medicine or upon public or non-profit clinics and hospitals it tends to be piecemeal to be poorly supervised and uncoordiated. In most of your larger cities the hospital outpatient department together with the emergency room provides the basic sources of care for the poor. Today's outpatient departments still retain some of the attributes of their predecessors, the Eighteenth Century dispensaries. They are crowded, lacking in concern for human dignity, and to make it worse, no longer free.

And Dr. Yerby continued:

To these unhappy circumstances has been added a steady proliferation of specialty clinics so that it is not uncommon for the hospital to boast of 30 or more different clinics meeting at different hours five or six days a week. The chronically ill older patient who frequently suffers from several diseases conditions or poor families are seen in several clinics which frequently meet on different days and even if the clinical record is present and readily available it is difficult if not impossible for any one physician to know the patient as a person and coordinate his care.

He concluded that eloquent address that moved every physician that was in the room at that time with a call for action which is really hard to ignore. He said that Americans must learn to organize their health system in such a way that all Americans, regardless of income, will have, and I quote him again:

Equal access to health services as good as we can make them and that the poor will no longer be forced to barter their dignity for their health.

George James, who was the Commissioner of Hospitals of the city of New York in 1964 said that sheer poverty is the third leading cause of death in most of our cities. He told the story of an old man some 70 years of age and at the bottom of whose medical chart was written the statement: "This is an uncooperative patient." Upon closer investigation he had 12 separate major pathological diseases entities for which he had had to be referred to 10 separate clinics, and as Dr. James tells the story, he was so sick that he couldn't make his way through this web of clinics that confronts the poor in the outpatient departments where they go to be served.

Taking a look at the next chart we see something of what confronts a poor family right here in the District of Columbia. That chart sort of summarizes the things in Dr. Yerby's statement. But to look at it a little more concretely this next chart shows a page from the District of Columbia telephone book and all the kinds of places that a poor family living in this area of our country would have to go in order to organize comprehensive health care.

If we move to the next chart you can see what some of those clinics are and some of the places a person would have to go in the area if they were to try to organize for themselves comprehensive care for all the members of the family. That chart lists some of the separate clinics that are in existence in this area that a family would have to visit, all of them open at different hours, all of them with different eligibility standards, all of them taking one or another member of the family, practically none of them admitting all of the members of the family.

Mr. GIBBONS. Will the gentleman yield at this point?

Is that broad line in the middle of the chart the Potomac River?

Dr. ENGLISH. Yes, sir. That is correct. That is an attempt to represent the situation in Washington but it would really not be too different in almost any city where you tried to plot out the same kind of