

Mr. BERRY. Yes; it will.

Mr. QUIE. What is the difficulty in the rural areas where 46 percent of the poverty exists? Has that figure changed?

Mr. BERRY. Forty-five.

Mr. QUIE. What is the difficulty in getting them started in the rural areas?

Dr. ENGLISH. In a city there may be many hospitals and medical schools and societies that really just have to get together to organize their services in such a way that a neighborhood can receive comprehensive health care. In the rural areas in this country there is the shortage of physicians and nurses and hospitals. It is much more difficult, really, to try to bring about a program of comprehensive health care in a rural area. We find we have to give a great deal more comprehensive assistance. It takes a little longer on the average than in an urban area to get one underway.

Mr. QUIE. Are the rural centers connected with a medical school like the Red Lake Indian Reservation which has doctors from the University of Minnesota Medical School?

Dr. ENGLISH. In every instance where we can make that link we try to do it. In Kentucky the University of Kentucky School of Medicine is being very helpful to us. In Mississippi the Tufts Medical School is being very helpful to us.

Mr. QUIE. You talked about Watts in Los Angeles. The community action agency covers a much larger area than Watts. How do you determine what a neighborhood is both in the rural and urban centers?

Dr. ENGLISH. We have a great deal to learn there, Mr. Congressman. In an urban area we attempt to serve a community of between 10,000 and 30,000 people. In a rural area the target population is somewhat smaller than that because of the geographic spread. That determination we leave to local people.

Mr. QUIE. Who are these local people, the community action agency or the medical people?

Dr. ENGLISH. In most cases it is the community action agency that finds and works with the medical school involved and then it is a co-operative thing. They work that out together and recommend it to us.

Mr. QUIE. What do you do in the way of family planning in the neighborhood health centers? What I mean is, is it limited to mothers who are living with their husbands and is it just advice or do you distribute contraceptives as well?

Dr. ENGLISH. The same criteria that are applied to family planning programs anywhere would apply to the neighborhood health center as well. The neighborhood people working with the physicians as well as the physicians themselves have a great deal to say about what services they wish to have there to serve the community. If they wish to have education programs and family planning available we can support that. We are able to support it within the general guidelines of OEO community action for family planning.

Mr. QUIE. You talk about services. I wondered if you mean contraceptives.

Dr. ENGLISH. Yes, sir.

Mr. QUIE. How about the question of whether they should be married or not. Can nonmarried women who want help in both advice and contraceptives receive it from a neighborhood health center?