of babies were brought to the hospital daily suffering from lead poisoning, rat bites, malnutrition, and all the other diseases of the impoverished. Many who should have been hospitalized were sent back home because of the lack of facilities at the one hospital to take care of them. Many who should have come to the hospital for treatment never made it because of their inability and/or lack of energy to travel the distance.

It was with great enthusiasm that I accepted the invitation to become part of a team devised to serve the inner city health project whereby medical care is within the physical and financial reach of those who need it most. After working with the Lawndale Center for several months, now, I am convinced that the neighborhood clinic is a necessary, vital step in the right direction. I hope the program is here to stay.

Sincerely,

AUDREY E. FORBES, M.D.

MILE SQUARE HEALTH CENTER,
Chicago, Ill.

Perhaps the best way to answer the question "why I chose to work in a neighborhood health center" is by explaining why I became a physician and in particular, why I became a Pediatrician. Simply stated, I felt that this was the way my abilities could be put to their best advantage and this was the way in which I could do the greatest amount of good.

No one can deny the tremendous need for good medical care in our society and no where is this evidenced more keenly or critically than in the poverty areas of our cities. It is true that numerous health centers, clinics, etc. are found in large hospitals scattered throughout the cities and people can get excellent medical care in these. One thing, however, is frequently very obvious because of its absence—a sense of personal involvement. A health center such as Mile Square provides a unique opportunity for coupling good medical care, which includes initial treatment (therapeutic) with follow-up care (preventive) with the establishment of a personal doctor-patient relationship. This opens channels toward better care, education (medical and non-medical) and decent interpersonal relationships.

Health of mind and body are essential in working out the problems of today's world.

I see this type of work as a constructive move toward better understanding among human beings and a partial solution of present racial problems.

ROSEANN VITULLO, M.D.

HOME SECURITY LIFE INSURANCE CO.,
Durham, N.C., July 25, 1967.

MR. SARGENT SHRIVER,
Director, Office of Economic Opportunity,
Washington, D.C.

DEAR MR. SHRIVER: No one person can possibly give you an accurate picture of the Durham, North Carolina, situation. And yet you must have received, or had forced upon you in some instances, everything from information to threats about Durham and particularly the North Carolina Fund and Durham's antipoverty program.

I do not pretend to know the whole situation. But I do believe that I am in a better position to see the situation with some objectivity than you are likely to find elsewhere. I say this because I have, in the past, been deeply involved in virtually every one of the agencies but am no longer. I have served as a member of the City Council, represented the area in our State Legislature, helped offinize the antipoverty program, and served as one of its senior officers, helped organize the first human relations committee in the '50s, served as a member and then chairman in the '60s, served as chairman of the Housing Authority, have been involved with the North Carolina Fund and enjoy a long and close relationship with George Esser. I am 40 and educated out of the State. This listing of "pedigree" is given only to establish the "bias" from which I speak.

At the very outset, let me say the Durham is extraordinarily *fortunate* that the recent events took place. And we are equally fortunate that the North Carolina Fund is here, that George Esser is here, that Operation Breakthrough is doing the job which it is doing, and that Bill Pursell is associated with it. The