was insane to have two. In fact, that it should have the structure of a community hospital with a community board and elections and poor people. Really, to get the grant, we had to say yes to all of that. John Frankle, the
head of the office of health affairs at OEO, literally owned the hospital himself at one point, it got so tangled. The new structure was set up as the Mound Bayou Community Hospital. They totally could not see why there had to be a community board, why the Knights and Daughters of Tabor didn't continue to run it, why they had to do all of these other things, and ultimately set up some sort of fake mechanism in which they effectively maintained control. With that accomplished, the objective became control of the health center by making the seemingly obvious argument for merger; why should there be two separate grants for health facilities in a community of this kind, and they should be merged, and of course we are the indigenous organization. Either in direct demands to take over the health center or in demand for merger on the grounds that they were indigenous and we were the colonial interlopers, they made almost ceaseless attempts.

I remember anticipating that they would go to see the board of trustees at Tufts from some kinds of clues that we picked up on. Not even John, with his good connections, was sure of that. I went up the day before and was sitting with the board of trustees when indeed they came in. They went to OEO and there was an early point, about 1968, when OEO was going to either merge us or give it to them, I can't remember which way it went.

The real head of OEO Office of Health Affairs, Joe English, was in Alaska and I remember first hearing of this going to OEO, being called to a meeting there, and I remember Earl Lucas and the whole crew from Mound Bayou were sitting around the table at
OEO and without any previous discussion of what this whole meeting was all about, OEO put it to me that they should take it over. I can't remember under what aegis -- the hospital or the Mound Bayou Development Corporation -- I remember that this was a cause of bitter disappointment. There were people there that were clearly convinced that we were the colonials. Furthermore, they had at the least disrespect, at the most discomfort with rural poor people whom they intended to see as "Toms" or in very stereotypical ways as manipulable. It was very clear that there were people in OEO as many other places I'm sure who were gratified by Mau-Mau. They really liked the people who came and talked militantly and that's what had happened here. What I said at this meeting was, well, that's a matter for the trustees of Tufts University and it's going to be perfectly alright with me if it's alright with them, because I wasn't about to engage in the dispute at that meeting. I met with some of them afterwards and said, "You are destroying us and you need to understand something about who these people are and what the attempt has been." They said, "Well at least they are from Mound Bayou." I said, "That that's not good enough." There was no conception, furthermore, of rural Boliver County. The Mound Bayou crew had taken those words of "that's okay with me if it's okay with the trustees at Tufts" as carte blanche that it was going to happen, and they came back, we later learned from John and L.C., and were distributing the jobs; you're going to be health center director, you're going to be clinical director, you're going to be director
I was talking about some of this conflict that was going on at OEO. On my way back here I stopped at Meharry. Meharry, through its involvement with the hospital, had always felt somewhat competitive. I think was to some extent distressed at the amount of publicity and attention that Tufts was getting when it saw itself having rotated surgical residents through the hospital, who in many ways a mainstay of the staff even if they were just residents. It felt that it had been making this unacknowledged contribution for many years. At one point in conjunction with this move at OEO, Matthew Walker, their head of surgery, had apparently been at the meeting. I didn't know that until I got to Meharry. I was so disgusted and worn out with all of this that I went to Meharry and I said that this is what just happened - Fine! - Why don't you take it all over? That was when I first learned that Matthew Walker had been at this meeting. He said, "I told them not to do that," and so on and so forth. They said flatly Meharry did not have the resources, didn't have the commitment, didn't have the will, and couldn't do it. Somehow Mound Bayou, even Meharry, and a variety of others, I think, had the illusion that Tufts or the people with Tufts would just continue under any arrangement as kind of employees of the Mound Bayou Development Corporation or the town of Mound Bayou. They
had no conception of the real difference in orientation in terms of community organization and development and poor people's development as compared to Mound Bayou proper and this sense of entitlement, that it's ours and should be ours, belongs to and should be run by Mound Bayou because it is in Mound Bayou.

