

ambitious undertaking. At present, the program design calls for each aide to visit each family in his district at home at least once every three months. In addition, to economic survey forms they must fill out, they keep daily worksheets indicating numbers of people contacted and project undertaken. The Community Worker aides seem able to keep in close touch with problems within their districts. They are aware of local wants and needs, and occasionally can be of help.

For example, a Community Worker aide knew that a well travelled rural road required repair. People living on the road had complained about it to no avail. Because the Community Worker aide knew someone in the State Roads Department, he was able to have the road repaired, although in this particular instance, the Community Worker aide happened to have a contact in the Roads Department before entering upon CAP activities. It may be noted that the program Director is careful to see that aides get to know individuals in the Public Health Service, tribal offices, Bureau of Indian Affairs departments, and OEO components so that they can communicate local situations to the people whose influence could correct or improve the situation. Operating in the other direction, they try to inform their districts about policies and new opportunities that exist. This comes back to "selling OEO," which remains an important part of their activities.

The drawbacks already mentioned still apply, however. The aides hear again and again that people need jobs, pumps for their houses, help in setting up garden and livestock projects, and other things impossible to implement with present resources and program designs. Most local grievances involve factors far beyond the scope of the personal influence of any aide, and almost of any single individual. One Community Worker aide said he was approached by some fifty people who wanted him to tell the people in charge that they didn't want the kind of "low-cost" housing that the Public Housing Authority was going to build in their community. Rents are \$65 a month and up, more than most Sioux can afford, the houses are too close together to suit most rural Sioux, and they want to live on their own land, according to both the Community Worker aide and Oglala residents interviewed by project researchers. In this as in most cases, the aide's knowledge of the problem will have no effect. The program stops short of suggesting to the people ways they can make their collective opinions matter.

Since the new Community Worker aides started work in the field they have been handicapped by the need to fill in when problems developed in the NYC volunteer supervisor system. During a Community Worker aide meeting, it was brought out that every aide had at times spent five hours a day supervising NYC workers. This situation will be discussed more completely under the NYC section.

(2) *Community Health Aide Component.*—The Community Health Aide component was approved 16 January 1965, effective early February through 30 October 1965. Mr. Verrone, a PHS associate, arrived at Pine Ridge in February to train the Health Aides. His salary was paid by PHS and reimbursed by OEO.

Health Aide trainees were selected by a committee composed of representatives from the PHS, BIA, OED, and the Tribe. (The OED representative was Mr. C. D. Allen, who at that time was a Community Worker. By virtue of his long experience as a state agricultural extension worker at Pine Ridge, and by tacit agreement of the Tribal Executive Committee, Mr. Allen had been Acting Director of the CAP from the program's inception.)

Three Health Aide team leaders were selected, together with nine Health Aides. They began training under Mr. Verrone in March and completed training in early July. Training sessions included occasional lectures by members of the Tribe, the BIA, and the OED. During training, one Aide dropped out, and one was asked to leave before graduation. The graduating Aides were introduced to the Tribal Council on 14 July 1965. The team leaders gave a brief report to the Council on their training and duties. A second group of one leader and ten Aides began training in July, and were graduated in September.

When the training period ended, Mr. Verrone was transferred elsewhere. The Aides were left under the supervision of a PHS nurse, but it soon became apparent that the young, inexperienced Aides needed a full-time, qualified supervisor.

In early October, an extension of the program through November 1965 was requested. The request was granted on 29 October.

On 31 October 1965, the PHS assigned Miss Pacheco, who had previously been with the PHS in northern New Mexico, to Pine Ridge to take over supervision of the Community Health Aides. PHS administrators had hoped that her salary would be reimbursed by OEO, as had Mr. Verrone's, but OEO refused to do this unless Miss Pacheco resigned from the PHS and became an OEO