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UNITED STATES DEPARTMENT OF LABOR
CHILDREN'S BUREAU

SURVEY OF HEALTH AND SOCIAL NEEDS
OF
INDIAN CHILDREN

BY

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Introduction

Objectives

In April 1935, John Collier, United States Commissioner of Indian Affairs, called a meeting of representatives of several Government bureaus to discuss the health and social needs of Indian children. As a result of this conference an interdepartmental committee was appointed, consisting of representatives of the Children's Bureau, the Office of Indian Affairs, and the Public Health Service. This committee met informally on three or four occasions to discuss the needs of Indian women and children, with special reference to health and child-welfare programs to be developed under the Social Security Act. After the passage of the Social Security Act the Commissioner of Indian Affairs assigned to a member of the staff special responsibility for working out with the Federal departments and agencies responsible for its administration the problems involved in extending benefits and services to Indians.

As a preliminary step, the Children's Bureau undertook a study of existing programs of social service among the Indians, with special reference to child welfare. This was done as a basis for future developments in relating those parts of the social-security program for which the Children's Bureau is responsible to the needs of Indian children.

Selection of States

The material presented in this study was gathered in a brief survey of seven States where the Indian population is large and where social workers are employed by the Indian Service. The States visited were: Oklahoma, Arizona, Nevada, Washington, Minnesota, Wisconsin, and Michigan. In each State officials representing the educational, health, and welfare services of the State, as well as the field staff of the United States Office of Indian Affairs, were consulted about Indian problems and the services available to this group. Visits were made to Indian reservations, colonies, and villages, and the opinions of the Indians themselves were sought during visits to individual homes.

Definition of terms and policies relating to Indians

As defined by the Office of Indian Affairs, an Indian includes any person of Indian blood, who through wardship, treaty, or inheritance has acquired certain rights. The Bureau of the Census defines an Indian as a person having Indian blood to such a degree as to be recognized in his community as an Indian. The term "ward Indian" as defined by the Indian Service means a person of Indian blood who is entitled to the assistance and protection of the Federal Government in civil, property, and other rights.

The terms "competent" and "incompetent" as applied in early days to the ability of the Indian to handle his own affairs of property are being replaced by "restricted" and "nonrestricted." The restricted Indian is one whose property is under control of the Government and cannot be disposed of without the approval of some Governmental authority. The nonrestricted Indian is one who is *sui juris* in all respects.

The population enumerated at a Federal agency represents the total population on the agency rolls and includes both reservation and nonreservation Indians. An Indian may be carried on the rolls because of tribal inheritance rights and may reside anywhere in the United States or in a foreign country. In certain tribes the rolls are still open for the registration of babies of one-quarter or more Indian blood, but in the majority of tribes the rolls were closed during the period between 1900 and 1928. When members of the tribe decide that too many persons of doubtful heritage are receiving tribal benefits, they may apply to Congress, asking that tribal rolls be closed. These rolls can be closed only through an act of Congress. Indians born after the tribal rolls are closed may participate in tribal benefits by verification of their degree of Indian blood through sworn affidavit of an enrolled Indian or of the superintendent of the agency.

Indian reservations are lands reserved and held by the Federal Government in trust for the Indians. They were not free grants from the Government to the Indians but were reserved for them upon some consideration of the original occupancy of Indian tribes in lands somewhere within the territory of the 13 original States or the territory from which other States were subsequently laid out. Reservations are part of the State within whose boundaries the lands lie, but they are not political subdivisions of the State or the United States, nor are they public institutions. The Dawes Act of 1887 provided citizenship for the Indian upon his voluntary separation from tribal religion and his adoption of civilized customs. This, however, did not give the Indian the right to vote, this matter being regulated by State law.

Recent legislative acts relating to Indians

By the act of June 2, 1924, 1/ Congress conferred citizenship upon all noncitizen Indians born within the territorial limits of the United States. They are subject to the laws of the State in which they reside, except that State laws may not encroach upon the title to property held by the Federal Government for Indian occupancy, nor upon the jurisdiction that the Federal Government exercises over certain offenses when committed by Indians upon reservations; nor may a State act to impair the protection of the interests of Indians by the Federal Government.

The Dawes Act was an attempt to convert the reservation system into a plan for assimilation of the Indians into white civilization. It provided for the breaking up of the jointly owned reservations into allotments, which were issued to each member of the tribe--man, woman, or child. These trust patents were nontaxable and could not be sold. At the end of 25 years they might be patented in fee. Patent in fee land was taxable and might be sold.

1/ 43 Stat. L., 253.

The temptation to convert land into cash was too strong for many Indians, with the result that most of the best land passed into the hands of enterprising white men. Under the Dawes Act, 180,000 Indians have received allotments totaling 34 million acres. This was generally unirrigable agricultural and grazing lands. Between 1906 and 1925, 13,872 Indians received fee patents on their land holdings. In 1928 only 2,859, or 20 percent, still had their land.

On June 18, 1934, the Indian Reorganization Act (modified Wheeler-Howard Act) was approved. Its passage made mandatory a complete change in the traditional Federal Indian policy of individual allotment of land.

It is estimated that through the allotment system Indians have lost more than 90,000,000 acres of land. The total Indian land holdings had decreased from 139 million acres in 1887 to 46 million acres in 1932. All these 46 million acres are in areas exempt from allotment. Of the lands remaining, nearly one-half is desert or semidesert land, so that while 80 percent of the acreage has been lost to the Indian, more than 85 percent of the value has disappeared. Under the allotment system the total landlessness of the tribe was practically assured after three generations, because individual allotments held in trust could not be sold at the death of the allottee. The land had to be divided among a large number of heirs, no one of whom was financially able to purchase the shares of the others. In order to divide the inheritance it was necessary to sell the land. In the meantime, the land was leased, usually to white farmers or stockmen. The remaining lands were often rendered useless to the tribe because they were checkerboarded by the lands of white men. One Indian might own small equities in a large number of allotments, thus making farming, grazing, or forestry impracticable. At one reservation in South Dakota there are parcels of inherited land with as many as 100 heirs. The Indian Reorganization Act prohibits future allotments and the sale of Indian lands, except to tribes; it restores to the tribes the unentered remnants of the so-called surplus lands of the allotted reservations thrown open to white settlement; it authorizes annual appropriations for the purchases of land for landless Indians, provides for the consolidation of Indian lands, and sets up a process which enables Indians voluntarily to return their individual land-holdings to the protection of tribal status, thus reversing the disintegration policy.

This act also authorizes a revolving loan fund of \$10,000,000, the use of which is restricted to tribes which organize and incorporate so as to create community responsibility. Up to the present time \$3,480,000 of this amount has been appropriated for use.

Organization of social services for Indians

Since 1929 the Indian Service has worked increasingly toward the sharing of responsibility with other agencies. The Johnson-O'Malley Act, ^{1/} approved April 16, 1934, authorizes the making of contracts with the States for

^{1/} 48 Stat. 596.

services in educational, health, and social-service work.

In accordance with this act, educational contracts have been made with two States, California and Washington, under which the States assume, in consideration of funds provided by the Federal Government, the obligation to educate all the Indian children within their boundaries. Under the same act a contract has been made with the State of Wisconsin, whereby, in consideration of funds provided by the Federal Government, the State agrees to supply the full-time service of a qualified social worker to do home-investigation work on behalf of neglected, dependent, and delinquent children.

The tribes in the States visited may be classified into three groups: Those living on reservations and owning trust land thereon; those living on reservations but having no landed interests; those living off reservations, in homes either owned or rented, and having little or no Government supervision.

In most States the Indian is recognized as a citizen of the State, but the fact that the Federal Government is responsible for his care has deprived him in many States of the opportunity of benefiting from State resources or services. In the course of the survey a gradual breaking down of this barrier was found in a few States where Indians were receiving the benefit of State clinic and hospital services.

In one State where large numbers of the population have some degree of Indian blood, the Indian is generally accepted as a participant in all social and governmental activities, since it is assumed that he is the civic equal of the white American. Here it is strongly felt, in view of this assimilation, that it would be considered as discrimination if separate treatment or provision were made for child-welfare services among the Indians. In another State with a large Indian population, mostly ward Indians, many problems regarding benefits under the Social Security Act are presented. In this State ward Indians are prohibited from voting on the grounds of illiteracy or because they do not pay a poll tax and are under guardianship.

In all the States visited, the question of State responsibility for Indian wards of the Federal Government is receiving critical attention. The question whether ward Indians should participate in benefits under the provisions of the Federal Social Security Act is vigorously discussed.

Indian lands are exempt from taxation. Where funds are derived from revenue other than taxes on land, such as the income tax or sales tax, ward Indians who trade on the reservation may or may not be paying tax, depending on the policy of the particular trader from whom they are purchasing goods. Indians pay a gasoline tax but are not obliged to buy an automobile license if their driving is confined to the boundaries of the reservation.

Although reservation as well as nonreservation Indians should be entitled to the benefits of the Social Security Act (direct assistance and services), it appears that the old controversy as to State or Federal Government responsibility for the welfare of the Indians still continues.

The general attitude of State officials charged with the responsibility of administering benefits under the provisions of the Social Security Act is to disapprove of local discrimination against the Indians. However, officials in many counties frankly say that they will not spend tax money for the care of Indians who do not pay taxes, are not amenable to certain

State laws, live on reservations or other Government restricted areas under the guardianship of the Federal Government, do not participate in any of the county life, and in fact are not a part of the body politic. An erroneous belief is prevalent that the Indians are already provided for adequately from some special appropriation separate and apart from the general social-security program.

The United States Government apparently recognized the numerous problems occasioned by the wardship of another race, and in 1824 organized the Indian Bureau in the War Department. The office of Commissioner of Indian Affairs was created in 1832. The Bureau of Indian Affairs passed from military to civil control when the Department of the Interior was established in 1849 by act of Congress and the Bureau (now called Office) of Indian Affairs was made a part of the Department of the Interior.

The Office of Indian Affairs occupies the unique position of an administrative unit handling, in addition to its special problems of economic adjustment, a wide range of activities which affect the entire social welfare of the American Indian, a people numbering about 330,000 individuals, belonging to approximately 230 tribes. Although social service constitutes a major activity of the Bureau, no place has been made within the organization for a division of welfare. Consequently, handling of welfare problems devolves upon representatives of various other divisions.

In 1931 when the plan of closing Indian boarding schools was developed, one qualified social worker was employed for one year, primarily to study the boarding-school situation. During the following year approximately 12 additional workers who had some experience in teaching or services for school children and in social work were placed in different States where there were Indian boarding schools. These workers were defined as school social workers and were employed through Civil-Service Examination. Qualifications for the position of school social worker were completion of 4 years of work in an accredited college or university of recognized standing, supplemented by a postgraduate course of not less than 8 months' duration and including field work in an approved school of social work and at least one year's successful paid experience in the field of education. However, substitutions were allowed as follows: Applicants who had 12 semester-hour credits in sociology and technical social-work courses could substitute for each of 2 years of the above specified education 1 year's successful experience as a paid full-time social case worker or family social worker in an established social agency, provided that 1 year of such substitute experience had been under direct supervision.

The Office of Indian Affairs may also employ Indian assistants through a special noncompetitive examination open to persons of one-quarter or more Indian blood. Those employed as assistant social workers are, with slight exception, college graduates. There are at present 22 school social workers and 7 Indian assistants employed in field service for 11 States and Alaska by the Education Division of the Office of Indian Affairs. These workers are under the general supervision of a worker who is a member of the central staff of the Education Division, Office of Indian Affairs, in Washington, D. C. They are also responsible to the superintendents of the various Indian Agencies in the States to which they are assigned.

Workers are placed in an area upon the request of the superintendent of an agency. Appropriations for this work have been increased slightly from year to year, but there has not been a sufficient increase to enable the Office of Indian Affairs to supply all requests of superintendents for social

workers. In Oklahoma, where over one-fourth of the Indian population of the United States resides, there are seven social workers and four Indian assistants. In other States the number varies from one to three.

Beginning with the investigation of boarding-school enrollments, the work of social workers has grown in scope until in many States it now includes problems of school attendance (boarding and day, public and Indian), student loans, relief, unemployment, arranging for health services; problems of dependent, neglected or delinquent children, and marital difficulties; the organization of canning and garden clubs for the women, scouting and other forms of recreational activities for the adolescents; developing Indian leadership; arranging a market for Indian craft work; and special investigations for the Indian Service that may have to do with resettlement or reorganization.

Because of the many needs and problems of isolated Indian groups in very poor economic condition, and the gradual weakening of tribal control and low standards of living, the services given by the social workers are so many and so varied that specialized services for children have been gradually curtailed in most of the States.

It would appear that the most forward-looking plan for children is in Wisconsin. Here, under the Johnson-O'Malley Act, the State Board of Control through its juvenile department undertook to provide, in consideration of funds received from the Federal Government, the full-time services of a qualified social worker to be devoted to home investigation and supervision on behalf of neglected, dependent, and delinquent Indian children of the State. This plan will have great value if it develops greater uniformity in standards for the care of white and Indian children and leads to the understanding of common problems and needs.

The past few years have been difficult for whites and for Indians. States and counties have been obliged to put concentrated thought and efforts into plans for the relief of distress. Indians have not always been frank in acknowledging their assets nor their sources of maintenance. In many cases they have demanded assistance without being willing to exercise the maximum of self-help. State authorities have felt that Indians failed to appreciate the advantages of Federal assistance which whites did not have. On the other hand, there has been a general misconception and exaggeration of the amount of Federal aid which they have received through the Indian Service.

Health conditions among Indians

Conditions show that the problems of health should continue to receive serious consideration. Overcrowded living conditions, resulting in contacts with diseased persons and lack of adequate food, shelter, natural lighting, or ventilation, tend to lower resistance. In certain areas the lack of facilities for an adequate domestic water supply and sanitary improvements is a factor contributing to ill health. There was a time when such health problems apparently did not exist among the Indians. Hrdlicka, of the Smithsonian Institution in Washington, points out that before America was

discovered by Columbus there were no areas in the New World depopulated by disease, that the early white settlers witnessed no epidemics that were of purely American origin and that the Indian race was, in pre-Columbian time, a healthy one. ^{1/}

Tuberculosis among Indians is still a major problem because of its general prevalence. In hospitals and out-patient clinics, 6,946 cases were reported last year. This disease is common to all tribes with the possible exception of the Seminoles in Florida. It is not possible to present accurate statistics of morbidity and mortality, but all evidence points to the fact that the morbidity rate of tuberculosis among Indians is at least ten times that of the white American in the United States and the death rate four to five times as great. The Division of Health of the Office of Indian Affairs maintains and has general supervision of 15 sanatoriums and 77 general hospitals. During the last fiscal year 3,999 Indians were hospitalized for active tuberculosis.

Accurate statistics on venereal disease are not available. In each State it is said that, for the most part, cases are discovered only when patients come to a clinic or hospital to receive treatment for other illnesses. Unquestionably, such reports as are available do not reflect the complete situation. When cases are discovered treatment is given. However, unless the patient can be hospitalized, it is difficult to give continued treatment, because the Indian does not recognize the seriousness of any disease that is not causing acute discomfort. He frequently lives in an isolated location, making it difficult for him to get to a clinic for treatment. Social workers and nurses are obliged to cover such a large territory that it is impossible for them to return to the Indian home as frequently as necessary to be of assistance in carrying out treatment. There is also a tendency on the part of a few superintendents of Indian agencies to discourage the discussion of venereal disease with Indians. This prevents adequate education in regard to the condition. Indian Service employees agree, however, that lack of knowledge and personal hygiene, as well as household congestion which exposes all members of the family to any disease and to other conditions, cause a high incidence of gonorrhea and syphilis.

In the Southwestern States and in Washington, trachoma is also prevalent. The Indian Office has special physicians who go from place to place holding clinics and instructing agency and hospital physicians in trachoma treatments. Each physician is assisted by a nurse who carries on the necessary follow-up treatment, instructing the nursing personnel in the continuation of this very important phase of the work. Encouraging progress is being made in the treatment of tuberculosis and trachoma, due primarily to the education that has been given the Indian, enabling him to recognize the need and value of treatment. Education of Indian women in regard to the value of prenatal and postnatal care is resulting in increased hospitalization of obstetric cases in some States. In the last fiscal year 3,379 mothers sought medical aid during their confinement. A notable number of dental defects are reported, with inadequate provision for dental care. Dentists visit some sections only

^{1/} Hrdlicka, Ales, M.D.: "Disease, Medicine and Surgery Among the American Aborigines." Journal of the American Medical Association, vol. 99, No. 20 (November 12, 1932), pp. 1661-1666.

once in 2 years. Only 12 dentists are on the field staff and they obviously cannot cover the area adequately. The amount of immunization work being done is most valuable. Smallpox, formerly prevalent and devastating to the Indian race, has practically disappeared as a result of vaccination. Typhoid fever and diphtheria are similarly controlled by immunization.

As the expansion of white settlements brought about marked changes in the conditions of Indian life and more intimate association with the whites, the morbidity and mortality rates among the Indians increased. Treatment of disease was carried on by the medicine men and, to a less extent, by the Army doctors. Superstitions and taboos in regard to treatment and prevention of illness frequently make the task of solving serious health problems a difficult one. The treatment of the Indian by the medicine men in the early days, and even yet to a certain extent, was done according to a code of medication that applied to nearly all tribes and varied according to the prowess of the medicine man. It consisted of depositing prayer sticks, a plea to the patient's special totem, the use of "sings," rubbing, kneading, the blowing of tobacco smoke on the patient, together with other ceremonial observances and rites. The primary objective in the medicine man's mind was to drive away the evil influence of the spirit inhabiting the patient's body. This could be done by the beating of tom-toms, strong sucking with the mouth, and the use of sweat baths. It is evident that the early medicine men did understand something of poisons, emetics, cathartics, cleansing solution, homeostatics, as well as the value of massage, cauterization, bandaging, the use of splints, and even, to a minor degree, the art of suturing. It has been reported that in many tribes the older women understood the application of herbs, which were employed in much the same way as our grandmothers and grandfathers used them as simple home remedies.

The field staff of the Division of Health, Office of Indian Affairs, consists of one director of trachoma activities; 14 special itinerant physicians, who deal with the problems of tuberculosis and trachoma; 147 full-time physicians; 80 contract physicians; 12 full-time dentists, 11 of whom are itinerant; 391 hospital nurses; 114 public-health nurses; and 13 field nurses at large, 10 of whom are on duty with special physicians. The total health personnel in the field approximates 1,500 members who are responsible for the operation of 77 general hospitals and 15 tuberculosis sanatoriums. In general the type of service rendered by these field workers includes hospital duty and field duty.

The Social Security Act has given tremendous impetus to public-health thought and practice in the United States. County and district health units are being organized throughout the several States, and at various places the Indian Office is contributing its resources in money and personnel to assist in building up such units.

Recapitulation and comments

In a study relating to Indians, it is necessary to keep in mind certain basic information. Of primary importance is the fact that for years the economic condition of the Indians has been far below a subsistence level which white Americans consider as minimum. Land and resources guaranteed through treaty, and rightfully belonging to the Indians, have been appropriated for

other purposes again and again. Attempts to improve conditions and practices have resulted in the destruction of social customs and tribal control, and in the suppression of native culture, rather than in the upbuilding of inherent values to attain the best racial development. As a natural result many Indians are discouraged, dejected, and without initiative; even though they wish to change their present status, they have not had the opportunity to adjust themselves to the dominant social order.

A totally different culture produces thought processes and emotional attitudes which the white American frequently does not appreciate or understand. For instance, because of early communal or tribal practices, stinginess was considered, among the older Indians, a sin for which punishment would be swift and sure; hence, they divided their goods with all who came to their homes. It has been difficult for them to distinguish between what we may call economy and what they consider stinginess. This situation has created many problems in the distribution of relief. In addition, the past policy of the Government in issuing rations to able-bodied Indians in restricted areas, regardless of age and physical condition, has caused them to feel that it was proper and right for the Government to feed them. They refer to certain treaties made between the Government and their forefathers to substantiate this demand.

In certain areas it is a violation of personal decency among Indians to "look too hard" at others even when they are fully clothed. According to white standards of behavior it might be difficult to understand the statement of a 17-year-old Indian girl, who had two illegitimate children by different mates and who was admittedly promiscuous, when she said, "I am so ashamed for those white girls who show their arms and their backs on the street."

Among certain tribal groups, nurses and social workers have found it difficult to persuade Indians to accept hospitalization. One of the reasons for this reluctance is an aversion to entering any building where there has been a death. (A dying person is, if possible, carried out of doors before death occurs. If this is impossible, the house in which the death occurs is burned.) Hospitals are filled with the spirits of those who have died there--lonely spirits who wish to take others with them. White workers are frequently puzzled and annoyed at the reluctance of the Indian to give the name of a member of the family who is not living. It is thought that saying aloud the name of a dead person invites the lonely spirit back to take away the living person who was nearest and dearest to the departed one.

In earlier generations of Indian life everything had some religious significance. Religion was an intrinsic part of everyday happenings and was not restricted to morals. The freedom in relationship between sexes in white American groups as contrasted with the former Indian custom of preventing even brothers and sisters from playing together after childhood, left the older generation puzzled and bewildered. "What we say good, you say bad. What you say good, we say bad. We do not know-- What is right? What is wrong?" As a result of this conflict, the tribal authority has broken down and the younger generation are the victims.

Various theories are presented to account for the prevalence of sex irregularities and drinking among Indians. Some observers believe it is due to the less stable Indian nervous system as compared with that of the whites. Others believe that it is the result of idleness and lack of wholesome recreational or other outlets. Still others consider it the natural consequence

of low social status. It is doubtful that these conditions can be interpreted in the mass. To arrive at any reasonable interpretation each case would require careful diagnosis. The fundamental elements in delinquency seem to be economic plus the breaking down of tribal authority and disciplinary control.

