hensive and continuing health services. While there may be multiple and varied sources of support for the provision of health services, efforts should be made to coordinate public funding in such a way that when the services get to the people they are meant to reach, they are as comprehensive and as unfragmented as possible.

Under the Economic Opportunity Amendments of 1966, the OEO is authorized to support programs of comprehensive health services in poor neighborhoods, patterned primarily on the neighborhood health centers previously funded under the Office of Economic Opportunity demonstration program. These programs are to be operated with maximum feasible utilization of existing agencies and resources. OEO is undertaking this program not to establish a new and separate set of institutional arrangements for the support of health services to the poor, but to make possible the pulling together of disparate sources of funds and services into a coherent whole, by (1) providing the needed "seed money," and (2) by paying directly for the services which cannot be supported by other sources, or services to poor persons who may not be eligible under other programs.

Also, since the summer of 1965 OEO has sponsored Project Head Start; currently, 160,000 children are in full year programs and 550,000 will be served in next summer's programs. One of the key aspects of Head Start is the provision of essential medical, dental, social and psychological services to disadvantaged children who are in need of them. Head Start facilitates, coordinates, and fills the gaps in the delivery of medical care to assure that services actually reach the poor children in the program that need them. In doing so, it is intended that maximum use be made of existing resources in each community.

The headquarters and regional staff of both HEW and OEO will encourage States and local communities to enter into coordinated funding arrangements and will assist local communities in working out the details of such arrangements. The following outline illustrates how coordinated funding arrangements may be made. *

JOHN W. GARDNER,
Secretary, Department of Health, Education, and Welfare.

MAY 2, 1967.

SARGENT SHRIVER,
Director, Office of Economic Opportunity.

MARCH 15, 1967.

Mr. SHRIVER. Would it be agreeable to you if in those figures we make a projection of what will be in some of these centers, because some of them are not operating yet.

We can't tell you precisely, therefore, how much HUD money or how much State of Illinois or Massachusetts money will be in them.

Chairman PERKINS. Mr. Shriver, I think as far as I know there are no other qusetions on the health centers. It seems that everybody has had an opportunity to go thoroughly into the subject matter. What time can you appear before the committee in the morning with your associates?

Mr. SHRIVER. Whenever you ask, whenever you say.

Mr. DELLENBACK. What will be the next program?

Chairman PERKINS. And at the same time tell us about the community action programs.

Mr. SHRIVER. We had planned to go next into legal services programs and then go to Upward Bound, from that to the neighboorhood centers program, which is estimated at $160 million from that into the Indian program and the migrant labor program. I think that would take care of tomorrow.

* Copies of the extensive explanatory outline may be obtained from HEW or OEO.