hungry—weak, in pain, sick; their lives are being shortened . . . They are suffering from hunger and disease and directly or indirectly they are dying from them—which is exactly what 'starvation' means."

Sir, that is a part of the country rural Mississippi where in partnership with the Tufts University School of Medicine the people of Bolivar, Miss., one of the poorest rural areas of the country, are about to start a rural neighborhood health center.

Science magazine, which is probably one of the best-read scientific and medical publications——

Chairman PERKINS. How significant is State participation of title XIX of the Social Security Amendments of 1965?

Dr. ENGLISH. I think it is significant in two ways, Mr. Chairman. First, in many of the poorest areas in the country it make take a while before those States are able to implement title XIX so that our program together with other programs like the Public Health Service programs are able to work together to provide comprehensive care until title XIX is implemented. Then in a State where it is implemented our program is a sort of conduit so that the money that becomes available through title XIX legislation will come out in comprehensive health care.

Money is only part of the problem. When there are no doctors or hospitals and you have to travel 400 miles in some parts of the rural areas of this country you need more than just to break down the financial barrier. If I could I would like to submit the article from Science magazine.

Chairman PERKINS. Without objection, so ordered.

(The article follows:)

[Article in Science Magazine]

RURAL HEALTH: OEO LAUNCHES BOLD MISSISSIPPI PROJECT

In the health field, medical research was the favored child of previous administrations and research activities flourished. The Johnson administration, though by no means allowing the research establishment to suffer harsh deprivation, has been placing a new emphasis on the delivery of health services. Accordingly, the effort under the antipoverty program to provide comprehensive health care centers for the poor is, while still small, growing rapidly. The first "neighborhood health centers" were established in urban slums, but soon some centers will be springing up in rural America. There the problem is not so much that of reorganizing and supplementing available health resources—the great need in the cities—is that of creating resources where few now exist.

By June 1, the Office of Economic Opportunity (OEO) had made grants totaling more than $30 million for a score of comprehensive health projects, including six rural projects approved within the last few months. Neighborhood health centers are operating in Denver (*Science*, July 29, 1966), Boston, New York, and several other cities. Now Tufts University School of Medicine, which is operating the Columbia Point project in Boston, will undertake a similar venture in the Mississippi community of Mound Bayou, an all-Negro town in Bolivar County, at the heart of the cotton-growing delta region.

The Mound Bayou center, the first and most ambitious of the comprehensive rural health projects OEO has approved, will open this August and begin serving the poor of a 400-square-mile area with a population of about 14,000. The estimated cost of the project during its first 9 months is about $1 million, which will cover the purchase of medical equipment as well as operating expenses. Other rural or rural-and-small-town health-center projects approved by OEO include those planned for Monterey County, California, Bellaire, Ohio, and two counties in Appalachian Kentucky.

A steady increase in the number of neighborhood health centers, urban and rural, is contemplated. President Johnson has endorsed an OEO goal of 50