In many sections of the West and Southwest, Indian homes are primitive, impermanent, and remote from neighbors or centers of civilization. Throughout the States visited (except in areas where the Indians have become an integral part of the community) income in Indian families is negligible and standards of living are low. Homes are greatly overcrowded--frequently 10 persons, adults and children, live in 1 or 2 room hovels with consequent lack of privacy. Drinking is prevalent in many homes. There are comparatively few homes in the States visited that even approximate the white American standard of what constitutes a normal home. Often both parents do not live in the home. Step-parents are frequently not legally married to the person with whom they are living. Many children live with grandparents and other relatives or with members of the tribe who have voluntarily or otherwise accepted the responsibility of caring for them. The moral tone of many groups living on reservations and other restricted areas is low. Many live in promiscuous cohabitation and use the plea of "tribal custom marriage," to vindicate any alliance they wish to make for a period of weeks or months. As a result of such alliances, there is a large number of illegitimate children. There is general acceptance of the offense and the offender. The Indian child, from his earliest years, is a witness to, and an integral part of, the general maladjustment of this whole social organism. Where we find so many of the same factors present throughout Indian areas in the United States, it is reasonable to conclude that these factors definitely contribute to the delinquency situation.

Youth normally looks forward to success and economic reward. The percentage of Indian youths who have any emotional or financial security is negligible. If these young people appear dispirited and dull, may it be because they feel a sense of personal inadequacy and defeat? Years of inequality and poverty of past generations are a part of the Indian youth of today. Undoubtedly, there are many complex underlying causes of delinquency, of whose existence we are as yet unaware. However, we know that at least some of the contributing factors are modifiable. Certain other causes can be eliminated only slowly and indirectly through social action that will recondition the Indian community.

The definite lack of opportunity for wholesome forms of recreation and social organization results in participation by Indian adolescents in activities that destroy character and impede progress. The organization of facilities for the constructive use of leisure time should be given great consideration as a means of preventing delinquency among Indian children. Many of the old dances are passing out of existence. They are engaged in only once or twice a year and then only by the old people. They have lost their religious significance - young Indians are dancing our modern dances. Of the native Indian games, with a few exceptions like la crosse, which is still played by a number of Indian groups, only the gambling games persist. Communal economic activities have lost their former recreational value.

There is a deep fundamental need, not always understandable to white Americans, for the Indian to identify himself with his own group; Indian children and youths are not apt to come voluntarily to clubs or other groups organized by white Americans, unless there is a well-trained and understanding leader who will stimulate their desire to participate in such activities.

In each State covered by this report, it seemed that one of the greatest needs was for carefully selected, well-trained recreation leaders whose entire duty would be the organization and supervision of community activities.

The problems that confront the Indian can be met only by an education suited to the needs of the individual as conditioned by his environment--one that will not be limited to the child and the classroom but will also reach the adult in the home.

It has been demonstrated that social work has a fundamental part in the field activity of the Indian Service. The determination of definite objectives seems to be an outstanding need. What is the purpose of this work? What means are available for the fulfillment of these purposes? If social work among the Indians is for the purpose of understanding their behavior, then case work or, more appropriately perhaps, case analysis, should be used; that is, the isolating and abstracting of certain elements in a total situation on which attention should be centered.

Is the objective of this work gradual infiltration or adjustment to the dominant white civilization? If so, case-work techniques may not be of primary importance. Or, may the purpose be entirely that of developing a program for family rehabilitation which includes the saving of Indian cultures and traditions and building up a morale necessary for material and spiritual well-being? Perhaps the objective is a combination of these varying purposes.

If the workers are to have the status of a visiting teacher under the direction of the Division of Education, then the particular duties of the visiting teachers should be defined and their work carried on in accordance with this plan. If the principal work is to be that of community organization, workers with a background of training and experience in this field will logically be chosen.

Social workers in the Indian Service lack the stimulation and direction that come from adequate supervision. They do not have any local social-work supervision but are directly responsible to the agency superintendent, or in some cases to the director of education. Obviously they cannot receive the desired leadership in social work from a superior whose training is in the field of education. The Indian workers interviewed in the course of the study were inclined to be on the defensive toward white American social workers. They have need to prove their ability. They were also more authoritative with clients than were the white social workers - again an indication of the need for security within their own group, and possibly of conflict caused by emotional identification with a client of their own race. The social workers are disturbed by the lack of records; however, their allowance of \$300 per year for clerical service necessitates doing much of their work in longhand; and a day that begins at 7 a.m. and frequently ends after midnight leaves little time for clerical work.

The workers are granted 60 days' educational leave every second year. Workers may add to this their 26 days' annual leave and thus have a period of three months every two years in a school of social work.

Isolated territory and lack of time prevent social workers in the Indian Service from participating in the activities of other professional groups. As a consequence, personal and professional growth is hampered. Community

resources that might be available are not used, and in only a few States is the social work of the Indian Service known to outside groups. Long and constant drives over a large territory are required to take care of the many duties which make up the social worker's job. Judgment, patience, common sense, tact, humor, and a constitution of iron are demanded. In spite of handicaps that seem unsurmountable, the social workers in the Indian Service are doing a pioneering job courageously and optimistically. They merit the opportunity for closer and more adequate supervision for which they ask, and the higher salaries, which, without exception, they do not mention. The number of workers who show personality difficulties which partially negative the effectiveness of their work; of those who should have additional training to aid them in differentiating between disturbances which can be treated within the limitations of case-work skills and those which demand more expert service; and in one or two cases of workers who should be encouraged to seek other professions, is proportionately small in comparison with similar situations in any agency. Careful selection should be made of the social-work staff, not only from the standpoint of training and experience, but in regard to soundness of philosophy, well-balanced physical and mental health, and sensitiveness to human relationships.

To promote the constructive development of future generations of Indians, it is desirable to initiate lines of education that will enable the Indian to accept and adopt those standards of white Americans which are most wholesome and fundamentally sound while retaining his respect for racial heritage and tribal cultures.

Any program planned to make possible an adjustment to a new economic and social order must progress slowly and must be administered with calm, careful consideration in order that the results may be permanent and constructive.

Since the occasion for this study was a desire to relate the needs of Indian children to those parts of the social-security program concerned with child welfare, it seems appropriate to review briefly the background of the Social Security Act and those titles especially concerned with children.

The evidence of the effect of economic insecurity upon the health and welfare of the large number of children in families on relief focused public attention upon the need for remedial measures. Accordingly the Committee on Economic Security in its report to the President ^{1/} recommended the inclusion of special measures for public assistance to dependent children, and for maternal and child health and welfare, as an integral part of a broad economic and social program. These recommendations were transmitted by the President to Congress and were embodied in the Social Security Act, which was passed after extensive hearings and discussion, and approved by the President, August 14, 1935. ^{2/}

Of the 11 titles of the Act, 2 are especially concerned with children. Title IV deals with public assistance to dependent children in their own homes under the so-called mothers' aid laws in effect in the various States. This title is administered by the Social Security Board. Title V provides

^{1/} Committee on Economic Security, Report to the President, Washington, (1935), p. 35.

^{2/} Pub. No. 271, 74th Cong., 1st Sess., 49 Stat. 620.

for three types of services for maternal and child welfare, which are administered by the Children's Bureau of the United States Department of Labor. Part 4 of this title relates to vocational rehabilitation and is administered by the Office of Education of the Department of the Interior.

Part 1 of Title V authorizes an annual appropriation of \$3,800,000 for grants-in-aid to States for maternal and child-health services, especially in rural areas and in areas suffering from severe economic distress.

Part 2 of Title V authorizes an annual appropriation of \$2,850,000 for grants-in-aid to States for medical care and other services for crippled children.

Part 3 of Title V authorizes an annual appropriation of \$1,500,000 for grants-in-aid to States for public-welfare services for the protection and care of homeless, dependent, and neglected children, and children in danger of becoming delinquent. Unlike funds allotted for maternal and child-health services and services for crippled children, these funds do not have to be matched by the States. However, the Act indicates that there must be financial participation by the State or local communities, since it states that "The amount so allotted shall be expended for payment of part of the cost of district, county or other local child-welfare services in areas predominantly rural, and for developing State services for the encouragement and assistance of adequate methods of community child-welfare organization in areas predominantly rural and other areas of special need." State plans for child-welfare services are to be developed jointly by the State agency and the Children's Bureau.

II. Oklahoma

A. Sources of Information

Mrs. Amy Crooks--Director, State Department of Public Welfare
 Miss Frances McGee--State Public Welfare Department
 Miss Lucille Hastings--State Public Welfare Department
 Miss Elsie Parker--Intake and Certification, W.P.A.
 Miss Nell Carl--Supervisor case work, Oklahoma Committee for Crippled Children
 Mr. John Vaughn--State Superintendent Public Instruction
 Mr. A. C. Monahan--Assistant to the Commissioner of Indian Affairs
 Mr. George C. Wells--Supervisor of Indian Education for Oklahoma
 Dr. Weeks--Superintendent, Bacone Junior College (Indian, supported by Baptist Mission)
 Dr. Walter S. Stevens--District Medical Director, Indian Service
 Dr. Van Cleave--Indian Service
 Dr. Lewis K. Sweet--Oklahoma Child Health Demonstration
 Miss Florence Holton--Supervisor Indian Elementary Education
 Mrs. Taft--Indian Service (making survey of occupational therapy in Indian hospitals)
 Mr. Russell Kelly--Acting Superintendent, Haskell Institute
 Mr. A. M. Landman--Superintendent Five Civilized Tribes
 Mr. Charles Berry--Superintendent Cheyenne and Arapahoe Agency
 Mr. F. E. Perkins--Superintendent Shawnee Agency
 Miss Maude Lyon--Social worker, Indian Service, Kiowa
 Miss Della Ryan--Social worker, Indian Service, Shawnee
 Mrs. Miriam Keenan--Social worker, Indian Service, Five Tribes, McAlester
 Mrs. Vera Harmon--Social worker, Indian Service, Five Tribes, Okmulgee
 Miss Frances McIntosh--Assistant worker, Indian Service, Five Tribes, Okfuskee
 Mr. Taylor--Education field agent, Kiowa Agency

B. State Welfare Department

1. Source of funds

An initiative petition (No. 155) was presented to the voters and adopted on July 7, 1936, constituting the "Oklahoma Social Security Act." This provided for a "State Assistance Fund" by increasing the present Oklahoma consumers' tax and motor vehicle excise tax from 1 percent to 2 percent and apportioning the additional 1 percent to the State Assistance Fund. Indians will participate in the payment of this tax, and will share with white Americans in any benefits resulting from it. The Indians in Oklahoma do not now live on reservations. When Indian Territory was annexed by Oklahoma it was with the provision that the Indians as citizens would share in all rights and privileges accorded to citizens of the State.

At the time of the study the State Department of Public Welfare was composed of the Governor, the State Commissioner of Health, the State Auditor, and State Examiner. Its function was the administration of relief to the needy unemployed. A director of relief was employed to give supervision to this work. County boards of public welfare composed of the county commissioners and the county health officer administered relief in the counties. A department was set

up in the Governor's office to check relief applications. The funds were distributed to the counties on the basis of need as shown by the number of applications. The total amount allowed each county was on the basis of \$2 per month per person. The county commissioners might reallocate funds to families on any basis they chose. The amount of relief has been very low, usually not more than one-third of the subsistence food budget of the family.

It was reported that there has been discrimination against Indians in a few counties, approximately 4, in which the Indian population is small.

The Indian Service allotted Oklahoma \$33,000 for direct relief from the annual appropriation for "Support and Administration," and \$28,000 of the special grant made to the Indian Office from the emergency relief fund for direct relief of Indians.

Aged Indians who did not have an able-bodied member of the family to support them were carried on direct relief from the amount allotted to the Indian Service. The amounts paid varied from \$1.50 to \$2.50 per person per month. In the absence of county or other Indian Service funds for medical care, the Indian Service used approximately 15 percent of the special relief grant to Indians for medicine and glasses.

The proposed plan for the newly organized State Department of Public Welfare is as follows: The State staff will consist of an administrator, an administrative assistant who will be a qualified social worker, and one supervisor in each of the divisions of public assistance, child-welfare services, budgets and finance, statistics, and research.

There are 11 district field supervisors of public assistance, and there will be 5 child-welfare consultants. At the time of the study the field supervisors were devoting a portion of their time to the organization of child-welfare services in their respective districts.

The State laws in Oklahoma relating to the care of children were apparently based upon the assumption that institutional care is in many cases the most desirable provision. It is thought that many children are in public and private institutions because of lack of finances and social case work to keep the family together. There are instances where children are placed in industrial schools not because of delinquency but merely because of dependency. Boarding homes are not licensed. Therefore, the general objective of the Oklahoma plan for child-welfare services is to develop community consciousness of the necessity for services which prevent neglect and enable children to remain in their homes; to point the way to the development of facilities for the adjustment of problem children in their homes and environment; to develop various types of care for children who must be removed from their own homes; to bring about a coordination of all agencies in social welfare, including family service and relief, by providing intensive service in selected counties; to educate these counties to the value of services for maternal and child health; and to prevent neglect and delinquency with a view to the future local support of such services.

2. Problems in relation to Indians

According to the Commissioner's annual report for 1935 there are 95,942 Indians in the State of Oklahoma. This represents 29 percent of the Indian population of the United States and is 4 percent of the population of Oklahoma. Some 36 tribes are represented. Of the total number, 37,369 are children between the ages of 6 to 18.

There has been lack of coordination between Indian emergency conservation work and the Works Progress Administration. Indians who were registered in Indian emergency conservation work were not certified to the Works Progress Administration, and when Indian emergency conservation projects closed they were obliged to go on direct relief. It was difficult to determine whether they were receiving any tribal funds, relief from the Indian Office, or other assistance. A form worked out by the social-service division of the welfare board and filled out through the assistance of the Indian Service will help this situation.

Accurate information was not available in regard to the number of Indians receiving mothers' aid.

The State director of public welfare feels that the greatest problem to overcome is the feeling of the superintendents of Indian agencies that the Indians are being discriminated against. He states also that it is difficult to coordinate Indian welfare activities with the work of other agencies because of the impossibility of obtaining accurate information in regard to Indian resources. By reason of peculiar and varied family situations it is difficult to determine the number of children who might authentically be counted as dependent. Superintendents feel that in Oklahoma it will also be difficult to determine eligibility for old-age assistance because there may be some legally responsible person who is financially able to care for an elderly applicant.

3. Attitudes toward problem

The staff of the State Department of Public Welfare in Oklahoma feels that the Indian is generally accepted as a participant in all social and governmental activities, since it is assumed that he is a civic equal of the white American. A large number of the Oklahoma population have some degree of Indian blood. It is strongly felt that in view of this assimilation, it would be considered as discrimination if separate treatment or provision were made for child-welfare services among the Indians. However, there are certain counties that do not share this attitude and it has been difficult in the past to get equal consideration for Indians' participation in benefits derived from Federal and State funds, such as direct or work relief. The State Director of Public Welfare feels that this situation can be handled as specific cases arise in the various counties. Prejudice against the Indian is apparently individual rather than group.

4. Plan for meeting problem

One of the points for consideration in the plan for State child-welfare services is that of getting in touch with each of the child-caring institutions and agencies in the State (white and Indian) and with their assistance surveying the services now available for the care of children. It is thought that such a survey will direct the workers in the selection of boarding homes and the location of parents or relatives who may care for children now in the institutions of the State, thus rendering service not only to the children but to the institutions, the communities, and the State.

In accordance with plans developed by the interdepartmental committee representing the Office of Indian Affairs, the United States Public Health Service, and the Children's Bureau, it was decided to select an area of five counties (Delaware, Mayes, Sequoyah, Cherokee, and Adair) in Oklahoma for a special demonstration of health and welfare services.

The five counties in this demonstration area are located in the foothills of the Ozarks and have a total population of 84,984. Of this number 73 percent are white, 24 percent Indian, and 3 percent Negro. The total area of the five counties is 3,518 square miles. Eighty percent of the population are on relief. There are no private welfare agencies. Tahlequah, Cherokee County, is the largest incorporated town in the area with a population of 2,495. Here there are a Kiwanis Club, a Chamber of Commerce, 5 women's clubs, and a Girl Scout Troop. Northeastern Teacher's College is located here. The demonstration will afford services to the white and Indian population.

The staff for this demonstration is as follows: A director of the health unit who is a member of the staff of the State Health Department, a pediatrician, a supervising nurse directing 5 county nurses (3 from the Indian Office, 2 from the State Health Department), a nurse supervisor for maternal and child-health services, a sanitarian, and a clerk. In addition to this staff a social worker from the division of child-welfare services has been provided. Later it may be possible to add an assistant pediatrician, a dentist, and a nutritionist.

Under the Resettlement Administration a health demonstration in six southwestern counties (Custer, Washita, Beckham, Kiowa, Greer, and Harmon) is being carried on. A medical-care agreement between the State Medical Association and the State Rural Rehabilitation for the care of rural rehabilitation clients has been worked out.

C. Other agencies (public or private) dealing with Indians

There is well-organized cooperation between the Oklahoma Hospital for Crippled Children and the Indian Service. This institution accepts Indian children on the same basis as white Americans.

D. Indian Service

1. Relief funds

Thirty-three thousand dollars from the annual appropriation to the Indian Office for "Support and Administration" was allotted to Oklahoma for direct relief for Indians, and \$28,000 of the special grant for emergency relief was so allotted.

2. Relationships with State and Private Agencies

Prior to June 10, 1936, there had been in Oklahoma City two meetings of the Superintendent of Indian Agencies in the State with the Director of the State public welfare department for the purpose of promoting an integrated service between the two agencies.

Social workers in the Indian Service say that county workers do not always accept their reports on the economic status of Indian families, and sometimes reinvestigate the cases. They regret that there is no central registration bureau in each county to make it possible for agencies to be informed of the activities of the agencies in regard to Indians.

3. Social-Service Personnel

a. Number in the State

There are six school social workers and four Indian assistant social workers in the Indian Service in Oklahoma.

b. Background and training

Miss Sophie Dobolek--Social worker. Graduate of Teacher's College, Detroit, Michigan, B.S. degree in education. Her experience includes work as a public-school teacher, 5 years; visiting teacher, 4 years; nursery matron, 1 year.

Miss Vera Harman--Social worker. B.A. degree, Heidelberg College, 1915 (Ohio); M.A. degree, Ohio State, 1930; teacher in Ohio and Montana, 7 years; principal of an elementary school in Alaska, 1 year; field agent, Division of Charities, Columbus, Ohio, $3\frac{1}{2}$ years.

Mrs. Miriam Keenan--Social worker. B.S. degree, University of Wisconsin, 1923; 1 year in Child Guidance Clinic, Madison, Wisconsin, 1923-1924; teacher in first-aid school, Tulsa, Oklahoma, private nursery school in own home, Tulsa, Oklahoma, 5 years; entered Indian Service 1932.

Miss Maude E. Lyon--Social worker. B.S. degree, East Tennessee Teacher's College 1930; occupational-therapy aid, 5 years, Johnson City, Tennessee; assistant child-welfare

supervisor, 3 years, Florence, Alabama; entered Indian Service December 7, 1932.

Miss Della Ryan--Social worker. B.A. degree Smith College, course in religious and social work, Northwestern College; rural teaching, 5 years; settlement work, 2 years; Provident Association, 3 years; rural visiting teacher, Wyoming, 3 years; traveling for the National Committee of Visiting Teachers, 1 year; relief worker, one-half year; entered Indian Service June 1, 1934.

Miss Anna Ziegler--Social worker. A.B. degree, Boston University; 1 year graduate work, Tulane University, New Orleans; teacher, 1 year; clerk, 6 years; home missionary and social worker, New Orleans, 6 years; social worker, Indian Service, 2 years.

The assistant social workers are young Indian women who have had a college education but who have not had training or previous experience in social work. These are apprentice positions to give young Indian women an opportunity to gain experience in work with their race. Those who seem adapted to the work are given assistance in obtaining formal social-work training.

Miss Tophi Folsom--B.A. degree, University of Oklahoma; one term of summer school, University of Colorado; field secretary of Religious Young People Association, 3 years; rural teacher, 1 year; secretary and assistant matron of Girls' College at Durant, Oklahoma; girls' adviser, Norman, Oklahoma.

Miss Frances McIntosh (Creek Indian)--B.A. degree, Northeastern State Teacher's College, Tahlequah, Oklahoma, 1935; assistant social worker, 4 months.

Mrs. Geal Barrett--Loretta College, Webster Grove, Missouri, 1 year; Oklahoma University, 1 year; Oklahoma City University, 6 months; volunteer worker with the Juvenile Court and Children's Clinics, Kansas City, 1½ years with emergency relief organization.

Miss Florence Nelson--B.A. degree, Southwestern Teacher's College, Durant, Oklahoma; assistant social worker; no experience prior to present position with Indian Service.

c. Duties

The duties performed by school social workers in Indian Service in Oklahoma are reported by them as follows: Investigating the relief needs and emergency assistance when no other resources are available; supplying relief to school children in the form of clothing and text books; making out and checking public school tuition reports; making recommendations for educational loans and collecting repayments of educational loans; taking children to and from boarding schools, making boarding-school investigations, and visiting homes and checking public-school attendance; interpreting the home to the school.

and the school to the home, interpreting the county health program to home; making recommendations of eligibility for Indian emergency conservation work; investigating social problems such as immorality, illegitimacy, marital difficulties, alcoholism, drug addiction, feeble-mindedness, social disease, neglect of children, crime, poverty, isolation, insanitary conditions; providing for lunches in certain schools; arranging for hospitalization and providing transportation for certain cases; organizing home demonstration clubs (garden and sewing and canning) and organizing 4-H Clubs, encouraging a revival of Indian arts and crafts by arranging for sale of articles; establishing summer schools to be taught by boarding school teachers; developing Indian leadership; establishing relationship with Indian Council to assist in enforcing respect for law and order; investigating applicants for enrollment in mission boarding schools; making records for permanent files; and writing monthly reports.

Large territory and numerous duties make it impossible for these workers to do intensive case work. Often, as a matter of expediency, the farm agent, the chief clerk at the agency, the field nurse, or the educational field agent handles social problems. Case loads are variable. One worker states that the 6,061 Indians in her territory might all be considered in her case load. Another reports 1,318 in 2 villages as being her case load. A third whose territory covers 2,300 square miles says "every Indian living in this area."

The working conditions of the social workers in Indian Service in Oklahoma are reasonably good. Poor roads in some sections and the inaccessibility of the clients' homes present the greatest difficulties. The office space and opportunity for privacy is, with few exceptions, more adequate than many organizations are able to provide for their workers.