I remember going to Memphis and sitting down in Memphis because we had at that time still a local three-switch board operator phone system out of Fibber McGee and Molly where I would call for Boston and ask to talk to Dr. Hansen. The operator would say "Is that you, Dr. Geiger?" And I would say, "Yeah". She would say, "You're not going to get him at home, he is over at so and so's house". The Boston operators would be fascinated by all of this, and they would say, "How do you know that?" I would say that I heard them laughing in the background when I put a call through to there a little while ago, and then they would ring. So I went to Memphis and I tracked Joe English all the way through the state of Alaska and back to the United States -- just tracking him down from his trip. Finally, I reached him and told him what had happened, and said I was coming down with the dean of Tufts medical school two days later to discuss this. I walked in with the dean, who was very good, and confronted the OEO people, and said, "Tell us who you are going to get to replace Tufts, because if you do this we are out of it." That was the end of it, at that time, at any rate. It caused the most bitter disappointment in Mound Bayou when that word came down because they had handed out all of the jobs, and could see it and taste
it and somehow at that point thought that they had won. It was a ceaseless attempt and venture. It's worth again in talking about OEO and strategies and what was good and what was bad. OEO had been very supportive of all of this. As health centers multiplied and grew and they gained experience and had good professional analysis, and supported in general all of the extensions of other activities; although, we ran some of them with foundation grants and really bought that comprehensive health services picture, although I don't think anywhere quite as comprehensive as here. Yet, they had difficulty meeting with genuine rural poor. I don't know about urban poor, but I sure know about rural poor. There was a conflict about some of these activities of the health center, of the health council, and I think some of this Mound Bayou conflict in the health council wanted to meet with OEO, and OEO wouldn't come or respond.

John, as he can tell you, built the local health associations very heavily around an organization model of the black church -- reflects a lot of his subsequent work in North Carolina with the North Carolina Baptist Convention. Not only was the church a core institution, but it was the one institution where rural black people had managerial experience and cultural familiarity. So we had organized around the model; although, not tied to any single black church. I remember a struggle which I had with OEO which was demanding elections for the local health associations. Somebody in one of those local health associations asked about elections, saying you're asking me to choose between
my cousin, my aunt and my niece. I'm not going to do that in public in an election. We finally convinced them to let us work out a consensus arrangement.

At the entry level jobs in particular, we had probably fifteen or twenty applicants for every position. How do you choose? Here were jobs where almost everyone had the basic qualifications. What John did was turn these decisions over to the local health associations. What they did, in a remarkable process, I doubt matched many places elsewhere, is sit down and they would run through on basis of what they knew: and Mrs. Smith's husband died and she has three young kids. But someone else would say, "Yeah, but she gets a lot of help from her brother in Detroit; he sends a check every month." Then they would weigh relative need on the basis of what they knew, and they made the decisions as to jobs. This is not only the antithesis of patronage in Mound Bayou elite, but it also meant that there was community consensus on who got work, in a way we could have never have done ourselves because we did not have access to that kind of information.

Back at this other conflict, and John can tell you about it in detail. The health council then decided they would call Washington and go see the OEO. And they called up and made an appointment, and they couldn't say no to that. A crew of people from the health council went up to Memphis -- for many of them them, the first time out of the state, and flew to Washington -- and the first time in a plane. John said there was a lot of
Bible reading on that plane. (Laughter) The crew checked into a motel and John remembers either Mr. Brown or Mr. Crockett calling him from the motel lobby at 4:30 - 5:00 the next morning saying, "Mr. Hatch, Mr. Hatch, did we come here on some kind of a holiday?" John saying, "What do you mean, what's the matter? He said, "We went out to get something to eat and everything is closed."

They went in that morning -- I wish John had made a tape of this -- and went up to OEO comporting themselves with great dignity to this great oak-panelled, major carpeting, huge conference table, conference room that OEO had. Mr. Shriver and a bunch of the other folks came in, people comporting themselves really with great dignity and everybody is introduced presently.

Mr. Shriver said, "Well, let's begin." Mr. Crockett, the head of the health council, got up and said, "Well, in Mississippi we begin our meeting generally with a song and a prayer." They burst into song, singing really loud. John said the secretaries came wondering by, looking in, "What is this noise?" Then they started a prayer. Mr. Shriver knew to bow their heads and Mr. Crockett prayed, and John said he prayed a good Mississippi prayer and it lasted about fourteen minutes. John said about after the first minute or two, Shriver and the others are looking at each other - what is this?! What Mr. Crockett did in his prayer is lay out all of the problems and disputes that had caused this meeting and brought people there, and briefly gave their history. Then he laid out all of the solutions that the
health council wanted, and then implored the Good Lord to give these people the wisdom to see what ought to be done, said Amen and sat down - you didn't have to have the meeting. It was one of the best examples of the use of a cultural tradition for new purposes, effectively, that I have ever heard of. But OEO wasn't comfortable with those kinds of contacts and that kind of procedure and those kinds of people. They were much happier, like I think a lot people in that period, with militance and unable to distinguish between militance and pseudo-militance. A lot of people had learned militant rhetoric very early and they were in fact more likely to be middle-class people than poorer, less educated -- no matter how militant, poor and rural people. People like Anzie Moore were much less likely to be received, applauded, understood, or rewarded, it seemed to me.

