

Civil Rights History Project
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Interviewee: Dr. H. Jack Geiger
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Interviewer: John Dittmer
Videographer: John Bishop
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[Sound quality is uneven throughout the interview, almost as though the recording is voice-activated, and there is quite a bit of static.]

[Loud coughing and throat clearing]

John Bishop: We're on.

Jack Geiger: Get rid of that.

John Dittmer: Today is Saturday, March sixteenth, 2013. My name is John Dittmer, and I am here in Brooklyn, New York, with videographer John Bishop to interview Dr. H. Jack Geiger, a leading activist in the Mississippi Civil Rights Movement and in the health care field. This interview will become part of the Smithsonian's National Museum of African American History and Culture in Washington, D.C.

Dr. Geiger, we are delighted to be here today and we thank you for taking the time to talk with us. I'd like to begin by asking you about your home and family, where you were born and raised, and what your memories are.

Jack Geiger: Well, I was born in New York and raised on the Upper West Side, that bastion of liberalism in New York City. My dad was a doctor. My mother was a microbiologist, which was way ahead of her time for those years. I had an older sister.

Then I went to public schools in New York City in the neighborhood. The public schools in those years had never heard of enrichment or any kind of special programs, and they kept skipping me. I think I was skipped grades either four or five times, I'm not sure, and there are still some kinds of fractions that I have no idea how to do, [laughter] because that was one of the years that they skipped.

And then, I went to one of the magnet high schools that then existed in New York, taught down at the downtown campus of City College on 23rd and Lexington. There was one of those competitive admission exams to get there. So, all of the nerdy kids in New York who, like me, had been skipped grades or whatever ended up in places like Townsend Harris or Stuyvesant or the Bronx High School of Science. Those were the Big Three. And Townsend Harris was unique in making it even worse, because they did the four years of high school in three years, for some reason. So, I ended up graduating from high school when I had just recently turned fourteen.

The good part of it was that essentially this high school was taught by City College faculty, and it was a wonderful educational experience. And I still remember two of the teachers, who were among the best, explaining to us the colonial rape of Africa. They were teachers who later got McCarthied under something called the Rapp-Coudert Act in New York and fired from the school system.

So, there I was, at fourteen and something, adrift. I had a Regents Scholarship that New York State offered on the basis of how you did on all the Regents Exams. And in their wisdom, no college would let me in, because I was only fourteen and furthermore I had hardly grown high enough. And I was in three different places chronologically, educationally, and emotionally.

And one of the things I remember about that period is hanging out at night, to the acute distress of my parents, hanging out on 52nd Street and listening to Billie Holiday and Lester Young and other jazz artists of the period and coming home at two or three in the morning. My mother later told me that on occasion they would call up one of those bars or nightclubs and find the bartender and ask him, as near as I can tell from what she said, "Is Jackie there?" [Laughter] And wanted to be reassured that I was safe. And, in fact, everybody was very nice to me, and they never served me anything but Coke, and they kind of looked out for me. But I was clearly adrift.

And then, one day, I went to see a new play, *Native Son*, produced by Orson Welles in Mercury Theater, based on the Richard Wright novel [0:05:00] and starring the burgeoning great black actor of that period, Canada Lee. And I was so moved by that performance and that message that, with the brashness of youth, I somehow talked my way backstage and went to see Canada Lee. And we must have sat there in this little old dressing room in the theater for an hour and a half, just talking. That was part of what he was like. He just made himself available.

And I subsequently went to see him. He was living in a penthouse apartment on Sugar Hill at 155th and Edgecombe in Harlem. And increasingly, that became a kind of second home for me. And I spent, started to spend a lot of time there. I was adrift. I wasn't in school. I was waiting for some college somewhere to let me in. I worked as a copyboy for the *New York Times*,

because in those years and for a while subsequently, all I wanted to do was write and be a journalist.

And meanwhile, things were getting—my poor parents—increasingly difficult at home. My folks has gotten here from Austria and Germany, respectively. My dad was ten; my mother was two or three. But they had essentially European upbringings, as I look back, and they had no clear idea what to do with a rebellious adolescent in the American system, going through adolescent rebellion and kicking off on his own. And it got more and more conflict and argument about what I was doing and how I was living.

And finally, one night, on a Sunday night, and I still remember, I packed a small suitcase and took the subway and went up to 155th and Edgecombe—I knew there was no performance that night, so Canada Lee would probably be there—and rang his doorbell. And when I came in, said, you know, “There’s conflict. It’s getting worse and worse. And I thought maybe I could stay here some of the time.” And he kind of looked around and he said, “Well, there’s a couch over there. You could probably sleep there.”

And after I was asleep, I later learned, called up my folks and said this is where I was and why didn’t they let me stay there for a while, because he’d be perfectly willing to send me back, but, you know, where was I going to land the next time? And I guess they were so exhausted with all of this, they said, “Well,” kind of, “okay, for the time being.” And I spent a lot of my time—I kind of shuttled back and forth, ultimately, between my own parental home and Canada’s, but I spent a lot of time up there.

And there were two parts of the learning experience for me. It transformed my life. One was to be able to sit in the corner and listen as all of these different folks came through: Paul Robeson, Langston Hughes, William Saroyan, out of the theater world. Other leading—Adam

Clayton Powell, Jr.—other leading political figures from the Harlem community. And it was this most wonderful education that a middle class adolescent Jewish kid from the Upper West Side would almost otherwise never had that kind of a crack at.

Harlem was ablaze. We are now talking 1941, thereabouts. And the draft was in force, and black soldiers were being sent [0:10:00] South to military training camps. And Harlem was ablaze with their stories of the kinds of abuse they were enduring, not just at the hands of Southern whites, but from the military police and the military establishment itself. And, indeed, to jump ahead, in I guess it was early 1942, there was the first so-called race riot in Harlem. It was no more a race riot than something totally different.

JD: Do you remember that? Were you involved?

JG: I walked right through it, which is one of the reasons I knew that this was not a race riot. Nobody paid any attention to me, and I was clearly white. This had been sparked by a rumor that spread like wildfire that the MPs, whether in New York or the South, I think it was in New York, that the MPs had shot a black soldier. And the crowds just took off in rage.

And it was highly selective. What they did was trash the stores, mostly on 125th Street, that were white-owned stores that had two characteristics: They were rude and abusive to black customers and they wouldn't hire any black employees. And a store right next to them, which might be white-owned or black-owned and didn't behave that way, was untouched. It was the first kind of spontaneous demonstration that they just weren't going to take it anymore, and that people wanted a different kind of experience in their own community and, indeed, felt abused, not only by what was happening to soldiers, but by this kind of colonial economy, as I think they saw it.

At any rate, here were all of these people—Vito Marcantonio, a radical leader then of the New York City Council.

JD: Canada Lee was a left-winger, wasn't he?

JG: Well, he grew to be, is my impression, in retrospect.

JD: Yeah.

JG: And, indeed, a little bit later on, the FBI came to him and asked him, threatened him, in effect, to denounce Paul Robeson. And Lee, without a moment's hesitation, said, "This is simply an attack to divide the black community, and I'm not going to do it." The FBI had specifically threatened him with blacklisting. We are into the early phases of McCarthy, and he was indeed blacklisted.

I remember that he was about to have—the plans were in the works for a radio program sponsored by Canada Dry, the ginger ale folks, because they were intrigued with the idea of "Canada Dry presents Canada Lee," and that got cancelled. And Ed Sullivan attacked him on the air and—I guess Ed Sullivan had a McCarthy-era column in the newspapers—and there, as well. And Canada grew steadily through this.

I guess I should add, with whatever instinct adolescents have, it turned out that Canada Lee, whose real name was Lionel Canegata, out of a Jamaican family, he too had been a childhood prodigy on the violin, as I remember being told, growing up doing that. Had his own adolescent rebellion, ran away from home, became a jockey, outgrew being a jockey—he got too big and came back to Harlem. Was winning all the street fights on the street, so he turned amateur and then pro and then became, over the next several years, a light heavyweight contender.

JD: Oh, I didn't realize that.

JG: And then, in his last tune-up fight [0:15:00] before the title fight, suffered a detached retina, and that was the end of a boxing career. Nobody in those years knew what to do about a— anything to do about a detached retina. Opened a restaurant, wandered around, a couple of other things. Wandered into a branch of the Mercury Theater that Orson Welles had opened in Harlem, and he and everybody there discovered that what he was a gifted actor.

JD: Yeah.

JG: And his first stage role, as far as I know, was as the star in a Broadway production of *Native Son*.

JD: Wow.

JG: He had a brother, Lovey, who was—worked for the post office, I think. And Lovey and I used to go to see the New York Giants baseball team together at the Polo Grounds, which was not that far down the street from 155th on Coogan's Bluff in Harlem. And I could always find Lovey at the Polo Grounds, because he had the biggest voice I've ever heard, and he would be screaming at the batters, [laughter] and I would just wander around until I got to him.

And he was my introduction to street life in Harlem, which was the other part of the education. Harlem was then essentially, for all its reputation, a sweet and tolerant community. And I made friends and drifted up and down the street, and it was very different from the Upper West Side, and a very different experience.

My folks were brave in their own way. Canada invited them to a party he was giving at the penthouse. And they bravely made their way up to the heart of Harlem, my mother and father, to join this essentially black party. And Canada, who was very shrewd, turned to my mother and said, "You know, Mrs. Geiger, I'm divorced, and we've got all these people here. Do

you think you could spend a minute, helping out, getting stuff organized in the kitchen?” And my mother spent the next two hours or more, as I remember, in the kitchen.

And when I called her the next day and said, “How did you like the party?” She said, “I had the most wonderful time! There was this man in the kitchen cooking with me, and we talked, and he was so comfortable, and we did all the things we needed to do!” And I said, “Well, who was it?” And she said, “You know, I never got his name.” So, I said, “Describe him,” and she did. And I said, “That was Langston Hughes,” [laughter] probably the one black name that my middle class white mother was familiar with, and she was devastated! She had spent an evening with Langston Hughes cooking and didn’t know it!

They subsequently invited Canada for dinner at our house on Central Park West. This was an era where if you were going to have a black guest, which must not have happened very often, you had to alert the doorman and the elevator guy ahead of time, so that they would let him in without a fuss. And he had dinner with us there.

Well, all of this was a transformative experience, *both* to discover the struggles that were daily for anybody black in New York and certainly in Harlem—the movements, the politicians, and the leaders—*and* what they felt and what they were trying to do. And I had this window into it that I never would have had, I think, in any other way—and a window into the Harlem community on the streets.

JD: Yeah.

John Bishop: Jack, what year was this?

JG: This was—we’re talking roughly 1940, 1941. I jumped ahead when I talked about that 1943 riot and some of the McCarthy stuff.

JD: And—

JG: Go ahead!

JD: About this time, you had been accepted by the University of Wisconsin, I believe.

JG: Right. In 1941, they let me in.

JD: And Canada Lee was helpful to you then?

JG: Well, what happened was, and I think the way that worked [0:20:00], yeah, he came out. *Native Son* was on tour and playing in Madison, and I brought him to dinner at the dormitory, whatever, where we ate, and continued the acquaintance.

But what happened, yeah, Wisconsin let me in. I think I had just turned fifteen. It was the only place that would admit me. I still hadn't grown much. It was just what I needed to go to a Big Ten campus, you know, out in the Midwest, where all the girls patted me on the head and told me to come back when I made Eagle Scout. [Laughter] And I remember the orientation at the University of Wisconsin, which consisted of taking us out to the stadium and teaching us the football cheers. It wasn't a stellar educational institution in those years. It's changed enormously, obviously, since then.

That would have been September of 1941, and in December there was Pearl Harbor. And very shortly after that, January or February of 1942, I got a letter from Bayard Rustin, A. Philip Randolph's great organizing deputy, and he must have got my name from Canada somehow, saying they were trying to organize on campus, on college campuses everywhere, for this much overlooked *first* threatened March on Washington that A. Philip Randolph and Bayard Rustin were organizing in protest against discrimination in defense plants. And so, while being this freshman student at the University of Wisconsin in the middle of winter, I still remember freezing my butt off, picketing the Raytheon plant on the outskirts of Madison, one of the

defense plants that wouldn't hire—I think had a sign even that said “Blacks Need Not Apply,” like “Irish Need Not Apply” in Boston—to picket.

That threat of a black March on Washington was so serious that what it extracted from Franklin Delano Roosevelt, as President, was an executive order barring racial discrimination in defense plant hiring. And that, in turn, triggered a new wave of the Great Migration of Southern black people to the North to these good jobs in defense plants. It was my first civil rights organizing experience.

John Bishop: Can we pause for a second?

[Recording stops and then resumes]

JG: Probably—

JB: We're back.

JG: Warn you—okay. Next thing that happened I was working for, in the middle of everything else, for the *Daily Cardinal*.

JD: The newspaper?

JG: The campus newspaper, but it was a daily full-scale kind of newspaper. And this young Asian man wandered in, Asian student wandered in, and said he couldn't find any place in Madison to live. Nobody would rent him a room or an apartment or whatever. And I started to look into it—this was my first structured big campaign of my own—and discovered that, yeah, the University of Wisconsin had its own dormitories, but it also had a big network of approved off-campus housing. And it had approved for off-campus housing—and that was a whole industry in Madison—places that wouldn't take Jews, wouldn't take blacks, for heaven's sakes, wouldn't take Asians, wouldn't take any kinds of minorities, and they were on the University's list.

