Official history never quite captures the whole story.

Sometimes, we need the memories of those who were there to really understand. And that’s especially true of great public institutions like Community Health Centers. It’s hard to imagine our city without them—but I remember when they didn’t exist. And I remember how ABCD, Boston’s Community Action Agency, not only helped start the first Community Health Centers, but stepped in, more than once, to make sure they survived.

The sixties were a difficult time in America’s cities, full of protest and racial strife. Out of that unrest, new ideas were emerging. While no one had yet said, “Black lives matter,” some were acting in that spirit. But the new ideas were fragile, struggling for life. One such idea was the dream of community health centers,—places that would finally do something about the fact that, as Dr Jack Geiger said, “The poor get sicker and the sick get poorer.”

This was one of the most audacious ideas to come out of President Lyndon Johnson’s War on Poverty. The Economic Opportunity Act of 1964 (EOA) created many new institutions—including Community Action programs, “anti-poverty” agencies that would, for the first time, give poor people themselves control over the federal funds intended to help them. Action for Boston Community Development—ABCD—was incorporated in 1962 and named Boston’s anti-poverty agency in 1965. Only a few months later, funding through EOA was approved for the first two neighborhood health center projects in the nation: one in Mound Bayou, Mississippi,
and one in Boston, at Columbia Point. Funds for Boston would flow through ABCD to its subcontractor, Tufts New England Medical Center.

At Columbia Point, the need was grave. Built in the early fifties, the project, comprising 1,502 units in 30 seven-storey structures, was located on a 50-acre oceanfront setting. It was one of the largest public housing projects in the nation. But by the sixties, blue-collar workers had moved out, and the families who remained were desperately poor. Isolated on a peninsula reaching a mile into Dorchester Bay, the residents had no nearby grocery stores, schools, shops or medical care. Most of them were black or brown—unwelcome in the bordering communities. Most were uninsured. They seldom saw a doctor, unless it was in the emergency room.

Under the terms of the new legislation, ABCD and Tufts worked with residents of Columbia Point to create a community board which would guide the new center. Supplies and equipment were bought; lab space and examining rooms were carved out of apartment units. Anti-poverty warriors from ABCD, medical specialists, and residents struggled through all of the challenges that come with doing something that had never been done before.

The successes came quickly. Children got immunized. Adults who had never had a check-up saw a doctor. Cases of high blood pressure, heart disease, diabetes, and even malnutrition were diagnosed and treated, saving money and improving lives. The Health Center staff understood that they were treating poverty as much as they were treating disease, and they helped their patients get food, fuel, and help with education and jobs.

But life outside the doors of the health center was getting worse. By the seventies, crime at Columbia Point was so severe that fire trucks and ambulances wouldn’t enter without a police escort. Gangs roved the deteriorating apartment buildings. And then, in April, a mugging in a dark hallway almost put an end to Dr Geiger’s dream in Boston.

A senior Tufts administrator of the health center was found lying on the floor in a pool of his own blood. I was there only a few hours later, and it was a frightening situation. He had been hit on the head with a heavy object, possibly a lead pipe. His wallet was missing. He sustained serious injury, and I don’t think he returned to the practice of medicine. Within days, his employers at Tufts New England Medical Center decided to pull out of Columbia Point. The safety of their staff was paramount. For Boston, the experiment of community health centers seemed to be about to end.

With the departure of Tufts, ABCD’s leadership was faced with a wrenching decision. Could the health center be saved? After all, it was now reaching hundreds of children, teenagers and adults every year, most of whom had no other place to go. ABCD was not a hospital—but there was nobody else who could step in. ABCD worked with the then-Department of Health Education
and Welfare (HEW) to craft an emergency plan. The doors stayed open. Among other changes that the plan required, ABCD had to amend its by-laws and become a certified medical provider. As ABCD employee Dorothy Garrison later said, “It was a dangerous place, but we were there.” ABCD operated the center from 1972 through 1984.

Despite all the obstacles, the Center continued to make progress. More patients came. More services were provided. More children, elders, and parents got the care they needed.

And the work of building community institutions went on in other ways, too. One day Ms. Garrison, then the Director of the Harbor Point Center, came with me to meet executives from Gerber Foods. These gentlemen told us that money in Washington, intended to help poor mothers buy healthy food for their babies, would be wasted unless they could find a way to get it into low-income communities. We had to try. Working nights and weekends, we created one of the first WIC (Women, Infants and Children) programs, from scratch—printing coupons on a mimeograph machine, negotiating with banks and supermarket managers. From this improvised beginning, the seeds of the modern WIC food program grew.

One year after the Columbia Point center opened, we got a call from a state official asking, “Do you want to do another health center?” We said yes. Shortly after that, a new community health center opened its doors in the Mission Hill housing project, which at that point had one of the highest infant mortality rates in the Northeast. The Mission Hill Health Movement, a committee of ABCD’s local service center, had started providing health services in conjunction with volunteers from Northeastern University in 1971—through a one-day-a-week drop-in center. Now they expanded, and incorporated the Fenway Community Health Center in 1975.

The growth continued. ABCD got a third grant to open a center in Roxbury. A fourth center opened in Mattapan, was incorporated in 1974, and began to provide family planning services using Federal Title X funds administered by ABCD—one of the connections that still ties Community Health Centers and ABCD together. Federal Title XIX funding—Medicaid reimbursement—was soon provided to centers, strengthening them financially. Joe Smith, an ABCD employee long known as “the Mayor of Allston-Brighton”, who had started planning with the community for a health center as early as 1968, saw the Joseph M. Smith Health Center open in 1974. Later, he pulled the emerging network of centers together into a “league”. Subsequently the League of Massachusetts Community Health Centers, under the leadership of advocate Jim Hunt, became a national force to be reckoned with—and ABCD paid his salary until the League could stand on its own.

And as time went on, change came to Columbia Point. In 1984, the state of Massachusetts turned the property over to the private firm of Corcoran, Mullins, Jennison (CMJ). They razed the old buildings, and turned 883 of the 1,283 new units into market-rate housing. A health club, tennis
courts, and a swimming pool were added. Hailed as a “successful model of urban revitalization”,
the re-named Columbia Point, now Harbor Point, also got a refurbished health center. Harbor
Health, Inc. came in to run the center, and it continues to fill a crucial need—now as the Geiger
Gibson Health Center.

Now, fifty years later, the Community Health Center model is thriving in Boston and across the
country—it is a crucial part of America’s health safety net. Nationally, 1,198 CHCs exist,
operating 8,912 sites and serving more than 21 million patients. They save the United States
health care system an estimated $24 billion a year. And it is worth noting that the principles
which make Community Health Centers effective are still those outlined in the Economic
Opportunity Act of 1964. They seek to remove barriers to care for the disenfranchised and the
poor, attacking the roots of poverty and addressing the social determinants of health. They are
community led; each is governed by a community board with a patient majority. That’s a
revolutionary combination.

I’m proud to recall ABCD’s part in launching this model—one of the many success stories that
began with the War on Poverty, and continue to this day. And, of course, ABCD didn’t stop
“treating poverty” in 1984. We continue to deliver critical services to disadvantaged people—
family planning, AIDS/HIV prevention, men’s health care screenings, initiatives to fight
obesity—all in partnership with the Community Health Centers that carry on Dr Geiger’s dream.

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