R.K. So at that point it is a class problem?

J.G. Yes! Indeed, that whole struggle within Mound Bayou was in many ways a class problem, piled on top of the unique history of the town and the organization's development. Indeed, some of the very things that had brought us here, the hospital and so on, being available resources but also middle-class instruments; the dislocations created by the minimum-wage structure; the dislocations created by the development of organizations that had million dollar budgets that were not under the control in terms of patronage job selection or anything else -- not under the control of people who were ordinarily in control, and a crew of people who had learned or believed
militant rhetoric but saw this as their own entitlement in many kinds of ways.

I should go on to just a few more things. In 1971 I was recruited by the then new medical school, the state University of New York in Stony Brook. After a lot of reflection -- I think for not very good reasons -- and it was a bad decision. At any rate, I decided to move to Stony Point. Tufts agreed that it would continue the grant operation for Columbia Point; it had some advantages for Tufts, but that the grant would have to split, obviously. What I did was come back to the health council and said, "This is what I am going to do. I have guarantees from Tufts that you can stay with Tufts as the umbrella for the grant; or I have guarantees that you can go to Stony Brook; or you can look elsewhere for a medical school and university affiliation. The health council with some help from the professional staff here, but for all of the core parts of it, on their own, proceeded then to do something which I think is unparalleled. They made site visits to Tufts, Stony Brook, the University of Wisconsin, Meharry, and at least one other school. They made reverse site visits during which they negotiated with these institutions to see what kinds of arrangements could be worked out if the Delta Health Center affiliated with that institution.

What I mean was how many scholarships, what percentage of the overhead, what other kinds of support would students and other people be sent to help support and staff the operation and on what terms. I don't know if there has ever been a project of
this kind that went and decided it would choose among universities rather than the other way around. They didn't go as supplicants; they went with a clear idea of what they wanted.

The finalists were -- and I made it clear, "You're not my baggage; this is where I'm going; you can come with me, but you have a lot of other choices -- Stony Brook and the University of Wisconsin, which was a big support for the farm co-op, had sent students down and had been helpful in other ways and indeed, had offered some help to the hospital. By a narrow margin they chose Stony Brook, I think on the strength in the main of all of those promises of scholarships admissions that were made, which in fact, were fulfilled. That's how Dr. Dorsey and other people got their college or professional training. But that was a unique exercise. The grant came then through Stony Brook.

We were having by this time some second-wave problems. John Hatch had left to go to Chapel Hill and earn his doctorate. Jim Taylor and other people in community health action had left. There had been substantial turnover among the physicians. It was too soon for people who were in training from here to be back. Recruiting was getting more difficult -- we are into the seventies. Budgets were shrinking to some extent. In general, it was a tougher time in terms of recruiting and staffing, I think, for projects of this kind. There was a gradual constriction of the broader definition and framework. The six-month or one-year period that the grant went to Stony Brook had an enormous importance in terms of the very large number of
people that went to school there -- other than Tufts, I think the single greatest group. Mostly these people were in social work, health education, and community organization.

This was the end of the first [and] beginning of the second Nixon administration. OEO was sliding rapidly into disintegration. The process of transfer of health centers to HEW had begun, but it was only partially along and not complete. HEW under Nixon had backed off from any initial commitment and altogether there would be eight hundred of these across the country, which was estimated to be the need. Nixon appointed Harry Phillips, head of the Young Conservatives of America, to be head of OEO with a mandate to destroy it and dismantle it. Late in its disintegration, at least so my bias would have it, OEO announced that it was compelling a merger of the hospital and the health center, and that there would be a combined board. The rationale being that it was silly to have two programs -- and they fit together. It was an organization at which at the middle level the militant appeal was not working and upper levels didn't even exist anymore, and/or didn't care. This was early 1972. Indeed, that is what they did. It was a fait accompli.