So, as one of the benefits of, if you will, World War II, that the contrast between the commitments that our participation in the war was supposed to represent, about fighting for democracy, and our behavior here at home [0:25:00] presented an opening. And I started this long—took about six months—campaign that the University could refuse, had to refuse, to approve any of the places that behaved this way. Either they had to change or they were off the list. And the University caved, finally, and it did make some difference.

Somewhere in this period, early 1943, I met—I went to Chicago and met James—I'm blocking the name.

JD: Farmer.

JG: Jim Farmer, the head, the founder of CORE, the Congress of Racial Equality. And with some of the black students and graduate students and white students back in Madison, we started what was one of the early, earliest chapters of CORE to continue this kind of effort. I remember with them picketing *Gone with the Wind*.

I should add, at about this period, because it was such a strange time to be so young and in college and in the middle of all of the changes that were taking place in wartime, and I didn't want to take money from my folks and wanted to support myself in any case. I think Canada had helped me with some of tuition. Anyway, I started working at night for the *Madison Capital Times*, one of the two full-scale regular newspapers in Madison.

And, you know, they—and the reason I got hired at sixteen, maybe, or I told them I was sixteen, yeah, I would have been by that time—started me on the police beat. Well, like a lot of cities during the early part of the war, Madison had established a curfew that if you were under eighteen, I think, you couldn't be out on the streets after midnight or after 11:00 p.m. I am probably the only police reporter in the history of American journalism that had to get a special

pass from the police so I could be out on the street and do my work, [laughter], even though I was only sixteen.

I had started out at Wisconsin in the Journalism School and rapidly discovered that I was doing more than anything they could teach me at the Journalism School—really true. And so, I dropped that and just kicked around in liberal arts. By the end of '43, I was busy going to school, working at night, continuing to do some things with the campus newspaper, and busy with CORE.

The draft was approaching, and I started the process by the end of that year enlisting in the Merchant Marine. It was the only branch of anything military, quasi-military, or whatever that wasn't racially segregated. The National Maritime Union had won the fight to desegregate the ships. And it seemed to me, well, really two reasons for that decision: number one, on principle, in terms of racism; and number two, I had a pretty clear sense by this time that I really had problems with authority, and I figured I would have a very difficult time in the military. And one of the things about the Merchant Marine that attracted me, aside from its integration, was that it seemed to me to be a much more functional kind of place, where rank wasn't as important as the job you did. Things were structured occupationally, not racially. It was the opposite end of what was then the United States Navy, where, by definition, black people could only be cooks or waiters. [0:30:00]

And went to New York, end of '43, or maybe the very beginning of '44, and went to boot camp, and then to Radio/Radar Officers School on Gallops Island in Boston Harbor to learn Morse code and radio everything that went with it to be a ship's radio/radar officer, and shipped out. The way it worked, your first trip you were just assigned, and I ended up for eight months or more on a tanker named the *SS Horseshoe*, which is not what we called it, [laughter] and sailed

the Pacific and sailed into the middle of the Battle of Ulithi, carrying airplane fuel, I remember, and then the Battle of Leyte Gulf in the Philippines.

Came back and went down, when I had a month off, something like that, went to the union hiring hall. And here came an opening for an radio officer on the *Booker T. Washington*, the only ship in the American fleet with a black captain, Hugh Mulzac, who had had a Master's license for years but until the war had never had a ship to command and always had had to sail as a mate, I guess, and here was this integrated crew of officers, Hugh Mulzac as the captain, black and white mates and engineers. And I grabbed at it, with pure luck that I was in the hiring hall the day that came up, and shipped for the next year, for three trips, three or four trips at least, on the *Booker T.*, a name that I always thought was chosen without apparent irony, given some of the things that Booker T. Washington was, and what the ship and the NMU were about.

JB: Can we pause?

JG: Sure.

[Recording stops and then resumes]

[Loud coughing and throat clearing]

JB: Okay, we're back on.

JG: So, in 1946, I sailed on a couple of other ships, subsequent to the *Booker T.*, but maintained some of the friendships with shipmates from the *Booker T.* for several years thereafter. Came back at the end of '46, and I knew I was going to go to college, finish college. And while I was floating around on the water on the *Booker T.*—oh, I was about to say, the other part of that experience on the *Booker T.* was to be in Europe with integrated crews, integrated black and white shipmates, and to have the experience of the different kind of reception all of

that had in England or Italy or France or, in one case, Odessa, the Soviet Union, as compared with our experiences back home.

Some clown in the War Shipping Administration, every time the *Booker T.* came back to the United States, sent us to Norfolk, Virginia, segregated Norfolk, Virginia, and we would undergo refueling and repairs and, at one time that I remember, it dry docked for something. And so, we'd be there for three weeks or a little longer. And here—and it was the corps training, I think—once a week, we would all, all of the officers and some of the other crew, would get [0:35:00] into our dress uniforms from the U. S. Maritime Service, with all of the gold braid and the hats and this and that and the other, and go down to the Norfolk railroad station and integrate the white waiting room and *dare* them to come and arrest us, *which they never did*, but it was the first kind of direct nonviolent confronting technique that we used kind of in the real world, as compared to the University of Wisconsin campus, and made a difference. And people would—those that, you know, weren't needed while the ship was undergoing repairs would take off and go back to New York, or wherever in the North they came from, and *enrage* the railroad ticket clerks by asking for tickets to the United States, I remember [laughter] was a regular habit.

And I remember taking a trip. We had a chief mate, a black chief mate, Jim Brown, who said he just couldn't stand being in Norfolk without a car, and his car and his home were up in Bridgeport. He had to be with the ship, so I took the train up to Bridgeport and drove his car back to Norfolk with a couple of other crew members, just so life would be a little bit more tolerable for him and some of the other people in the crew. It was my own first experience in the South, even though it wasn't deep South, and it was a very different one than Harlem or New York.

While I was floating around on the water, I had decided that I was interested in biology and medicine. My dad had spent a lot of time saying, "I don't care what you do when you grow

up, as long as you don't become a doctor." And I finally got the message that he was saying, "Wouldn't it be nice if you became a doctor?" [Laughter] And enrolled, essentially as a pre-med, at the University of Chicago, because I wanted what I perceived to be a real education and I didn't think Wisconsin did that, but Chicago, the University of Chicago surely did, and started taking all of the science courses and the pre-med courses and the like.

And I was, at the same time, active in two organizations, CORE in Chicago, which was having lots of struggles to open up Grant Park and the beaches and other aspects—restaurant life. I remember, much more than had been the case in Madison, taking part in CORE efforts to integrate housing and integrate restaurants. And what we used to do was walk into a restaurant, an interracial crew, and sit down. And they would tell us that they didn't serve blacks, and they had to leave, we had to leave, all of us. And we would go, politely, to all the other tables, people at tables in the restaurant, and explain what was happening and suggest to them that they, too, could refuse to be served and just sit there unless the management served us.

JD: You were inviting them to join the sit-in? [Laughs]

JG: That's right. And that worked some of the time. And the same with regard to housing. So, I was active with CORE and I was active with a thing called the Campus Chapter of the American Veterans Committee.

JD: Talk about that. What was that?

JG: The AVC was the one veterans organization, long-since defunct, but active then, the one veterans organization that wasn't like the American Legion or the Veterans of Foreign Wars, at least politically, and was committed to be a liberal, activist, integrated organization of veterans. In retrospect, I wonder how I had the stamina to be doing much of that—CORE, AVC, pre-med student—because, in addition, since merchant seamen didn't qualify for the G.I. Bill of

Rights, I had to work. And so, I worked at night [0:40:00] briefly for the *Chicago Daily News* and then for the old International News Service, one of the three wire services, AP, UP, and INS, because I could work from eleven at night until seven in the morning at the INS Bureau downtown in the Hearst Building, of all places, in Chicago.

The first thing that happened is a faculty member came to us in AVC, I guess. I was the Civil Liberties chairman of AVC on the campus. Came to us. He had a black domestic servant. She had gotten ill. He had taken her over to the hospital, and the hospital explained to him that they didn't take black patients, University of Chicago Hospital. And we started to look into it and discovered that—it was the *best-documented* campaign I think I've ever had the opportunity to run.

We discovered that the Lying-In Hospital, maternity hospital, had a flat policy: No blacks whatsoever can have their babies here and be delivered. Billings, the big one, and a scattering of all the other university hospitals had elaborate systems for turning black patients away or trying to and sending them to Provident Hospital, which is a black-run and black-sponsored hospital, part of that black hospital network, also on the South Side of Chicago. Admitting clerks were instructed to say, "Oh, there's some mistake in your appointment for the outpatient clinic today. It doesn't meet today!" Or, "Your name isn't on the list somehow. What you'd better do is go to Provident."

How we learned this: The University, the student body, was probably 80 percent veteran. A lot of them belonged to—many, anyway, belonged to AVC. Many of them were married. In those sexist years, a lot of their wives were secretaries at the University, through whom we robbed their files blind. [Laughter] I had sixty pages of documentation provided by the secretary

wives of veterans who were committed to this cause. And we then followed with depositions from the admitting clerks and others.

We got the records from the Medical School Admissions Committee. They hadn't admitted a minority student in 15 years or more, and before that, it had just been some token. And impunity was so great—this was all perfectly legal in those years, 1947—impunity was so great that you would find minutes of a Medical School Admissions Committee meeting, in which people said, "Well, this black student is qualified, but we're not ready to have a black student at this time," written down in the record; the University, of course, claiming that the only reason they didn't have any minority students was they couldn't find anybody qualified.

JD: Yeah.

JG: And so, we accumulated all of this documentation and then went to the University and said, "We need to talk with you about—" this interracial committee of veterans— "about the fact that you're going to have to change this." And the University stonewalled. And we went all the way up to the level of the great, famous, allegedly liberal chancellor of the University, Robert Maynard Hutchins, who said it was appalling, but there wasn't anything he could do about it. He couldn't "issue a ukase"—I still remember that phrase. And it was clear that, as at a lot of places, the University, which was a huge revenue enterprise for the University, wasn't fully under his control.

And they stalled and stalled. And I decided to, among other things, attack the Medical School admissions history and record and process. And I went down to Howard Medical School in Washington, which had this great activist dean at the time, Montague Cobb. I later heard many stories about him [0:45:00] from Bob Smith, as a student at Howard.

JD: Yeah.

JG: And I made an arrangement with Montague Cobb that seven or eight of the good applicants to Howard Medical School that year would also apply to the University of Chicago. We would pay whatever fees were associated with it and we would get copies of—we, AVC, would get copies of their entire application, including their grade point averages, their undergraduate records, their MCAT scores, their letters of reference, and the like. And we went to the Medical School and we said, “Well, we’ve solved your problem. You’re going to have a nice group of really qualified minority applicants.” [Laughter]

In those years, there wasn’t any question about race because your picture was on the application. I don’t think they had a box that you checked off. It was just right there in the open. And so, we said to the Medical School, “Not only are you going to have this nice bunch, but you’re obviously going to know who they are. But each one of them has been paired with a white veteran applicant to the Medical School, grade point for grade point, MCAT score for MCAT score, etcetera, and you’re not going to know who they are.” And we did that. We got copies of all those applications, voluntarily, and matched them. And we said, “Anytime you admit a white member of that pair, and not the black, you’re going to have to explain publicly how come.”

JD: Had you gone public with this at all?

JG: Yes. I skipped over. The University kept stonewalling, and finally we decided we had to go public. And on December seventh, 1947—Pearl Harbor Day, to drive home the point of what the war was supposed to have been about—we staged a student-faculty strike, almost entirely students, maybe three brave faculty members at the University of Chicago, an all-day strike on the campus, in protest against this university policy of racial discrimination.

One of the things I remember about it is Jerry Stamler, Jerome Stamler, one of the great hypertension researchers at Northwestern University and a good liberal and radical in his own

right—he fought a two-year or longer war later with the House Un-American Activities Committee and *won*—appeared at eight o’clock in the morning when we were just getting ready, out of the blue. I had never met him before. And said—he had heard about all of this, I guess, and said, “I figured you guys would need a sound truck,” and he had brought a sound truck from one of the unions, which proved to be invaluable.

And so, we had this big rally. And it got front page in the *Chicago Sun*—I still have the clipping—and lots of press in the black press across the nation and a little bit of press in the *Times* and other papers about this effort. And everybody—I still remember all the picket signs that we had, stayed up all night manufacturing and painting—everybody from the Catholic Newman Club to the Young Communist League, the full spectrum, was out on the campus, taking part in this. It was still part of the sentiment, I think, of the time.

And still, the University wouldn’t budge and just pretended that, yeah, they were “always interested in talking with us,” etcetera, etcetera. And I finally—I don’t know what took me so long—got some brains in my head. And one of the veteran’s wives was the secretary to the main fundraiser for the University, the development officer. So, we got the development officer’s foundation [0:50:00] visit schedule. And his next visit was going to be to Carnegie—I think the Carnegie Foundation or Carnegie-Mellon in Pittsburgh about two weeks hence.

