policy-making, which has a high place in antipoverty-war doctrine, is expected to be much more difficult to achieve for Bolivar's widely dispersed rural population than it has been for the urban poor.

A crucial question concerning OEO's neighborhood health centers is that of whether they will be able to maintain their initial quality and élan. The question will be even more pertinent in the case of a center started by a university team which eventually will depart. Geiger says the hope is that within 5 years the Mound Bayou center will be staffed and directed primariy by Mississippians. Four of the physicians on the original staff will come directly from Tufts (all staff physicians will hold faculty appointments). But Geiger has a stack of letters from Negro physicians, technicians, and nurses who were born in Mississippi and would like to return, provided good professional opportunities are available. All three of the Negro physicians Geiger has hired thus far for the center are natives of Mississippi, and two of them were recruited in the North.

Tufts and OEO are seeking to strengthen the Mound Bayou hopsitals as a step toward enlarging the pool of technical and professional resources available to the health center. Most of the center's patients needing bed care will be referred to one of these institutions, and, as the hopsital staffs are expanded, joint appointments to the hospitals and the center should be possible. The hospitals, which have been merged administratively, are expected to receive a federal grant for an expansion program planned for an expansion program planned with the assistance of Tufts and of Meharry Medical College, of Nashville, Tennessee, where about half of the nation's Negro physicians have been trained.

The Mound Bayou center's long-run prospects for achieving a major degree of financial self-sufficiency depend, Geiger believes, on an improvement in the area's economic condition. Tufts, along with Atlanta University and several federal agencies, is assisting in the planning of a general upgrading of public facilities, and in efforts to bring in industry.

The health center and the local hospitals would benefit financially from Medicaid, but Mississippi has not yet elected to participate in this program of assistance to the medically indigent. However, the Mississippi State Medical Association, which views the Mound Bayou project with distaste, has been promoting the establishment of a Title 19 program. The comment has been made that, without Medicaid, other OEO health centers are likely to be established. "I'm delighted that the OEO program acts as that kind of a catalyst," says Geiger.

Geiger adds, however, that he hopes his center will enjoy cooperative and noncompetitive relations with the state and county health agencies and with white as well as Negro physicians. Even before Mound Bayou was chosen as the site, Geiger discussed the project with Archie L. Gray, the state health commissioner. He has since explained it to a number of other individuals and groups belonging to Mississippi's medical community. The response has not been encouraging. Gray appears to regard the center as a Trojan horse. "My feeling is that its purposes are other than as stated," he says cryptically. Such suspicions have not been lightened by the knowledge that during Mississippi's long, hot summer of 1964 Geiger served at Jackson with the Medical Committee for Human Rights, a group concerned with civil rights and health.

The Delta Medical Society, to which Bolivar County's white physicians belong, has condemned the Mound Bayou project, reportedly by a vote of 30 to 1, with a few members abstaining. To many, the project smacks, no doubt, of socialized medicine. But the thing perhaps resented most of all is the fact that the project will be run by outsiders—by Tufts, a Yankee institution.

Could the project's apparent isolation from Mississippi's white medical establishment have been avoided? Might it have been possible, for instance, to have the University of Mississippi Medical Center, at Jackson, collaborate with Tufts in running the Delta Health Agency? No definite answer is possible, for, although the delta project has been discussed with the university, neither Tufts nor OEO has suggested or contemplated that the University Medical Center might share in the project management. Yet, although the Medical Center has had progressive leadership, it seems altogether unlikely that, whatever its inclinations, the center would have found it politically possible to take a major part in the project.

The Tufts Medical School is planning a curriculum revision to reflect, among other things, a greater concern for the delivery of health services and for the social conditions contributing to ill-health. Its senior-year students as well as some of its faculty will be taking part in its health center projects. Each student will be assigned to a family health care group, an interdisciplinary team (a