There was no real thought of how all of this would get staffed without a medical school affiliation and connections. Let me be clear, in the main, we didn't take faculty from the medical school -- Tufts medical school -- and bring them down here, but people who came got Tufts medical school faculty appointments, which was an enormously important recruiting reward. We
negotiated that the people who were here, through Tufts as well as others, would stay on for at least a while. Clearly, it was their own choice, but there wasn't going to be a mass walkout. You couldn't do to that to patients, all other things aside. It was done over, and it stayed over until the mid-eighties. The first thing that happened was there was a direct grant to the Mound Bayou Hospital and Health Center, Inc. -- this new merged creature, which was in effect the hospital, which was in effect the Mound Bayou elite. Of course, the first thing that happened is the governor vetoed it because it was no longer veto proof, not being to an institution of higher education. This became an issue even raised on the floor of the Democratic National Convention -- that was the McGovern year -- at one point at three o'clock in the morning, in an attempt to get it reversed. What happened very clearly, finally, all kinds of compromises and promises were made -- the details of which I don't know; I think it became with that a very different enterprise -- to get it unvetoed. This represents in my view a reversion to the traditional gatekeeper role for white power structure that a lot of black middle-class figures had always played. In effect saying, we're not going to rock the boat too much; also there is a lot that we can do that can go through white contractors, and in return, we get to play with the spoils. Dr. Dorsey has more direct involvement in it than I do.

This was the period of several things happening. There were huge increases in budgets and deficits. All of this nepotism,
there is no other word for it. The mayor's wife, as I said, was
director of nursing, his brother was clinical director, brother-
in-law was fiscal director, an uncle was personnel director or
whatever. There was a proliferation of jobs. A growing dearth
of patients as services deteriorated. A proposal for a grandiose
expansion. There was even incorporated the Mound Bayou community
hospital as proposing a four-county area when it strained
resources in fact to serve northern and middle Boliver county.
All other things aside; quality, money, staffing, and other
problems, that we were into an era where no forty-bed hospital
could meet accreditation standards any longer for staff and labs
and resources, so the downward spiral of the hospital which
repeatedly failed accreditation and kind of had to be bailed out.
An interest on the part of the state in bailing out because they
would just as soon not have many more; certainly on welfare and
Medicaid covered, black patients in white hospitals in Clarksdale
or Cleveland or elsewhere. Most of all, what was lost with all
of that was entirely the vision of health services; number one as
comprehensive and number two is an instrument for other kinds of
change. Very briefly, for the rest of the history, by the mid to
late eighties, HEW out of the regional office for more than the
first time said, "It gets cleaned up or we close it down."
There were already people in jail out of the school system.
There were low-level people from here in trouble; theft,
embezzlement, and non-accountability, and kickbacks, is my
impression. Many times in the past I think when that had been
threatened, Mound Bayou cried "Racism. You're picking on this black town and a black community and black venture." At this point HEW wasn't prepared to buy that any more or to be intimidated by it, and reconstituted the board, and the price of closing it.

There is a real board which is both representative and interracial and that board in turn appointed Dr. Dorsey as executive director. She had been through a health center director training program in addition. That didn't mean that attempts didn't stop, however. The mayor's wife was still director of nursing and other personal positioning. There was a huge deficit and Dr. Dorsey had to dismiss a lot of people and cut the staff. She has turned the operation from a deficit to better than break even, cutting staff and cutting back. It was painful. They are up against the wall as are all health centers, but particularly rural ones nationally for recruitment and retention of physicians and other health personal. A leader and focus of opposition to all of this were a set of people affiliated with those forces at Mound Bayou, who finally, because they were in a variety of ways in her view so disruptive, Dr. Dorsey felt she had no recourse but to dismiss. They are the people among the eight law suits that are now going on through the National Labor Relations Board. Dr. Dorsey proposed, because there was urgent need and it would also be good for the health center, opening a satellite in Greenville which has been opened and operating even with the short staffing. It became clear that
this was, it seemed to me, the most serious affront to the pre-Copernican view of Mound Bayou as the center of universe, and the most threatening. That if you could take care of people from Mound Bayou, they should come to Mound Bayou. This represented — I think there may have been fears, despite this building that ultimately the whole thing would move. It precipitated this kind of concerted effort, I think, because it was seen as so threatening to the centrality of Mound Bayou. It has to do with this idea that it is of and by and for and should benefit Mound Bayou. It doesn't have much conception built into it that people in Greenville have other needs and need a resource close to them, and that lots of health centers have satellites. It is a conflict that is continuing intensely. It would change in a variety of ways if that new election were ever called, but in this odd situation in which there is a federal court order for a new election for mayor and government of Mound Bayou, there is a visible and vocal minority on the town council now. But this hasn't happened, at least so far.