The approach of the workers to their clients is sympathetic and protective, possibly too subjective for the ultimate good of the client. In certain instances there seemed to be a preconceived judgment of the potentialities of the individual based upon group ability.

A majority of the workers appear to be well-balanced and poised individuals able to give a clear picture of the social and economic situation in their respective districts and to analyze and evaluate their work in relation to the total situation in the State.

In the few cases where the work seemed to be somewhat superficial and the workers to lack a basic knowledge of sound case work principles, one felt that there was innate intelligence and sensitiveness to build upon if consistent and patient supervision were possible. All the workers expressed a desire for supervision from someone with a broad background of social-work training and experience with whom they could discuss their work.

Records are for the most part sketchy, sometimes including only the name of the client and the approximate location of his home, plus a few words indicating the problem and date of the visit. In some instances face sheet material is available. The workers are aware of this inadequacy and are interested in working out better methods for record keeping.

4. Indian Welfare Problems in Order of Recognition

a. Health

Indians are not excluded from any hospital in Oklahoma and there are 7 general Indian Service hospitals in the State, as follows:

Claremore Indian Hospitals - Claremore; primarily for Five Civilized Tribes; bed capacity 38. Pawnee, bed capacity 48.

Lawton Indian Hospital - Lawton, under the jurisdiction of the Kiowa Indian Agency, but will accept Five Tribes Indians; bed capacity 93.

Concho Indian Hospital - Concho, under Cheyenne and Arapaho jurisdiction; bed capacity 42.

Sequoyah School Hospital in connection with Sequoyah Orphan Training School, Tahlequah; bed capacity 10.

Clinton Hospital (Cheyenne and Arapaho) - Clinton; bed capacity 28.

Chillico Hospital - Chillico; bed capacity 47.

There are two tuberculosis sanatoriums--Shawnee Indian Sanatorium and Choctaw-Chickasaw Indian Sanatorium. Shawnee accepts Indians of Five Civilized Tribes. This sanatorium, with a bed capacity of 150, is crowded and there is a waiting list. Because of limited facilities patients who cannot be benefited by treatment are not accepted. There is a 2-teacher school in connection with the hospital so that children who are physically able to do so may take some school work.

The Choctaw-Chickasaw Indian Sanatorium, located at Talihina, is primarily for Choctaw and Chickasaw Indians; but if there are vacancies it will accept Indians of the remaining Five Tribes. There is a long waiting list, and patients who cannot be benefited by hospitalization are not accepted. There is also a teacher for children who are able to do school work. There are infirmaries at Eufalfa and Eudico.

In February 1936, a public-health clinic financed by tribal funds was opened by the Osage Agency. It is located at Pawhuska and is staffed by one physician, one clinic nurse, and an assistant social worker, Mrs. Coal Barrett (an Osage Indian). A program of health education is planned, beginning with lectures given by the doctor to men and boys in E.C.W. camps.

A year's training course as ward attendants or nurses' aides is given in Kiowa Hospital to Indian girls. There are 18 girls now in training.

In June 1936, Dr. Walter Stevens, District Medical Director, Indian Service, held a 10-day clinic in Tahlequah for the purpose of making a survey of health conditions in Cherokee and Adair Counties. He planned to examine 1,000 to 1,200 cases. In a similar clinic held last year he examined over 1,000 cases. His staff consisted of 6 physicians, 2 clinical nurses, 3 public-health nurses, and 3 Indian assistants.

Trucks are sent to central locations such as stores and post offices, to gather patients who have previously heard of the clinic directly or indirectly from public-health nurses. When these trucks arrive at the school building where the clinic is held, each patient has a health history taken by the public-health nurse, with an Indian assistant acting as interpreter, and is given a complete physical examination, including a Wassermann test. The trucks are then sent out again to various locations for additional patients. There is no way of knowing how many patients may come in each day; so it is somewhat difficult for doctors and nurses to schedule their time. After examinations are completed, patients are returned to the points where they were picked up.

The reports of these examinations are filed in the office of the superintendent of the Indian agency in whose jurisdiction the clinic is held. They are available to the field nurse. Dr. Stevens regrets that there is no follow-up on these cases and feels that the value of such clinics is largely factual. He states that from these examinations accurate information of existing problems is obtained. Recommendations can then be made for remedial work and an estimate furnished of the amount of money necessary to carry out such recommendations.

Dr. Lewis Sweet, podiatrician in the maternal and child-health demonstration, is limiting his work to preschool children. On June 13 he had held one clinic in each of three villages in Cherokee and Adair Counties, the number of patients examined in each clinic varying from 16 to 30. He found that there was a problem of transportation for patients to and from the clinic and that resources for care and treatment were most limited.

Social workers in the Indian Service and in the State Department of Public Welfare give the following information in regard to health conditions among the Indians: Tuberculosis

appears to be the most prevalent disease because it is more readily recognized and discussed; however, the consensus of opinion is that venereal diseases (gonorrhea and syphilis) would probably rank higher than tuberculosis if actual statistics could be obtained. In Osage County (Pawhuska county seat) examinations of boys and girls 14 to 20 years of age have disclosed a high incidence of venereal disease. In Five Tribes, Shawnee, Kiowa, Cheyenne, and Arapaho agencies, it is believed by social workers that there is a high percentage of venereal disease. Treatment is given by doctors and field nurses through clinical and individual care to all discovered cases. Ignorance, lack of cooperation by patients, isolation, and lack of facilities are obstacles that block treatment. Trachoma still presents a problem, though less so than formerly because of stress placed upon education and treatment.

Indians depending upon the services of a contract doctor are not always satisfactorily cared for, owing to the limited time at the doctor's disposal, the number of Indians who come for treatment, and in some cases, the lack of interest on the part of Indian patients.

b. Education

The school census reports for all Indians of the State show that there are 37,044 Indian children between the ages of 6 and 21 in Oklahoma. The total amount of Federal funds expended for the payment of public-school tuition during the year 1935 was \$389,988.95; and for clothing, books and lunches, \$36,011.31.

The number enrolled in public schools in all jurisdictions June 30, 1935 was 26,046; in Government boarding schools in Oklahoma, 3,085; the number from Oklahoma in Haskell Institute, 314; the number in parochial and contract schools, 1,361; the number in Indian day schools, 260. There were 584 children not enrolled in any school. There were 12 Indian boarding schools and 10 Indian day schools, 5 Choctaw contract schools, and 8 denominational schools not included in the Choctaw contract schools.

Rural public-school facilities are poor. Teachers with tenth-grade education have been employed. Limited funds in many districts have necessitated short school terms. A State appropriation of \$8,200,000 by the last legislature plus the amount derived from the beverage tax for support of common schools, making a total of approximately \$10,000,000, should be of great assistance in providing improved educational facilities and personnel.

In some sections, it is said, public-school teachers who showed special interest in Indian children have met with severe criticism and in at least two cases were not reemployed because of this. In other sections, white teachers were reported not to

be interested in Indian children and not to give them equal consideration with white children.

Attendance of Indians in grade school is average. In high school there is a tendency to drop out after the ninth grade. Attendance officers report that if a child does not want to go to school his parents will not insist. However, cases of failure to attend school are said to be so few that it does not pay to press them and thus incur the hatred of the entire community. The social workers feel that truancy in some cases is caused by the child's fear of the teacher.

c. Handicapped children

Crippled Indian children are cared for on the same basis as white American children by the Oklahoma Hospital for Crippled Children in Oklahoma City.

The institution for the feeble-minded at Enid will accept Indians; however, it is not limited to children and is always overcrowded. There are no clinical or psychiatric facilities. Low-grade feeble-minded Indian children practically always remain in their homes. As is shown by boarding school reports, mentally retarded children are frequently cared for in these institutions.

The number of blind Indian children is not known. Social workers in the Indian Service report little success in persuading Indian parents to send a child to the State School for the Blind if the child does not wish to go. Indian children with vision too impaired to attend school remain at home.

As far as could be ascertained from social workers and others, no special attention or treatment is being given to deaf Indian children, and their number is unknown.

d. Family relationships

There is general disregard of conventional standards in relation to sex relationships. Sexual promiscuity does not result in social disapproval of the individual, and illegitimate children are accepted without discrimination. It is practically impossible to determine the number of illegitimate Indian children. The younger generation use the plea of "tribal custom marriage" to vindicate any alliance they wish to make for a period of weeks or months.

In an effort to encourage legal marriage among the younger Indians who are living together, there has been a general tendency to select for emergency conservation work those men who could show evidence of legal marriage. In many cases a couple were married in order that the man might secure work. Occasionally money was advanced for a license and later deducted from

the man's pay. The agency superintendents and social workers have talked with older men on the Indian tribal council in regard to enforcing legalized marriage. These men seemingly agree with white American belief in legal marriage, but many of them have never been legally married, and they will therefore not take any steps to urge such a plan. Furthermore, a girl's property if she is legally married will go to the boy's family according to State law; so there may be a tendency to discourage legal marriage.

e. Community problems

Social workers feel that the various types of protracted religious meetings held by different groups of Indians are responsible to some extent for delinquent behavior. Foremost among these groups is the one known as "The Native American Church of Peoyte." Peoyte is an opiate obtained from a Mexican spineless cactus. It is dried and eaten, or boiled and the juice used as a drink. The meetings where peoyte is used appear to be a mixture of religious and old pagan ceremonies. The meeting may last from 1 to 10 days. Adults and children indulge in this drink, which seems to stupefy them and which they say brings "wonderful dreams." It apparently does not have any of the unpleasant after effects of drugs or alcohol. In addition to these meetings there are protracted meetings and revival services of Pentacostal groups, Methodists, and Baptists. These may last 10 days. They are held in the woods and during the entire time when the adults are taking part in the services the children are left to roam at will.

There is also an arrangement for religious worship in certain sections where the Indians build on their own land a church and several small houses varying in number from four to nine. These are to house visiting Indians who come for week-end services. The Indian family on whose land the church is built furnishes food to the visitors during the time of their stay. Church is held in some community each week, families taking turns in offering their hospitality. The church and "church houses" remain in the same family from generation to generation. The denominations are principally Methodists and Baptists. Indian men who belong to these groups cannot be prevailed upon to work when a "church house meeting" is held. This causes considerable irritation among white farmers who employ them.

Economic problems are difficult. Some Indians own as much as 160 acres of land but have no agricultural implements. Ownership of land has in some cases prevented the Indian from receiving relief even though he was really in need. He may lease his land for a period of 1 to 5 years, or he may rent his land for the season at \$45 to \$60 for 160 acres, or he may rent on a share-crop basis. Money for leased or rented land may be paid in cash, the total amount in advance. When this occurs, the Indian may live abundantly for a short period and later be in great need. The same situation occurs if the Indian receives in bulk a sizable cash allotment. Last year in one reservation where money for leased property was paid in January and July,

the average income was \$408 per family. One of the social workers suggested to the tribal council that Indians should sign an agreement whereby money received from rented or leased lands would be divided into monthly payments, the funds to be held in trust for them by the agency. The tribal council approved of this but wanted the social worker to take the responsibility of putting it into effect.

In the Osage tribe the workers feel that the amount of money in royalties or "head rights" drawn from leased oil lands increases the problem of delinquency. Bootlegging, drug peddling, and other types of disorderly conduct are prevalent in this area.

Wholesome recreational activities for adults and children are meager and lack the impetus of trained full-time leadership. Commercialized recreation such as pool rooms, dance halls, and road houses supplies the principal leisure-time diversions. The teachers of special Indian day schools, the churches, school social workers, field nurses, and educational field agents have all contributed their time in an attempt to develop recreational programs. The time devoted to this is necessarily limited, and there is a lack of unified planning with well-defined objectives or a variety of pursuits to arrest and hold the interest of the individual.

5. Present Method of Meeting Problems

A number of community houses are built on the Indian reservations for the purpose of supplying an adequate and centrally located place for community gatherings. In some of these houses two small rooms and a lavatory are available for clinic purposes. Tribal councils, club entertainments, and dances may require the use of these buildings.

There are a limited number of 4-H clubs in the rural schools of the State. One social worker hopes to have a week's institute in her jurisdiction with an instructor from the Agricultural and Mechanic Arts College at Stillwater to train Indian and white women as 4-H club leaders. She has found that Indians do not appear to accept Indian leadership, but she believes that if a white and an Indian woman work together as leaders respect for the Indian club leader will be developed.

There are several Catholic Indian women's clubs whose activities include canning, sewing, poultry management, and Indian crafts.

The farm agents in some jurisdictions have organized men's farm clubs to discuss agricultural problems. This is done to encourage the men to farm their own land when present leases have expired, instead of leasing again to white farmers.

COMMENTS AND SUGGESTIONS

The number of social workers in Oklahoma is large compared with the total number of social workers in the field, yet not sufficiently large to care adequately for all the duties assigned to them. Field nurses attach to their monthly reports a section called "Social work cases." Under this heading are included cases of (1) emergency relief, (2) unmarried mothers, (3) incorrigible girls, (4) placement of orphans, (5) marital difficulties, and (6) supervision of the aged. These appear to be cases that belong to a social worker. It would seem advisable for the social worker to be relieved of some of the more routine duties assigned to her, such as checking attendance and making out tuition reports, which might be delegated to an educational field agent, so that she will be free to give her time to cases needing social case work.

The social workers feel that their work would improve and that they would benefit by having closer supervision than can be given to them either by mail or through infrequent visits of someone from the Indian Office in Washington. They suggested a State supervisor of Indian social work. It would appear that this would further a more complete segregation of Indian from State welfare work than is advisable. It seems, therefore, that if the present State director of social welfare or someone equally well qualified through training and experience remains in this position, Indian welfare and the social workers administering it would profit by being under the general supervision of the State director of social welfare. A contract with the State Department of Public Welfare under the Johnson-O'Malley Act, similar to the Wisconsin contract, would make this possible.

Staff conferences in each agency, including superintendent, chief clerk, social worker, educational field agent, farm agent and field nurse, should be held at least once a month to clear and discuss cases known to these various employees. The benefits to workers and clients of a unified well-organized program would more than compensate for time spent in conference. Mutual benefit would be derived if social workers in the Indian Service were present at staff meetings held by superintendents of Indian agencies with the staff of the State Department of Public Welfare.

The value of clinics for examination and diagnosis is questionable unless there is some method of follow-up and treatment. Patients and social workers become increasingly discouraged about clinic attendance unless adequate follow-up is provided and means for treatment are accessible.

The Osage clinical work would undoubtedly profit by having a medical-social worker, although the desire of the group to have an Osage Indian as social worker would have to be considered. The clinic is financed by Osage tribal funds. The worker has had only the social work training she received through training courses during her work as a volunteer in Kansas City, and during 1½ years of E.R.A. work. She is rated as an Indian assistant.

In view of the new policy of caring for the education of the Indians through local facilities, it would seem that there are far too many boarding schools; however, until the public schools of Oklahoma provide certain types of specialized and vocational training, and other provisions are made for the care of dependent and neglected Indian children--possibly through the social security program for aid to dependent children and child-welfare services--the boarding schools in Oklahoma seem to have a definite place in the educational program for Indian children.

III. Arizona

A. Sources of information

Miss Florence Warner--Secretary, State Board of Public Welfare
 Miss Ann M. Bracken--Director Social Service, State Board of Public Welfare
 Mrs. Friedman }
 Mr. Lanz } --Staff members, State Board of Public Welfare
 Judge Dudley W. Windes--Assistant Attorney General, Arizona
 Dr. H. E. Hendrix--State Superintendent, Public Instruction
 Mrs. Barringer--State Supervisor, Curriculum and Special Education
 Mr. Robert D. Morrow--State Superintendent, School for the Blind
 Mr. Richard Tisinger--Superintendent of Indian Schools
 Mrs. Kate Smith--Social worker, Indian Service
 Mr. Carl H. Skinner--Superintendent, Phoenix School
 Miss Elizabeth Hart--Extension field agent
 Mr. A. E. Robinson--Agent Pima Agency, Sacaton, Arizona
 Mr. Charles F. Minor--Chief Clerk, Sacaton, Arizona
 Dr. Henry E. Montrose--Superintendent, Pima Hospital, Sacaton, Arizona

B. State Welfare Department

1. Source of funds

Ninety-six per cent of the proceeds from a State luxury-sales tax and a privilege tax on business is apportioned to the State Board of Public Welfare to support its welfare services and to provide aid for dependent persons eligible under the law. There are no county funds for these purposes. 1/

The average income derived from this tax, at the time of the study, was approximately \$85,000 per month. Of this amount \$50,000 was set aside for "Social Security" expenditures. The remainder was used for relief to "unemployables," this being accepted as a State instead of a county responsibility. The State Board of Public Welfare was organized to unify welfare administration in Arizona. However, it was established at the time when Federal aid for relief was granted and attention was being centered on relief and work projects, little time being given to other social-welfare activities. It administered Federal funds and part of the State fund for relief. A part of the luxury tax (\$5,000 per month) and 15 per cent of the sales tax went into a special relief fund to be used at the discretion of the Governor. Relief budgets in the State have always been below subsistence standards.

Existing facilities for child-welfare services are very few. Under the old Child Welfare Act (still existing although inoperative under the State Board of Public Welfare Act) 115 mothers' aid allowances were made (406 children) with an average of about \$5 per child per month. Indians were not included.

1/ Laws of 1935, ch. 78, pp. 361-362.

After the Arizona Society for Crippled Children became inactive in 1932, very little was done for crippled children except sporadic cases cared for through the Shriners and Kiwanis. (See social-security program below.)

There is no State institution for care of the feeble-minded.

Old-Age Assistance.--The census taken by the Emergency Relief Administration, which purported to be a house to house canvass for certain factual material, listed 12,450 persons in the State over 65 years of age. Indians were not included in the census. At the time of the study, 2,186 persons over 70 were receiving old-age pensions. Pensions paid under Arizona law required a minimum age of 70, and 35 years' residence. Ward Indians do not receive old-age pensions and it is said that nonward Indians are not receiving pensions, though this report was not verified.

Indians were not included in the E.R.A. census, which listed 251 blind persons.

Aid to Dependent Children.--The relief census listed 2,706 "mother-headed" families (citizen) and 677 "mother-headed" families (alien). Indians were not included in these statistics, although Mexicans were so included. The director of public welfare feels that "many of these families as well as many others with dependent children not headed by the mother will be eligible for aid to dependent children."

Under the State social-security plans a State director of social service will have charge of child-welfare services, aid to dependent children, and care of crippled children. Three supervisors, of northern, central, and southern districts, will devote two-thirds of their time to child-welfare activities. A worker with training in psychology and social work will do mental testing and guidance work with retarded and maladjusted children. He will devote one-half of his time to the two counties in which demonstration units are located.

In Navajo County a medical social worker will be located and will serve the physically handicapped, exclusive of Indians.

2. Problems in relation to Indians

The total number of Indian children in Arizona is not accurately known. The Director of Indian Education states that to the best of his knowledge the number of children of school age is somewhere between 12,000 and 14,000. According to statistics in the State welfare office (source unknown) one child out of every eight in the State is a reservation Indian. Statistics in the Office of Indian Affairs in Washington give the number of Indian children between the ages of 6 to 18 as 12,994.

Figures taken from the Commissioner's Annual Report for 1935 show that 44,524 Indians, or 13.5 percent of the total Indian population in the United States, live in Arizona. Only about 2,000

are nonward Indians. Navajo County, with a total population of 21,202, has an Indian population of 12,968. Much of the section of Arizona occupied by the Navajo is waste land.

Seventy-two per cent of the land in Arizona belongs to the Federal Government. This includes national parks in addition to land occupied by the Indians. The depleted land and an increasing population present a real problem. Additional problems which arise from Indians' sharing in benefits under the Social Security Act center about the following situations:

On the grounds of illiteracy and the fact that they do not pay a poll tax and are under guardianship, ward Indians are not permitted to vote.

Monies for welfare are derived entirely from luxury taxes. The only luxury tax paid by Indians is the gasoline tax. Traders on the reservation do not add a luxury tax to purchases made by Indians nor by white Americans who purchase taxable articles from trading posts on the reservation. Reservation Indians are not required to buy automobile licenses if their driving is confined within the boundaries of the reservation. As a matter of fact, they drive on public highways without licenses.

State officials affirm that it is impossible to get adequate information in regard to Indian health or vital statistics on which to base any State-wide plan for services. Colorado River, Truxton Canyon, and Fort Yuma Agencies are exceptions, owing to the efforts of the social worker in the Indian Service and to a physician who was formerly in this area.

3. Attitudes toward problem

It is the consensus of opinion of the State welfare staff that if pressure is exerted to care for the large number of Indians who are wards of the Federal Government and who might be eligible for welfare benefits, especially old-age assistance, aid to dependent children and to the blind, the State legislature would refuse to make any appropriation for welfare work.

Irritation is caused by the fact that traders on the reservation are exempted from paying a sales tax and by the further fact that white Americans are permitted to purchase articles from reservations to evade the payment of the sales tax which is supposed to reach the entire population. It is granted that Indians living on a reservation should not be obliged to buy licenses for their automobiles if their driving is confined to the boundaries of the reservation, but exception is taken to the fact that they also drive on State highways without licenses.

White Americans are opposed to having Indian children attend public schools because it is felt that their susceptibility to tuberculosis, and particularly to trachoma, makes them a menace to the health of others.

Indian children were not included in the State survey of crippled children nor in the census of the blind. In compiling figures on the number of dependent children in the State, the estimate was based on all races and nationalities, exclusive of Indians.

4. Present plan for meeting problem

Nonward Indians will be accepted by the State welfare department for benefits under the Social Security Act on the same basis as white Americans.

In the child-welfare demonstration that is planned in Cochise County, there are approximately 108 nonward Indians. The children in this area will be included in the demonstration. The second demonstration in Navajo County will be limited to white residents, inasmuch as all Indians in this county are ward Indians.

It may be possible to accept a few of the most needy, aged Indians for assistance, but this must be a slow process. If demands are to be made on the State Board of Public Welfare to use State funds for the care of ward Indians, the Secretary of the State Department recommends that a well-qualified person be assigned by the Social Security Board to obtain information in regard to the Indians for presentation to the legislature when it meets in January, 1937.

C. Other agencies (public or private) dealing with Indians

The State Hospital for the Insane in Phoenix has 30 Indian patients. Of this number 13 are Navajos.