So, we called them up and made an appointment for a week ahead. And an interracial crew of veterans from AVS went to Pittsburgh and gave them our 60 pages of documentation and said, “We are in no way trying to tell you what to do, but we do think you might want to consider giving money to an institution that behaves in this way.” And a week later, the vice-president for development went on his visit to them, and two days after that, the University called us up and said, “What do you want us to do?” [Laughter] And it was this wonderful lesson

in, long ahead of Watergate, in “follow the money” and go after the money, which is their vulnerability.

JB: Can we pause for a second?

JG: Yeah.

[Recording stops and then resumes]

JB: Okay, we’re back.

JG: Okay. The reason this is of personal consequence is that this was, by this time, 1948. The strike had been in December of 1947. And I was pretty burned out, working at night, going to school, doing my pre-med, doing CORE, doing the AVC and this struggle, and kind of half-heartedly—by this time, I wasn’t sure I wanted to go to medical school and I half-heartedly applied to four medical schools in New York. And I got a call—I didn’t hear anything. It was before you expected to hear. I had taken the MCATs and all of that stuff.

I got a call from Montague Cobb at Howard on the phone. And he said, “You’re applying to medical school and you’re in big trouble. You’d better come see me.” And I hadn’t applied to Howard. I thought, “How did he know?” But I went down to Washington, and he showed me this letter from the vice-president of the American Medical Association that had crossed his desk, addressed to all of the deans, calling attention to my “extracurricular activities,” as I remember the phrase, carefully written not to be actionable, and the kiss of death, warning every—and the AMA, not being too swift, had sent this letter to every medical school in the country, including Howard and Meharry, the two black schools. [Laughter]

And it crossed Montague Cobb’s desk, and he understood immediately what this was all about and what the extracurricular activities had been. And he said, “You’re not going to get in anywhere,” and offered me a place at Howard. And I thought about it for a week or two and

decided, number one, that I didn't want to take somebody else's place at Howard, which I figured inevitably that would have been—I had no concerns about being the only white student or whatever, that wasn't the issue—and secondly, that I wasn't that sure that this is what I wanted to do to justify that possibility. And so, I thanked him and said, “No, maybe later,” and sat down and thought about what I would do.

I was a good and competent journalist. I had had a good education in science. And I became—and I had started life as a journalist. I became the science editor, science and medicine editor of International News Service, first in Chicago, and then moved to their real headquarters in New York. And I did that for the next four years, I think it was. And it was a gorgeous education in science, on top of what the academic pre-med application, because what? I read all the major journals, I covered all the major meetings, I got to interview [0:55:00] the people who were getting Nobel prizes and Lasker awards for the kind of research they were undertaking. It was as great a way to really learn medicine from a different vantage point as one could.

And near the end of that time, late 1953, I'm living in New York. I had married. My wife's kid brother and sister were still living in what was their broken home with an alcoholic father and a nurse-aid, struggling, poor mother, and they were preteen and adolescent and in constant trouble at school. And I had, together with Mary, my first wife, said that we're constantly bailing them out, we should informally adopt them, and they should live with us, because otherwise it's just going to get worse and worse. And they did, so I had these other responsibilities. And we were all in New York, and the kids in school and living with us.

By the end of '53, I got interested in medicine again. I was getting pretty bored with what I was doing, over and over again, in terms of journalism, covering science and medicine. I don't mean to denigrate it. It was important. I think I did it reasonably well. I had a whole new

colleague of science—set of colleagues of science reporters, who were going to be—prove useful years later in Mississippi. And so, I assigned myself to cover the annual meeting of the Association of American Medical Colleges, which, in English, is all of the deans, on the Willie Sutton principle that if you wanted to go to medical school, the thing to do was to meet with all the deans. And went to Atlantic City, or wherever it was, and started talking to them.

And a number of the deans expressed interest but, in particular, a guy who came looking for me was the dean, the one-man dean of admissions committee, one-man admissions committee, at Western Reserve, which was this—had this pioneering new curriculum. His name was Jack McCoy. And Western Reserve had introduced this radical new integrated curriculum, number one, in which clinical and basic science were all mixed together, and clinical started on the first day of medical school. And, secondly, the novel organizing principle that medical students were graduate students, and they ought to be treated as junior colleagues and with respect.

It was the very opposite of what, in those years, was the classical ordinary medical school, at which on the first day, I think not just apocryphally but for real, the dean would get up. Here are all the incoming freshmen, and his speech would be, “Okay, every one of you look around at the guy next to you on the right, next to you on the left, ahead of you and behind. A year from now, at least one of you will be gone.” This was the very opposite. You were going to be treated like a grownup.

And I applied to Western Reserve and got admitted by Jack McCoy. Before we take a break, I will add what Jack McCoy did was keep—he was this wonderful guy. First of all, a one-man admissions committee—it could have been a disaster. In his hands, it was wonderful, because he believed that medical school was a great straitjacket, and if you wanted any diversity

on the far end, you better have it on the front end. And so, every year, he admitted a whole group, 10 or 12, at least, out of a class of 70, of what on campus were called “bent arrows,” as compared with “straight arrows,” deviants of one kind or another, like me. [1:00:00] And then, he kept them, all of them, for his own preceptor group, also known as McCoy’s Kooks.

[Laughter]

There was myself. There was a smalltime newspaper man from somewhere in Michigan, because McCoy was a press buff. There was a nurse anesthetist, and we probably had six women in the class, which was remarkable for then, and at least three African Americans, maybe four, which was also very unusual then. There was a rancher’s son from North Dakota. There was a Baptist minister who had lost his faith and decided he would try medicine. There was a technician from the Atomic Energy Commission. There was a guy who had flunked out under the standard curriculum that Western Reserve used to have, and Dr. McCoy thought it would be interesting to see if he did any better under the new curriculum, so he admitted him again. It was that kind of a group, and I’m forgetting some of the people.

And we moved to Cleveland and started medical school. Why don’t we take a break there?

JD: Yeah.

[Recording stops and then resumes]

JB: Okay. [1:01:21]

JG: [Laughs] Alright. So, we moved to Cleveland, and I started medical school at Western Reserve and discovered the advantages as a medical student, indeed, at least, in being older, because I was going on 30 at this point. The advantages, not just of being older so that you didn’t panic, but of having been out in the real world in these whole different varieties of ways:

activist, merchant seaman, journalist, whatever. Because there were so many people, classmates, who had been to kindergarten and elementary school and high school and college, and now they were in medical school, and that was most of what they knew about the world. That's changed radically since then. It's hard to find a medical student that hasn't been to India or Africa or wherever for at least a year, as things have changed so. At any rate—

JB: [1:02:35]

JG: It's still rubbing again?

JB: Yeah, I didn't put it on quite the same.

JG: Okay. Okay.

JB: You can keep going.

JG: At any rate, I still had the usual wonders and uncertainties that I think many medical students have. You are so immersed in the early years—even though you have some clinical contact of a variety of patients that you at least interview and make home visits and begin to understand that process—of “What am I doing here?” And, “Is this really what I want to do in life? It's not quite what I anticipated.” And I think I was struggling with the contrast between that and what my life had been up to then. Because one of the things striking about medical school and the medical school years for me is that, with the exception of what happened—I'll describe in a moment what happened with regard to South Africa—is that it was in such contrast with my life up to then.

And one day, in the second year, I was standing on the steps of the Medical School, and beyond that, you could see the teaching hospital, and beyond that, you could see the city of Cleveland. And it occurred to me that out there in the city of Cleveland, and beyond this insular world of the medical school and the teaching hospital, the whole question of who got sick and

who didn't, and what they got sick with, and what happened to them then, and why they got sick in the first place, and how that was all distributed—that these were all not just biological phenomena, they were social phenomena, and my past life and what I was doing now all came together.

And I thought I had invented what [1:05:00] came to be known as social medicine, and I went to the library and I discovered that the Germans and the British had figured this out about a hundred and fifty years ago and written some very famous books and papers and campaigns about it. But it gave me some sense, it was the beginning of my sense that medicine could be, should be an instrument of social change, and that if you were really serious, in addition to what you did with individual patients, you had to be doing something about what are now called the social determinants of health, the social and political and economic structures that had a great deal to do with who got sick in the first place, and why the poor were always sicker than the rich, and the distribution of disease was, in fact, a social problem, not just a medical problem, what Virchow a hundred and fifty years in Germany had said earlier, that medicine is simply politics writ large.

And then, I knew what I wanted to do, although I didn't know how to do it or what that would mean exactly. But I was very happy still being in medical school. There were some leftovers, kind of, from my life as a science and medicine reporter, namely two people I can think of, in particular, that had become mentors of a sort: Margaret Mead, the great anthropologist, and a guy named Barry Commoner, who later ended up running for president, whom I had covered when he won some award for his virus research years earlier, got me onto, while I was a medical student, onto some committee of the American Association for the Advancement of Science, Triple-AS, on the social responsibility of science. And one of the

people on that committee was a man named Warren Weaver, who was the vice-president of the Rockefeller Foundation. And so, I would periodically disappear from Cleveland and be in New York.

Mostly what got me to New York was something different. Western Reserve was wonderfully organized so that all day Tuesday and Wednesday morning were no classes. And the message from the faculty was, “Go pursue your own medical interests. Don’t study the syllabus. Don’t do the stuff we do in class. This is the time you have for your own growth,” which was a fine idea. But I mentioned we still had one of my wife’s—kid brother with us in Cleveland. Kitty had gone back to Chicago, the other sister. And, you know, I had to pay for medical school. I had some kind of a fellowship that the head of public relations at Sloan Kettering that I knew as a journalist had organized for me with some foundation. But, you know, we had to live.

And so, what I used to do on the first thing Tuesday morning or maybe Monday night—all of my science writer friends in New York would line up fat freelance assignments for me. I would fly to New York, stay at my folks’ apartment to save money, and spend the next day or day and a half writing, and then fly back to Cleveland in time for classes Wednesday afternoon. And every time I did that, my father would say, “What are you doing here?” And I would say, “We have this day and a half off, and I’m using it to earn the money that I need, and so I come to New York.” And he said, “They never did things like that when I was in medical school.” This will come up again.

But I also did some of this committee stuff. And Warren Weaver [1:10:00] decided to keep trying—we had talked on one of these committees during the time that I was uncertain about what am I doing in medical school, and he wanted to hire me as the science editor of the Rockefeller Foundation and spend my time going around the world, writing up all of the

projects, medical projects, that the Rockefeller Foundation was funding around the world at some huge salary. And it was certainly tempting, and I gave it some thought. And then, I had that moment of epiphany on the steps of the Medical School and social medicine that put it all together.

And so, I wrote Warren Weaver a letter saying, "I'm not going to go to the Rockefeller Foundation, but I certainly am grateful and I think I should explain to you why," and I recounted this moment and that vision of the world. Unknown to me, the Rockefeller Foundation was a major funder through one of their people, John Grant, a great social epidemiologist in his own right that was on the Rockefeller Foundation staff, who could lay claim in a way to being the great-grandfather of community health centers, because he had tried to fund one at the University of Peking, as it was then called, a rural health center that had failed because nobody in Peking wanted to go out into the boondocks. But he tried.

And he was funding Sidney and Emily Kark and their colleagues in, of all places, apartheid South Africa. They were the people who had been in the process there since 1942 or '43 or so of inventing the contemporary community health center and what is called community-oriented primary care, the idea that medicine has a responsibility not just for the individual patient, but for the health of the whole community from which they come. And Warren Weaver got my letter and said, "Well, you better know about this," and sent me a bunch of reprints about what the Karks were doing in South Africa.

And I knew instantly that if social medicine was real, because after Virchow and John Simon in London and some of the other great figures of the nineteenth century, the American literature, such as it was, that touched on this was all touchy-feely, talking about the whole man and the whole person and this and that. And social medicine, it seemed, wasn't anything specific

that you did; it was just an attitude you had. And here was this place that seemed to me to be really doing it.

And so, I went to my faculty mentors at Western Reserve and said, “I want to scramble all of the elective and vacation and whatever time in the fourth year that I can to see if I can go to South Africa and do this.” And to their great credit, they said, “Well, wouldn’t that be interesting?” Even if deviant. And I did all my clinical clerkships, and we got to the fourth year. And this was my first exercise in grantsmanship. I realized that I had to get three places to say yes. Western Reserve had to say, “Yes,” I could go. Sidney Kark and the University of Natal Medical School, which was the one medical school for nonwhites in South Africa that then existed in Durban, which was where the Karks were affiliated, had to say, “Yes,” I could come. And the Rockefeller Foundation or somebody had to say, “Yes,” they would pay for it.

And so, I wrote—thank God this was before there were faxes or the internet or rapid inter-continental communication of any kind. It was all snail mail, by and large. And so, I wrote to each of them, I mean, the main ones here being South Africa and the Rockefeller Foundation, and strongly implied that the other two had already said yes. [Laughter] So, they all wrote me back and said, “Well, in that case, okay.” [1:15:00] And I was funded and got to go.

At this point, there were more than 30 community health centers in South Africa. There had been a window of opportunity. This was before 1960 and the election of Verwoerd and full-scale ideological apartheid, although South Africa before that was as segregated and apartheid-run as it was to be, by and large, later on. There had been a window of opportunity. They had even seriously flirted in the country for a while with the idea of establishing a national health service.

