centers in operation by July 1968. Besides being appreciated in their own right, the centers are regarded by some antipoverty strategists as an excellent entering wedge for an extensive antipoverty effort. As one health project director put it, "even if you don't give a damn about dead babies, it's just not politic to say so."

The Mound Bayou center, or "Delta Community Health Agency," represents an attempt to shape a winning strategy for aiding one of the nation's major poverty groups. Not only do the Negroes of the rural South constitute a large poverty group in their native region but they are the source of the great flow of migrants into the ghettoes of the cities of the North and West. The project at Mound Bayou will not be typical of others OEO may sponsor in the South. for it skirts certain racial and political problems. Ordinarily OEO expects local community action agencies (CAP's) to serve as project contractors. But the planning that has led to the Mound Bayou center was initiated by Tufts Medical School's department of preventive medicine as a research and demonstration project. If the Bolivar County CAP had initiated the project—not a likely possibility—the difficulty of doing anything truly innovative in the face of opposition from the delta area's extremely conservative politicians and physicians would have been enormous. Tufts, by selecting a Negro community as the site and by contributing its own professional resources to the center, seems to have largely avoided this problem.

Nearly two-thirds of Bolivar County's 58,400 inhabitants are Negroes, and for 60 square miles or so around Mound Bayou, in the northern part of the county, almost all the land is Negro-owned. Mound Bayou traces its beginnings to the period following Reconstruction; it became an incorporated town in 1898 and now has a population of about 1300. The mayor and other local officials are Negroes.

Although the Mound Bayou area has an unusual number of Negroes earning decent livings from their cotton farms and business enterprises, the population in general is poor and the pressures to migrate are heavy. From 1950 to 1960, in the county as a whole, the Negro population declined by more than 14 percent. A high infant mortality rate (56.2 per 1000 live births during 1964) indicates the deplorable health conditions under which most Bolivar Negroes live. And in Bolivar, as elsewhere, the companion of poverty and ill health is ignorance. At least half of the county's adult Negroes have less than a fifth-grade education.

Left to itself, Bolivar would be a long time in bringing good health services to the Negro population. There are some 20 physicians, three of them Negroes, practicing in the county; only a few live in the area is which OEO health center is to provide intensive service. In this area there are two small, financially hard-pressed hopsitals founded by Negro fraternal orders; each is attended by a Negro physician who devotes some time to private practice. Bolivar's principal medical facility is the modern hospital at Cleveland, the county seat, where most of the 20 doctors practice. This hospital has been unwilling to comply with the Civil Rights Act of 1964, and unless it shows evidence of a change of policy its access to federal funds will be cut off this month.

The Tufts staff found that many of Bolivar's poor Negroes have no ready access to medical service. Bolivar has no public "charity" hospital, and a barrier to admission to the county hopsital is the frequent demand for a $50 cash payment in advance. Negroes are often referred to the state charity hospital at Vicksburg, more than 100 miles away.

Moving into this near-vacuum, the Mount Bayou center will provide free diagnostic service and treatment for all the poor of its service area. An ambitious "outreach" program will be mounted to encourage families to use the center.

When the center's staff attains top strength it will have a full range of health personnel and social workers. The director will be an M.D., H. Jack Geiger, professor of preventive medicine at Tufts. The associate director will be a Negro social worker from Boston. In addition to 12 physicians (pediatricians, internists, obstetrician-gynecologists, a psychiatrist, and a surgeon), the staff will include 11 registered nurses, two nurse midwives, three social workers, a nutritionist, and various laboratory technicians and other health workers.

A large corps of nonprofessional workers will be recruited locally and trained for such tasks as health education, improving environmental sanitation, and organizing the community health associations which are expected eventually to take part in deciding center policies. Meaningful community participation in