The State School for Deaf, Dumb, and Blind will admit Indians. The Federal Government reimburses both of the above institutions.

D. Indian Service

1. Relationships with State and private agencies

Indian Service employees in Arizona have few contacts with State or private agencies. The social worker in the Indian Service is known to the staff of the State Board of Public Welfare, though there has been little opportunity for contacts because of the distance between the headquarters of the social worker and the State welfare office.

The secretary of the State Board of Public Welfare says that she does not know the Indian Service personnel, nor has she had an opportunity to know the problems with which they may be faced.

The State Superintendent of Public Instruction and the Director of Indian Education confer occasionally, but the relationship, though friendly, is not close.

2. Social-service personnel

a. Number in the State

There is one social worker, Mrs. Kate Smith, and one Indian assistant, Miss Charlotte Owl. They are employed in the Colorado River Agency, and Mrs. Smith also has the Truxton Canyon Agency. Both workers are Indians.

b. Background and training

Mrs. Kate Smith--Cherokee and Delaware Indian. B.A. degree, University of Kansas; M.A. degree, University of California (social-service curriculum); secretarial work for an oil company in Oklahoma, 4 years; teaching Truxton Canyon Agency, 2 years; social worker in the Indian Service, 3 years.

Miss Charlotte Owl--South Carolina Cherokee. Bacone College, 2 years; Mt. Holyoke College, 2 years; Bucknell College, 31 hours in sociology; a few months as instructor of recreation in an Indian summer camp; teacher in the public schools of Reno, Nevada, 3 years; assistant social worker, 4 months.

Mrs. Smith is a Cherokee and Delaware Indian from Oklahoma. Her husband is a Pima from Arizona. She has met with many rebuffs from white Americans since her marriage. She had never had unhappy experiences of racial discrimination until she came to Arizona. Her husband, always accustomed to racial distinction in regard to himself, is bitter about the treatment she has received, such as being excluded from certain hotels or being obliged to sit in sections of theaters segregated for Negroes. Miss Owl is young, intelligent, and less defensive than Mrs. Smith, but needs good supervision.

It is doubtful whether Mrs. Kate Smith would be the most effective person to interpret the Indian situation to the State Board of Public Welfare, because of her defensiveness in regard to her race. Mrs. Smith is an intelligent and progressive person, but it is difficult for her, as it is for most human beings, to be objective in emotional attitudes when she feels her own race is being discriminated against. She is severely critical of the morals of Indians when she talks with them, but she is equally protective of their frailties when talking to white Americans about Indian difficulties.

c. Duties

The duties assigned to the social workers in Indian Service in Arizona are: Checking school attendance; making investigations for educational loans and for boarding schools; cooperating with nurses and doctors in arranging for clinics and in certain cases transportation to and from boarding school and hospitals; assisting in checking registration of vital statistics; organizing

health councils; providing clothing for school children and assisting in securing other forms of relief where needed; handling any referred behavior problems of children and adolescents; organizing and occasionally conducting women's sewing and food clubs; planning recreation for children; visiting all Indian homes in the jurisdictions to become acquainted with families and to learn of any existing problems in which the social worker may be of service; gathering statistics of any type required by the Office of Indian Affairs in Washington.

The working conditions of the social workers in the Indian Service in Arizona are particularly trying, owing to climatic conditions, great distances to be traveled, poor roads in some sections, and the scattered Indian population. A worker must be willing to endure the extreme heat of the summer, the loneliness of miles of desert, and the lack of any outside stimulation for her work other than that which she receives from reading. Only a person with sound physical health could bear the difficult living conditions.

The need is more urgent for additional community and recreational work among the Arizona Indians than for case work. Mrs. Smith and Miss Owl have demonstrated with a comparatively small group in a limited area what might be accomplished through supervised group work if trained, intelligent workers, sensitive to Indian needs and response, could be employed. At the present time such organized groups are the best contribution social work could make to the Indians of this State.

Two workers are unable to do the work of a State where so large a percentage of the population are Indians; however, if the work could be organized under the Johnson-O'Malley contract with the State Board of Public Welfare, this would enable the State to accept Indian cases on the same basis as other cases and any one of the social workers in the State department could handle such cases without differentiation.

3. Indian welfare problems in order of recognition

a. Health

There are four Indian Service tuberculosis sanatoriums in Arizona--Kayenta, Dr. Robert Enoch; Phoenix, Dr. John McGibony; San Xavier, Dr. William Fahey; Tucson and Winslow, Dr. William Lewis. In addition there are 13 general Indian Service hospitals caring for surgical, obstetrical and general health cases that need hospitalization. For example, on the day the hospital on the Pima reservation at Sacaton was visited, Dr. Montrose had five adults with broken bones, two children with gonorrheal infection, one child in an advanced stage of tuberculosis, one obstetrical case, several trachoma patients, one gastrointestinal case, and one 3-year-old child who was being prepared for an appendectomy. This hospital had a bed capacity of 38 and a staff of one resident doctor, 1 field doctor, and 4 nurses. In

addition to these institutions, the Theodore Roosevelt Trachoma School at Ft. Apache, with a bed capacity of 18, cared for about 250 children during the past year.

The combined opinions of various health authorities in Arizona estimate health conditions among Indians in the State as follows: Tuberculosis from birth to 15 years of age (incipient, active and inactive), 40 percent of the child population, and a probable higher percentage with advancing years; trachoma in children, only about 10 percent now, formerly estimated at 33.5 percent among the Navajos, stress on treatment during the past few years having greatly lessened the incidence of this disease; gonorrhea and syphilis, male and female, adolescents and adults, 60 percent. If it were possible to educate the Indian in regard to the prevention and treatment of venereal disease, the percentage might be lowered considerably, but there has been reluctance on the part of superintendents to permit lectures on this type of disease, owing to the Indian's aversion to any mention of venereal infection. Treatment is given in clinics wherever cases are discovered. At Yuma Agency Hospital a truck brings patients in for treatment on Tuesdays and Fridays. In Parker Agency Hospital patients come in for treatment voluntarily. The Indian social worker in this section has tried to impress upon the Indians the need for treatment. The social worker states that at Walapai there is a high percentage of blindness due to venereal disease among the Indians. The statistics in the Office of Indian Affairs list 11 cases of blindness at Walapai, causes unknown.

b. Education

The policy of gradually eliminating elementary Indian boarding schools and putting all elementary children on a day-school basis is being effected. The State Department of Public Instruction is cooperative when Indian children are placed in public schools. The Federal Government contracts directly with each local school district and pays tuition averaging 35 cents per pupil per day, plus school lunch and transportation.

At the present time there are 50 Indian day schools with a total capacity of approximately 3,000 pupils. However, less than 2,000 are in attendance. These day schools usually consist of two classrooms, a small kitchen for preparation of noon lunch and a dining room for serving, a community laundry, shower bath, shop, garage, and quarters for employees. In most cases it is necessary to develop the water supply through wells, varying in depth from 1,500 to 3,000 feet. It is the intention of the Indian Service to use these day schools as community centers or supplementary agencies.

There are seven reservation elementary boarding schools and one nonreservation elementary boarding school for Indians in the State. The boarding-school capacity is 4,000, with 4,000 in attendance. According to instructions received from the Indian Office, boarding-school care should be limited to children without suitable homes or local schools, or those for whom special vocational training is desirable. The following is quoted from a report on Indian education: "The curtailment of boarding-school enrollments necessitates a careful selective process in order to reserve the boarding school for four special classes of Indian children: (1) orphans who have no homes at all, (2) neglected children whose home environment is wholly demoralizing, (3) children who have no local school facilities, and (4) high-school pupils desiring special vocational-training opportunities not offered by local schools." When the elementary boarding schools are closed, children are returned to their own homes so far as possible.

Owing to the large number of children returned to reservations and the lack of sufficient personnel to investigate home situations, it is not known how many children are living with their own parents, with grandparents, or in foster homes. Foster homes in this situation would mean that an Indian family is voluntarily providing for children who have no parents or close relatives or whose relatives could not be located.

The Director of Indian Education feels sure that not more than one-half of the Indian children in Arizona are attending school, owing either to a failure to locate children living in isolated areas, or to the lack of school facilities. "Why hunt them up when we haven't any place to put them?" he said.

A nonreservation boarding school, conducted by the Indian Service and located in Phoenix, takes Indian boys and girls from the seventh to the twelfth grade. Prior to entrance here, they have been in day schools or in reservation boarding schools. The seventh, eighth, and ninth grades have exploratory farm work, dairying, poultry (1,000 hens and a few turkeys), Duroc hogs, corn and Kaffer corn, and some work in pruning and landscaping. Each boy has one-half day in academic work, and one-half day in shops or on the farm. The shops include carpentry, plumbing, printing, tailoring, tanning (shoes and harness), blacksmithing, auto mechanics, general mechanics, and electrical work. Boys may stay on during the summer if they do not have a home. Formerly this school took pupils from other States, but it is now limited to Arizona students. The capacity is 500. Each year enrollment is decreasing, owing, the superintendent feels, to opportunities now available for boys to "stay at home and attend day school--or stay at home and work." Compulsory school attendance is not enforced. On each reservation there is a school for employees' children. Indian children attend these schools if their parents are employees.

c. Handicapped

The number of handicapped Indian children is unknown. In regard to the feeble-minded, there is no provision in Arizona for their care. A few white Americans (adults and children), classified as idiots, are kept in the hospital for the insane. No Indians are in this group. In the State survey of crippled children, Indians were not included.

According to the Superintendent of the Arizona State School for Deaf, Dumb and Blind, the percentage of blindness among white Americans is higher in Arizona than elsewhere in the United States, there being 1 in every 800 to 1,000, elsewhere 1 to every 1,500. He says this is due to the dust and the intense sunlight in Arizona. There are no sight-saving classes in the public schools of the State. There are 7 blind or blind and deaf Indian children in this School for which the Indian Service pays \$6 each per year. A few deaf white Americans are in the School. The School does not have an audiometer, and the superintendent feels doubtful of the accuracy of the tests.

The following data were prepared and submitted by Mrs. Smith, social worker in the Indian Service, for her area:

Walapai Reservation.--There are 35 men and women who are 65 years of age or older. Eighteen of this number receive Federal pensions, as they served in the United States Army as Indian Scouts or are widows of Indian Scouts. Thirteen of the remaining number are on direct relief. There are 22 who are "blind or practically blind." There are 18 Walapai children in boarding schools who might be placed with a relative and thus be eligible for aid to dependent children. There are 5 children not in a boarding school, who live with relatives and are eligible for aid.

Ft. Mojave and Colorado River Agencies.--Twenty-six Indians are eligible for old-age assistance. Eleven of this number are now on direct relief. There are 5 blind men and women on this reservation, all of whom are past 55 years of age. There are 15 children in 5 families eligible for aid to dependent children.

Ft. Yuma Subagency.--Twenty-two children representing 12 families are eligible for aid to dependent children. A report of the Subagency states: "According to the census there are no Cocopahs living on the reservation who are eligible for old age assistance. There are 5 men and women who are more than 65 years of age living on the reservation, but the English names they gave do not correspond to the names on the affidavits relative to residence in Arizona, which are in the files. Fourteen would be eligible if they are still living. A Cocopah girl, age 14, who may be eligible for assistance to dependent children but is not a ward Indian, has been referred to the county welfare department. No blind Cocopahs have been observed among the wards or nonwards, except Jim Cocopah, a nonward."

d. Family relationships

The southern part of Navajo County is presumably the area where there is greatest divergence in family relationships from white American standards. The Navajos are probably the most liberal of Arizona Indians in their social relationships. The Pima's standard more nearly approximates that of the white American. Among the Navajos one man may have as many as three wives and may assume the responsibility of caring for the children by all of these wives. This is more apt to be so with older Indians. The younger generation, men or women, frequently do not assume any responsibility for illegitimate children. The number of illegitimate and dependant children is unknown.

Young Indian women are often promiscuous and may have from one to four illegitimate children. Women with illegitimate children live with their parents and are cared for by them. If a woman with several illegitimate children is eventually married, and the man does not want her children, the maternal grandparents continue willingly to care for these children; or if the grandparents die other older people in the tribe assume responsibility. They may refer to these children as "my children," and in later years it becomes most confusing to trace actual parentage, especially in the cases where grandparents are dead.

The Apaches engage in drinking orgies referred to as "Tulipai parties." Tulipai is a drink made from a variety of cactus. Adults and children as young as 11 years of age partake of this drink. It is excessively stimulating and is thought by white American workers in this section to be responsible for fights, killings, and sex offenses. The Papagos use a similar drink made from cactus but call it "Tiz wine." It excites and stimulates aggressiveness and leads to sexual indulgence.

There is less drinking among the Pimas and their drinking is for the most part "smuggled-in" whiskey. The Navajos also indulge to some extent in drinking, usually whiskey. The nearer they are to centers of white civilization, the greater is the problem of alcoholism among them. Adolescent girls and boys, possibly because of discrimination on the basis of race and color, are particularly susceptible to unwholesome influences in white population centers.

e. Community problems

Owing partly to racial prejudices of white Americans, Indians do not have an opportunity to participate in general community amusements. In addition to this, Indians tend to identify with their own groups, especially in recreational activities. In the areas where social workers have given some thought and time to community organization of entertainments, there has been a gratifying response from both adults and children.

4. Present method of meeting problem

At Yuma an Indian policeman is called in by white officers on all cases involving drunk and disorderly conduct, vagrancy, or other delinquencies of adolescent Indian boys or girls. He holds the offender in jail until he gets in touch with the Indian social worker, then with her and the parents of the offender, or some responsible adult of the tribe, a plan of treatment is devised. Usually the child is required to stay on the reservation for a definite period of time under the supervision of a responsible adult.

In an attempt to offer some wholesome activity to the young Indians at Yuma, a Friday night dancing class is held in the dining room of the boarding school, sponsored by five of the teachers and the social worker.

A boys' club was organized which the boys call a social-service club. They have planned and given two Indian dinners and entertainments, and an Indian baseball game which is open to the public. The funds derived from these affairs are used for replacement of bedding or other articles burned, in accordance with tribal custom, after the death of a member of a family. The boys' club contributes \$5 to each family in which a death occurs.

There is a woman's sewing club which meets twice a month at the agency. It is now sponsoring a small health camp for undernourished children. Ten unmarried women between the ages of 16 and 20 on this reservation hold a cooking class once a week at the Methodist Mission under the guidance of an Indian social worker.

At Parker Agency, Miss Owl, Indian assistant social worker, has organized a woman's sewing club, started a lending library, and has organized a dramatic class for 23 children between the ages of 12 and 16. (This, with the temperature hovering between 102 and 120 during the summer months!)

Mrs. Smith, social worker, has organized a health council at Valentine (Walapai Agency) composed of the school superintendent, principal, physician, home economics teacher, and representative Indian men and women. The Indians report to the superintendent and principal any health or home hygiene conditions which they consider need attention. Care has to be exercised, it is stated, to be sure this report is not used as a means of revenge.

COMMENTS AND SUGGESTIONS

1. It appears that before any satisfactory program is developed in relation to the welfare and health needs of Indian children in Arizona, it will be necessary for the Office of Indian Affairs and the Social Security Board in Washington to develop some plan for handling situations where, as in Arizona, ward Indians are not recognized as citizens of the State.

2. It will be necessary to determine whether or not the ward Indian in Arizona should pay a sales tax and a tax for driving on the State highway, and whether Indian traders should pay a sales tax and require that white Americans who buy from a trading post pay the tax which is supposed to reach the entire population.

3. In order to develop a better understanding between the State Board of Public Welfare and the Indian Service, it would be advantageous to attach a social worker from the Indian Service to the State staff, giving full time to problems of Indian welfare but working under the general supervision of Miss Ann Bracken, Director of Social Service. The secretary of the department would approve of this arrangement and offers, if this plan should materialize, to supply the necessary case aides to work on Indian problems under the worker's supervision. It is thought that many misunderstandings might in this way be eliminated, and Indian welfare would become a part of the general State welfare plan, instead of an isolated situation about which to be defensive or irritated.

4. In regard to the educational situation, it would seem advisable for the Indian Service to work out with the State Department of Education a State school contract, which would be a modified form of the contracts now in effect in California and Washington.

5. The Phoenix school has become a dwindling high school with rapidly depleted student population owing to: (1) the policy of providing for schooling of children in their home communities, (2) the expansion of the day-school program, and (3) the change of the Pima boarding school at Sacaton into a consolidated junior vocational school. It seems, therefore, that it would be advantageous to centralize in the Phoenix school provision for children who present serious behavior problems, to provide additional trade training and varied exploratory courses, to place Mrs. Smith here to do individual case work with these students, and ultimately to develop a type of clinic and child-guidance service approximating that now available in progressive school systems. The location of this school makes it available to the State hospital clinics and such other services as might be useful in constructive treatment.

6. An additional worker especially trained in community and recreational work would greatly benefit the program by developing and supervising activities for adults and children.

IV. Nevada

A. Sources of Information

Mr. Gilbert C. Ross--Executive Secretary, State Board of Relief, Work Planning, and Pension Control
 Dr. Werden--State Board of Health
 Mr. Chauncey W. Smith--State Superintendent of Public Instruction
 Mrs. Hawkins--Intake and Certification, W.P.A.
 Mrs. Frank P. King--Attorney, State Board of Relief, Work Planning and Pension Control
 Miss Griffin--State Supervisor, N.Y.A.
 Miss Marion G. Bowen--State Supervisor, Vocational Rehabilitation
 Miss Harriet Span--Professional and Women's Projects, W.P.A.
 Miss Sale--Recreation Projects
 Miss Alida C. Bowler--Superintendent, Carson Indian Agency
 Miss Lucile Hammer--Social worker, Indian Service
 Miss Lottie Boulden--University student, Volunteer assistant to Miss Hammer
 Dr. Bobroff--Physician, Indian Service
 Two members Indian Council--Pyramid Lake Reservation

B. State Welfare Department

1. Source of funds

Nevada does not have a sales tax. Funds for financial support of welfare work for children are made available through Federal grants and through working agreements with boards of county commissioners. Counties provide relief in accord with local needs and the financial ability of the county.

The population of the State is approximately 91,000. Ninety per cent of the land is Federal domain. The State Board of Relief, Work Planning, and Pension Control has the responsibility for general welfare problems. This board was created primarily to cooperate with the Federal unemployment relief program. It has functioned as a board for the E.R.A. and W.P.A. programs, but has never carried its legal functions in State and county welfare. The State, in order to cooperate with the Federal Government, passed a \$312,000 bond issue and has spent these funds for relief, work relief, and work supplies--lending the counties funds for these purposes and also expending them directly in some instances. Although Nevada has few public-welfare activities, there are many persons and organizations interested in cooperating in a child-welfare program.

There is one full-time probation officer in Reno and four part-time probation officers are employed in other sections of the State. The organization known as the Native Sons and Daughters of the Golden West has placed 52 children in homes in Reno through the efforts of their representative there. This representative would welcome a public agency which would supervise a child-placing program.

No definite law has been passed in regard to social security except a joint resolution of the House and Senate authorizing the Governor to make agreements and guarantees required by the Social Security Act (Res. No. 47).

In Nevada the county is responsible for poor relief, mothers' pensions, and old-age pensions (Sec. 3, Art. XIII of the State Constitution). Mothers' pensions are paid to 214 families. No Indians are in receipt of such aid.

Under the new plan of the State for child-welfare services, a trained child-welfare worker will become part of the State program as supervisor of child-welfare services, organizing the work throughout the State. She will provide special consultation services and assistance to the various communities through 3 district field workers who will be employed to initiate the program, with headquarters in Reno, Elko, and Las Vegas. Counties will provide office space and necessary equipment for the workers and will jointly contribute one-third of the salary of the district worker. The district field workers will provide consultant and supervisory services for workers on county welfare boards, giving services to persons in need, and will coordinate child-welfare services with general welfare services.

As yet there is no program planned for crippled children. Through the State Office of Public Instruction a survey of the crippled children in Nevada was made during December, 1935 and January, 1936. Indian children living in town colonies or on reservations were not included in this survey.

The social worker in the Indian Service is making a survey of blind, deaf, and dumb, feeble-minded and other handicapped Indians.

2. Problems in relation to Indians

According to the Commissioner's report for 1935, the Indian population of Nevada is 5,084. Resources among Nevada Indians are inadequate or totally lacking. The per capita income is so small that the Indian population is living almost wholly below the subsistence standard.

There are known to be some 400 Indians eligible for old-age assistance and approximately 350 dependent children. In both instances more than half of the number are ward Indians.

The jurisdiction of the Carson City Indian Agency includes two counties in California--Mono and Inyo. Neither the counties nor the State Department of Social Welfare in California approve applications for assistance to ward Indians. It is explained that the disapproval is not based on citizenship or race but on failure to show need, since their responsible guardian, the Federal Government, is able to render essential aid. At the time of the study the opinion set forth by Nathan R. Margold, Solicitor, Department of the Interior, in his document, "The Applicability of the Social Security Act to the Indians," was not concurred in by the Attorney General of the State of California.

It was estimated that in Mono County 15, and in Inyo County 72, nonward Indians would be eligible for old-age security. There were approximately 12 nonward Indian children in Mono County and 58 in Inyo County who would be eligible for children's aid.

The Carson Indian Agency has jurisdiction over Fort McDermot, Summit Lake, Pyramid Lake, Fallon, and Walker River reservations in Nevada, Fort Independence in California, and the Goshute reservation at Ibapah, Utah. In addition to these there are areas known as town colonies. These are sections of land appropriated by the Government as home sites for landless Indians and are intended to be reasonably close to procurable employment. Town colonies under Carson jurisdiction are located at Ely, Elko, Battle Mountain, Wemnamucca, Lovelock, Reno, Carson City, Gardenville, Yerington, and Fallon, Nevada, and Bishop, Big Pine, and Lone Pine, California. A recent decision on a liquor case in Carson City determines that a town colony is not a reservation.

The Superintendent of the Carson Indian Agency hopes that a child-welfare program will be developed, because it is impossible for one social worker to do all that is necessary for the Indians. There has been difficulty with county relief officers in obtaining direct relief for Indians, owing to the intense antagonism against Indians in some sections of the State. Relief for white Americans has been fairly adequate in relation to the general standard of living in the State.