Sidney and Emily were medical students at the University of Witwatersrand, the medical school in Johannesburg, and had taken over, with other medical students, what is arguably the very first health center in Alexandra Township, this peculiar black township just outside Jo-burg. That was one of the few places in South Africa then where, by some quirk in the law, Africans could own land. And it was hugely overcrowded and congested and a slum, in housing stock terms. There had been a clinic run by some Canadian nurses. They left. The medical students took it over and started what really became a community health center for that population in the thousands. And Sidney, then still as a resident, was tapped to undertake the first systematic study of what was then called Bantu Health, of children, African children in South Africa, which the medical schools and the government, by and large, traditionally had paid no attention to, even though they produced most of the country's wealth, and documented this appalling morbidity and mortality rate.

And so, when this window of opportunity opened, they tapped Sidney and Emily and likeminded colleagues. And Sidney started their first flagship health center, a rural health center in a place called Pholela, five hundred square miles in Natal Province, halfway between Durban and Pietermaritzburg, very rural, on some of the poorest, most miserable-quality land in South Africa. And one of their other health centers was in a public housing project, a Zulu public housing project, in Durban, on the edge of Durban.

And in my senior year, in 1958, I went to South Africa for four and a half months and worked first with—at Pholela, and then later at the public housing, Zulu public housing project near Durban called, a community called Lamontville, which was really two communities, the big Zulu housing project and a squatter community of Indians, that is, people descended from India that had been imported in Natal to work in the sugar cane fields half a century before, and there

was a big Indian community in Natal, as well. And had a tutorial with Sidney Kark and started to meet some of the people from the African National Congress and the Indian National Congress, I remember, but mostly had this transforming experience of what it was like to work in a place that, indeed, took care of thousands of patients, but also assumed total responsibility for the entire community and the community's health: housing, food, water, communicable disease, [1:20:00] all of the problems of the different age groups.

One needs to understand—I mentioned the papers by Virchow and John Simon. There is a paper that belongs in that category that Sidney Kark published in those years called “The Social Pathology of Syphilis.” Pholela, the Zulu community in Pholela, this rural community, scraping by on attempted subsistence farming and cattle raising on this lousy land, was riddled with malnutrition, syphilis, tuberculosis, other—and diarrheal disease. And the reason for the syphilis, as Sidney explained in his paper, was the political economy of South Africa, in which all of the working-age men from this community and communities all over the country like it were recruited on eleven-month contracts every year to leave and work in the mines and the factories in the cities. And under apartheid, could not bring their families, lived in all-male hostels, and inevitably supported this flourishing sex industry, prostitutes, outside of the other miseries in their lives, and then for a month a year, came back to Pholela and their families and spread their diseases. And one of the great accomplishments at Pholela, in particular, was that in the space of about three years they totally turned all of this around.

And I had this glorious time there and then at Lamontville, learning all of this, going around in the field, in addition, with their community health workers, another invention of the Karks, in which you took indigenous people from the community and trained them, and they became your outreach workers and case finders and follow-up people and surveyors and a whole

set of relevant paths, your eyes and ears and operatives. And at least a couple of days a week, I would go out with the community health center I was assigned to work with and tour and visit one community or village or another. They had also started a community vegetable garden. They were distributing skim milk, for which the South African government accused them of Communism, and this will come up again in Mississippi. [Coughs] And I came back from that experience, knowing what it was that I wanted to do, which I thought was called international health, and come back to Africa or Southeast Asia or Latin America and do this same thing.

Beyond that and Margaret Mead and Warren Weaver and the other great folks who were mentors and helpers, of necessity, the medical school years were ones of relative political inactivity and, certainly, then the residency years. I did my residency in medicine on the Harvard service at—Harvard Medical Service at Boston City Hospital, because I wanted a great teaching hospital that took care of poor people and, as many medical students did, split it to take what for most kids, or most residents, doctors in training, was a year or, at the most, two off to go to the NIH or somebody's lab and do clinical science.

I took a little more than two years off. I was offered a fellowship in an NIH program at Harvard University, not the Medical School, called the Social Sciences in Medicine, which couldn't have suited my purposes better, given what I was interested in. And I spent the next couple of years [1:25:00] interrupting the residency to study social sciences in medicine at Harvard, although I had some appointment at Boston City, and a couple of afternoons a week, I continued to see patients. And then, I came back after that for my final year of residency.

The one political activity that I remember of that time—we're now into 1963—was organizing in Boston for the March on Washington that finally happened. That reminds me that I've omitted the second March on Washington, which was early in the Korean War, when CORE

and many other organizations organized to protest ritual segregation in the Armed Forces and threatened a March on Washington. I can't remember if A. Philip Randolph was again involved, but it was a larger movement than that. And the pressure of that threat was such that Harry Truman, like FDR before him with defense plants, Harry Truman issued the executive order integrating the Armed Forces.

JB: Can we pause for—?

[Recording stops and then resumes]

JB: Okay, we're back.

JG: Then in 1943, the real physical March on Washington, and I helped—

JD: '63.

JG: 1963, I'm sorry—and then, indeed, went to the march. Came back and finished my residency—we're now in 1964—and took an appointment as a junior faculty member at the Harvard School of Public Health and almost immediately took a leave of absence. I think I was supposed to start on August first, and I signed the papers, oddly, on August first, and on the same day, I think, took a leave of absence, because that June and July had been the organization of the Medical Committee for Human Rights.

JD: Let's talk about that. What we have now is the Civil Rights Movement at high tide. Activists of the Student Nonviolent Coordinating Committee and others in Mississippi have decided to have a summer project where they would invite hundreds of young people down to work in community centers to help with voter registration to focus the attention of the nation and the world on the conditions that were existing for African Americans in Mississippi. So, there was a physician named Walter Lear, who had been active before, and he and you and some

others started this organization, the Medical Committee for Human Rights. And you can take it from there.

JG: I was called up by a physician who must have been part of that beginning process in New York, Charles Hudson. And he called me and told me about it and said did I want to join in forming it? I said yes. And they arranged—they were looking for field coordinators and asked if I would come and be the field coordinator for August in Jackson. My misgiving, I remember—I thought this was a good idea. There was all this activity had already—I mean, Cheney, Goodman and Schwerner had already happened. And there was this irony, inevitably, associated with it that this was going to be effective because white lives were valuable, and all of these white kids were coming down from the North, and the country up until then hadn't cared very much if black kids were killed or black adults, for that matter, or black anything. But the disappearance and then discovered murders of James Cheney and Andy Goodman and Micky Schwerner had really registered in the national conscience, I think, and I always wondered if [1:30:00] this impulse for Freedom Summer had grown in part from that. I think it was stimulated by it, but it had probably started separately.

There was this, I think, spontaneous realization by activist and civil rights-oriented physicians around the country that, number one, we needed to join in this, and number two, one way or another these people were going to need medical care, or at the least what we came to call “medical presence,” the reassurance that came with knowing there were physicians around who would take care of you if need be, as compared to white physicians in Mississippi, in the main—there were exceptions—and the relative handful of black physicians in Mississippi.

And so, with considerable trepidation, I flew down in early August to Jackson. I can't remember who had preceded me in July. Everything was in full-scale operation. The office was

at 12½ North Farish Street in Jackson, and there was this steady rotating crew of physicians, social workers, psychologists, nurses, coming down from the North to fan out across Mississippi for the Freedom Summer operation, the freedom schools, the voter registration, the coordination with the three civil rights organizations that were involved, SNCC, CORE and the Southern Christian Leadership Conference, all under the umbrella of something called COFO, the Council of Federated Organizations, or Committee of Federated Organizations.

JD: Also had local NAACP folks.

JG: Right, and local NAACP, because I remember that summer meeting Aaron Henry for the first time. And being responsible for MCHR for kind of organizing and keeping track of who came, their orientation, where they would go, and what they would do. It was a very unstructured operation because these people were, very broadly, of two kinds. There were the people who came with absolutely clear commitments over what they wanted to do. And one of the great virtues was all of these medical, health professional eyes, in the broader sense, were able to document and send back home, in effect, reports of how brutal the conditions were medically, environmentally, socially, and economically and politically, simply by being there and looking around. In many ways, to me it was reminiscent of much of what I had seen in South Africa, not only politically but in terms of the circumstances under which people of color were living in both places. That was the major group of people who came there to find a way, one way or the other, to do this work.

And then, there was a smaller segment who came, probably with the same commitments and the same impulses, but who were really there—I don't know how to describe it—for show? What I have in mind—we were all, as a matter of course, living with families in the black community. But there were intermittently people who came down from New York or Buffalo or

wherever [1:35:00] they came from, Massachusetts, and said, “I don’t want to do that,” and rented—wealthy doctors or dentists or whatever—and rented motel rooms.

And I remember there was this guy, and he refused and was going to rent a motel room. And a whole bunch of us that were living under constrained circumstances and a burden on black families in the Jackson community, didn’t have a whole lot of resources, and we said, “Well, that’s great if this guy has this fancy motel room with a shower, and we’re all going to come and take showers there!” It was hot and sweaty, and we didn’t have that opportunity. And I walked in there for the shower, and this guy was on the phone with his wife back home, sounding very irritated and saying to his wife, “How can you be sleeping when I’m down here freedom fighting?” [Laughter] Well, that was a minor commitment, but there were some of those people, too.

And, for me, it was a long look around—although at that point I didn’t get out of Jackson that many times, but enough—in Hinds County and some of the adjoining rural areas to realize almost immediately that I didn’t have to go to Africa or Latin America or South America. We had it all here. It was different than when I had been, say, in Norfolk, or in Galveston, Texas, when I was a merchant seaman, and my ship came there. Because this was an on-the-ground continuous kind of experience in and within the black community, if anything, a contrast of sorts with my earlier experience in Harlem. And that, and there all of these different people, Tom Levin, June Finer, other names that I remember from that period. I don’t think I met Jo Disparti or Phyllis Cunningham then. That came a little later.

JD: These were nurses.

JG: Nurses, yes, who were part of the Medical Committee for Human Rights. And at the end of that time, that August—oh! I had recruited, because part of the task before you went was

to help in the task of finding people so there was a steady flow, I had recruited Count Gibson. That's important to what subsequently happened. Count Gibson was chairman of the Department of Preventive Medicine at Tufts Medical School in Boston, a native of Georgia, and a remarkably solid and committed person racially, now up in Boston. I later was to learn, to jump ahead, from Susan Reverby, the great historian of Tuskegee and the Tuskegee Study, who in the course of her more recent research had come across what she believes is the first letter of protest from a white physician anywhere against the Tuskegee Study, written by Count Gibson when he was a junior faculty member at the University of Virginia.

JD: Briefly say what the Tuskegee Experiment was.

JG: The Tuskegee Study, now infamous, was a major study, mostly in Alabama, operating nominally out of the Tuskegee Institute and hospital and its black doctors, but mostly as a major undertaking of the United States Public Health Service to study what was described as the "natural history of syphilis in a black population" and marred by every ethical and racist error that one could imagine, in which black sharecroppers [1:40:00] in Alabama, a whole population of black sharecroppers in Alabama were, indeed, diagnosed with syphilis. And even after early-on the availability of penicillin—denied, first of all, informed consent or any knowledge of what was going on or any effective participation into what was happening; denied treatment with antibiotics, which could have cured their syphilis, because we already knew that penicillin did, on the grounds that, if you wanted to study the "natural history," and the underlying premise was that the natural history of syphilis was different in black populations than in white. And, in point of fact, the natural history of syphilis had already been thoroughly studied and published in Scandinavia and elsewhere. And so, the very scientific premise of the study was flawed and racist.

JD: And this wasn't a secret study. They were publishing in journals.

JG: They were publishing in journals.

JD: And you're saying that Count Gibson was one of the first—

JG: Count Gibson was one of the earliest people that wrote a letter saying, "This is wrong on multiple counts." I didn't know that at the time. Count never mentioned it. This Susan Reverby, the historian, discovered it decades later. Anyway, I recruited Count to be one of the people while I was there. And Count was extraordinarily useful because, from Day One, his Southern accent got deeper. It came back and got intensified.

Part of what went on in Mississippi during those years worth noting was a thing called the COFO Creep. And Mississippi had a law that you had to stop—you know, you're driving—you had to stop at any set of railroad tracks before proceeding. And nobody from Mississippi paid any attention to that, because there were railroad spurs all over the place, and you just went over them. But if you were part of the Movement, black, and certainly black activists, SNCC or COFO or SCLC or MCHR or whatever, and you didn't stop, the cops would, if there were cops around, they would arrest you for violating that law. Well, the difficulty with it is that if you really stopped, you were giving away to everybody in the world that you weren't from Mississippi. You were one of these foreign agitators and setting yourself up for trouble. So, what started to happen was you wouldn't really stop but you would kind of slow down a whole lot and then just tremble across the tracks and then pick up and go. It got to be known as the COFO Creep. Whenever cops stopped us, if a bunch of us were in a car, we would shove Count's head out the window, and in this deep Southern accent, he would ask them what the problem was, and that was helpful. And Count was good at it. And out of his own memories, I'm sure, of Georgia, this brought a lot of impulses back to him.

The summer ended. I came back to Boston to start my job at Harvard. A national ongoing Medical Committee for Human Rights was being organized with headquarters in New York. And Al—I'm blocking—Al Moldovan, Esther, a variety of other people, as staff, senior staff and organizers. And I took some part in that and emerged, I don't remember how, as something called, I think, the National Field Coordinator, some such title, for ongoing and continuing involvement. And there were MCHR chapters in a lot of cities, including Boston.

