No ads were placed in medical journals. No agencies were contacted. I have asked Dr. Lashof, Dr. Abrams, and Dr. Snyder to request letters from one or two members of their staffs and these will be forthcoming within a day or two.

If I can be of any more help, please let me know.

Yours sincerely,

DAVID MCL. GREELEY, M.D.,
Director, Medical Care.

MILE SQUARE HEALTH CENTER, CHICAGO, ILL.

Several years ago it would have taken me thirty pages to explain why I like to work in a neighborhood health center. After working here, I have to write a book for an answer. But let me try to merely skim my reasons in a short letter.

I feel I am performing an important function by giving good medical care to a group that needs it the most. In the past, the patients who are now attending our health center, received only stop-gap treatment to remedy their immediate affliction without consideration of the conditions contributing to their disease. No effort was made to avoid recurrence of the same condition and the patient was in a vicious cycle occupying hospital beds at regular intervals. With this kind of medical care, the patient paid dearly in hours and days lost while waiting in emerency rooms and clinics. It often forced the patient to neglect either his obligation in the home and on the job or his health.

At the same time that we are giving our services, we have an opportunity to discover new methods of practicing medicine which will answer the frequent criticisms hurled at modern medicine. While organized medicine has been most anxious to preserve the doctor-patient relationship, the public has decried its progressive loss.

In our clinic, the treatment is precisely based on this relationship. We offer the patient the best possible medical care with the help of the research hospital's facilities. No matter how many specialists attend the patient, the internist to whom the patient has originally been assigned remains in charge of all his treatments and tests and follows through with his care when he is hospitalized. This eliminates the cold clinic atmosphere and preserves the best aspect of private practice in a capitalistic society. With the patient freed of worries about the cost of medical care, the doctor, as well as the patient, can follow through with what is necessary in order to give the best possible care.

With the help we have from community nurses and aides who are able to inform us of home and social conditions of the patient, we can follow up with recommendations as to treatment and changes in living conditions. Such preventive measures within the socio-economic surroundings will reduce, in the long run, the cost to the community and the patients will be able to return to a productive life.

Because of the close supervision at home and the nearby location of the neighborhood health center, which is organized to serve the patient without long waiting periods, much prolonged hospitalization is avoided with great savings to the taxpayer and a reduction in the need for hospital beds.

I think important lessons will be learned in our clinic on how to supply modern medicine without the compromise imposed by social and economic conditions, and how to use modern techniques without eliminating the personal relationship between doctor and patient.

This is an exciting program creating enormous enthusiasm in everybody working within this enterprise. Everyone is eager to serve the patients best. I think this alone is enough reason for working in such a health project.

JOHN H. MEYER, M.D.

JULY 19, 1967.

DEAR DR. ENGLISH: I shall introduce myself by giving you a thumbnail sketch of my background. I am an American Negro from rural Mississippi, who migrated to Chicago with my parents to live in a ghetto. I therefore have first-hand knowledge of what it means to be undernourished, disadvantaged and culturally deprived. It was only my early determination to become a doctor that sustained me through the many hardships that led to attainment.

During my residency at Cook County Hospital I became painfully aware of the inadequacy of facilities for the sick poor and of their extreme need for medical care due to the unhealthy condition of their surroundings. Hundreds