there is this kind of concern. There has been with physicians and dentists and pharmacists, because one of the things they begin to discover that there are 350,000 people in Watts, and the center that we have is going to be able to serve 30,000 of them, you see, and title XIX, hopefully, is going to be financially helpful to all the people who live there.

As the center begins and heighten, the local doctors and the local dentists and doctors usually experience an increase. I know of very few instances where the development of a neighborhood health center has resulted in less work for the physicians in the total community as well as the relatively few served by the community itself.

Mr. QUIE. What would you do in a neighborhood where there were more than 80 percent of the people for a person who has people substantially higher than the poverty level receiving benefits, what would you do about it?

Mr. SHRIVER. I think the answer is that the doctors in Denver think what you say is correct, and in Denver because it was the first one that went into operation, and the consultation that is not the guidelines now were not carried out.

Why? Because we were doing an experiment, so I think their worry out there was a legitimate worry based on the local situation in Denver, but Joe English is trying to say, I think, that the communities have to respond to it now, that is, in the last 6 months, under which 90 percent of the existing programs have been financed, require this type of local involvement that he has been describing, and under them we haven't had any complaint that I know about, have we?

Dr. ENGLISH. Last week, we met with 21 representatives of the National Association of Retail Druggists in order to set up a more effective liaison between our office and the national office here in Washington, so if they heard of a community, for example, where the local druggists were not participating——

Mr. SHRIVER. Let me say one final thing: It is not our objective to put anybody out of business or even hurt anybody's business. Most of the people, with whom we are working, do not patronize these stores or doctors now because they don't have the money to do it.

Dr. ENGLISH. OK, sir. Part of the problem when you listen to the people in communities, who are involved in starting centers that they describe, is that when they are sick and they come to a health center for health, one of the first things they are given is a form, a very complicated determination of eligibility.

When you are sick that is not exactly the way the people in the communities where our programs are being developed want to be greeted. They want to be helped. That is why we say in the area you describe where 85 percent of the people are qualified the only question they are asked about eligibility is, are you from the neighborhood, and if they are, they get help.

In that kind of situation what our guidelines recommend is that sometime in the course of the year everyone in the target area perhaps when they are coming in for preventive health services but in the course of the program here are asked to sign a simple statement of income that insures to us that they are well within the poverty criteria that make them eligible for that service.