And Count and I, among other people that had been involved in Freedom Summer, [1:45:00] kept coming back to Mississippi—weekends, various local Mississippi meetings or organizations, whether SNCC or CORE, and in particular, the staff of the Delta Ministry of the National Council of Churches—Warren McKenna, and I don't remember many of the other names.

JD: Which had an office in Mississippi—

JG: Which had an office—

JD: And financial resources.

JG: Right. And was active. And this was a period, as I remember it, in the fall when there was a kind of malaise. It's not that activity had stopped, but there was a kind of, "Well, what do we do now, after Freedom Summer?" And this was six months before—no, not that many months, a few months before we had Selma and the Voting Rights Act and all of that governmental change. And most of the Freedom Summer folks had gone home. Some stayed on. And then, in December, the Delta Ministry organized a meeting in Greenville of a lot of the leftover people from Freedom Summer, indigenous and folks like Count and myself from outside.

I don't fully remember the time sequence, but somewhere in that period Count and I started organizing a little two-bit but real clinic, free clinic, in Mileston near Tchula in Holmes County at what was an old plantation that, for some reason, had some history as a liberal focus, under the sponsorship of the Medical Committee for Human Rights, with money from wealthy supporters in Bethesda, the Wilsons, Luke and Ruth Wilson, who funded it in the name of one of their doctors or dentists, a Dr. Winik. And this was called the Winik Clinic, I remember, staffed by nurses, including Jo Disparti and Phyllis Cunningham, just doing free medical care [coughs]—

[Recording stops and then resumes]

JB: Okay, we're back.

JG: With some support from Bob Smith.

JD: A black physician in Jackson.

JG: A black physician in Jackson, who had been the lynchpin of MCHR's work during Freedom Summer, because he was a licensed black physician in Mississippi—licensed is the key word—where the rest of us were not, and was fearless and brave and confrontational and was constantly being hassled by the police and confronting them. He wasn't the only one, certainly, Andy Anderson and others were involved, but he was the chief one. Bob came out to Mileston. The other person who was there a lot was a black physician from Los Angeles that had come to me, I think, in Jackson that I recruited, named Al, Alvin Poussaint, a psychiatrist by training. And he spent a good bit of time. He became, first, kind of the permanent MCHR representative in Jackson, but also working in Mileston. That was all beginning to happen.

And then, in December, the Delta Ministry [1:50:00] organized this meeting at its facility in Greenville, Mississippi, to deal with this issue of "What do we do now?" And the medical

people I remember included Count and myself and Desmond Callan, and I'm sure several others, physicians from the Movement, and probably some of the nurses, as well as a variety of Mississippi civil rights folk. And somewhere in the second day—and we were floundering—somewhere in the second day, I remember having a headache, and then the headache went a day, went away, because I unblocked. For the first time in this whole sequence, I *remembered Pholela* and the community health centers in South Africa and kind of blurted out, “What really needs to happen is that a good Northern medical school should come down here and start a comprehensive community health center.”

And everybody said, kind of, “What is that?” And I described it, this concept of care for the individual and care for community, the integration of clinical medicine and public health, and the attention, indeed, to the environment, but also to the social and political and economic environment. And then, other people, Des Callan I remember in particular, started to chip in with other ideas. The root in this that was of particular importance was the idea of community involvement and community participation, and words like “community-control” being brooded about for the first time in these kinds of discussions. And everybody kind of said—I think Bob Smith was there.

JD: Um-hmm, he was.

JG: Yes. I don't know if Aaron was in Jackson yet, or if he was there. I do remember Bob, Robert Smith, Dr. And then, everybody kind of ran, talked around the room and chipped in ideas and said, “Well, you've got to do that!” Or, “We've got to do that!” But it was—I don't want to say not just a pipe dream. It had a quality of abstraction. Yeah, this is something that ought to happen, but that didn't mean there were any concrete steps that got formulated at that meeting, at any rate, to make it happen.

And Count and I left and were flying back to Boston, and we got grounded by fog in Atlanta and rented a hotel room. And Count said to me, “Let’s talk about the deal.” I said, “What deal?” He said, “We don’t have any money at Tufts. If you can find the money, Tufts will sponsor it.” And all of a sudden, with that, it became something of a project. And so, I sat down and kind of formulated an outline in my head of how to describe this. And what carried over when we got to OEO was that specific question of community participation and community involvement.

JD: Now, by OEO, you mean—?

JG: Oh, the Office of Economic Opportunity, which was the War on Poverty.

JD: The War on Poverty, where the funds were.

JG: Right. Where there was this new government agency that, among other things, was not going to be a stodgy bureaucracy. It was going to be staffed with relative professional government and from outside government activists, under Lyndon Johnson’s sponsorship, and passed by the Congress, with the ongoing debate about the principle of maximum feasible participation of the poor and the idea that you did this *with* people, not *for* people, and [1:55:00] that the people and the community would have a real voice. That was the talk, at any rate.

And once I had a kind of proposal in my head, I went to the only relevant source that I knew in the administration, which was Dr. William Kissick, who was then heading the big Appalachian initiative of the administration, and told him about this, and said this is what ought to be funded, and this is what a community health center is, and this is what the community dimensions of it are. And he called up Lisbeth Schorr, who had been working with the AFL-CIO in Washington and was just about to join OEO. I don’t think she had officially joined yet. And the story that Liz Schorr later reported that Bill Kissick called her up and said, “There’s a wild

man in my office named Jack Geiger, and he's got this crazy idea. He'd better come and talk to you folks." [Laughter]

And Liz Schorr—we must have talked on the phone. She arranged an appointment for me in January of '65 with Sandy Kravitz. Sandy Kravitz was the head of the Research and Demonstration Unit at OEO, which had this brand-new set of offices on L Street or M Street somewhere in Washington. And I went to see him with this yellow pad and I think I must have talked to him for two and a half hours, like now, laying out what a community health center was, what the models were from South Africa, what it would do, and why it belonged as part of what OEO already had defined as its Community Action Program. And there were Community Action Program branches starting to be formed wherever OEO was working around the country.

JD: But there was never a health component?

JG: No, but OEO had no health component. And the background, although I don't remember Kravitz saying this, was that in the beginning Shriver's belief, Julie Richmond's belief, Shriver's—Sargent Shriver, Kennedy's brother-in-law, the head of the War on Poverty, OEO, and Julie Richmond, Julius Richmond, pediatrician, professor from Chicago, or Harvard then, who was heading Head Start, one of the major War on Poverty initiatives. And their belief in the beginning was that HEW, Health, Education, and Welfare, was responsible for doing things about the health of poor people and taking care of it.

And, although I didn't know it at the time, the background of information was that, coming to OEO—OEO was just in the process, through what was happening in Head Start and the Job Corps very early—was how *devastating* the level of illness and unattended illness and care was for black children and for black adolescents, at the very least in the Job Corps. There

were huge rates in the 65 percent level of serious, not minor, unattended health problems. And I think that helped to shape some of the subsequent discussion.

At the end of this discussion, Sandy Kravitz said to me, “Well, what do you want?” And I was having some infusion of classic academic jitters and said, “Well, I think the way to begin would be with 30,000 dollars for a year’s feasibility study,” which was the classic academic maneuver of what you did when you weren’t sure what you were going to do or how you were going to do it. And thank heavens, Sandy said, “You can’t have 30,000 dollars for a feasibility study.” And I said, “Why not?” And he said, “Because you’ve got to take 300,000 and do it now.” Everybody needs to hear something like that once in their life! [2:00:00] [Laughter]

And I went back to Boston, and I had not sat down and figured out what a budget would be for this. And then, a second thing happened, which was that the minute we thought about it, we realized that if Tufts Medical School was going to undertake a project of this kind 1500 miles away in Mississippi or Alabama or somewhere, that there were two sets of predictable screams: one from the white Southern government, wherever it was, and the other from poor people in Boston saying, “What are you doing 1500 miles away when we’re sitting on your doorstep?” And we realized that we had to add a second component.

And so, I sat down over the next two or three weeks and wrote the first grant application for two community health centers. I hadn’t been back to see Kravitz or anybody else at OEO in the meantime. And the first “Southern rural,” for reasons I’ll tell you in a moment, and the second at the Columbia Point Housing Project, a housing project of eight or nine thousand people, four miles from downtown Boston, with which Count and Tuft’s Department of Preventive Medicine had had an ongoing relationship of home visiting and care, and ideal in a number of respects. It had no doctors. It took hours and hours for people from there to get to any

one of the major teaching hospitals, Boston City, Mass General, Children's, in downtown Boston, and wait to be seen and get back—six hours, it turned out, when we did a formal study. It was on this isolated peninsula jutting out into Dorchester Harbor. And it was in the congressional district of John McCormack, the then Speaker of the House of Representatives.

One of the things that I brought to this and all of these kinds of efforts that was so useful was my prior career as a journalist. I had learned then to pay attention to political phenomena of this kind, which wasn't part of most people's medical education. And in the end of January, I reappeared at OEO. I had said 30,000, Sandy Kravitz had said 300,000, I appeared with a budget for 1.2 million, and they swallowed hard. The reason for calling it "Southern rural," which I had already figured out—I really wanted to go to Mississippi. Obviously, it was what I had some experience of and what everybody perceived as the belly of the beast, the worst of the problems and the worst of the racism and the worst of the need.

OEO grants had to be circulated through the relevant—wherever they are located, through the relevant congressional delegations, which would be a tipoff, I mean, *any* relevant delegation, but certainly in the case of the South, because—and the relevant political fact here was that the Southern governors were vehemently opposed to OEO [coughs] and correctly read the community action participation principle as meaning here was a government agency for the first time that would be funding and involving and possibly being led on the ground by black people and black communities without going through all of their gatekeepers, whether black or white, in the traditional political hand-me-down lineup, and when the legislation was being argued in the Congress, had insisted on the right of a governor to veto any OEO project headed for their state. And, of course, they would know about it if it circulated through the congressional delegation in advance. [2:05:00]

And Sargent Shriver, or whoever would be the head of OEO, had the right, the power in the legislation to override that veto, and that did happen intermittently. But it was political capital that had to be expended really cautiously, because OEO was on an annual budget that had to be renewed in the Congress every year, and you spent too much political capital and you would be out of business. And so, I had listed it as “Southern rural.” That meant ten different states, so you didn’t have to go through all those congressional delegations. The site hadn’t been picked yet.

In the ensuing weeks, two things happened. There was a go-ahead for Columbia Point. OEO and Sargent Shriver had no problem with that, although it was evident that Shriver had considerable reservations about getting into the health arena. That was his first difficulty. And I’m sure infighting in the government from HEW, Health, Education and Welfare then, and from the public health establishment in general, the state public health officers and all the rest, seeing this as an incursion on their turf, despite the fact that they didn’t provide, in the main, clinical care. It was immunizations and infectious disease control and the like, but not the treatment of sick people.

That was a long division in medicine that is worth noting in the evolution of all of this. There had been the Milbank funds centers in urban cities that distributed milk. There was in Boston a set of things called the George White Health Centers, whose slogan carved in stone on one of their buildings that I took a picture of, whose slogan was “No diagnoses made, no prescriptions written,” as a way to reassure the medical community they weren’t taking patients away from them in this division. “Okay, you can have public health, but don’t steal our patients and our incomes.”

And beyond concerns about getting into health, of all things, Shriver was leery about going to Mississippi. And knowing where we had all come from, in terms of MCHR and the like, he had a provision written into the grant that said he reserved the right of formal approval of the site choice in the South, and that became the struggle.

So, we went back to Boston and started organizing Columbia Point as the first health center. The grant had finally been formally approved, except for the Southern site choice, on June eleventh, 1965. We started work with the Boston Public Housing Authority to renovate three apartments in one of the buildings of this public housing project into a health center. And meanwhile—and started that whole process. And there was a lot of attendant publicity in Boston because this was the first health center grant and the first word of anybody anywhere about community health centers and these terms. And John McCormack was onboard. Julius Richmond was onboard for that part of it. We meanwhile were looking at data from about six states in the South. And I think Count, out of history, had a little bit of a bias toward Georgia, and we actually went and made field visits at a four-county area, four tiny counties near around Sparta, Georgia.

JD: They wanted you, didn't they?

JG: And they wanted us because they thought [2:10:00] we were some kind of a Hill-Burton hospital that we would bring to them. Let me back up in the process of organizing—

JB: [2:10:03]

[Recording stops and then resumes]

JB: We're going.

JG: Okay. I mentioned that we were working with the Boston Housing Authority. I got a call out of the blue from a man named John Hatch, who was a deputy director of community relations at the Boston Housing Authority, asking me if all the Southern positions were filled yet,

as if we had filled *one*. We didn't even know where we were going yet. Because the grant proposal had circulated through the Housing Authority, John saw it.

John Hatch, in my book, the most brilliant community organizer in the country and certainly the most brilliant I have ever met or known or worked with, came out of Alabama and Kentucky, went to Atlanta University. First he went to law school in Kentucky, in Lexington, I would guess it was, after suing because the law school admitted only whites. They set up a separate law school for him, which was a sham. Then they yielded and said, okay, he could go to the regular law school but he had to promise to sit by himself in the corner. And one of the stories John told me was that on the first day, half the class came and sat next to him, half the white class, and he was moved by that.

