attention, for example, that is going to be supplied in the Watts area.

Dr. ENGLISH. Yes, sir.

Mr. DELLENBACK. What level of medical attention do you feel we should be supplying from this type of program to the "poor"?

Dr. ENGLISH. Yes, sir. Well, we would like to see the day come in this country and through this program that there would be one standard of health care for all. In all of the programs that we have funded so far we have found that the neighborhood people are as interested in the highest quality of comprehensive care, that is, all the care given at the highest quality level for the entire family, as the doctors are.

That is the interesting thing, and that is what we are trying to maintain.

Mr. DELLENBACK. So your answer really is the highest quality of medical attention?

Dr. ENGLISH. Yes, sir.

Mr. DELLENBACK. What effect does it have on that goal that those just above the "poor" level are not really able to afford the best of medical attention? Don't we by this type of program create an inequity, if you will, a present-day inequity?

Let's agree that ideally and ultimately every one in America will hopefully have available the highest degree of medical attention and the finest in terms of care, but I am thinking of right now when seemingly we have two levels of medical attention in the country. The very wealthy and the poor get the exceptional medical attention, those who are taken in as gratis patients and the wealthy, whereas those in between get a varying degree of medical attention ranging from pretty good down to the situation where if they are not the $10 poor they are the $12 or $15 poor, to follow your earlier example. What should we do at the present time with the level of attention that we are going to supply gratis through the Government when we realize that some of those who are helping to carry the load dollarwise through the taxes they pay are not getting that same level of care?

Dr. ENGLISH. Yes, sir. I think that is a very good question and I think that people who are just above the poverty line in a community have often the same health needs and the same health problems. That is a question we have had a chance to raise with the people in these communities where there are neighborhood councils established. We asked their advice on an issue like that and they tell us that it is the poorest of the poor where we see the farthest behind. Those statistics, those discrepancies between the poorest of the poor and the rest of us are really what perhaps is the greatest problem on our national conscience and the neighborhood people themselves will make a judgment that our first efforts ought to go for that particular constituency.

Mr. DELLENBACK. Are we limited by dollars at the present time?

Mr. SHRIVER. Yes.

Dr. ENGLISH. Yes, sir.

Mr. DELLENBACK. If we are then limited by dollars, should we use 2X dollars to supply the very highest of medical attention within those areas that we do supply, or should we use 1X dollars to supply a lower quality of care in twice as many places?

Mr. SHRIVER. That is not the limitation on dollars. The limitation on dollars to which I was referring at any rate is the interpretation