Mr. SHRIVER. What other?

Dr. ENGLISH. HUD, for example. We are interested in a community where HUD may be developing a neighborhood center.

Mr. PUCINSKI. How about Public Health Service? Do they help?

Dr. ENGLISH. Public Health Service has been very helpful, the Children's Bureau.

Mr. PUCINSKI. We keep hearing discussions about phasing out OEO. We keep hearing discussions about the opportunity crusade. See if I am right. I think I am right using this example. This health center program is an excellent example of what we started out to do in 1964 when we created the Office of Economic Opportunity. Your function at that time primarily was to try and coordinate the existing agencies into a more effective program and a more effective use of these agencies in a comprehensive plan for meeting the needs of the poor. If what you said is correct that you have HEW, you have HUD you have Public Service, and you have your own resources tying together all of these facilities to create a health center, then indeed you are carrying out the very spirit behind the Office of Economic Opportunity. I do not see anything in the substitute legislation that would do that job. I wonder if you would like to comment on that, Mr. Shriver, so that we can get this record straight once and for all that what you are in fact doing is tying together various programs for the most successful operation at the level where the poor people can get the greatest degree of help. Am I correct in that assumption?

Mr. SHRIVER. That is correct, but there is an additional element that is essential which is the fact that we have the actual money to bring into existence the neighborhood health center. If we did not have the money and responsibility for bringing that concept and this center into existence, these other benefits would not flow into that area. You not only, therefore, have to have the power to coordinate, but you also have to have the money to make the coordination effective as well as the statutory authority.

Mr. PUCINSKI. All of these other agencies had existed for many generations previously, but there were not health centers because there was not an organization to draw them together known as the OEO where you now try to perform these services and bring together all these activities. Am I correct in that statement?

Mr. SHRIVER. I think you are.

Mr. QUIE. Would the gentleman yield?

Mr. PUCINSKI. I yield.

Mr. QUIE. How much money in the neighborhood health centers is coming from HEW?

Mr. SHRIVER. I would like Dr. English to respond. It will increase as we get more centers and as more money comes from medicare for the actual patient services.

Dr. ENGLISH. I could, for example, submit for the record to you, Mr. Congressman, exactly what this integration of funds has meant in dollars and cents so far. Let me give you an example in a city of how it is working very well. In the city of Denver the first neighborhood health center there was funded a year ago. At the same time from working with health officials and neighborhood people in