I suspect strongly that John had an early activist career because he told me when he joined the Army—he went to Korea as an environmental or technical specialist of some kind—that his mother said, “Thank God you're going over there to a war, because if you stay here you're going to get killed.” And John then decided the law school was a sham, left that, went to Atlanta University, got a degree in community organization, and came to Boston, where he was an organizer first with the South End and then with the Public Housing Authority, and then saw this grant and called me up and came to see me, and we hired him instantly.

And John was the first person in our group to go to Sparta, Georgia, where he had to stand at the back door of the country club, which was the main restaurant in town, in order to get food. Segregation was still in full bloom. And later on, when we decided it was worth exploring further, and they were very eager in the local medical community, for whatever reason, to have us, Count and I went down, accompanied by John, and we all had dinner at the country club.

Dangle a hospital, as they thought it was, in front of them, and they were willing to stretch the bounds of racial segregation.

The other thing that had happened in the meantime that needs to be mentioned, on behalf of both MCHR and a lot of other people, was Selma. And I, in a reprise of what happened to me in Canada Lee's apartment, in a way, I had flown to Selma. We knew after—before the massacre on the Edmund Pettus Bridge. And the next day we knew that Dr. King was coming. MCHR's position was that a physician had to be next to Dr. King at all times, because somebody was going to try and kill him. And I flew back to Atlanta and met him and flew on the plane with him to Montgomery. [2:15:00] And then, they had sent a car for him, and he said, "Come ride with me." I had no other way to get back to Selma, and I didn't even have, like a lot of folks, any secure place to stay. So, King said, "Well, come with me." You know, "We'll find a place wherever I'm going."

And so, I went to whatever was the activist headquarters, and I got to sit in the corner and listen that night to the long heated crucial discussion—among King, Andy Young, Jim Foreman, I think Hosea Williams was there, I'm not sure about John Lewis for a reason I'll get to, but somebody from SNCC was there—about what to do now. And there were all of these tensions and struggles playing out. The activist group, especially from SNCC, but not limited to them, that wanted to confront. There was already an injunction. Don't march across the bridge. Don't march to Montgomery. About what to do about that, and they wanted to violate it and they—and King wasn't certain, but didn't from the beginning think that was a good idea.

And there was further—there was an undertone, a good bit, of SNCC, in particular, and CORE to some extent—resentment of King at coming in at this stage and getting all the attention and publicity when they had done all the grunt and soldier work and they were the people who

were beaten up on the bridge and in Selma. And this went on for hours, and I got to listen to it, with a final tentative decision of not to violate the injunction. King was meanwhile, I'm sure, talking on the phone to Lyndon Johnson. But every day in front of the cameras, and there were now cameras, to march up to the police line and kneel and pray and be a presence and get filmed every day, while the political struggle back in Washington went on.

And Selma was, all other things aside, for me—and worth mentioning, I think for a lot of other people—a seminal experience. The filming of what happened on the bridge, and everything that the ABC television network did to get it on the air that Sunday night, struck such a national chord. I don't think there's any event quite like this. What came to be ten thousand people came from all over the country to demonstrate at Selma, this kind of moral outpouring, stimulated further, I think, by the murder of the Boston minister, James Reed.

And in addition, a couple of days later, I got arrested by the Alabama police in Selma and hauled off with another physician, MCHR physician, Dick Houseneck, to meet with the leaders of the Alabama Medical Society, who felt that the MCHR presence was a public statement that white doctors wouldn't take care of injured black people and threatened us with further—"immediate and further jail if we so much as touched anybody medically." And I remember, on the one hand, it was frightening, in the sense that it was quite clear they were prepared to throw us in a jail cell with a couple of local whites who would beat us up. On the other hand, I pointed out to them that Alabama had a Good Samaritan Law, which said any doctor could take care of anybody in an emergency, whether they were licensed or not. That was part of the oath and part of the law, and most states had it. And they didn't know I knew that or hadn't thought of it, and it just ended.

But apparently it was—the arrest was the cause of a big rally [2:20:00] in Boston over the fact that I had been arrested. More importantly than that, that was when I first met John Lewis and realized that he had suffered yet another probable skull fracture—it was a real skull fracture—on the Edmund Pettus Bridge two days before. It wasn't a depressed skull fracture, thank God, and Count and I—Count had by this time come to Selma. Count and I organized to send him and Ivanhoe Donaldson to Boston to be hospitalized and examined and treated. And I didn't see John Lewis again for another 30 years, I think. But we remembered each other, and he certainly remembered all of that.

John Hatch called. We are struggling with Shriver. He is continuing to waffle. We are looking in places in Mississippi, where I really wanted to go. There was a limitation. The Congress, in its wisdom, had said OEO money couldn't be spent for bricks and mortar—wisely, because they didn't want all this money to go for somebody to build buildings. They wanted it to go for services to needy communities. But it turned out that OEO was willing to be flexible about renovation, so I kept looking for someplace I could renovate in Mississippi. And somebody told me there were some unfinished buildings in Mound Bayou, a place I had never heard of, for what had been planned to be the J. C. Campbell Junior College that had run out of money and were concrete shells just sitting there. That sounded good.

And that was how I learned about Mound Bayou. And I went there, flew down to Memphis, got a car and drove to Mound Bayou and discovered—the first person I talked to was Father Guidry, the Catholic priest, came out to see me as I was wondering around—and discovered there was this hospital, that this was an all-black town. It had its own town government. People there could vote. They had some relative, if small, degree of autonomy, and maybe there was a place that could be renovated.

But this looked ideal, from multiple points of view. We would have the shelter and protection of a black local government for what would inevitably be an integrated crew of doctors and nurses and whomever. And we would need to hospitalize people, and here was this small forty-bed black hospital run by a black fraternal order, the Knights and Daughters of Tabor, a building which started out, like so many, selling burial insurance at two bucks a week or two bucks a month and had somewhere in the early 1940s built this hospital—which was a real huge need, because blacks had no place to go except the state institutions, which, of course, were segregated and miserable, or occasionally trailers run by some alcoholic local white doctor, or the basement of some existing county hospital institution—and started selling, in effect, health insurance, as well as burial insurance. And there it was. I knew nothing more about it at the point, but it certainly looked good.

The problem with the J. C. Campbell was twofold. They were concrete shells. The bishops, AME bishops' attempt to build it had run out of money. It turned out they were in receivership in some law firm in Jackson that wanted millions for them and they weren't too suitable anyway. And so, I started to try and figure out how we would get around that and, for the first time, proposed Mound Bayou to the OEO, but kept all of that secret from Mississippi. I took care that no copy of that grant ever [2:25:00] went to Mississippi or circulated in Mississippi or there was any news about it at that stage.

Shriver still hadn't signed off and was stonewalling. And I finally, by this time—

JD: What time is this?

JG: This is now early 1965. On December eleventh—no, early 1966, I'm sorry, late 1965.

JD: We should probably point out that, in 1965, the Head Start program in Mississippi, the Child Development Group of Mississippi, was the most successful in the nation, but it come

under severe attack from Senator Stennis, and that OEO was leery of *anything* going into Mississippi to go up against that power structure.

JG: Right. And, indeed, Senator Stennis and Mississippi had started their own rival Head Start organization, and it was the subject of bitter controversy. And this will come up again.

And so, we had opened Columbia Point on December eleventh, 1965, exactly one year from the meeting in Greenville under the auspices—to the day—under the auspices of the Delta Ministry. The grant [had] been approved with the site approval reservation on June eleventh. And six months later, John McCormack spoke, Julie Richmond spoke, I spoke, national publicity, and community health centers were launched.

During that ensuing twelve months, there were applications for community health centers from Watts and UCLA in Los Angeles, from Rush Medical School and the Mile Square community on the South Side of Chicago, from Denver, the University of Colorado and the Denver Health Department, and from Albert Einstein-Montefiore in the South Bronx, all under discussion or starting to be funded as Research and Demonstration projects, because there was no authorization for OEO to be doing this, other than as a Research and Demonstration rubric. So, this was all Sandy Kravitz and Julie Richmond. Meanwhile, Shriver kept holding us off.

And so, one day, I looked up the schedule and made sure that Shriver was scheduled to be testifying on the Hill, and that was going to take all afternoon. And Shriver had postponed meetings with me and wouldn't give site approval or even discuss it because of his anxiety about Mississippi. And I took the vice-president, and he was also some kind of a dean, [2:28:13] his name was, I think—I took the vice-president of Tufts with me, and we flew down to Washington and staged a sit-in in Shriver's office, walked right past his secretary and sat down. As somebody observed later, it was the first time in all of the '60s that the dean was sitting in, not the students.

[Laughter] And Shriver had to deal with us, or he couldn't use his office. And we wouldn't budge.

So, he came back. He was told about this immediately, I'm sure. Came back [coughs] and handed us over to Julie Richmond, the deputy director of OEO and the head of Head Start. And I spent the rest of that afternoon—and I should add [2:29:11] said, applied real pressure, angrily, saying. “You have no business treating a major university this way, and we will tell every other university,” and that was leverage. So, he handed us over to Julie Richmond, and I spent the rest of the afternoon talking to Julie Richmond and worked out an agreement. I don't remember that I had to give anything away beyond the conventional assurances that we weren't a civil rights organization. We were a health organization. Remember, this was not formally MCHR; this was Tufts. And OEO took comfort—all of the first five grants were to medical schools. It gave them cover, [2:30:00] it assured quality, and they saw that as a way to proceed.

At about nine o'clock that evening, Julie said, “Okay, I will”—I had sketched out the agreement. We had worked it out together on a yellow pad. And he said, “In the morning, I'll give it to the secretaries, and they can type it up, and we'll bring it to Shriver.” And I thought to myself, “No way.” And I said, “Julie, it's okay. I type a hundred words a minute. You find me a typewriter, and I'll just sit down and do it now.” And his jaw dropped, but there it was.

And I sat down and I typed it out. And he took it up to Shriver, who was still in his office. And he must, in addition, have said, “I recommend we do this,” because he was critical to accomplish that step. And Shriver signed it and sent it back down with a little note congratulating me for my tenacity, accompanied by a little gift of fruit, which I later realized was raspberries, [laughter] but I don't know if he was sending a political message or not.

And at that point, we were free and clear for Mississippi, and what I did was two things. With Mound Bayou firmly in mind, and having convinced OEO that, yeah, renovation would include an assembly of prefab units, 60 by 20 foot modules, the firm that had been contracted to build a health center in Watts by this time could come down to Mississippi and build us a health center, and that would still be renovation. And furthermore, it would be a lease-purchase, and that would be okay. We wouldn't be constricted by the condition of "no bricks and mortar."

JB: No "bricks or mortar."

JG: That's right, literally, and I had figured this out and convinced OEO. I then started conspicuously wandering around Batesville in the north of the Delta, quite a big town, had lots of doctors, looking for a place to renovate. And my presence was noted, although they weren't sure there what I was about. Then I gave a copy of the grant to Jo Disparti. We were—Mileston had closed, but we were already starting community organization in Mound Bayou in Bolivar County.

And I realized by this time, to recapitulate something earlier, that what we had done, what I had done unconsciously was recapitulate Pholela and Lamontville. Here we were in a five-hundred-square-mile rural area, it turned out to be, of the Delta in Mississippi, like Pholela, and a public housing project in Boston, like Lamontville, but that wasn't conscious. I gave the grant to Jo Disparti. She gave it to a doctor she knew in Batesville, and it was on the governor's desk the next day. This was deliberate.

JD: This was the grant to go to Batesville?

JG: No, the grant just said "Southern rural," and so, they assumed it was going to be Batesville. But in any case, the grant was on the governor's desk a day later. And the governor screamed at Shriver and OEO, and Stennis screamed at Shriver and OEO. There is a wonderful

set of conversations, of which I have the summaries, between Nils Wessel, the president of Tufts, and Governor Johnson.

JD: Of Mississippi.

JG: Of Mississippi. And there was a lot of newspaper publicity, the *Jackson Clarion Ledger* and elsewhere, and a roar from the state Medical Society and from Archie Gray, the state Health Commissioner, whose political hero was Senator Bilbo, he told me, and whose behavior fit that mold. I think I didn't mention that [2:35:00], in addition to this veto provision, the Southern governors had agreed—they thought, “Well, maybe we can tap into this money,” so they agreed that grants to institutions of higher education wouldn't be subject, couldn't be subject to veto, so maybe Ole Miss and the University of Alabama could tap into some of this. But there was nothing in the law—I had sat down and realized—that said you couldn't give a grant to an institution of higher education in Massachusetts to do something in Mississippi. We were accused with some correctness of having reinvented carpetbagging.

But what happened was the governor, Governor Johnson, and Senator Stennis and everybody else suddenly discovered that we were veto-proof. The only guy who could veto our grant was the governor of Massachusetts, and he didn't care and wasn't about to. And they couldn't stop it, although they were screaming that it should be stopped and all of the “foreign agitator,” “interloper”—plus their official position that they were taking care of all of this, and there was no need that they weren't meeting, despite the data, which were appalling, on black infant mortality rates and the like.

JB: Can we pause?

[Recording stops and then resumes]

JB: Okay.

