health center and was disappointed when some of the neighborhood people took him down to the place where it was being constructed. There were only pipes coming up through the ground and there was nothing to see. The visitor left disappointed. Mr. Brown said, "You know, Dr. English, it shows you the difference between someone from the outside looks at those pipes coming up from the ground and the way we the people of Watts look at it. Let me tell you about those pipes. Those pipes are the promise to us, they are the promise of something growing out there but it is growing inside us. For the first time the people in this community feel that they have their teeth into something. And—as I quote him—"We are going to stay kicking to keep it."

I think that expains, Mr. Chairman, why if you walk down the streets in Watts where that center is going up you see the children not only looking through the fence every day and watching the pipes really turn into the center that will soon be open there, but you see them wearing the button that says, "Better health for Watts." This is the kind of thing that the neighborhood in its interest in the center

is wearing to symbolize the way they feel it to be their own. So sir, although we hope to give high quality health services, part of the reason it is a community action is because there are other things about it that are as important in the terms of the participation of the

people themselves.

I would like to tell you about some of the things that we are learning in communities where centers are already underway. For example, if you take the number of persons who have seen a physician at least once during the previous year in the United States at large for families with incomes under \$4,000 a year, you will find that less than 60 percent of those families would have seen a physician in the last year. But if you go to the city of Denver where that would have been true 2 years ago but where we now have one of these neighborhood health centers under operation, 85 percent of the people in that community have seen a physician now in the last year. If you go to Boston to Columbia Point where Tufts Medical School has done one of these centers, 92 percent of the people living in that community have now seen a physician for the first time in the last year. If you take the percentage of mothers receiving prenatal care in this country, and you recall that of the mothers of the babies, 50 to 55 percent never received any prenatal care, you will find that figure was true in Columbia Point before the Tufts Medical School started a center. In 1 year's time 97 percent of the mothers in Columbia Point, Boston, have received prenatal care.

In Denver where we are dealing with a larger population it is now between 85 and 95 percent of the mothers. Less than 11 percent of children from families with incomes under \$4,000 a year saw a pedia-

trician last year.

But in Denver last year 85 to 95 percent of the children under 15 years of age saw a pediatrician; at Columbia Point it is already up to

Sir, we have not yet had enough experience in these programs to be able to give you definitive statements about their results but I think these figures are some indication of what is being made available to