In a way that social class conflict continues, although it no longer has any racial cover or colonial cover because it doesn't have much to do with white people, and it is entirely internal and the board itself is interracial. It is very different here now in terms of the health center than it was in 1973. John really should be asked to speak of this. There is very little conception at the staff level of comprehensive health services or comprehensive health interventions, something shared
with a lot of the OEO health centers, which, under Reagan, in particular, were cut back severely into pure clinical roles: "don't do anything with preventive services, don't do anything with outreach, don't do anything with health education, let's do a market model, national health service should go into private practice, and you are going to be paid for out of medical in the main, and restrict the budgets and services as much as possible".

They became higher quality, federally funded Medicaid mills urged to be lean, mean and competitive -- as if anybody were competing to take care of these populations. There is little conception of the vision of health services and health interventions that had existed before. It's a job, and a paycheck, and you do clinical services and that's all.

That's not inevitable. This is not true in Aaron Shirley's health center in Jackson and Hines county. I don't think it is true at Marianna and the Lee County clinic, and in a number of other places. The difference, I think, is not merely in vision and not merely in relative freedom from the kinds of conflicts that have occurred here, but in continuity of leadership. Aaron Shirley has been there with his vision from the beginning and built housing. Olly Neal is still around. He may be district attorney rather than health center community organizer, but there is continuity of the vision and the people, and that clearly makes a difference. Lastly, the problems, resources and difficulties are very different now than they were then. The rural hamlets are gone. People have moved into towns. There are
problems that look like small and medium versions of the inner city -- crack, crime, high unemployment, but even extended families starting to disappear as a resource for support. It's very different and is going to require different kinds of interventions than the model of twenty-five years ago when you had strong extended families, a work ethic, a tradition of self-help. That's all that the co-op and the local health associations and local health councils were built on in many ways and reflected in their mode of organization. They are, in my impression, less strong and less powerful. The area is richer.

You can't drive down from Memphis and not see how different it is, at least on the main highway. You get to some of the backwaters, Jonestown and some of the old plantation sites, and if they are not gone or [?], they are still dreadfully poor, and there is still dreadful poverty.

But I'm beginning to think that we can't simply reprise the approaches of the sixties and expect them to work in this changed social and economic situation. The residue of strengths and resources that was in the young adult and adult and older adult generation then -- it's not clear is as well represented in the people who are young adults now. That makes it more like the inner city in many ways and that I am familiar with, I worked in the middle of Harlem. It's going to make it tougher. Back in the mid sixties we had that social resource with the institutional resources of the church [as a] model organization, and we had access to a basic economic resource -- land, even
though we could not multiply it at the capital acquisition, wealth and permanence. There are far fewer of those things now.

I would be convinced as a general principle that it is still true that health is a good point for intervention for social change and there needs to be, Lord knows, a broader definition of health.

I should mention one other thing, and John should be asked about it in detail, and it has to do with the impact of this organization and yet in other ways beyond education, and relates directly and most of all to John's work. The only town that had a black mayor in this whole area, although, most had majority black populations, was Mound Bayou. After the Voting Rights Act there were seven or eight black mayors. The majority of those were former members of John's community health action staff. In other words, these were people who took the community organization skills that they learned as part of this health center staff and turned them into political organizing skills and leadership principles and became mayors. A few of them, Johnny Todd in Rosedale is the most classic example, turned around and brought in -- again, with skills based on here as a model and with some continuing education -- housing (Rosedale had been an atrocity with feces running in the streets when it rained), water and sewer systems and recreational facilities. In fairness, Mound Bayou did some of the same in terms of the housing that's here and the way that it turned over. There was a real translation of community organization out of this project into
political leadership. That's an impact worth noting and I think proves a point about points of intervention and having capacity for other kinds of change.

THIS IS THE END OF TAPE 3, SIDE A.