

thing. That is why this legislation which you have given us as a part of the community action program has really given us an opportunity to take what we as physicians have learned over the last 20 years and to bring it to people that really have not yet benefitted from this knowledge.

You have given us the opportunity to provide comprehensive health services to families in poor urban and rural areas of this country and I think the language of the legislation is interesting when it states that these services should be derived from the needs of the people to be served, not just what we as physicians think is right or what is convenient for us but that in these programs a primary emphasis be the needs of the people to be served and that it be with their participation.

This is part of the way that the community action spirit is represented in this program.

I would like to tell you, sir, of what this means in one community that I have personally had a chance to visit. It is the community of Watts in Los Angeles. It is a community where a member of this committee has helped us in getting underway the health program that is about to open there, Congressman Hawkins. As you know, sir, the Watts area of Los Angeles contains 350,000 people living in a land area almost the size of the city of San Francisco and in that area there is not a single hospital. When you listen to people out there as we have had a chance to do, they have a saying and it is, "Are you \$10 sick," because if you get sick in Watts you are going to have to travel an average of 12 miles to get to the county hospital. There isn't very much public transportation. It seldom goes where you need to go so that it costs you about \$3 by cab to get there if you are really sick, and it is going to cost you \$7 on an average when you do. So that unless you are \$10 sick you don't go, and this is the experience that we as physicians have seen in hospitals all over the country that the poor are much sicker by the time they overcome the barriers financial and otherwise to come for care.

In that community under the leadership of Dean Roger Egeberg, the dean of the University of California School of Medicine, that has services at the Los Angeles County Hospital, so far away from the people living in Watts, they are reaching out into the community and in the middle of this are constructing at this moment a neighborhood health center. In a few weeks there will be 25 full-time physicians serving the poor—30,000 of the poor in that area of Los Angeles.

Many of them will be from the University of Southern California itself; many local doctors working part or full time in the program and for the local practitioners in Watts. This may reduce their alienation from the mainstream in American medicine because they will have an opportunity to become a part of the faculty of that medical school by their participation in the program and to have educational programs there as a result of this partnership between the medical school and the community.

Those physicians, sir, will be organized with the needs of the entire family in mind. They will be organized in family health teams with an internist available for the adults in the family, pediatricians to take care of the children and public health workers and social workers to help out. People from the neighborhood will be a part