pediatrician, an internist, a social worker, and community health nurse) responsible for the care of certain families. The team will meet daily to pool information and make a diagnosis of fundamental family health problems.

Tufts expects such innovations as the family health care groups and the extensive use of nurses and other health workers for all tasks not requiring a physician's special skills to permit high quality of care at reasonable cost. "It's cheaper," Geiger says, "for health workers to teach mothers how to avoid contamination of water and food supplies than it is for a doctor to stay up all night giving intravenous fluids to a moribund infant with infectious diarrhea."

Thus, a prospectus for a breakthrough in comprehensive health care for the rural poor of the Deep South has been drawn up. Variations of the Mound Bayou project, and probably some markedly different formulations, will have to be tested before OEO develops a health program flexible enough in concept and execution to succeed in a variety of rural situations.

In some rural areas the force of habit and the influence of conservative local physicians will be such that attempts to launch even mildly innovative health programs will meet with difficulties. Indeed, a few years ago four counties in eastern Kentucky were excluded from a more or less conventional diagnostic screening program by the U.S. Public Health Service because of opposition or lack of cooperation from the local medical societies.

The success of even the best-planned programs for delivery of health services in poor rural regions will depend partly on an infusion of federal funds to bring about stronger networks of regional hospitals and satellite facilities. The Appalachian Regional Commission is supporting a program in Kentucky and eight other states to provide comprehensive care by improving facilities and reorganizing services along lines of regional cooperation. Similar efforts are likely to be needed elsewhere. New Social Security and public-assistance programs, such as Medicare and Medicaid, should make it possible for doctors to practice in poor rural areas and still enjoy large incomes. For example, the lone private practitioner in the village of Hyden, Kentucky, saw his taxable income increase from about $5000 in 1962 to $35,000 last year. His case is exceptional only in that most doctors of Appalachia were earning substantially more than he was in 1962 and many are earning more than he is today. Given the improved financial incentives and the growing federal efforts to overcome the national shortage of physicians, rural areas should soon be attracting and holding more doctors.

But while new facilities and more physicians are vitally needed, the experience of the cities has demonstrated that, unless the delivery of services is improved and made more responsive to the needs of patients, magnificent hospital buildings and well-trained staffs do surprisingly little good for large numbers of the poor. In its programs in Mississippi and other states, OEO is trying to show that the health needs of poverty areas of rural as well as urban America can be met.

LUTHER J. CARTER.

Mr. QUIE. Mr. Chairman.

How many of the 35 health centers are rural and how many are urban? I am referring to the 35 that will be completed by the end of the fiscal year?

Dr. ENGLISH. So far, of the 21 that have been funded this year, I believe six of these would be rural programs. We may still be able to fund a few additional rural programs this year. We hope to move into even more of an emphasis on the rural areas next year.

Mr. QUIE. Are you talking about six out of the total of 35 or six out of the new ones funded this fiscal year?

Dr. ENGLISH. Six out of the 21 that have been funded so far this year.

Mr. QUIE. Does that include the eight that were funded last year?

Dr. ENGLISH. Of the eight that were funded last year——

Mr. BERRY. Of the eight last year Tufts Medical College for Bolivar County was the one rural. I would think that the Red Lake tribal grant for medical services in Minnesota would be included as a rural one, too.

Mr. QUIE. Will that be classed as a medical center when completed?