

The Columbia Point Health Center: Health Care in the Urban Ghetto

The quality of medical care that one receives in this country has always depended upon how much one could pay. With the passage of medicare, the elderly have been exempted from this system of medical practice, of extortion if you will. A person is expected to pay handsomely for the maintenance or restoration of his health. If one is unable to pay the demanded price, fee, one is not entitled to receive the best care available. If a person is poor and cannot afford a private doctor or health insurance, he is welcome to use the big city clinic--after waiting hours to find out whether he is qualified economically and sometimes medically; it's another system the poor have to learn to beat (ie by telling the doctor it's his first visit to save the time locating record).

Health care for the poor has never equalled their needs. To the poor, the concept of a family doctor is a foreign one; they lack doctors in cities like Boston and New York where there are plenty of doctors. A substantially higher death rate for infants is found among the poor; for Negro babies it is twice that of white babies. Yet, the poor have the lowest utilization rates of medical services because of many barriers: cost, eligibility requirements for care (in practice health is not something to which we are entitled), distance, time, ignorance of resources available, impersonality at clinic--until poverty becomes a cause of death. As one woman in East Columbus, Ohio said of a university hospital near her home, "They spend millions of dollars on this hospital, but there ain't no room for the patients." In public clinics the attitude is that the patient is supplying diseases for the doctors. Medical schools dislike moving into the community; for instance, Harlem Hospital in New York is suffering because of the refusal of medical schools to affiliate with it.

Columbia Point is the site of a public housing project below South Boston. From a distance, one is impressed by the architecture--so penal it is nicknamed San Quentin-by-the-Sea. It is in isolation, surrounded on three sides by Dorchester Bay; in line with the landing approach to Logan airport, it is used to be a garbage dump. The Health Center was designed to provide comprehensive ambulatory medical care for a population with no doctors and one chiropractor who made night calls.

Columbia Point has 1200 families, with a total population of 6500. Of this, about 700 are over 65 and 4000 are under 16. One third of the families are on welfare. Ten years ago, the project was one percent Negro; it was twenty per cent Negro in 1964. Today it is thirty eight per cent Negro. At the Columbia Point School, 51% of the children in Kindergarten through 4th grade are black. One third of the Negro residents were born in the South. Before the Health Center was established, the only health care available besides private doctors was Boston clinics; the mean time that it took at Boston City Hospital was five hours.

The Health Center opened in December, 1965. Located in the middle of the housing project, it is run by the Department of Preventive Medicine at Tufts University Medical School and financed by the school and the Office of Equal Opportunity; The residents pay nothing for medical care at the center. It was envisaged as becoming an integral part of the Health center and vice versa, using health as a route into the community for social change. Where two thirds of the residents are children, health is of