JG: Okay. So, then there was an annual clinical meeting of the American Medical Association in Atlantic City that spring of late '65 or early 1966. I would have to look it up to be precise. And Count and I—and I wanted Count with his Southern accent, for sure, to be there—arranged to meet with the leaders of the Mississippi State Medical Society, who would all be at the AMA meeting and discuss all of this. And so, we went and we were received in their hotel suite, and it was all very courtly and polite and gentlemanly, and they served us coffee, and we sat down to talk. And we spent a lot of time talking: on their part about how this wasn't needed, and we really didn't need to intervene, and they were taking care of it; and my talking about what the data showed and saying, in fact, that this would relieve them of a burden because, if they really attempted to undertake care of the poor, the lines would be two miles long, and we understood how the system worked. And we were back and forth on that.

And then, they spent a lot of time talking to us about how this certainly wasn't needed in Batesville, and there were all of these doctors, and they were going to do this and that. And I don't think there was explicit discussion of being veto-proof, but it was understood. And after we had spent about an hour and a half, I said, "Well, the only other place I had even given any thought to was Mound Bayou." And it was like pulling the lever on a slot machine and watching three oranges come up in their eyes! And they said, "Well, we still don't think you should do this, but if you absolutely have to, probably the only place you could do it is Mound Bayou."

JD: An all-black town.

JG: This all-black town and black community, and there weren't any white doctors. And, in effect, I expressed great reluctance, but I allowed them to force me to go to where I really wanted to go in the first place. And that worked as far as these leaders of the state Medical Association, but it didn't mean that all opposition was about to end.

Now, buttressing Mound Bayou, I should interject, John Hatch had gone down to Bolivar County to do the same kind of scouting job that we had done in Georgia of what was on the ground and what was there and what the needs were and what the potential resources were—this was in September, it must have been September of '65—and disappeared for three weeks. We didn't hear from him. [2:40:00] We didn't know where he was. Mississippi was dangerous. We grew very anxious. And then, he came back to Boston and reappeared at Tufts. He already had an appointment as assistant professor of Preventive Medicine on the faculty. And I said, "John, where were you? What were you doing?" He said, "Well, I picked cotton for three weeks."

And then, I understood fully the first time what a treasure we had. He had lived in sharecropper shacks. He had been all over Bolivar County. He knew who the leaders were, he knew what the needs were, he knew what the white circumstances were. It should be made clear that we were looking at a period of profound destitution in the Delta, because the sharecropper system had collapsed with the introduction of mechanized agriculture, and one double-row cotton picking machine replaced a hundred sharecroppers, and so they no longer needed their labor. And with that, among other things—it wasn't just unemployment and no money, but no health care, bad as it was, since plantation owners no longer had a vested interest in the health of this workforce, and people squatting at best in old sharecropper cabins. And John scouted and knew and understood all of this.

I spent some months, then, dealing not only with Archie Gray, but with the state Medical Society, the Delta Medical Society, and the Bolivar County Medical Society, all of which had meetings. I got invited to speak, critically, at the annual meeting of the Delta Medical Society, held at the country club in Greenwood, and gave my talk. I learned something important there. Gave my talk about what the needs were, who we were, what needed to be done, and what we

planned to do, very straightforward, and not judgmental and not accusing, but speaking as a doctor, which was my stance throughout as the way to go.

And they then, as I expected, took a vote, and the vote was 50 to 1 to disapprove—there was one black doctor that must have just been admitted to the Delta Medical Society, the white medical society, Aaron somebody, and he voted for it—and *fifty abstentions*. And if I didn't understand immediately, I understood shortly thereafter. They invited me to come that evening to the country club dinner and dance, being courtly Southerners. And I said, "Sure." And I went to the dinner and I danced with the wife of the president of the Delta Medical Society. And then, I had to go to the men's room, and I did, and 30 doctors came in after me. And I thought, "Oh, my God! It's going to be like jail!" And they came up to me quietly and they said, "That's a good thing you're trying to do. You go ahead and do it." And it was my first lesson that there were people of good will in the white community, and even the white professional community, who would respond to this as long as they were never exposed publicly as doing so. And that was my first lesson in that.

And so, this was while Shriver was still stonewalling. And I got on the plane and flew to Washington the next morning, because I knew he would—I was quite sure he was sending his spy around after me to keep tabs on what was happening and what I was doing, and he would totally misunderstand the 50-to-1 vote and not know about the abstentions and what they meant—and flew to Washington to report that and explain it. And, indeed, in my digging [2:45:00] around decades later, I don't know how I found it, but I came across the report of his spy to Shriver. There was one, and he had gone out—he hadn't been there at the meeting, but he had gone out afterwards and interviewed everybody in various groups that I had talked to, all of whom told him lies that I had said things like, "We're coming, whether you like it or not, and

we're going to shove it down your throats!" or whatever their fantasies that they thought would be useful were.

The last meeting was with the Bolivar County Medical Society. It was supposed to be at the Holiday Inn in Greenville, and it got moved to the county courthouse. We had the meeting there, and I discovered that they had placed me in the prisoner's dock. But we had the meeting, and it was a repetition of the same thing.

And we began in Mound Bayou, which was a question, first of all, of contracting to get the health center built. Secondly, starting to recruit, and recruiting people—even with the promise of faculty appointments at Tufts, which was important—doctors and nurses and others, to come to a small village of 2000 or less people in the Mississippi Delta in 1966, was not going to be easy. There were questions of resources, in terms of where we were going to live. And here was this black hospital, the Taborian, the Knights and Daughters of Tabor, the fraternal order, and it turned out a second smaller hospital of 20 beds, the Sarah Brown, by a different fraternal order, the United Order of Friendship, that had split off after some schism, and that both of them, despite having really abysmal quality troubles—underfunded, isolated, undertrained—no different than many small isolated rural hospitals, but intensified by being black and isolated on those grounds and underfunded because of that. Suffering from the sharecropper collapse, in terms of revenue, both of them were on the brink of bankruptcy and weren't even going to be able to meet payroll.

And Tufts was really remarkable, I think, during those years, Tufts and OEO. I got permission somehow to use our grant to rent the Taborian Hospital Nurses Residence, which was the old mansion in Mound Bayou, the only three-story brick building in town, that had once been occupied by Dr. Howard, the flamboyant—I forget his initials—

JD: T. R. M. Howard.

JG: T. R. M. Howard, who had lived there and, in fact, started the United Order of Friendship. It was nominally their nursing residence. I think I rented it for 25,000 dollars out of Tufts money so they could meet their payroll at the two hospitals. The upshot was that I sat down with George Allen, a consultant brought in by OEO, and wrote a grant to OEO to merge those two hospitals—one of them would become a dental clinic, the Taborian would continue as the 40-bed hospital—but no longer under the control of fraternal orders, but as a community hospital open to all of the poor of Bolivar County and perhaps elsewhere. And there was a long struggle to bring that about.

John Frankel, at this point, was the head of the Office of Health Affairs. And at one point, I was told, we think John Frankel actually owned the hospital for a week before we could create the new entity. In this respect, it turned out that, oh, [2:50:00] OEO made some significant mistakes, and it never became a bonafide or real community hospital. They were supposed to have all kinds of community meetings for valid elections and participation. And it ended up, not only under the—with the board under—representing entirely the two fraternal orders, but with the fraternal orders permitted to continue their business of selling health insurance, as well as admitting poor people free of charge. And there was an inherent conflict of interest, outside of anything else, because we're talking about the same people, in effect, as patients. And there were enormous quality-of-care problems, understandably, as well. But we proceeded.

JD: Talk some about the organization and operation of Mound Bayou.

JG: Yeah. John Hatch was community organizing in a way that almost never happened in OEO Health Center Projects. In those years, the resolution wasn't community control. It was community participation and the creation of community advisory councils or advisory

committees or boards. John patiently, slowly, organized ten local health associations in northern Bolivar County. We had specified northern Bolivar, 500 square miles, 10 towns and their rural areas, as all we would really be able reasonably to manage. That was 14,000, somewhere between 12 and 14,000 black people. We had taken our own full-scale census and done our own representative health survey, so we knew something of the magnitude of the problems we faced and what lay ahead of us and started recruiting through Tufts, while John spent all of this time building these health organizations, using as an organizational model, but not any specific affiliation, the black Baptist church. That's the organizational form that people were familiar with, understood, and experienced running, and could organize a local health association around.

And people recruited themselves, in addition. We rapidly got—from somewhere, there appeared this remarkable Catholic nurse midwife, Sister Mary Stella; another nurse midwife from Denmark that had been working for the WHO, [2:53:16], Jo Disparti and Phyllis Cunningham and a group of other nurse, both from MCHR backgrounds and elsewhere; a fair component of black nurses; Chris Hansen, Christian Hansen, who had been active in the Movement, lived in Bob Smith's house for a while, recruited himself to come and join.

JD: As a physician.

JG: As a physician. I did everything I could, not only to run advertisements, but to obtain publicity for this effort. I went to the sheriff of Bolivar County and said, "We are going to be this integrated crew and we are going to be fanning out in north Bolivar County. And we're going to be, you know, whites and blacks, and we're going to be trying to do this good thing of taking care of sick people who have no other good source of health care. And it would be *really bad* for Bolivar County and Mississippi if anything bad happened to us because I know—I used to be a journalist and I know people on every newspaper in the United States. And if anything happened

to any of us, it would in headlines tomorrow in any newspaper in the United States, and it would be just like what happened in Selma.” And he said, “I am sure you’re not going to have any difficulty.” [2:55:00] It was another instance where a different background helped.

And, indeed, there started to be, once we really got going, articles about us in the *New York Times*, the *Wall Street Journal*, *Time* magazine, *Newsweek*, the Associated Press, all sorts of sources from former colleagues from those earlier years. And they were—what was important about that was attracting recruits and giving us a shield against, I think, any kind of opposition that would be too overt.

In the beginning, we were waiting for a clinical facility to be built, but we were doing community organization, the surveys, home health visiting, public health visiting, prenatal care with the midwives, and staff training. We took advantage of lots of other OEO programs and sent people off to learn how to—local black people from Bolivar County mostly—sent people off to learn how to be typists, secretaries, medical librarians, some degree of technicians, community health workers. John built a staff, which was the biggest part of the health center in those years, a division called Community Health Action, which was the community organization of staffing.

John early on recognized the need for environmental intervention—all these people drinking water from the drainage ditch and living in collapsed housing with filthy outhouses and the like—and recruited a black sanitary engineer, Andrew James, from Ohio, who came to head what became a major environmental program of digging wells, starting with slim, but later with machines, and digging privies, sanitary privies, teaching people how to do it, and educating people to what a health center was.

But we still weren’t doing clinical care, because the health center hadn’t been built. And we realized that we had to begin that. And so, we rented a vacant church parsonage in Mound

Bayou and used the living room as the waiting room, two bedrooms as examining rooms, and the kitchen as the lab, and just started. I had recruited mostly pediatricians—Chris Hansen, Leon Kruger from a fancy suburb of Newton, Roy Brown from somewhere else—because the population skew was so much, in a way, similar to Pholela, the young and the old, and children in particular. The median age in the population was 15. The median age of male heads of households was 50. The whole generation in between was in Chicago looking for jobs, or St. Louis, or wherever.

And so, we said, “We’re going to begin clinical care.” And the first day, there were maybe 15 people. They sent scouts, as people always do. And the next day, there were 25, and the third day, there were a hundred. Also, it was not uncommon for me to get up in the morning—all the plans for housing development had fallen through, and we had, most of us, rented trailers. I mean, Chris Hansen and many others, we’re talking about guys with families and children, rented these big wide-bodied trailers to put on lots in Mound Bayou and live in. But we were overwhelmed.

And Aaron Shirley, now in Jackson, and Bob Smith, these two black doctors that had been so active in the Movement, had their own active practices in Jackson [3:00:00] and somehow, nonetheless, came up two days a week to help us out clinically, because we just didn’t have enough staff and, furthermore, we had all these pediatricians taking care of adult people with hypertension and diabetes and struggling. And meanwhile, slowly, the health center itself was being built, and we grew and grew over the ensuing year.

A second thing that had happened that should be mentioned is in the summer of ’66 when Columbia Point was open and thriving in its early stages, Senator Ted Kennedy came to visit it. This was the beginning of his primary interest in health and health care, his issue—got very

taken by what he saw. This was August of '66. We had dinner that night to discuss what to do. He went back to Washington and wrote legislation specifically creating an Office of Health Affairs within OEO, with an initial budget of 50 million dollars explicitly to build health centers. That was the first time—no more Research and Demonstration, but a major launched program with all of the attendant publicity, And community health centers started in a major way, not just because there was funding, but because so many Congress people realized that it would really be a nice thing to bring home a community health center to their district, although a majority of them were community-sponsored.

We got the building put together. We assembled this growing staff. Recruitment was a continuing problem. We never could hire a black epidemiologist. You couldn't get people, professional people, easily to come to Mississippi and to live in this simple village. And there were all of the questions that hampered many other places, which were, "Where are you going to send your kids to school? What quality were the schools?" And we understood that people were going to leave when their kids got older. And were in full-scale operation by 1967. 1967 early was when we did the church parsonage, and later that year was when the health center finally got put together.

JD: One of the things that you've talked about—

[Recording stops and then resumes]

JD: [Laughing] Okay, I figured you would.

