of it. The whole administrative control is much better. They know much better what is actually being spent on these programs than we had over in OEO.

I would strongly suggest they be left there. I know that Senator Nelson for one is hoping that they can be—as with the Kennedy-Javits thing—be left in title I and be earmarked in the whole Nelson-Kennedy-Javits complex there as one whole work program of this nature.

I have seen pictures of the Green Thumb program that I would like to show you perhaps after the committee adjourns. The Green Thumb program has been one of the most publicly accepted programs that have come down the pike.

Senator Javits and Governor Rockefeller have been working with us to try to get a Green Thumb establishment in New York State.

We hope that we can sometime during this coming year. Congressman Quie has been working along with Senators Mondale, and McCarthy, and Representative Langen, and others to expand the program in Minnesota. It has been very popular. In fact I just picked up the newspaper clippings we received in today's mail and you get the local county press which has been absolutely fabulous. We have never had a bad press story in any one of our seven States since we opened our doors to start operation, which is almost an alltime effort.

The other program I include in here is the project KASA, which is actually an Older Americans Act project but it is being considered by OEO for possible funding. There have been a lot of concerns about this. This is a program of employing older men, retired—the elderly poor—to actually go out and do something to help them, if necessary to make emergency repairs, get them to a doctor, get them to where they can get groceries or whatever needs to be done immediately.

Sometimes it is cleaning up. Sometimes it is just a friendly visit or other kinds of things. Sometimes it is a referral. You can use older people in this kind of work as we have demonstrated here.

In this case I think the creative work was done under the Older Americans Act and then we have a couple of community action agencies that are picking up and adopting this program and the creativists moved the other way.

Mr. GOODELL. What is that program?

Mr. CARSTENSON. This is our own version of a rural project. We have found under the medicare alert program, when you found problems of difficulty in many of these rural areas you had no place to refer the problems. In one county, for example, in Newton County, Ark., there are about 6,000 of which 2,500 are older people. There is no doctor, there is no industry, there is no factory or railroad. There is one paved highway. There are still areas where the mail is delivered by horseback.

In fact there is one valley you can't get in by horseback. You have to float down the river—it is back in a hollow.

There is just no place to refer the people that you find. So what do you do? You have to do certain things right on the spot to try to help and then to meet the emergency situations and all this and work up the case and sometimes then by doing this you can call to the attention of the State agency or the employment security office which is off a ways or the mental health clinic which is four or five counties away and things of this sort.