It has been possible through efforts of the Superintendent of Carson agency and the social worker in the Indian Service to secure surplus commodities for Indians. The method of distribution to isolated Indian families presented a most difficult problem. Assistance of employees of the National Parks was most valuable.

3. Attitudes toward problem

Members of the staff of the State board say that county commissioners in Nevada will reject any plan which grants assistance to ward Indians. Many counties in Nevada are so poor that they cannot meet the needs of eligible cases among whites and nonward Indians. In the case of ward Indians it is said that need cannot be shown because the Indian is supported by a solvent guardian. In many Nevada counties it was impossible to get relief for aged Indians even though the ward and nonward distinction was eliminated through an agreement between the F.E.R.A. and the Office of Indian Affairs. However, these Indians were classed as unemployables and therefore were not eligible for F.E.R.A. relief.

There is apparently no unwillingness on the part of the supervisors of Mono County to meet the financial responsibility involved in caring for nonward Indians. The principal difficulty in Inyo County is the marked tendency toward delay in handling applications rather than a lack of cooperation.

4. Present plan for meeting problem

Faced with the necessity of providing county funds for the care of approximately 400 aged Indians and 350 dependent Indian children, county commissioners of Nevada are overwhelmed. There is no plan at present for meeting this problem. At a future meeting of county commissioners and the State board, a State plan for whites is to be discussed, and it is believed this will also include nonward Indians. The Superintendent of the Carson Indian Agency was invited by the executive secretary of the State Board of Relief to be present in order that she might have a clear understanding of just what may be expected under whatever State plan is devised.

C. Other agencies (public or private)

Children who need care away from their own homes are sent to the Nevada State Orphan's Home in Carson City or to the State Industrial School for Boys. Blind, deaf, and subnormal or delinquent girls must be cared for outside the State.

The existing facilities for child-welfare services are so limited that the needs of Indian children are not considered.

D. Indian Service

1. Relationships with State and private agencies

At the instigation of the Indian Service personnel, frequent contacts are made with the staffs of State and private organizations for the purpose of exchange of information in regard to specific activities and objectives.

2. Social-service personnel

a. Number in the State

Miss Lucille Hamner is the only person employed as a social worker in the Indian Service in Nevada. The Superintendent of Carson Indian Agency is a professional social worker.

b. Background and training

Miss Hamner has a B.A. from the University of Texas, 1923; an M.A. from the University of Texas, 1925; and one quarter's work (winter, 1934) in the School of Social Service Administration, Chicago.

She had 7 years' experience as case worker with the Family Service Society, Austin, Texas. She entered the Indian Service as school social worker June 8, 1932.

c. Duties

During the past year Miss Hamner has had to give the greater portion of her time to relief and problems connected with F.E.R.A., W.P.A., and Surplus Commodities. Because these needs were imperative they have taken precedence over boarding-school problems. However, she has been responsible for boarding-school enrollments from Nevada, Utah, Idaho, California, and Oregon. Because of the size of territory which she must cover, it has been necessary to get information about applicants through correspondence rather than through home visits.

In addition to these duties, she assists the field nurses in arranging for medical care and improving health conditions, and arranging for needed care for children; plans with the educational field agent for children in public schools where there is a question of the advantages given Indian children; assists in working out vacation plans for the children; arranges and frequently furnishes transportation to and from the agency boarding school; investigates applications for educational loans; consults with student guidance committees in regard to behavior problems or lack of school progress; investigates and arbitrates cases of marital and social difficulties; works with boys' and girls' advisers regarding problems of student employment; and meets with Indian councils to discuss various matters relating to tribal welfare. Each month brings miscellaneous activities such as assisting an Indian committee to make out a list of eligible voters for the election on the Indian Reorganization Act, making personnel investigations and reports, assigning lots for gardens, assisting in organizing cooperative Indian crafts associations, keeping in touch with Indian boys who are serving sentences in the State prison, and a multitude of other duties.

The attached excerpt taken from a monthly report of the social worker in the Indian Service in Nevada gives a vivid picture of working conditions in this jurisdiction. (See end of Nevada section.)

The social worker shows exceptional ability in problems concerned with administrative details and is of invaluable assistance in the agency. It is evident that she is loyal, hard working, and genuinely interested in the welfare of the Indians and in promoting in every way any program initiated by the Superintendent of the Agency.

She regrets that there is not more opportunity for association with other social workers, but on the other hand she feels that she is exceptionally privileged in working with a superintendent who is a professional social worker. She loves the country and enjoys the long trips through territory which many workers would find unbearably lonely.

The work here is better organized and more systematically carried on, and shows greater accomplishment than in many other States, but the duties are entirely too heavy to be carried by one worker.

3. Indian welfare problems in order of recognition

a. Health

There are 3 general Indian hospitals and one school hospital in Nevada. The Walker River Hospital at Schurz has a bed capacity of 28; Dr. Carlson is in charge. The Carson Hospital has a bed capacity of 32. Both of these hospitals are Carson agency hospitals. The Carson School Hospital can care for 30 patients. A contract physician from Carson City does all surgical work at the Carson Agency and School hospitals. A small hospital with a bed capacity of 20--Western Shoshone--is located at Owyhee, Nevada.

Facilities in the general hospitals are not sufficient to care for tuberculosis cases, so that cases have to be sent to Fort Bidwell Hospital located in Modoc County, California. This hospital is now used almost entirely for the care of tuberculosis patients. Mr. F. W. Cartwright is in charge and Mrs. Sigrid Hals is supervising nurse. The bed capacity is 38. At the time of the visit there was no X-ray equipment. Indians have been concerned about the treatment given patients, especially children, in this hospital. The tribal council has requested the Superintendent of the Carson Agency to make an investigation of existing conditions.

Dr. Bobroff, Indian Service physician who is located at Fallon but who does work in other parts of the jurisdiction, is apparently making an effort to develop a good public-health program. With the aid of nurses he is holding clinics where not only examinations and diagnoses are made but where treatment and preventive work through education are attempted. This set-up also holds on the Pyramid Lake reservation. Here, in cooperation with the Episcopal Mission nurse, two full-day clinics are held each week, at which time health instruction is given to mothers. Clinic instruction is supplemented by home visits by the nurse. All school children here receive thorough routine physical examinations. Practically all children have been vaccinated. There have been some tuberculosis, diphtheria, and occasional typhoid immunizations. A prenatal and baby clinic was to be established in the early fall.

There are five Indian Service nurses assigned to the Carson agency jurisdiction. The demands of a large territory and scattered population prevent even the most able from doing a thorough job. In Nevada, as elsewhere, tuberculosis seems to be the greatest menace to health. The physician at Fort Independence reservation in California estimates that 85 per cent of all persons given examinations for any disorder have venereal infections.

b. Education

According to the Commissioner's annual report for 1935 there are 1,594 Indian children between the ages of 6 and 18 in Nevada. Of this number 1,225 are enrolled in some school. Nevada ranks third in the number of Indian children in relation to other children in the State under the age of 15. The percentage is 6.8.

The Carson nonreservation boarding school has a capacity of 500 students. The enrollment last year was 430. This is a school for Indian children of one-quarter or more Indian blood who are without suitable homes or for whom satisfactory schools are not available in their own communities. It offers instruction at elementary, junior, and senior high school levels. The boys' dormitory, which was destroyed by fire, is being replaced by cottages accommodating 25 to 30 boys each. These cottages are built of native stone and are designed to facilitate cheerful and comfortable housing for the boys. Reading and recreation rooms in addition to sleeping rooms are provided. The plan of the Superintendent is to make Carson entirely a vocational school offering practical courses utilizing diversified skills. Wherever possible, training will be supplemented by Indian community and reservation projects. For rural homemaking demonstration there is on the grounds a house built of native stone equipped with simple furnishings and designed and made by the boys and girls of the school. This offers an example of the type of small home a young Indian couple could plan and build for their own use.

In addition to Carson School there are 5 Federal day schools with a total enrollment of approximately 284 pupils. An effort is made to relate their work to Indian homes and communities.

Public school tuition funds paid to Nevada during the last year for 639 pupils in Carson jurisdiction amount to \$32,829. Under the Johnson-O'Malley Act a contract has been made with California under which the State assumes, in consideration of funds provided by the Federal Government, the obligation to educate all the Indian children within its boundaries; therefore, children under the Carson agency jurisdiction who live in California attend public schools.

In some of the public schools Indians are grudgingly received, the stated reason being that white Americans are fearful of being infected with diseases that are prevalent among Indians.

The State Superintendent of Instruction in Nevada says that in extreme cases of incorrigibility or persistent neglect of studies either white or Indian youths are suspended from school and no follow-up is made.

c. Family relationships

There is a lack of stability in family relationships. The Nevada Indians are for the most part poverty-stricken. They live in areas where it is impossible to gain an adequate livelihood. Housing in many areas is a farce, and sanitation is unknown. The destruction of Indian tribal authority and customs and the failure to offer a legitimate substitute have resulted here, as elsewhere, in the inevitable disintegration of social and moral life. The town colonies are usually located on the outskirts of a city near areas where life among the whites presents many serious problems. Alcoholism, gambling, drug addiction, and sexual promiscuity are said to be the usual rather than the exceptional situation in these areas. In the Reno-Sparks colony it is said to be comparatively easy for inhabitants to secure liquor and drugs through white transients.

Gambling is a form of recreation available no matter how small the resources of the individual are. Men and women of all ages enter into this amusement. They gather at some centrally located house and may stay a few hours or all day or night.

The percentage of illegitimacy is high. If deserted by the mother, illegitimate children are cared for by grandparents or other relatives. Tribal custom marriage is entered into for short periods. When either the man or woman tires of a mate, an alliance with someone else follows. This new relationship may also end in a short time. The very elderly Indians, who seem to accept conditions silently and without apparent disapproval, are concerned but feel helpless in the situation.

4. Present method of meeting problems

One of the most fundamental steps taken toward bettering conditions in the Carson jurisdiction is the construction of new small houses to replace shacks in which the Indians are at present living. At the request of tribal councils the first homes were constructed for the elderly people on the reservation.

An educational program is being planned to help prepare the present generation to make a living, and to educate them in acceptable standards of homemaking and family life. Indians throughout the jurisdiction are encouraged to participate in civic and social activities through the organization of community centers. Demonstrations and educational talks are given in these centers to stimulate interest in health and welfare. Indian leadership is being developed through tribal councils.

During the summer months many of the inhabitants of the town colonies go to Lake Tahoe to camp. They take with them baskets and other articles that have been made during the winter to sell to summer tourists. Some of them find odd jobs in the tourist camps during the summer season.

A cooperative shop for the sale of Indian arts and crafts has been opened on the grounds of Carson Agency School. The craftsmen have devised their own trade-mark for goods made in this jurisdiction and are seeking to improve the quality of Indian-made goods.

Campaigns for improving health conditions are held frequently by physicians in the Indian Service, field nurses, and the social worker. Under the Reorganization Act, suitable land for agricultural development is to be purchased, and in some instances steps are being taken to evict white squatters from land which belongs to the Indians.

COMMENTS AND SUGGESTIONS

Owing to the lack of financial resources in Nevada it seems necessary to pass legislation enabling old-age assistance to ward Indians to be paid entirely by Federal funds. Although legally ward Indians should be entitled to consideration under general old-age security and dependency clauses, it is likely that quibbling will continue and that ward Indians will not obtain the assistance of which they are in dire need. Under the terminology of the Social Security Act, Nevada county commissioners determine that ward Indians do not stand in need because of the ability and obligation of their guardian, the Federal Government, to provide for them.

There is imperative need of placing an additional social worker to work with the Indian groups in Nevada. This worker should be well trained in community organization. The social worker in the Indian Service at the present time in the Carson jurisdiction is making a valuable contribution through her work with relief, family-welfare, and boarding-school problems. However, in view of coming developments in social security, additional demands will be made upon her time. It would therefore be advisable to make an arrangement under which the present worker could be attached to the agency staff and a worker added to the school staff with the understanding that her duty would be primarily that of organizing recreational and community activities.

Special stress should be placed on activities for adolescents. It is a normal thing for the adolescent to wish to participate in group activities. Where racial prejudice prevents this, the minority group develops a rebellious attitude and a defiance of whatever standards are fixed by the majority.

There should be an unbiased study of agency hospitals and health facilities in this jurisdiction. This study should include the Fort Bidwell Hospital because children from Carson jurisdiction are sent to Fort Bidwell for the care of tubercular conditions.

At a later date when the State program for child-welfare services is well under way the Pyramid Lake reservation in this jurisdiction would be an excellent location for a demonstration of Indian child-welfare work because of the following factors:

Social-welfare activities are being developed in the State for the first time, and it would be unnecessary to break down certain established precedents that might interfere in certain other States. There would be an opportunity

to demonstrate the possibility of including Indian children in a State child-welfare program with the development of sound interrelationships.

Pyramid Lake reservation is an excellent physical location for the development of community organization. It is 50 miles from Reno, has a population of 548, a good day school with 3 full-time teachers, grades from one to eight, a school enrollment of 80 children with an average attendance of 67, an able physician and nurse holding 2 full-day clinics each week, and a building suitable for a community center. The Indian council is intelligent and interested in community development, and the families demonstrated their interest in welfare and health a year ago when a survey of drinking water was made.

Excerpt from report of Nevada social worker:

One week end was spent in taking the three Jones girls home for vacation to their uncle on Hungry Bill's ranch in the Panamint Mountains above Death Valley--800 miles, $2\frac{1}{2}$ days, plus half a day in bed recuperating.

We drove down the east side of the high Sierras, still covered with snow, and past Mt. Whitney, then dropped quickly into the Death Valley region. Going up the mile-high pass entering Death Valley, the fanbelt broke, 20 miles from any habitation. To go back to the last town was impossible; there were 10 miles of grades so steep that even the best cars boil and balk. Finally we managed to limp to the top of the pass and coasted 15 miles down to Stovepipe Wells, already closed for the season on account of the heat. Fortunately the caretaker there had a car like ours and an extra belt, which he loaned us. The next day I drove to the nearest garage, 60 miles away, and bought one to return to him.

We camped that night on the floor of Death Valley at Eagle Borax, formerly an important borax plant, now used chiefly by the Indians for a winter camping place. The girls knew the best place to stop and where to get water.

Early the next morning we cooked our breakfast and then started for Hungry Bill's ranch. Our road led up an alluvial fan toward the mountains, then dropped suddenly into Johnson's Canyon and up the canyon bed for several miles more. It took us two and a half hours to travel the 15 miles. "We built this road ourselves," the girls said, and such a road it was! The crankcase was saved by a miracle many times. We leaped from boulder to boulder, slid from side to side in the soft rocky roadbed, and the car boiled and boiled and boiled. The canyon is steep and narrow and subject to cloudbursts that sweep everything before them with a great wall of water in the canyon. The road itself was nothing more than two barely perceptible tracks among the rocks left by these floods.

Finally the road entirely ended, and we had to walk 3 miles further up the canyon to the ranch. In places the trail is so steep that the Indians do not even ride their sure-footed burros but dismount and walk. One rock looked like another to me, but the girls found the trail easily, and climbed it gaily and without much effort. They knew where to find water, and what kind of medicine each plant was good for.

The ranch itself was a delightful little spot when we got there. With towering canyon walls on either side, it is very small, but there is room for a garden, for apple, peach, pear, apricot, and fig trees, and grape vines, a tiny meadow surrounded by tall cottonwood trees, and a cold stream. About a mile down the canyon they have built rock fences half way up to the trail to make the horse pasture. No more ideal spot for a quiet vacation could be imagined.

The ranch originally belonged to Panamint Bill, usually known as Hungry Bill or Hungry Dog Bill, and is still held in trust for his heirs. His family have had a very interesting history.

Hungry Bill had four children, two sons and two daughters, that we know about. The sons were drafted during the World War, but when the officers went to get them they found that they had both "died." One of these sons is still living, going by the name of Ed Jones, and is claimed by some people who know him to be the wildest Indian left in the United States. They say that he either doesn't know the war is over, or he never knew there was a war and only heard that the white men were after him and it was time he disappeared. He is reported to disappear even yet if he hears a white man is looking for him.

One of the daughters married John Smith and has three small children by him. The Smith family and Ed Jones live on the ranch in the summer, and in the winter they camp on the floor of the Valley, about 20 miles below Furnace Creek. John says they do not like to live near Furnace Creek, as there are too many people around, and they could not stand even to stay at Eagle Borax, because too many people came there. They live in very primitive fashion, earning a little cash occasionally by selling wild horses, acting as guide, prospecting, or selling an occasional basket. Last winter they lived largely on mesquite beans and jerked wild-burro meat, as times were very hard. John is too old to do hard work, but not quite old enough for an old-age pension. He is known and respected by everyone in the region, white and Indian. This year his oldest child will be ready for school and John has agreed to move into the model village to be built at Furnace Creek, where he can be near the school and act as a kind of head man for the village.

The other daughter was never married, but she had three daughters before she died. Sallie and Edna have been in the boarding school several years. They are bright, attractive, and well-behaved. The other girl, Betsy, is a niece of these two. She tries hard, but she learns nothing, and recent tests

have shown that she is definitely feeble-minded. We are trying to persuade the family to have her placed in a school for the feeble-minded. I asked John what Betsy's mother's name was. He said, "She had no name." I replied, "You mean she had no English name. What was her Indian name?" "Oh, no," he said, "She had no name at all. She always act just like crazy and people were afraid of her. They just call her the 'Loeo girl'!" She had a habit of wandering off for months at a time. Once she returned to give birth to Betsy. Finally she wandered off and never returned. Somewhere around Death Valley her bones will still be bleaching in the sun.

John is anxious for the girls to have a good education. He wanted to know exactly what day next fall we would be back to get the girls for school. I suggested that he take them out to the floor of the Valley about the first of September, where we could get them easily. I remembered the hard trip up from the Valley floor, the sketchy road and even sketchier trail above it, and thought of the terrific heat to be expected at that time of year. "I'm too busy, then," John said. "I have to dry the fruit and the vegetables for winter. You will have to come up here." "But I am too busy then myself," I rejoined, "and I don't think anyone who doesn't know where this place is could find it." "Why this place is easy to get to," John said. But I lost the trail many times getting back down to the car. I am afraid I am not such a good Indian.

V. Washington

A. Sources of Information

Mr. Charles F. Ernst--Director, State Department of Public Welfare
 Miss Ruth Fitzsimmons--Assistant Director, State Department of Public Welfare
 Mrs. Helen Swift--Supervisor, Child Welfare
 Mr. N. D. Showalter--State Superintendent of Public Instruction
 Mrs. Given Hardin--Director Aid to Blind, State Department of Public Welfare
 Mrs. Jessica Mooney--Licensing and Inspection of Children's Institutions, State Department of Public Welfare
 Miss Jane Brown--Director Crippled Children, State Department of Public Welfare
 Field Supervisors of six public-welfare districts of the State:

- | | |
|---------------------|-----------------------|
| 1. Eleanor Mulvey | 4. Orpha Christianson |
| 2. Dorothy Maxwell | 5. Rose Seiler |
| 3. Margaret Barnett | 6. Vera McCord |

Dr. Fullerton--District Medical Director, Indian Service
 Miss Ann Moore--Supervisor of Nurses
 Mr. Homer L. Morrison--Superintendent of Indian Education
 Miss Gladys McIlveen--Social Worker, Indian Service
 Mr. O. C. Upchurch--Superintendent, Tulalip Indian Agency
 Mr. Joe Campbell--Indian Chief, Skagits

B. State Welfare Department

1. Source of funds

The social-welfare law passed by the legislature in the State of Washington in March 1935, established a State Department of Public Welfare, defined its functions, and appropriated, from a special fund established in the State treasury and known as the State Emergency Relief Fund, money for the purposes of carrying out the provisions of the act. A sum of one million dollars was allocated for the biennium ending March 31, 1937. ^{1/}

For administrative purposes the State Department of Public Welfare has divided the State into six areas. The local State Department of Public Welfare office in each county has a local administrator in charge and such other personnel as the size and problems of the county require. There are six field supervisors in social service who work directly out of the State office in their respective areas. The field supervisors are responsible for supervising the administration of the functions of the three divisions; i.e., child welfare, general relief, and social security (old age and blind) and are available for consultation services to the local administrators in assisting them to correlate State and county activities.

^{1/} Laws of 1935, ch. 118, secs. 11 and 13; ch. 176.

The State Division of Child Welfare consists of a director, a supervisor of child-caring agencies, a supervisor of aid to dependent children, and a supervisor of crippled children. In addition there will be in each district a child-welfare consultant.

In Districts 3 and 4, where every county has turned over its entire relief load to the State, an intensive program will be developed. In these districts there are five children's institutions in which both State and district place children, and there is a heavy relief load in very poor counties.

Welfare councils have been organized in the 39 counties with sub-committees appointed for child-welfare services.

A special demonstration is located in Area VI and includes the 10 northeast counties of the State. This demonstration is a child-guidance clinic located in Spokane where medical services and the services of a psychiatrist, a psychologist and a social worker, who are State employees, will be available to children from the 10 counties who are in need of clinical observation.

It is proposed to develop a special nutrition demonstration in Cowlitz County in southwestern Washington.

In Pacific County in the southwest a demonstration in services for the prevention of juvenile delinquency is suggested.

2. Problems in relation to Indians

The total Indian population in the State of Washington is 11,253. There are four Indian jurisdictions. The first is the Coleville Agency located at Nespelem, Washington, supervising the following Indian tribes: Kalispel, Spokane, Coleville, Okanogan, Wenatchee, Wapado, Chavewas, Joseph's Band, and other minor tribes located on the Spokane and Coleville reservations and on public-domain homesteads in northeastern Washington. The second jurisdiction is the Yakima reservation at Toppenish. This includes the Yok, Tyuse, Klickitat, and minor tribes located on the Yok reservation and Columbia River and on public-domain homesteads. The third is the Taholah jurisdiction at Hoquiam which includes the Chehalis reservation, Makah on the Neah Bay reserve, Ozette, Quinaielt, Nisqually, Cowlitz, Hoh, Quileute, Klatsup, Chinok, and Skokomish tribes located on the Hoh, Quinaielt, Chehalis, Sholwater, Nisqually, and Skokomish reservations, and on other lands in southwestern Washington. Tulalip is the fourth jurisdiction; under this agency are the Lummi, Smohomish, Muckelshoot, Clallam, Puyallup, Suquamish, Swimomish, Snoqualmie, Nooksak, Duwamish, Skagit, Samigh, and Kikiallis tribes located on the Lummi, Swimomish, Tulalip, Port Madison, Muckelshoot, and Puyallup reservations and scattered throughout the territory on public-domain homesteads or privately owned lands.

