

positive actions have been taken---some of them prior to my arrival in Washington--- and certain trends have been set in motion which hold great promise for further beneficial developments in the future. A quick survey will be enough, I believe, to indicate what I have in mind.

Let us start off, as we did before, in the field of health. Here there are two major developments that should be emphasized. One is the greatly enlarged sanitation and preventive medicine program which the Bureau launched in the spring of 1954. The other is the basic transfer of Indian health responsibilities to the Public Health Service which took the place just ten days ago.

Before the transfer was effected, we in the Bureau had been placing much greater emphasis on the preventive medicine phase of our health work for 14 or 15 months. We substantially enlarged the staff of professional sanitarians at major field offices. We provided a special course for a selected group of young Indians to train them in practical sanitation measures and then assigned them to duty on the reservations. We initiated a broad-scale health education program to bring the more elementary facts about hygiene and disease prevention before uneducated Indian people in vivid pictorial form and frequently in their own language. As a result of all these forward-looking steps, I feel confident that we turned over to the Public Health Service on July 1 a much better rounded and better balanced health program than the Bureau had just a few years ago.

Now a few words about the transfer itself. No doubt all of you have heard a great deal down through the years about Washington bureaucrats constantly reaching out to enlarge their programs and take over additional functions. So it may come as something of a surprise to learn that the transfer of Indian health work to the Public Health Service was not only endorsed but actually urged by the Bureau of Indian Affairs and the Department of the Interior.

We took this position for two main reasons. One was because we recognized the great difficulty the Bureau has chronically had in recruiting and retaining qualified medical personnel for service in Indian country. The other was because we had the greatest admiration and respect for the Public Health Service---for the caliber of its personnel, for the range of its specializations and research facilities, and especially for its long background of pioneering service in the field of preventive medicine.

Almost from the start I have personally felt that this transfer would be of great benefit to the Indian people in the years that lie ahead and certainly nothing has happened to change my mind recently. In fact, the budget for Indian health in the current fiscal year is almost \$10,000,000 larger than it was for the period which ended on June 30 and the Public Health Service has plans for increasing its staff of workers in the Indian health program substantially in the next several months. Today, I confidently believe, the Indian health picture is more deeply encouraging than ever before in the long history of our efforts to deal with this basic problem.

In education, what do we find? During the school term that closed just a few weeks ago the total enrollment of Navajo children was not 14,000 but nearly 23,000 or an increase