provided to Center clients under CAA programs; e.g., the NYC uses the Center to reach clients for its educational programs and NYC employees assist with other Center activities.

In one week, approximately twenty clients participated in homemaking classes, seven were referred for public health services, and 234 were involved in the Manpower program. If participation were to be compared to the problems of the area, it would appear that some of these most urgent needs are being met by Center services; i.e., the high unemployment percentage and the juvenile delinquency problems are being counteracted by the employment services and activities for youth.

Lead poisoning cases numbered 205 during one week last summer. The problem of lead poisoning is one that has been discovered in great prevalence in all the slum areas of the city and, as a result, the city neighborhood service centers, with the aid of the city health department and the Housing Department, have devoted a great deal of attention to solutions to the problem and caring for these emergencies as they arise.

The methods for delivery of services at Center II are similar to those at Center I but there are evident distinctions in their actual operations. Long, discouraging waits between interviews lead clients to point to a lack of staff efficiency and lack of concern for the public. The pervading atmosphere is dismal and unfriendly, and there seems to be a lack of rapport with the clients. Despite the long hours of operation (from 8:00 a.m. to 10:00 p.m.) and the many services and activities offered, it does not appear that Center II has reached a significant portion of the area's 140,000 residents. The numbers of people availing themselves of the services each week seem very minimal.

19. Community Action

The concept of community action as a means for resolving social and economic problems plays no role in this area or in this Center's programs. The first reason for the lack of community organization is precisely the fact that the city-CAA establishment has strong leanings away from any mass organization of the people and any such movement is discouraged by all levels of CAA and Center personnel. Secondly, ethnic and religious differences separate portions of this population into various groups, each with its own religious and social leaders. Each element has a different skin color, a different religion, and different types of problems. This is not the homogeneous society that was served by Center I. Finally, the geographic location of the Center (i.e., miles away from many of the resident homes) precludes it from becoming a focal point for community action.

20. Participation of the Poor

The poor are involved in the overall program at Center II in much the same fashion that they are involved at Center I; that is, they are allowed to become staff members at the Center and all minor positions are filled by resident workers. They are allowed, of course, to participate as clients, to receive services and to act as volunteers in Center programs. Lastly, they are allowed to become members of the Neighborhood Advisory Council.

It does not appear that the indigenous workers are filling their roles as staff members as effectively as their counterparts at Center I. The complaints about these people by supervisory staff members point to the facts that their leadership, training, and/or innate capabilities may be inadequate for successfully carrying out their roles as staff members. Whatever the reason may be, the feeling persists that many of these indigenous employees are not performing their jobs with skill and dedication.

The relatively small number of people who have been reached by Center II programs and services are definitely poor under the poverty program guidelines and they are definitely in need of services they have received. But, it cannot yet be said that this Center has drawn a significant number of the poor to its doors. Our observer noted two types of people who frequented the Center—adults who were there for services, experiencing long, uncomfortable, unpleasant waiting periods and growing increasingly disgusted with their treatment and, a second group or type—mobs of teenagers flocking through the door to participate in the recreational activities.

The effectiveness of the poor resident as a Council member is not clear. Poor residents of the area have given lip service to the fact that as Council members they are involved in a great deal of policy and program formulation for the Center. The Center Director's statements negate this; he claims to do all the