According to the State Department of Public Welfare it has been impossible to get any definite information in regard to Indian policies or procedures from local or Federal Indian offices. The

social worker in the Indian Service has given full cooperation. In the district to which she is assigned (Tulalip jurisdiction) it has been comparatively easy for county or State welfare representatives to obtain the necessary information and cooperation regarding relief or other welfare problems. The Indians are located for the most part in areas where the counties are in poor financial condition.

3. Attitudes toward problem

It is believed by the staff of the State Department of Public Welfare that Indians should participate in the social-security program without discrimination or distinction just as other citizens do; and it is the policy of this department to disapprove of any county discrimination against the Indians.

In Yakima and Klickitat Counties district field staff supervisors report that Indians were discriminated against in receiving relief. This was due, they say, to the feeling of individual workers.

In April 1936, when Federal funds for direct relief were withdrawn, relief to Indian families living on reservations was discontinued on the assumption that the Federal Government would make the necessary plans to meet the needs of Indian families. Surplus commodities continued to be available for them.

Indians in the State of Washington pay all indirect taxes, and those who own land, of course, pay taxes on that property. The district supervisors feel that through education of their county welfare representatives they can eliminate any discrimination.

Old-age assistance is being administered at the present time to those who are eligible and on the relief rolls and therefore have had their need established. If Indians are on relief rolls and otherwise qualified, they are accepted and receive the same consideration as white Americans.

On the Klickitat reservation it was reported by the district welfare supervisor that the Indians would not apply for old-age pensions because they felt this application might do away with their inheritance rights in land allotments.

On the Swinomish reservation located on Fidell Island there are approximately 196 persons, adults and children. In this group there are 5 half-orphans who will be accepted by the State Department of Public Welfare for care. There have been 16 applications on the Tulalip reservation for old-age pensions. One of the applicants who was on relief has been accepted in accordance with the plan of the State board to give first preference for old-age assistance to those who were on the relief rolls.

4. Present plan for meeting problems

There have been two conferences held in the State office with Mr. Upchurch, coordinator for Indian Service for the State, and Miss McIlveen, social worker in the Indian Service. These conferences were for the purpose of clarifying and interpreting policies between the two departments.

The staff of the State department feels that it would be most valuable to them if Miss McIlveen could be lent to the department for a period of 1 to 3 months in an advisory capacity on Indian situations as they concern State welfare.

C. Indian Service

The Indian Service personnel in the State of Washington express their attitudes in regard to their relationship with State and private agencies as follows: Indians are wards of the Government only in respect to the property which the Government holds in trust for them. Their rights as Indians consist essentially of the right to have their property held in trust by the Government and to have their economic interests protected by Indian Service representatives. Under the Johnson-O'Malley contract the Government has turned over its entire educational facilities to the State of Washington. In order to facilitate cooperation with the State and to see that the terms of the contract are carried out the Indian Service employs Mr. Morrison as State Superintendent of Indian Education. The Government continues to offer medical assistance limited to the facilities available.

In protecting the economic interests of Indians it is necessary for the Indian Service to carry out an industrial program. This is done by means of an extension service. Social worker, field nurses, home demonstration agents, and farm agents work cooperatively with State and county authorities and agencies to promote the welfare and interest of Indians.

Every agency superintendent in the State and his organization is glad to cooperate with the State welfare department in the compilation of the essential facts concerning individual Indians who are on record at any of the agencies.

It seems that the only distinction which may logically be made in the administration of the social-security program between Indians and other citizens is that information relative to their present economic status, particularly their ownership of lands, will necessarily be obtained through the Indian agencies where such information is a matter of record.

2. Social-service personnel

a. Number in the State

Miss Gladys McIlveen is the only social worker in Indian Service in this State.

b. Background and training

Miss McIlveen has an A.B. degree from the Washington State College at Seattle, and one year of work at Chicago University School of Social Work. Her experience is: Matron, day nursery, Ontario, Canada, 1 year; social case worker with the Family Welfare Bureau, Hamilton, Ontario, 4 years; social worker, State Hospital for Insane, Chicago, 6 months; teacher, Buhl, Idaho, 1 year; case-work supervisor, Salvation Army, Seattle, 1 year and 3 months. She entered the Indian Service November 26, 1932, as a school social worker.

c. Duties

Her duties are: Investigating applications for educational loans; interpreting the public school to Indian parents and Indian parents to the public school; checking attendance; investigating the causes of school absence or truancy; investigating the needs of children attending public school (adequate clothing, lunches, text books, etc.); creating a desire in parents and children for personal hygiene and cleanliness; organizing 4-H Clubs; planning and supervising community gardens; stimulating Indian women to organize sewing, cooking, and social clubs and furnishing the impetus to keep these clubs going; creating a market for the sale of wild raspberry and blueberry jam and assisting the Indian women in the preparation of jam for the market, arranging for clinics; furnishing transportation to and from clinics; investigating and working out a plan for treatment in cases of behavior difficulty of Indian adults or children; finding suitable homes for neglected children; and interpreting the work of the Indian Service to other agencies through speeches to professional groups and through personal contact.

The working conditions, as far as physical comfort is concerned, are much better than those in the southwestern section of the United States. The size of her territory and variety of her duties prevent the social worker from carrying out many plans she has formulated which would be of value in promoting health and welfare treatment for the Indians.

The social worker in Washington is an emotionally mature person. level-headed and calm, with a good sense of humor and imagination. She is modest, somewhat shy, well-poised, and she displays real intellectual capacity. She grasps a situation quickly, handles emergencies well, thinks independently, and is capable of making an adequate decision. She establishes rapport with her clients easily and on a sound basis. The Indian Service has benefited by having her as a representative. Other agencies regard her work with respect. This attitude is reflected in the attitudes toward Indians expressed by various workers in State and private organizations.

3. Indian-welfare problems in order of recognition

- a. There are two Indian hospitals and two Indian sanatoriums in Washington--Tulalip Hospital with a bed capacity of 7, and Coleville Hospital with a bed capacity of 38. Tacoma Sanitarium with a bed capacity of 233 is located at Tacoma. (It has one ward for surgical cases.) In this sanatorium there are from 175 to 190 tubercular children. Patients are accepted from Idaho, Oregon, and Washington and there is always a waiting list.

Yakima Sanatorium at Toppenish, Washington, has a bed capacity of 37. Fort Lapway, Idaho, receives in addition to Idaho children other tubercular children when they have room. Occasionally Washington can get a child into Fort Lapway.

Tuberculosis is the most prevalent disease among the Indians in Washington. School clinics are held at least twice a year when children are given a reasonably thorough examination. If an active tubercular case is found it is hospitalized, if the parents will permit, as soon as there is room in a sanatorium. Medical service for emergencies is not always available when most needed.

Clinics are held as frequently as possible by the agency doctor and field nurse on the various reservations. At these clinics treatment is given for venereal disease and trachoma and for any other condition that can be cared for through this type of clinic service.

The Superintendent of Tulalip jurisdiction states that venereal disease is either increasing or people are more aware of it. It is thought that a survey of venereal disease would be advisable if some plan for adequate treatment could follow such a survey.

About 60 children who have trachoma are being treated at the hospital in Chemawa, Oregon (Salem School).

b. Education

There are approximately 3,496 Indian children between the ages of 6 and 18 in the State of Washington. There are no Federal Government schools in Washington. A contract executed with the State in 1935, under the Johnson-O'Malley Act, provides for the education of Indian children. The amount to be paid under terms of this contract was the same as the total tuition payment to the public-school districts of the State during the year 1934.

This contract provides for education of Indian children, and where required and to the extent to which funds are available under the contract, for their transportation to and from school, for noonday lunches, textbooks, school supplies, school medical and dental service; and, as far as practicable, for special

courses desirable for Indian children. The contract provides for the use by the State of Government school buildings and equipment in carrying out the terms of the contract.

This contract with the State of Washington calls for the payment of \$100,963 per year. In addition, a sum of \$1,000 is allotted to Tulalip Agency for glasses, noonday lunches, clothing, and other miscellaneous necessary items, because in certain instances parents are unable to provide even the barest of necessities to enable children to attend school, especially in cold and inclement weather.

A superintendent of Indian education, who has first-hand knowledge of Indian educational needs in the State school program as a whole, is assigned to Washington for the purpose of securing definite provision for Indian education programs.

The nonreservation boarding school located at Chemawa, Oregon, accepts Indian boys and girls from the State of Washington who are referred because of special need. The capacity of this school is said to be 300.

Indian children of elementary-school age may be sent to St. George's Catholic School. Father Govart, a Belgian priest, is in charge of this school. The school is supported entirely by gifts, and has not been under supervision of either the Indian Service or the State. There is at present a plan to investigate and determine whether this school may be licensed by the State. The social worker in the Indian Service will assist Mrs. Mooney, of the State Department of Public Welfare, in making such an investigation.

c. Handicapped

A survey of crippled children was made by the State Department of Health in 1935. It is not known whether Indian children were included in this survey. The data in regard to the survey have been turned over to the State Supervisor of Child Welfare. In cooperation with the social worker in the Indian Service she will make an effort to determine whether Indian children were included.

No reports have been made of blind or feeble-minded Indian children in any of the jurisdictions in which this survey has been made.

d. Family relationships

The reservations in Washington are less homogeneous than reservations of the Southwest. The communities are checker-boarded with a mixed white population. Moral standards of the group are generally low. There is lack of solidarity in the community or stability in family relationships, and sexual promiscuity exists without the pretense of Indian tribal marriage.

Efforts to interest certain tribal councils in cases of truancy, delinquency, and so forth, are unsuccessful. The attitude of the Superintendent of Indian Education is that one should not be too much concerned regarding the truancy of Indian children until other problems are solved.

•• Community problems

Community houses have been built in several locations and an effort has been made by various workers in the Indian Service to plan recreational and group activities. Lack of sufficient time by workers to develop a well-organized execution of any plan has resulted in a fluctuating and dwindling interest on the part of the Indians.

The Indian women on one reservation organized a club to give programs depicting early Indian life and used the money obtained from admissions to these programs to assist in building a community house, which was partly financed by W.P.A. funds. These women enlisted the interest of the entire Indian community. Old and young worked on costumes, dances, and exhibits. They used their own ideas without white interference. The social worker reports that this experience united the group as nothing else had done. Petty jealousies and quarrels were matters of minor importance during the time this work was in progress. Gradually Indian interest has waned, with the result that the community house is now seldom used except for white American dances.

In Coleville there are 200 Indian members of 4-H clubs. Equal interest in other sections of Washington could be aroused and additional clubs formed if there were someone to supervise the work.

The Puget Sound Indians frequently have difficulty with white Americans because the Indians hunt or fish out of season off their allotted land. Lack of understanding and bitterness in regard to what they consider unfair restrictions cause the Indians strongly to resent white interference with these pursuits.

At Fidell Island, across from Laconner, there are 18 new four-room houses being constructed on the Swimomish reservation. A community house, church and small dispensary are on this reservation. The new houses are modern and well-built. Unfortunately, furnishings will be moved into these new houses from old shacks, floating houses, and tents now occupied by Indians. There is comparatively little education in regard to the use of modern sanitary conveniences. The proximity to Laconner necessarily means that many of the Indians go to Laconner for such recreation as may be offered through public dances, pool halls, and so forth. However, when the social worker last year arranged for a party in their own community house and there was a dance going on at the same time in Laconner, all the Indians chose to remain at the party given on their own reservation. The social worker feels that this is evidence of what may be accomplished in organized recreation if she had time to devote to this.

4. Present method of meeting problems

Problems of recreation, health, delinquency, dependency, and illegitimacy are not being adequately taken care of, owing primarily to lack of sufficient personnel in the Indian Service.

COMMENTS AND SUGGESTIONS

Evidence shows that a person well trained in community organization and recreation could be of inestimable value to the Indians in the State of Washington.

The social worker in Washington is a superior person. She would be able to organize and carry out a satisfactory community program if she did not have such a tremendous load of other duties. She feels the need of contact with other social workers and would welcome suggestions and discussions of problems. Other available workers in the Indian Service are not trained in social work, so that there is little opportunity for discussion of certain types of problems.

It is strongly felt that a contract similar to the one the Indian Service has with the Wisconsin State Board of Control would be most advantageous in Washington. In the meantime, meeting the request of the State Department of Public Welfare to have the social worker in Indian Service lent to the Department for a period of 1 to 3 months to interpret Indian matters would be most advisable.

In order to administer old-age assistance fairly a careful check of the Indian census would have to be made. There are undoubtedly many discrepancies due to the method of obtaining the census, as for example, at Muckelshoot where the first census, taken in 1895, was based on the age given by the Indian. This was undoubtedly a guess in many cases and accordingly may have been inaccurate. Since that time when a census is taken one year has been added to the ages of those on the rolls. Many are dead and the present census is undoubtedly most inaccurate.

Closer supervision of educational activities by the Office of Indian Affairs should result in increased interest of Indians and white Americans in the State of Washington in planning the type of education best suited to the need of Indians, and would probably further the interest of Indians in school attendance.

VI. Minnesota

A. Sources of Information

Judge Charles F. Hall--Director, Children's Bureau, State Board of Control
 Mr. Benjamin Youngdahl--Director, Coordinating Field Service, State Board of Control
 Mr. L. P. Zimmerman--Director S. R. A.
 Mr. Kenneth Haycroft--Director, Old Age Assistance
 Miss Mona Callister--Supervisor, Field Work, Coordinating Agency
 Miss Grace Guilford--Assistant to Director of Coordinating Field Service
 Dr. Chesley--Director, State Department of Health
 Dr. R. N. Barr--In charge of Health Units, State Department of Health
 Dr. Kingston--Director, Health Unit, Bemidji
 Miss Adelia Eggertine--State Supervisor, Nurses, in Indian Service
 Dr. Hyman Lippman--Director, Child Guidance Clinic, St. Paul
 Dr. Alan Challman--Director, Child Guidance Clinic, Minneapolis
 Miss Mary Cain--Indian Social Worker
 Mr. Mark L. Burn--Superintendent, Consolidated Chippewa Agency
 Mr. Bitney--Superintendent, Red Lake Reservation

B. State Welfare Department

1. Source of funds

The State Board of Control receives an annual appropriation for State administration and participation in welfare activities. With the exception of the Red Lake reservation, Indians and whites share alike in benefits derived from monies appropriated for welfare activities.

On May 1, 1936, the State Board of Control in cooperation with representatives of the Social Security Board and the Federal Children's Bureau worked out a plan establishing a division of coordinated field service.

This coordinated field service absorbed the former district representation of the Children's Bureau; State Board of Control, and of the Social Service Division of the State Relief Agency. The new combined staff will represent various divisions of the State Board of Control and will give service to other state and federal agencies at their request.

The eight district representatives of the Children's Bureau and the eight representatives of the Social Service Division of the State Relief Agency form the staff of this coordinated field service. The State has been redistricted into 16 areas.

The 16 district representatives will give half time to child-welfare services.

Five counties have a full-time child-welfare worker on their county staff and within a short time it is expected that five additional counties will have a full-time worker and 10 other counties will have a worker who will divide her time equally between child-welfare services and public assistance.

2. Problems in relation to Indians

The affairs of the Indians in Wisconsin, Michigan, and Minnesota are supervised by the Superintendent of the Consolidated Chippewa Agency, who was designated to coordinate the activities in these three States. The Superintendent, a Chippewa Indian, has headquarters at Minneapolis and gives consultation service in Chippewa matters.

The Consolidated Chippewa Agency at Cass Lake has jurisdiction over a total population of approximately 12,837 Indians. This includes the Bois Forte reservation, the Cass Lake and Winnibigoshish reservation, Fond du Lac reservation, the Grand Portage reservation, the Leech Lake reservation, the White Earth reservation, the White Oak Point reservation, and Chippewa Purchased Lands (that is, tribal land unallotted and desired by the Chippewas living on the Red Lake reservations, to be kept in tribal status).

The Red Lake reservation in northern Minnesota has a population of approximately 1,992 Indians and contains 407,204 acres, all of which retains its tribal status. The Red Lake reservation in Minnesota and the Menominee reservation in Wisconsin are known as "closed reservations." A closed reservation is a single compact area held in trust for the tribe and not opened to white settlers.

It has been estimated that approximately 10,000 Indians of the Cass Lake jurisdiction have been on the relief rolls (both work and direct relief). Of this number, approximately 20 percent have been taken care of through direct relief by the Indian Service or direct relief by other Federal, State, and county agencies. It was necessary for the Indian Service to take care of at least part of the direct relief because the counties were not financially able to carry it.

In regard to monies used for aid to Chippewa Indians, we may note the following from the appropriations for the Department of the Interior for the fiscal year ending June 30, 1936: "Support of Chippewa Indians in Minnesota (tribal funds): For general support, administration of property, and promotion of self-support among the Chippewa Indians in the State of Minnesota, \$85,000, to be paid from the principal sum on deposit to the credit of said Indians, arising under Section 7 of the Act entitled 'An Act for the relief and civilization of the Chippewa Indians in the State of Minnesota,' approved January 14, 1889 (25 Stat. p. 645): Provided, That not to exceed \$40,000 of the foregoing amount may be expended, in the discretion of the Secretary of the Interior, in aiding indigent Chippewa Indians upon the condition that any funds used in support of a member of the tribe should be reimbursed out of and become a lien against any individual property of which such member may now or hereafter become seized or possessed, the two preceding requirements not to

apply to any old, infirm, or indigent Indians, in the discretion of the Secretary of the Interior." Any expenditures made from the principal Chippewa fund are to be divided between the Consolidated Chippewa and the Red Lake jurisdictions on the basis of population. A portion of this fund was used this past year for foster-home care of school children, and it provided for a few of the old and indigent who were placed in the homes of individuals qualified to give home care, monthly allowances being paid for their maintenance.

3. Attitudes toward problem

The State Board of Control affirms that Indians will be cared for in the same way as other residents of the State. When a complaint came in from Beltrami County that Indians were being discriminated against in regard to relief, a special investigator was assigned to care for the needs of Indians.

There are not many so-called full-blooded Indians in Minnesota. Ever since the coming of the French, the process of amalgamation has gone on. There will not be any special plan for meeting needs of Indians, as it is believed that special provision would further a segregation which is not approved.

C. Other agencies (public or private) dealing with Indians

All agencies in Minnesota accept Indians on the same basis as whites. At the present time there are Indian inmates of the State School for the Blind, the State Reformatory for Women, the Epileptic Colony, the State School at Owatona, the House of the Good Shepherd, the State Reformatory for Boys, the State Home School for Girls, and of five of the mental hospitals in the State. The Indian Service pays for Indians who are in these institutions from the Red Lake reservation.

D. Indian Service

1. Relationships with State and private agencies

The relationship of the Indian Service with State institutions is identical with that of white agencies and State institutions. Frequently delinquency cases are turned over, after investigation by the Indian Service, to the Probate Court. Often cases are paroled or put on probation by the court to one of the social workers in the Indian Service. The relationship between the State Department of Health and the Indian Service is particularly sound (see Health).

2. Social-service personnel

a. Number in the State

There are two social workers in the Indian Service, one a white worker, the other a Chippewa Indian girl born on the Red

Lake reservation at Ponemah. There is provision for a worker at Red Lake and one at the Consolidated Chippewa Agency. Both positions are vacant at this time.

b. Background and training

Mrs. Isabelle Robideau is a graduate of a 2-year course, State Teachers' College, St. Cloud, Minnesota; she has a B.S. degree from the University of Minnesota where she majored in sociology; one year of graduate work in social service at the University of Minnesota; one quarter of graduate work, University of Chicago. Her experience has been: 10 years a teacher in the public schools, 3 years a teacher in schools of the Indian Service; $3\frac{1}{2}$ years a social worker with the Indian Service.

Miss Mary Cain, graduate of State Teachers' College, Bemidji, Minnesota, has a B.S. degree, University of Minnesota, one quarter of graduate work in social service, University of Minnesota, 3 years' teaching experience, and $1\frac{1}{2}$ years as assistant social worker in the Indian Service.

c. Duties

The duties of the social workers are as follows: Investigating applications for Indian student loans; investigating applications for entrance to Government boarding schools, arranging for transportation to and from school and checking to see that the students actually arrive at the school and get home from the school; acting as clearing house for all social agencies that have to do with Indian affairs; serving as a medium between school and home, checking on truancy of pupils; checking on school attendance, investigating cases reported because of domestic discord, nonsupport, sex difficulty, alcoholism, or other social problems.

The opportunity offered in Minnesota is exceptionally good for a constructive program of social work among the Indians. A former member of the State Board of Control was responsible for interesting many people in the State in a sound program of welfare work with Indians.

The white worker in the Indian Service is a person of good judgment, conscientious about her work, grasps a situation easily but with understanding so that she is able to carry through a relationship constructively. She has given the Indian assistant supervision which has been well planned and thoughtfully carried out.

The Indian assistant is somewhat defensive toward white Americans, particularly those in her own community. This is easily understandable. With additional maturity in years and security in her work it seems probable that this feeling will disappear. From observation of her calm and skillful handling of a difficult case which involved several problems it is thought

that under good supervision she will soon develop into an able case worker.

The social-case work among the Indians in Minnesota is more intensive and consequently of more value in relation to specific problems of family and child welfare, than is the work of social workers in Indian Service in many other States.

3. Indian welfare problems in order of recognition

a. Health

A cooperative program between the Minnesota Department of Health and the United States Office of Indian Affairs has brought about valuable results in the elimination of disease among the Indians. This type of health service might well be used as an example of what could be done in other States where similar service might be arranged.

Seven nurses were assigned to the Chippewa Public Health Nursing Service. Three of these are employed and supported by the State Department of Health; four are supported by the United States Office of Indian Affairs through gratuity appropriations.

