

Senator NELSON. Our next witness is Dr. Thomas Bryant, Associate Director for Health Affairs, Office of Economic Opportunity.

Dr. Bryant, we are pleased to have you appear today. Please introduce your associates for identification in the record. You may present your statement however you desire. If you wish to extemporize on it, feel free to do so. It will be printed in full in the record.

STATEMENT OF DR. THOMAS E. BRYANT, ASSOCIATE DIRECTOR FOR HEALTH AFFAIRS, OFFICE OF ECONOMIC OPPORTUNITY; ACCOMPANIED BY DONALD PUGLIESE, CHIEF OF OPERATIONS, COMPREHENSIVE HEALTH SERVICES, OEO; AND DR. STEPHEN PAUL, CHIEF PHARMACY CONSULTANT, OFFICE OF ECONOMIC OPPORTUNITY

Dr. BRYANT. Thank you, Senator. Let me first say it is an honor to appear before the committee.

First, on my left is Mr. Donald Pugliese, Chief of the Operations of OEO's neighborhood health center, and on my left is Steve Paul, Temple University, Philadelphia, our Chief Pharmacy Consultant.

I have a brief statement for the record here, and if it is all right with the Senator, I would like to give an overview of that statement and then we will be happy to respond to any questions you might have.

Senator NELSON. Thank you.

Dr. BRYANT. Before I get started with that, let me quite frankly admit the limitations of some of the data that we are presenting to the committee. That data was gathered at the committee's request, and what we have represents a rather hasty survey and it is far from complete. We are continuing to receive data from the individual projects and we will continue to update and make current that information.¹

The comprehensive health services program of the Office of Economic Opportunity is seeking more effective ways to make high-quality care available to poor Americans for whom such care has frequently been inadequate, inaccessible, impersonal, fragmented, and undignified.

The current effort is based on three fundamental assumptions. First, all Americans are entitled to an equal opportunity for quality health services. Second, good health is critical, if one is to realize the benefits of educational and employment opportunities and to take other steps to break the poverty cycle. Third, comprehensive health services for the poor require significant changes in current practices in order to overcome traditional barriers and to ensure that such services are fully responsive to urgent needs. The health programs of the OEO include five main activities: (1) Comprehensive health services, including neighborhood health centers; of which there are now 64 as of the first of July, 1970; (2) family planning services program; (3) drug rehabilitation; (4) emergency food and medical services; and (5) alcoholism counselling and recovery.

¹ See information beginning at p. 7729.