One of the striking examples given of the emphasis in one community in the southeastern Kentucky area was the fact that they had spent a majority of the money under title I on food, clothing, and medical necessities rather than any kind of remedial reading program. One of the striking statistics that was presented in the report was that, of a total of 195 children who were examined, 97 were referred for medical attention and of that 97, 95 were found to have intestinal worms. This again brought to my mind the need for best possible cooperation between health, welfare, and education agencies because with respect to these 95 children, although the report does not go into the obvious, it would be a nice question to determine what happened as a result of the discovery of these needs in a title I program; whether this would be appropriate for the State or local health department to do something about it; whether such conditions might more appropriately be treated under title XIX, assistance to the medically indigent program; whether the Children's Bureau, special programs and maternal and child health, might more appropriately be called on, et cetera, et cetera, as possibility of a community health program in our community action program, if there is one in that neighborhood.

These kinds of questions are what we find ourselves in the regional office concerned more and more with. We feel that the regional setting, where it is possible for professional people to share information, to share convictions, to talk about problems and opportunities at the State and local level across the board; all health, education, welfare, vocational rehabilitation, social security, surplus property, et cetera, et cetera, does offer some opportunities that we think are difficult to find any other way.

If it is your pleasure, I would like to comment just on two of the examples that I have listed in my testimony which perhaps are the more obvious examples. First, the top regional staff of the Welfare Administration, the Children's Bureau, and the Office of Education staff, accompanied by an Economic Opportunity Coordinator who reports directly to me in the Office, have made joint visits to the five State capitals in our region to meet together with their State agency opposite numbers to discuss problems and progress in bringing education, health, and social services to children, particularly those in low-income families.

Without a formal agenda and with maximum opportunity for free exchange of views, these joint conferences developed an interest and involvement in the coordination of Federal, State, and local programs and renewed commitments to improved communication and cooperation at all three levels.

I will conclude with this last example. The Economic Opportunity Coordinator in my Office had the support and encouragement of the Department of Health, Education, and Welfare and the Office of Economic Opportunity regional director. We were the first in the country to have a joint setup with the man in my office having a desk and telephone in the Office of Economic Opportunity so he could have maximum reciprocity. With the help of the regional staff in the Office from the Public Health Service, Bureau of Family Services, Children's Bureau, Vocational Rehabilitation Administration,