In February 1935 the Chippewa Health Unit was organized through a grant of money from the United States Public Health Service matched by State funds. All the nurses are under the direction of both the United States Office of Indian Affairs and the Minnesota Department of Health, under the direct supervision of Miss Adelia Eggestine, designated as Supervisor of the Chippewa Public Health Nursing Service. The nursing areas are as follows: Red Lake, North East Area, Mahnomen, Leech Lake, Ponemah, Ponsford, and South.

There are four general Indian hospitals, and a wing at the new Government hospital at Ah-Gwah-Ching (State sanatorium) where Indian patients are accepted and treated on a contractual agreement between the United States Office of Indian Affairs and the State Board of Control. There are approximately 117 tubercular Indian patients in this sanatorium.

The hospitals are as follows: Fond du Lac, bed capacity 22; White Earth, bed capacity 20; Red Lake, bed capacity 23; and Pipe Stone, bed capacity 38.

At Ponsford, Becker County, where 650 Indians are concentrated in a rather small area, the nurse does an intensive piece of work. She conducts classes in infant and child hygiene. A clinic is held all day every Thursday for the treatment of venereal disease.

There is a physician at Monoham, one at Ponsford, one at the White Earth reservation, one at Cass Lake, and one in the Grand Portage area. A contract doctor at Cloquet does all surgical work.

In February 1935, the Chippewa Health Unit, with offices at Cass Lake, was established through Federal aid received from the United States Public Health Service. This unit consisted of a directing physician, two public-health nurses, and a clerk. Federal aid terminated June 30, 1935, and the unit was continued wholly with State funds. The Division of Child Hygiene bore the expense of the nursing service for the months of July and August; the Division of Preventable Diseases bore the expense of the medical director and a clerk for the months of July, August, and September. The failure of Congress to make appropriations for the Social Security Act before adjourning on August 26, made it necessary to withdraw the medical director and the clerk, since both divisions had exceeded their allotment of resources for the fiscal year.

In November 1935, the Surgeon-General approved a budget to cover the cost of the unit for $2\frac{1}{2}$ months from January 31, 1936, stating that the aid was based upon the assumption that social-security appropriations would be available for February 1. Since that time the health unit at Bemidji has been established with the aid of social-security appropriations.

Control of tuberculosis plays a major part in all health work in the State. A series of meetings conducted in 22 of the larger communities of the Indian country by the Superintendent of the State Tuberculosis Sanatorium in cooperation with the Medical Director of the Chippewa Health Unit did much to arouse the Indians' interest in this problem. At these meetings the infectious diseases, the possibility for cure and control and the manner of treating Indian patients at the State Sanatorium were explained, and the cooperation of the people of the community was solicited.

Some of the Indians are still loath to submit to a long period of treatment or to let small children go far from home for sanatorium care.

The incidence of tuberculosis among Indians in Minnesota is said to be approximately 36.4 per 100,000.

In several nursing districts weekly clinics have been established for the treatment of venereal disease. Most of the early infectious cases have been offered treatment, and arrangements have been made whereby one patient is given a sufficient amount of gasoline to bring other residents from his community to the clinic for treatment. With many the great distance to the clinic had been a deterrent to regular treatment.

This year a number of pregnant women with lues have reported for treatment early enough and regularly to prevent their babies from contracting the disease, and in several instances their first well baby following miscarriages was born. The degree of regularity of treatment that has been secured has been the result of long, patient, and often repeated visits of persuasion on the part of the nurses.

The incidence of venereal disease among Indians in Minnesota is said to be between 10 and 11 per 100,000.

About 60 percent of the Indian mothers are delivered in hospitals. This is a larger percentage than among white mothers of similar economic status, possibly owing to the fact that Indians have free care in their own hospitals and have been educated through individual contact with nurses. In a number of areas many of the younger women volunteer the news that they are expecting a new baby and want to know whether advice and examinations are necessary. Many of the older women, unless found by the nurses, do not report their condition until late in pregnancy, when their chief interest is in securing a layette or getting to the hospital for delivery.

According to Dr. E. N. Barr of the State Health Department statistics show that infant mortality is still high and that maternal mortality is comparatively low. Overcrowding in the homes is undoubtedly a cause of much excessive handling of the infants and a deterrent to good habits of eating and rest.

Representatives of the State Health Department say that they get better reports on Indian health from physicians in Indian Service than they do from the remainder of the State.

With the aid of the field physician and nurses, a special surgeon in the Indian Service is making a survey of suspected cases of trachoma. The number found, all in an inactive state, was approximately 100. Very few of these cases were unknown or new cases, hence the spread of the disease appears to have been markedly reduced.

Immunization against smallpox and diphtheria was stressed by the field physicians and nursing service. In every community except Ponemah the parents have responded very well. In Ponemah there is an aversion to all treatment given by hypodermic. This has been hard to overcome; however, practically all school children are immunized, and outside Ponemah about 70 percent of the preschool-age group have received immunizing treatments.

Immunizing programs were conducted through schools as centers. Education and guidance have been given to teachers to enable them to recognize health problems and their responsibility toward maintaining maximum health possibilities for children. Health standards in the home have been raised through the school nursing service. In Aiken County eight dollars per capita was spent annually for the health care of Indians. The State of

Minnesota pays between \$30 and \$40 per month to white and Indian berry-pickers who are typhoid carriers in order to keep them out of the fields.

b. Education

There are 4,512 Indian children between the ages of 6 to 18 years in Minnesota. There are two Government schools: Pine Point, at Ponsford, under the Consolidated Chippewa Agency, and the Cross Lake day school at Ponemah under the Red Lake jurisdiction. In addition to these there is one nonreservation boarding school at Pipe Stone with an enrollment of 279 pupils in grades one through nine.

Tuition of 25 cents per day is paid from tribal funds for approximately 1,000 children in the Consolidated Chippewa jurisdiction (no public money is used for the education of children in the Consolidated Chippewa Agency), and for 355 children an average of 31 cents per day is paid in the Red Lake jurisdiction.

In the Pipe Stone nonreservation boarding school about one-half of the pupils are from Minnesota and the remainder are principally from South Dakota, with a few from other near-by reservations. The first six grades offer all academic work; in the following three grades academic work is combined with vocational instruction. There is an appropriation from tribal funds for institutional care of 80 children attending the St. Mary's Mission School on the Red Lake reservation. There is a total enrollment of more than 3,000 Indian children in public schools of the State. Those for whom tuition is not being paid are educated at State or county expense. In many of the public schools in Minnesota where land is nontaxable and little financial assistance is possible from local taxation, assistance is received through special authorization from Chippewa tribal funds.

c. Handicapped

It is the plan of Dr. Hilleboe, who is in charge of the State program for crippled children, to have about 12 orthopedic clinics in the State. One at Crookston and one at Moorehead are now in operation. Others will be located at strategic points in the State. Indian children will be accepted on the same basis as whites. There is no differentiation between Indian and white in the care given to blind and other handicapped children.

There are probably about 80 Indians on the White Earth reservation alone who would be eligible for old-age assistance. The proportionate amount of the county fund in Minnesota for old-age assistance is one-sixth of the total sum. This is derived from income tax. As Indians do not pay income tax the counties wish the Indian Service to provide this amount. Consideration has been given to the possibility of taking the tax

from tribal funds, but these funds could not be used without an appropriation by Congress. The amount to be used from tribal funds would be approximately $16\frac{1}{2}$ cents per person. It is estimated that for each $16\frac{1}{2}$ cents paid out one dollar will be received.

d. Family relationships

Living conditions, low economic situation, poor housing, loose family ties, and too much unoccupied leisure result in alcoholism, sex promiscuity, stealing, and other types of delinquent behavior.

It is stated by some of the older Indians that when the Indians withdrew from the Medawee (old religion) there was no longer any reason for them to be good. They feel that giving up the old-time religion with all its restrictions and discipline is responsible for adultery and alcoholism.

Indian Pow-Wows and "Squaw Dances" held on various reservations serve, it is said, as opportunities for indulging in various types of delinquent behavior. Following these festivities the work of the social worker and other employees is greatly increased by the number of problems they are called upon to solve. There are always a number of unscrupulous and unprincipled whites attending these Indian festivities. Their influence is particularly unfortunate on the group of adolescent Indian girls.

Dependent and illegitimate Indian children are dealt with very much the same as white children are. There is less tendency among the Minnesota Indians of the elderly group to take full responsibility for illegitimate children than is found elsewhere among Indians.

e. Community problems

Owing to the tendency toward amalgamation with the white population, there are less racial prejudice and discrimination and a greater opportunity for Indians to participate in activities of the white community than in the Southwest.

There is no tendency toward polygamy, and Indians here are more apt to marry by legal process than are those in many other parts of the United States.

What use to make of leisure time is a great problem on all reservations among the younger members. If they cannot have recreation from wholesome sources they will take it through undesirable channels. The Superintendent of the Red Lake Agency is conducting an arduous campaign against liquor.

4. Present method of meeting problems

W.P.A. has provided for all employable Indians in need of relief, it is reported. Relatives or direct relief are caring for unemployables. Many of the Indians who are employed on W.P.A. live on school land. They are "squatters" and do not pay taxes. The land is fertile enough so that they can raise good home gardens.

In the White Earth reservation, a welfare committee made up of one member of the school board, the school principal (the public school here is 90 percent Indian), one member of the town board, two Indian women of the community, the Catholic priest, and the Episcopal missionary is functioning in an advisory capacity. This group meets once each month to refer and discuss problems of all types. The social worker acts as consultant.

This organization was effected through the efforts of the social worker, who called on each of these people and asked for their assistance. The superintendent of the agency was invited to these meetings but because of his heavy duties he has been unable to attend. The worker feels that these Indians are far enough advanced in their thinking so that they can act efficiently. In other parts of her jurisdiction the Indians are not so aware of their problems and so could not function.

The social worker has also organized a class for parents in which simple behavior problems of children will be discussed.

The Red Lake reservation owns and operates a sawmill. Indians on this reservation are given the opportunity to work for wages in addition to receiving training which may enable them to fill positions elsewhere in lumber production.

The Consolidated Chippewa reservation at Cass Lake has organized the Chippewa Indian Cooperative Marketing Association and has requested Congress to authorize for this the use of \$150,000 of Chippewa tribal funds to finance the activities of the association in marketing wild rice, berries, arts and crafts products or any other product of the Chippewa Indians which it might be practicable to handle cooperatively. An appropriation of \$100,000 was approved.

There are a number of clubs of Indian women organized in connection with the churches. These women are interested in various welfare activities.

COMMENTS AND SUGGESTIONS

The excellent organization of health work in the State of Minnesota has done more to alleviate problems concerning Indians than any other one factor. With the addition of a well-trained recreational supervisor, probably a Chippewa Indian, who would make use of existing facilities in a coordinated program, much could be done to eliminate problems of delinquency.

Where there is a lack of standards, delinquency may be expected to result, since in all human beings there is a constant struggle between the desire to resist temptations and the desire to succumb. If a foundation of sufficiently high standards has been laid there is a greater chance for resistance. Where old standards have disappeared and no adequate substitutes are offered, moral disintegration is a natural result.

Indian community houses should be open every evening for a period of two or three hours--perhaps from 7 to 10 o'clock. During this time athletics, games, club activities, shop work, crafts, and music could be offered. In other words, a complete program of attractive adolescent activities supervised by a competent director, through the intelligent and constructive guidance of the present generation of young Indians, would help to establish a sound social structure for future generations.

VII. Wisconsin

A. Sources of Information

Colonel John J. Hannan--President of the State Board of Control
 Miss Elizabeth Yerxa--Supervisor Juvenile Department, State Board of Control
 George M. Keith--Supervisor of Pensions for State Pension Department
 Katherine Goodwin--Assistant Director of Relief
 Dr. Harper--Director, State Board of Health
 Dr. Amy L. Hunter--Chief, Bureau Maternity and Child Welfare
 Miss Nellie Van Kooy--State Supervisor of Nurses
 Agnes E. FitzGerald--Social Worker, Indian Service

B. State Welfare Department

1. Source of funds

State appropriations for welfare are made from the general fund derived from taxation on land, income, automobiles, etc.

2. Problems in relation to Indians

There is an Indian population of approximately 12,000 in the State. There are four administrative Indian units: (1) The Great Lakes Agency which has jurisdiction over five areas of restricted land referred to as reservations and occupied chiefly by Chippewa Indians. This land may be checkerboarded with taxable land. (2) The Menominee reservation administered by Keshena Agency covering approximately 231,000 acres of unallotted tribal land and Menominee Mills at Neopit. (3) Tomah Agency and hospital at Tomah.

The Menominee Indians are of Algonquin stock and their reservation originally covered 12 townships in Shawano and Oconto Counties. In 1856 two townships were sold to the Stockbridge (Mohicans) and Menominee, formerly of New York State. In 1832 a New York band of Oneidas, sometimes referred to as Brotherton, relinquished to the Menominees their claim to land on which they had settled. In return they were granted one township equal to approximately 23,040 acres. The Treaty of 1832 gave them further right to partition, divide and hold separately and severally in fee simple the land allotted to them. In addition, a part of a band of Winnebagas (Sioux) who came from their homes in Virginia and the Carolinas, refused to be moved to a reservation in Nebraska and thereby lost treaty rights. In 1881 an adjustment was made whereby these nonward Indians were granted titles to land on which they had taken up residence in various parts of six counties. The Oneida reservation, and public-domain allotments (Winnebagas) are under the Tomah jurisdiction.

3. Attitudes toward problem

The attitudes of directors and supervisors of State welfare work are decidedly favorable toward caring for Indians on the same basis as whites. A member of the State Board of Control and a member of the State Board of Health concurred in the opinion that no amount of funds used for welfare work among the Indians would ever be able to make adequate restitution for wrongs that Indians had received at the hands of the whites. Unless some plan can be formulated through which Indians may become self-sustaining and as free from the supervision and interference of white men as are other citizens of the United States, the Indian will never be properly rehabilitated.

The County Board of Supervisors is composed of township or ward representatives. This board may vary in number from 25 to 90 persons. They meet twice a year; at only one meeting are appropriations considered. In 90 per cent of the Indian cases appropriations would be made without any question. There is some dissatisfaction because Indians living on restricted areas are permitted to drive off their reservations when they do not pay automobile tax.

In granting pensions for dependent children, there is also the question whether many an Indian mother is "a fit and proper person, morally, physically and mentally to have the care, custody, and control of her offspring." There is no unwillingness to give aid to elderly Indians. Old-age assistance is being paid to at least some of the eligible Indians in all counties. Pensions in Wisconsin may be administered by the county judge or by a committee appointed by the County Board of Supervisors. There are 71 counties; in 35 old-age assistance is administered by county judges and in 36 by the committee method.

4. Present plan for meeting problems

The Juvenile Department of the State Board of Control has chosen 12 areas in which to give special assistance in the development of child-welfare services. Seven of these counties, namely, Ashland, Wood, Bayfield, Sawyer, Shawano, Clark, and Burnett, are largely rural areas with a large Indian population and a high percentage of delinquency. Because of the Johnson-O'Malley contracts Indians will be included in whatever plans are made for child-welfare services.

C. Other agencies (public or private) dealing with Indians

All State institutions of Wisconsin accept Indians. At present there are Indians in the following institutions: State Tuberculosis Sanitarium, State School for the Blind, State Reformatory, State Hospitals for the Insane, State Institutions for the feeble-minded, and State Public School, Sparta. The Indian Service is paying for approximately 50 children who have been adjudged by the county juvenile courts to be dependent or neglected and have been committed to the State Public School.

D. Indian Service

1. Relationships with State and private agencies

The superintendents of Indian agencies and the directors of State departments are acquainted, and there is a good working relationship between the superintendents and the State Board of Health, the Juvenile Department of the State Board of Control, the State Department of Pensions, and other public agencies, as well as between the superintendents and private and denominational organizations. The social worker in the Indian Service has been, since May 1, 1936, a member of the field staff of the Juvenile Department. This worker was assigned to Wisconsin temporarily to meet an immediate need of providing placement for children who were in the Tomah School prior to its discontinuance and who were not wards of the State.

The Indian Office and the State Board of Control have entered into a contract, under the Johnson-O'Malley Act, for the services of a social worker. Under this contract the Indian work may be assigned to one worker or divided among several on a part-time basis.

2. Social service personnel

a. Number in the State

Miss Agnes FitzGerald is the social worker in the Indian Service on temporary detail in Wisconsin.

- b. Miss FitzGerald has an A.B. degree from Fordham University, 1922. She was Registrar of Students at Fordham University for 4 years; Executive Secretary of the Catholic Welfare Service at Scranton, Pa., 1 year; Visiting Teacher of the Board of Education, New York (Brooklyn), 1 year; Placement Officer at Brooklyn Technical High School, 4 years. She entered the Indian Service as school social worker in December 1932.

Miss FitzGerald appears not to be working up to her full capacity. In a brief visit it was impossible to determine how much of this condition is due to personal difficulty or to what extent environmental conditions contribute.

The immediate problem of Miss FitzGerald in accordance with her temporary assignment under Indian Service was to arrange with relatives or child-caring agencies for the care of Indian children who were not wards of the State Public School, and who had been in Government boarding schools prior to the closing of such schools.

c. Duties

Miss FitzGerald supervises all foster placement of dependent, neglected, and illegitimate children, locates mentally defective children and looks after their interests, assists with school

problems of attendance, helps to organize community activities, attempts to arouse in the Indians awareness of and interest in child-welfare problems, and looks after the welfare of children of illegitimate birth. The duties connected with problems concerned with illegitimate children appear to be very complicated, and this phase of her work entails a great expenditure of time. When the work is divided among several workers in the Juvenile Department, in accordance with the terms of the Johnson-O'Malley contract, it will no doubt be possible to devote more attention to other problems of Indian families.

3. Indian welfare problems in order of recognition

a. Health

There are two Indian hospitals in Wisconsin, Hayward with a bed capacity of 45 and Tomah with a bed capacity of 42. Both hospitals have X-ray equipment installed. There are three full-time and one part-time physicians in the Indian Service. One field nurse in the Indian Service is assigned to Tomah and one nurse to the Great Lakes Agency. There are also three public-health nurses assigned from the State Health Department for services to Indians.

In addition to regular general hospital work, Hayward does emergency surgery for 13 C.C.C. camps. The physicians also give lectures in social and physical hygiene at these camps.

The physician in charge of Hayward reports that last year he made 268 home calls, examined 154 school children, made 284 physical examinations in clinics, and drove 19,865 miles.

There were 1,064 hospital patients at Hayward, 94 babies delivered in the hospital, 441 Wassermann tests taken (6 per cent were positive). The State furnishes arsenicals and the Federal Government allots certain sums to the physicians for treating syphilis cases. The State also furnishes toxin antitoxin or toxoid and vaccine points for smallpox. Child-welfare clinics held by the Bureau of Child Welfare of the State Department of Health during the past year for Indian children were as follows:

Odanah--2-day clinic--held in Government Dispensary. An Indian mother assisted the nurse and doctor with weighing, and so forth. There was considerable interest shown, especially by the younger mothers. Total attendance--46;

Red Cliff--1-day clinic--held in the school. An Indian midwife brought her grandchild and assisted in weighing, and so forth. Total attendance--25. The interest in this group was quite keen;

Bayfield--1-day clinic--held in the Civic League rooms. Total attendance--13. The poor attendance was thought to be due to the fact that too many days had elapsed since the nurse's

personal contacts in informing the families of the clinic. Some of the mothers seemed to be interested while others seemed to be conferring an honor by their presence;

Settlement--Clinic held in the school house which had been previously prepared by an Indian mother. Total attendance--13. All the families in this area were represented, with the exception of one. The attitude and general physical condition of the children were superior to those of other reservations.

Monominee Reservation--Total attendance--36. Twenty-seven of the total were preschool children. There were two cases of mental retardation. One boy's mother had taken him to a physician in December. The father had read of the clinic and felt that the boy had been in the first grade too long (3 years) and that there must be some cause for his retardation.

New Post--This clinic was held in an Indian cottage--33 in attendance. This was nearly 100 per cent of the Indian children in this area. There were also six prenatal cases. All the children not previously vaccinated were vaccinated. Also all were immunized with the first injection of toxin antitoxin, and a good many were also given Mantoux tests.

Reserve--This clinic was held in the nurse's home and office. It was a 1-day clinic. Total attendance--54; entirely too large for one day. Children were vaccinated, immunized and given Mantoux tests.

Ladysmith--This clinic was held in the library basement. Total attendance--41. Sixteen of the total cases examined needed further attention.

Barron--This clinic was held in New Legion Memorial Hall. Appointments were scheduled every 15 minutes throughout the day. However, eight of the scheduled patients did not come in, thus making it possible to give more time to other patients.

There is a demand to hold these clinics once a week in both the Tomah and Great Lakes jurisdictions. In addition to these clinics, a school examination is given once or twice a year in each of the schools. The tuberculin test runs about 20 per cent positive for the Chippewa children, and 50 per cent for the Winnebago children. Their condition is said to be better than that of many of the whites of the same economic status. The State Board of Health says that the physician will always be available for health conferences and clinics whenever nurses in the Indian Service ask for such assistance.

As far as is known, there is no trachoma among the Indians in Wisconsin.

b. Education

According to the Commissioner's report there are approximately 2,838 Indian children between the ages of 6 and 18 in Wisconsin. Of this number 981 are enrolled in public schools, 262 in Federal day schools, 380 in reservation boarding schools (Menominee), and approximately 800 in mission, private, boarding and day schools. The remaining number of children are not enrolled in any school.

There are two Indian day schools, one at Neopit on the Menominee Reservation, and one at Lac du Flambeau, with an enrollment of 155, grades one to nine. The only boarding school in the State is on the Menominee Reservation. This school is operated under a contract with the Bureau of Catholic Indian Missions. It provides education for approximately 300 pupils on a boarding basis.

The day school at Neopit is also operated under contract with the Bureau of Catholic Indian Missions, providing for approximately 100 grade school and 35 high school students. This method of educating Menominee children was adopted at the request of the tribe and is less expensive than schools operated entirely by the Government. The Wisconsin State course of study is used in the day school. There are courses in home economics for the girls and shop instruction for the boys.