JG: "One of the things"—that was the first part of that sentence.

JB: We're back.

JG: Okay? And so, we were doing clinical care. That is, doctors seeing patients, many of whom had never seen a physician before in their life, or if they had, had never been examined,

because the white practice was that the patient came out of the segregated waiting room, sat across the desk, the doctor looked at them, maybe listened to them, didn't examine them, and wrote a prescription. And we were different. We had part-time, Aaron and Bob Smith, Aaron Shirley and Bob Smith. We scored several other coups: the recruitment of Harvey Sanders, a black, multiply qualified surgeon from Hollandale, Mississippi; a physician, Charles Humphrey from Fayette; and Helen Barnes, a native Mississippian who had practiced in Greenwood after graduating medical school and then gone to Brooklyn and trained, got her board certification in Ob-Gyn, and came back and looked at us while we were still building the health center. I chased her for two years, and she said, "This is just a hole in the ground. As soon as you get the health center built, call me again, and I'll come." [3:05:00] This is a lady—you've got to imagine Pearl Bailey with an M.D.—who was vitally important. And so, we slowly grew.

And then, I recruited David Weeks, who had been running medical care for Aramco in Saudi Arabia and decided his kids were old enough to come to the U.S. And I somehow convinced him that the cutting edge of what was going on in the United States was in Mound Bayou, Mississippi, and he became our clinical director. So, we had this triumvirate of John Hatch, Andy James environmental, Dave Weeks clinical, Helen Barnes, and others. The ten health associations each sent delegates to an organization called the North Bolivar County Health Council, which was our official advisory group.

The other thing that had happened that's worth noting is that we had tried to charter the health center as a not-for-profit organization in Mississippi, which it was, and the law at that time was that the governor had to sign all not-for-profit charters and, of course, he wouldn't. So, we had to organize as a charitable trust while we fought it in the courts and won. But in the meantime, it was a charitable trust, which meant that the trustees of Tufts University had no

corporate protection, and six or seven of them put all of their assets in their wives' names and became the trustees of the charitable trust that was the health center, one of many, I think remarkable things that institution did.

The next thing John Hatch did—I had told him all about Pohlela. He was an enthusiastic gardener himself, in any case. And we thought maybe we could get people to start some vegetable gardens, because there was vacant land around some of these tracts and stuff that could be maybe used. And we thought maybe we'd get a hundred families to do vegetable gardens, and a thousand families raised their hands. And we realized that we were looking at people with agricultural skills, now unemployed as sharecroppers, sitting on the richest land in the U.S, the topsoil twelve feet deep, which was totally devoted either to cotton or soybeans or, under acreage restrictions, to nothing. And there were around Mound Bayou a modest number of black farmers that owned some land.

And they, John and his crew, organized the North Bolivar County Farm Cooperative as part of the Southern Federation of Cooperative Organizations, starting out with about 20 acres from one and ten acres from another of the local black farmers that were sitting idle and they donated to us—nobody had tried truck gardening in the Delta before—with this remarkable woman, L.C. Dorsey, as the deputy director to Farm Coop. L.C. had been a leading activist, had left school in the ninth grade to work with Fannie Lou Hamer, married at 16, I think, continued the activism. Married a sharecropper, had six kids, joined us as a trainer of nurse-aids early on, did her GED at the health center, one of the programs we had.

We had an Office of Education and hired the retired principle of the Mound Bayou High School as its director, and were making arrangements through our own connections to send young people to schools and colleges around the country, prep schools in some cases, and

universities and professional schools in others, because there were people around, [3:10:00] not only with high school degrees, but people with college and professional degrees here and there, mostly working as teachers in the usual traditional role.

And in that first segment, we sent seven people to medical school—two to Tufts, the first two, both of whom, after they got their degrees and training, came back to work at the health center—nursing school, social work school, pharmacy school, plain college, two people getting master's degrees in clinical psychology at the University of Washington in Seattle, and two courses that John Hatch and Andy James organized, or three. Andy brought in people from all around the country and trained the first ten registered black sanitarians in Mississippi history, all of whom after Andy's course, local people, went down to Jackson and took the exam and passed. A second course that we called College Prep, or Preparatory Professional, that two-year staff taught, a number of whom ended up going to college or professional school, particularly at Stony Brook, a little later on.

And the Farm Coop—we went up and got a big grant from the Ford Foundation, and John and L.C. organized what became a 500-acre, irrigated, triple-crop, mechanized, partly mechanized farm, involving somewhere between four and six thousand persons from Bolivar County, who planted vegetables, raising vegetables instead of cotton or soybeans. And the way it worked is they were full members of the coop. There were coop [boards], parallel to the local health associations, but different. And they traded their labor both for some immediate income, and then shares in the crop, and grew over the next several years literally thousands—I think tens of thousands, once we got to five hundred acres—of tons of vegetables, okra, beets, sweet potatoes, yams, high protein corn, potatoes, greens of all kinds, cukes. You name it, we grew it. And, indeed, for a while, ran a meat locker and started to sell surplus in the open local market.

And even had dreams, for a while, of getting a cannery and growing soul food that could be canned and sold in the Northern ghettos. We had the backing of the people in Minnesota that owned the Jolly Green Giant. And John and I, John Hatch and I, went up and talked to them and said what we would like to do, and could we call it the Jolly Black Giant? And they thought that was a wonderful idea. And the government had a cannery 30 miles away that had been in white hands and gone bust, and the economic development agency wouldn't give it to us. It became clear that government was interested in palliative programs for black communities, but not in capital programs and entrepreneurship and real things that they would run and operate.

JD: One of the problems that faced rural Bolivar County was that people didn't have cars. They didn't have access to the center. [3:15:00] How did you do outreach there?

JG: The Health Council—we kept shifting as many programs, ancillary programs, as we could to the Health Council, which got independently funded by OEO. That became a practice. And so, they ran—we had a parallel organization that was separate in the Farm Coop and the Farm Coop board and its staff. The Health Council also ran an emergency food program—that was really a WIC program for mothers and infants—and a library and bookstore as the cultural center and an early childhood intervention program in the ten satellite communities where we had places where, initially, people could come to be transported to and from the health center, because we are, again, talking 500 square miles and a lot of towns.

And so, the Health Council, together with us, but under their control, organized a bus transportation network that operated through all of the ten towns of Bolivar County to and from the health center, but around. And it became not only—and we had ambulances and other vehicles for staff, and particularly the visiting nurses—but also became, to some extent, extended opportunities for economic mobility. You had a way of getting from the rural area to the town,

where there might be a job, or to another town, where there might be a job. So, the Health Council had its own set of activities.

And also, we had used our leverage, and they did—they started inventing programs of their own. In Round Lake, a small town north of us, a remarkable woman, Mrs. Robinson, recognized a need that we hadn't fully seen or understood that there were all of these isolated elderly folks living alone, whose kids and grandkids had gone to St. Louis or Chicago, and were often in desperate circumstances, hungry, isolated, and needed help. So, the first thing she did was organize a meal program, and then an entire social network program where they all got together three or four times a week and not only got their meal, but had a range of activities with each other all day, so they were not isolated. Despite—extended family support didn't work that well, because so many people, as in South Africa, were gone somewhere else, looking for work. So, they were participant in everything.

It's worth mentioning an episode, I think, unique in OEO's history and a part of this story. We're doing clinical care, midwifery, health education, professional training, growing food, repairing houses, plantation shacks, with screens, a variety of ways we're going after food, including the Food Coop, the Farm Coop in particular—intervening, in effect, in all of what are now called the social determinants of health, the things that were making people sick in the first place, because these environmental circumstances were such a major factor in what was making people sick in the first place.

We really tired, over and over again, of seeing infants with infectious diarrhea and dehydration, moribund from drinking water in the drainage ditch, and if we were lucky, [3:20:00] finding a vein to stick a needle in to rehydrate them, put them in the hospital, and what? And send them back to drink some more water from the drainage ditch? It was ineffective

economically, but much more important in human terms—needed this other kind of intervention. And now, almost 50 years later, people are finally starting to focus once again on social determinants of health and the fact that it is not just medical care alone that needs to be changed.

JD: Dr. Geiger, you have given us, I think, a wonderful summary in the last two minutes of exactly what the Tufts Delta Health Center did. We have taken too much of your time. This has been fascinating. But I'm wondering if you would tell us something about the situation in which you left Mound Bayou and your career since that time.

JG: Okay. Two things should be noted out of all of this, and they involve hundreds of thousands professional people by now, so it is hardly just myself and my colleagues. There are now more than 1200 community health centers in the United States, in every state and territory. With their satellites, they are providing care at a little more at 8000 different sites. If you put all of that on a map, it looks like a map of the United States with measles there are so many of these places. They have—they take care of a little more than 20 million people, low income, whites and blacks, mostly minority and Hispanic and Native American people, urban and rural, and in the migrant streams and in public housing projects and in schools, public schools. And that is what has grown with the input of thousands of other health professionals and thousands of other communities.

As they have evolved, now under the rubric of Health, Education and Welfare, now Health and Human Services and the Bureau of Primary Care, they have since 1975 become unique in the American health care system in the following respect that stems from all of this early work: Every community health center, federally qualified community health center, has to be by law a not-for-profit organization, with an elected board, 51 percent of whose members must be current patients of the health center. There is no other part of the American health care

system where patients have this kind of voice in the policies and direction of their own medical care. So, that needs to be mentioned as really the most important thing that has gone on since those days.

In personal terms, in 1971, I think, or thereabouts, I switched from Tufts Medical School to the new, then-new Medical School at the State University of New York at Stony Brook on Long Island. And, as part of a process in which the Health Council, understanding that it could stay with Tufts—they weren't like some piece of suitcase that I carried around. They could stay with Tufts, they could come to Stony Brook, they wanted to look at Wisconsin and Meharry. They made what I believe is the only set of reverse site visits by a community group, going to these places and saying, "Well, if this project comes to you, what will you offer our community?" In the way of scholarships, for example. And they ultimately chose Stony Brook. And something like 19 people that I can count from Bolivar County and our area went to the State University of New York at Stony Brook on scholarship and got their degrees. And that was more, even, than we had done at any single institution before then.

I had a difficult time at Stony Brook. [3:25:00] I am a city boy. I am fine in the boondocks of Mississippi or other rural areas or South Africa. Sydney and Emily Kark, by the way, and their colleagues came, and John Cassel—came and visited both Columbia Point and the Delta Health Center in Mound Bayou. We have come full circle.

John Hatch, I should add, in case he's not on your list to interview, was—left to do a doctorate in public health at the University of North Carolina School of Public Health. And the minute he got a doctorate, they hired him as a member of their faculty. He went on to become the William R. Kenan Professor of Public Health, the first African American to hold an endowed chair in the health professions at that university. And through the Christian Medical Council and

a whole variety of foundations and other organizations to which he was consultant, became really an international force for community health organization, health care delivery, and change.

I left Stony Brook because there was going to be—there was just forming a new medical school in New York City, called the City University of New York Medical School, that was going to be explicitly devoted to training people for primary care in underserved urban areas of New York, with a particular focus on the recruitment, admission and recruitment, of minority and low-income students. To overcome some of the traditional barriers, we admitted students upon their graduation from high school and combined college and the first years of medical school at low tuition. They were [to] go on to regular schools for the clinical years to get their M.D., under an agreement in which they would pay back with at least two or more years of service as primary care physicians in underserved, mostly urban areas of the city and state, in effect, the opportunity to train people to do what I and all the other health center people had done. And, indeed, our clinical campus became, which I helped organize, became eight community health centers in New York City. And that's where our students had their first clinical experience.

And so, I founded the Department of Community Health and Social Medicine at the City University of New York Medical School, now called the Sophie Davis School of Biomedical Education. And I was there from 1978 until I nominally retired in, I think, 1996 or some such year, although I continue to teach every year, keep an office there, and be active. Have since been very, very much involved with both medical education organizations, public health organizations, National Medical Fellowships, which is the major NGO that supports medical education and other health-related education of minorities, now with a new organization called Medical-Legal Partnerships that puts lawyers in every community health center and hospital it

can to start addressing the legal problems that are making poor patients sick in the first place: lousy housing, mold in the walls, exploitative landlords, exploitative job bosses, and other legal difficulties, which has the wonderful effect of sensitizing the medical staff to find out about these social environmental problems that are contributing so much to the illness [3:30:00] of these populations.

So, I am still rattling around, trying to disturb the peace and keep some of these efforts going through other organizations. At 87, which is what I am now, I don't quite have the stamina for doing some of the things that went on in the '60s and '70s and '80s, but there are other roles. And one of the most important ones—I just, for example, have been supervising a more than four million dollar grant, the National Medical Fellowships, that puts minority students on elective clerkships in community health centers. The most important task at this point is to do what I can to see that there becomes a next generation of people in the profession and outside the profession that has this orientation and does this work.

JD: I would just like to conclude by pointing out that the Institute of Medicine and the National Academy of Sciences honored Dr. Jack Geiger, quote, “for creating a model of the contemporary community health center to serve the poor and disadvantaged and for contributions to the advancement of minority health.” That is an understatement, if anything! Thank you very much, Dr. Geiger, for sharing your life with us.

JG: Well, my pleasure, folks.

[Recording ends at 3:31:47]

[END OF INTERVIEW]

Transcribed by Sally C. Council