Indian children come under the compulsory-education laws of the State, but attendance officers are said not to be particularly interested in keeping Indian children in school. A few Indian students are sent from Wisconsin each year to Haskell, Pikostone, and Flandreau. These are children for whom high-school facilities are not available or those whose home conditions are unsatisfactory.

There are some Indian children in the State of Wisconsin who have never attended school. For the most part these children belong to the Potowatomies in Forest County. This group has had so little contact with white Americans that the social worker needs an interpreter when it is necessary for her to go into this community.

At the mission school at Odanah, 30 out of a total enrollment of 72 boarding pupils were found to have residence in other States. All but 12 of these have been returned to their homes; the others are awaiting completion of plans for their future in their own States. The social worker expects plans to be definitely made by August 15, so that all children can be enrolled in school at the opening of the term in September. Of these 30 children, all but one were of school age.

At the mission school at Bayfield there were seven children who belonged in Minnesota. All of these children have been returned to their legal residence.

c. Handicapped children

When the Tomah boarding school was discontinued, it was definitely decided that many of the children who had been attending this school and who had no suitable home to return to, would be placed in foster homes under the supervision of the Juvenile Department of the State Board of Control. Some boarding home placements had been made prior to the closing of this school.

Children who are placed in boarding or other foster homes include younger dependent or neglected children requiring home care, children living too far from school facilities who may be placed in foster homes during the school year, and delinquent or mentally or physically handicapped children when places can be made in suitable foster homes. The social worker states that there is little difficulty in placing Indian children in white foster homes. Probably one-half of the foster home placements are in white homes and one-half in Indian homes, and foster homes report that Indian children usually got along very well in white homes.

Whenever cases of handicapped children are discovered by the social worker, they are taken care of through placement in institutions or are cared for in their own homes if suitable care can be provided.

On the Menominee Reservation the old and indigent members of the tribe are supported by a monthly pension check of \$10 to \$15. The money for this purpose is appropriated annually from tribal funds. The old-age pension paid by the State to Indians will probably be less than that paid to whites, according to the Pension Department, because the Indian standards of living are lower.

d. Family relationships

Indian families generally live in tar paper shacks. The Menominee Reservation is an exception. Here the houses are either log or frame with wooden floors and vary in size from one to five rooms. They seem to be more comfortable than Indian homes in other parts of the State. Preservation of law and order on the Menominee Reservation is under tribal management through the tribal council. Less is known in regard to family relationships, delinquency, and so forth on this reservation because the State has less to do with affairs of the reservation.

It is the feeling of the Juvenile Department of the State Board of Public Control that, in proportion to the population, there is probably no more illegitimacy among the Indian group than among the whites.

Possibly there is more alcoholism, or at least it is more evident because the Indian is secure in the knowledge that he is not apt to be molested by the law since he is a ward of the

Federal Government. Men and women of various ages drink. In this area there is no evidence of drugs and other kinds of liquor that are used among the Indians of the Southwest. Drinking is confined largely to whiskey. Sex promiscuity, alcoholism and stealing present the greatest number of problems. In some sections, especially Jackson and Forest Counties, where the economic level is very low, delinquency seems to mount correspondingly.

e. Community problems

On the Menominee Reservation the greater part of the livelihood is derived from timber. Logging and manufacture of lumber products at the Menominee sawmill at Neopit furnish employment for the majority of men belonging to the reservation. The timber includes pine, oak, maple, birch, and hemlock.

The mill has been the means of establishing a permanent industry for the Menominees. There are more than 200 Menominee families living on clearings of from 4 to 60 acres. On many of these clearings the families carry on good subsistence farming. Some of the men are exceptionally good farmers and approximately 20 have dairy herds large enough to enable them to sell milk to the creamery and cheese factory. There are two active farmer clubs.

The Menominee Indians conduct and finance their own annual Indian fair and also exhibit at the Shawano County Fair where their produce has taken several prizes.

There is little community recreational activity for Indians in other restricted districts of the State. Two community houses are now under construction, one at Odanah and one at Reserve. The social worker in Indian Service feels that it would be difficult to plan and organize community programs because of the friction and distrust existing in the groups. She states that only one man in Odanah, the postmaster, is trusted by everyone.

The worker from the Juvenile Department assigned to the Reserve area assisted in starting a W.P.A. recreation project. All types of athletics for boys and girls between the ages of 6 and 21 were organized, and boy and girl and cub-scout groups were formed. This worker was anxious to get Indian leadership but found that the Indians did not have respect for Indian leaders, so that a white person was put in charge with an Indian assistant.

Although there are a number of churches, there is little in the way of recreational programs in connection with them. The leaders of the Lutheran, Methodist, Presbyterian and Episcopal Missions say that the Indians "will not pull together." There is one Indian priest. He is not accepted by the Indians and has a white American parish.

4. Present method of meeting problems

Health problems are being effectively met through the cooperative plan of work with the State Board of Health. The contract with the State Board of Control is paving the way for adequate attention to welfare services for children. Little progress is being made in supplying recreational facilities or in stimulating the organization of community activities.

In counties where there is a large Indian population, the Juvenile Department plans to ask some representative Indian man or woman to serve on the County Child Welfare Committee in an advisory capacity on Indian matters. The State Board of Health suggests a plan for health education as follows:

The Indian Service might allot to each nurse the sum of \$100 for a year, this money to be used to provide a luncheon at a monthly meeting to be held in the community center to which all the Indian men and women of that area would be invited. After the luncheon a health lecture and demonstration with lantern slides, etc., would be given. The Health Department feels that a luncheon would be sufficiently attractive to encourage all the Indians to come to these meetings, and it points out that women's and men's service clubs generally use this method of luncheon meetings to hold the interest of their groups.

COMMENTS AND SUGGESTIONS

A hospital for tubercular Indians is needed, either as an independent institution or as a special section in some public hospital. The Tri-County Hospital at Bayfield would probably be most accessible if consideration could be given to this plan. If such provision were available, the set-up for the care of tubercular Indians would be very good.

In placing Indian children in white foster homes the question arises how much preparation is given white foster parents in the preservation of certain Indian cultures and traditions. It would seem advisable to retain respect for and appreciation of certain Indian customs. It is doubtful whether the constant reference by State officials to past grievances of the Indians is beneficial to the Indians. Indians who lack initiative and incentive to progress use this to rationalize their lack of accomplishment.

The contract between the State of Wisconsin and the Indian Service for the care of children is the most forward-looking plan followed in any of the States. The success of this program depends largely on the harmonious and effective relationships which the social workers establish in this strategic position. The work will fall into two general classifications--(1) work with Indian families and (2) work with local officials, juvenile judges, teachers, nurses, and welfare agencies.

VIII. Michigan

A. Sources of Information

Mr. Clarence F. Ramsey--Director, Michigan Children's Institute
 Mrs. Cecil Brown--Secretary, Michigan Children's Aid Society
 Dr. C. C. Slemons--Commissioner, State Department of Health
 Dr. William Haber--Director, State Emergency Relief Commission, Michigan
 Miss Ruth Brown--Case-work Supervisor, State Emergency Relief Commission
 Dr. Lillian Smith--Director, Bureau of Child Hygiene and Public Health
 Nursing, State Department of Health
 Mrs. Moore--Assistant to Dr. Smith
 Dr. Eugene Elliott--State Superintendent of Public Instruction
 Mr. Robertson--State Supervisor, N. Y. A. Projects
 Clare Dean--Secretary of American Legion Committee on Indian Affairs
 Dr. Stephens--Director, Health Unit
 Mr. Fern Hammond--Deputy Director and Secretary, State Welfare Department
 Elizabeth Raeside--Supervisor, State Welfare District No. 2
 Mr. Sharlow--Chief Clerk, Indian Office, Lansing
 Miss Olive Gwinn--Social Worker, Indian Service
 Fred Thomas--Indian, Phoenixville
 John Pontiac--Ottawa Indian, McBain

B. State Welfare Department

1. Source of funds

Nine million dollars was allotted for relief during the past year. State funds are derived from a 3 percent tax on all commodities. No portion of the property or income taxes is utilized for this purpose. 1/

For purposes of supervision by the State Welfare Department, the State is divided into five districts with a full-time supervisor for each. The function of those in charge of the districts is the supervision and guidance of county agencies in their districts. The Director of the State Welfare Department is appointed by the governor and is accountable only to the governor and not in any way to the State Welfare Commission. The county agents are appointed by the State Welfare Commission. The Director of the State Welfare Department, through personal selection, appoints the five district supervisors, who direct the activities of the county agents. The county agents are paid on a per diem and travel basis.

The Deputy Director of State Welfare is also Secretary of the State Welfare Department. The county is the administrative unit for all activities relating to indigent, dependent, neglected, delinquent, or handicapped children or adults. The county agents investigate boarding and foster homes, license maternity hospitals and homes, and perform any other special services for children or adults not covered by the above functions.

1/ Laws of 1935, No. 256, p. 447; Laws of 1933, No. 167

Neither the State Welfare Department nor the Michigan Children's Institute has been equipped to take care of Indian children, so that all arrangements for placement have been made through a private agency, the Michigan Children's Aid Society.

2. Problems in relation to Indians

There are no reservations, agencies, or Government schools in Michigan. Indian affairs of Southern Michigan are administered through the Agency in Tomah, Wis. The upper peninsula is a part of the Great Lakes Agency at Ashland, Wis.

An Indian office is maintained in the Federal Building in Lansing. This office is headquarters for the chief clerk and social worker in the Indian Service, both of whom are assigned to work with Michigan Indians.

No accurate census is available of the present Indian population, but an estimate places the number at 5,850. The Bureau of the Census reports 7,080.

According to the Director of State Emergency Relief, 1,500 out of 2,801 persons listed as Indians in 24 counties are on relief. If this percentage is maintained for all counties, 54 percent of the Indian population of the State are on relief.

Some of the Indians in the vicinity of Mount Pleasant are referred to by the Office of Indian Affairs as "not-so-competent" Indians. Such a classification means that these Indians can make their own leases of land which has been allotted or inherited by them, but that they are not considered competent to handle money, so that for their protection the collection of fees for the lease is handled by the Indian Office. This land is in 40-acre pieces, tax-free, but cannot be allotted or sold without the consent of the Secretary of the Interior. There are now 44 such restricted tracts held by living allottees or by heirs of allottees.

In the outskirts of some of the Michigan towns there are small groups of Indians, from three to five families, numbering seven to eleven Indians. It is in these colonies that the greatest difficulty in regard to unemployment and delinquency has arisen.

3. Attitudes toward problem

All complaints in regard to dependent, neglected or delinquent children under 17 years of age may be brought to the attention of the probate court by the petition of any citizen. It is said that it is only because the Indian Service will pay for boarding homes that the judges will give consideration to the cases of Indian children.

At the time of the study 53 of the 83 counties in Michigan were paying mothers' pensions and Indians were accepted in these counties on the same basis as whites. There were 350 Indians in receipt of old-age assistance.

4. Present plan for meeting problems

The counties do not have sufficient money to give proper care to all dependent Indian children; consequently the Federal Government through the Indian Service is appropriating funds to care for them.

C. Other agencies (public or private) dealing with Indians

The Michigan Children's Institute at Ann Arbor succeeds the State public school at Coldwater. Institutional facilities are limited to a study home at Ann Arbor with a capacity of 30 children. Hospital and clinical resources at the University of Michigan are available for both physical and mental study. Boarding care of children will be a basic service pending the children's return to their own homes or their placement in free or adoptive homes. The institute now has a long waiting list. Its present intake is limited to 100 per year. Indian children are accepted. The institute now has supervision over approximately 1,000 children; 450 of these are in paid homes, 550 in free homes. According to the Indian Office there is only one Indian child at the present time included in this group.

The State public school at Coldwater has become the Michigan Children's Village, housing mentally retarded children of the border-line group.

The Michigan Children's Aid Society has main offices in Detroit. The services for investigation and placement of children extend throughout the State of Michigan. When cases are referred, an effort is made, after careful investigation, to work out a problem in some way other than the removal of the child from his own home, and separation is effected only in cases where investigation shows that such separation, either permanent or temporary, is necessary for the safety of the child. The organization is financed through annual contributions, other private funds, and public funds.

The Michigan Children's Aid Society reports that it is very easy to place Indian children in white families, since foster mothers find Indian children easy to discipline. "They never have temper tantrums but accept whatever discipline is administered in a quiet submissive way."

The Indian Service arranges, through contract with this organization, for the foster-home placement of Indian children. At the present time there are 62 Indian children under the supervision of the Michigan Children's Aid Society. Under this contract, which is not under the Johnson-O'Malley Act, under which contracts can be made with public agencies only, the Indian Service agrees to pay \$5 a week for the care of each child, and the Michigan Children's Aid Society pays all overhead expense. The Indian Service is the referring agency, and the society places the child. The Indian Service has the privilege of visiting the home, and its worker is available for consultation services.

This plan was formulated by the Michigan Children's Aid Society, the Indian Service and Mr. C. S. Ramsey, representing the public child-welfare agency. The decision was to use the society until such time as the public agency was equipped to take over this work.

The American Legion has formed a committee on Indian affairs, to see that justice is done to Indians by the Federal Government. The Legion has interested itself in the establishment of an Indian Emergency Conservation Work Camp at Eckerman, Mich., namely, Camp Marquette. The Legion men feel that unmarried Indian men from the ages of 21 and upward have not received sufficient consideration. It is the belief of this Committee that through the maintenance of camps these Indian men could be given employment and recreation.

The Council of Women for Home Missions, supported by contributions of 25 to 30 churches of various denominations, is interested in recreational centers for children of migratory Indian and Mexican workers during the summer months.

There is one center for Mexican children at Mount Pleasant. Children between the ages of 2 and 16 are accepted as day pupils for training and guidance during the period the parents are employed in the vicinity. One instructor is provided by the central office in New York, and local women serve as assistants. There is a fairly well-organized program of recreation, including games, athletics, handcraft, story hours, and music. At noon a wholesome lunch is served to all the children. Every child is seen at least once a week by the public-health nurse and the doctor. Minor difficulties are corrected and immunization is given. A church or school house is used as the community center.

D. Indian Service

1. Relationships with State and private agencies

The social worker in the Indian Service maintains contact with State agencies that are concerned with the welfare of children. The social worker is the representative of the Indian Service who is best known to the agencies in Michigan.

2. Social-service personnel

a. Number in the State

Miss Olive Gwinn is the only social worker in the Indian Service in the State.

b. Background and training

Miss Gwinn has an A.B. degree from the University of Iowa, 1919. She had one quarter of work at the University of Chicago,

1922, and summer school, 1920, at the University of Syracuse. She was for 2 years at Newton, Iowa, with the Red Cross, and was a visiting teacher in the public schools in Detroit for 7 years. During this period she took noncredit courses of approximately 60 hours in mental hygiene. She entered the Indian Service as a social worker in February 1935.

There is an opportunity in Michigan for the social worker in the Indian Service to do constructive work in improving environmental conditions as well as opportunities, through work with Indian families, of guiding public opinion and group action. Miss Gwinn has a real desire to learn, and she takes personal pride in doing a good piece of work. With these qualities to build upon, she could develop into a strong worker but probably would do better in group work than in individual case work.

c. Duties

The duties of the social worker in Michigan are concerned almost entirely with verifying boarding-school placements, investigating foster homes, and discovering children in need of foster-home care.

3. Indian welfare problems in order of recognition

a. Health

The State Department of Health has no information concerning special problems of Indian health. The health department does not keep a separate record of Indian conditions but classes all Indians as colored. The nurses state that they have never given particular thought to health problems relating specifically to Indians. All persons with health problems are cared for in the clinics without discrimination.

Dr. Newitt is just beginning a unit for studying the treatment of tubercular conditions. A check will be kept of Indian cases.

In St. Claire a prenatal demonstration is being planned. An attempt will be made to get some definite information through this demonstration in regard to Indian health. There are no statistics available on venereal diseases.

b. Education

Indian children attend public schools with the white children, wherever district schools are within reach. There are two small Roman Catholic Indian boarding schools, one in the upper and one in the lower peninsula, and a few children are enrolled at Haskell Institute and at Flandreau.

It is estimated that there are 2,577 Indian children in Michigan under 15 years of age. Statistics are not available showing school population between the ages of 6 and 18.

Many Indian children in Michigan who live in isolated sections of the State are placed in boarding homes during the school year. The Indian Service will supplement the maintenance fund of \$5 per child per week to the amount of \$25 during the month if there is special need shown for remedial work for the improvement of health, such as dental work, or tonsillectomy.

Students may receive individual educational loans through the Indian Service. The amount of the loan varies according to need.

The Indian boarding school at Mount Pleasant was closed in 1934. As a result of the transfer of the Mount Pleasant School to the State, the State has agreed to provide institutional care for Indians without expense to the Federal Government. 1/

c. Handicapped

Institutional cases of Indians are accepted by Michigan State institutions on the same basis as white cases. In fact, it is less difficult to place a feeble-minded Indian child in an institution than a white child, owing to the agreement entered into at the time the Mount Pleasant School was turned over to the State.

Crippled Indian children are hospitalized in hospitals approved by the Crippled Children Commission in the same way as white children.

1/ The law reads as follows:

"BE IT ENACTED BY THE SENATE AND HOUSE OF REPRESENTATIVES OF THE UNITED STATES OF AMERICA IN CONGRESS ASSEMBLED, That there is hereby granted to the State of Michigan for institutional purposes the property known and designated as the "Mount Pleasant Indian School," located at Mount Pleasant, Mich., such grant to include the land and buildings and such equipment as may be designated by the Secretary of the Interior: PROVIDED, That this grant shall be effective at any time prior to July 1, 1934, if, before that date, the Governor of the State of Michigan on behalf of the State files an acceptance thereof with the Secretary of the Interior: PROVIDED, FURTHER, That right is reserved by the Secretary of the Interior to retain until July 1, 1934, dormitory and other space needed for the housing and care of Indian pupils now accommodated at said school: PROVIDED, FURTHER, That as a condition precedent to this grant Indians residing within the State of Michigan will be accepted in State Institutions on entire equality with persons of other races, and without cost to the Federal Government."

d. Family relationships

Indians living in communities close to Mount Pleasant, Athens, Bradley, and Salem are assimilated to some extent with the white population. Farther north, along the shores of Lake Superior, the Indians reside in "cutover" timber land.

The Chippewa and Ottawa Indians are not yet adapted to farming. If they are thrifty they may have a home garden and farm from 10 to 15 acres. Usually the men seek labor in logging camps, stone quarries, mines, or wherever manual labor is in demand.

With the lack of employment in the past few years, the percentage of Indians on relief has mounted steadily. However, because of seasonal and itinerant work, the Michigan Indians have generally maintained a greater economic independence than their fellow tribesmen in Wisconsin and Minnesota.

With but few exceptions the Michigan Indians live in permanent houses. Frequently these houses have two to four rooms, though occasionally they are one-room shacks. Living standards are improving and practically all families make use of ordinary household conveniences available to rural homes of similar economic status. There are some well-kept gardens and fruit trees, and a few families have cows, chickens, pigs, and other domestic animals.

There is some alcoholism, though not in so great a proportion as among the white population, nor are other forms of delinquency reported to be more prevalent than in white groups. Occasionally, when visiting Indians from Wisconsin or Minnesota come to Michigan, a "squaw dance" is held, and at such times there is apt to be more indulgence in liquor, with consequent quarrels and other difficulties.

e. Community problems

The situation of the Michigan Chippewas is unique in that they were practically the first Indians released from Government wardship. Some of the Indians voted for the first time in the election of 1856. There were originally three bands of Chippewas in Michigan--the Saginaw, the Black River, and the Swan Creek. In addition, there are scattered bands of Ottawas. As early as 1807 the Chippewas, in conjunction with the Potawatomies, Wyandottes, and Ottawas, made a treaty with the Governor of the Territory of Michigan, the latter representing the United States Government. A large section of what is now southern Michigan was sliced off the Indians' domain. Other treaties followed, until in 1854 and 1855 the Indians had lost practically all of their old hunting grounds and were concentrated around the Straits of Mackinac, Kewaweenaw, and La Pointe. The land lost by the Indians was all original timber land and was valuable. For the most part this land has been cleared and is being farmed by the whites.

Socially, the Indians of Michigan are not as a rule exposed to the friction caused by racial prejudice. They are accepted by white Americans when they observe the ordinary amenities of civilized life.

Religiously, the Michigan Chippewas are largely under the administration of the Roman Catholic and Methodist Episcopal Churches. The Roman Catholics have missions or extension work at Baraga, St. Ignace, Sault Ste. Marie, Beaver Island, and Peshabetsown. In the summer Methodist camp meetings lasting several days draw a large attendance.

4. Present method of meeting problems

Through the N.Y.A., several valuable pieces of recreational work have been carried on. There have been Indian projects in Manistee, Leelanau, Baraga, and L'Anse.

In Baraga an Indian is supervisor of the recreational project for the county. Here the Indian youths built a teepee that is used as a tourist information bureau. The Baraga Chamber of Commerce is the sponsor for this project.

In Manistee the N.Y.A. supervisor, who has some Indian blood, arranged an Indian festival. As a result, some of the Indian girls taking part in the project were selected to work during the summer as hotel hostesses in the northern part of the State. (See material under, "Other agencies dealing with Indians.")

COMMENTS AND SUGGESTIONS

There is an opportunity for a social worker in the Indian Service who has sufficient poise and knowledge to command the respect of other workers to be of great value to the Indian Service and to welfare work in the State. Such a worker should be included on the State advisory committee for the development of county and area demonstrations of child-welfare work under the Child Welfare Service program.

The social worker in the Indian Service should utilize to the fullest extent every facility for furthering the welfare of Indians, without injecting herself too much into the programs.

As soon as is feasible, through the expansion of the work being done by the Michigan Children's Institute, it would be advisable to turn over all work of foster-home placements to this public agency. In line with this, it might be well to place the social worker in the Indian Service on the staff of the public agency.

It has been demonstrated by the Director and Assistant Director of N.Y.A. programs in Michigan that a recreational program in line with the interests of adolescent Indians is of advantage both to the community and to the Indians.

It would seem advisable for someone from the Indian Service to give particular attention to assisting school authorities in the development of certain types of vocational training that would be of particular interest to Indian children. Lack of interest in school attendance in certain sections may be due, in part at least, to the wrong kind of instruction offered to Indian children who come from small farm homes.