

Toward the end of the recent Congressional session similar legislation was enacted affecting some of the smaller Indian bands and groups in Utah, the coastal Indians of Western Oregon, the Alabama and Coushatta Tribes of Texas, the Klamaths of Oregon, and the Uintah-Ouray Indians of Utah. The first three are groups which have been receiving only a very small amount of attention and service from the Bureau of Indian Affairs. The Uintah-Ouray legislation was proposed by the Indians themselves, and the Klamath legislation represents a compromise between two factions of the tribe which was endorsed by both groups prior to enactment. In the years ahead we shall undoubtedly have similar terminal legislation for a number of other groups which have reached the stage where they can carry on without further trust protection or special services from the Federal Government.

As I intimated earlier, there are three outstanding needs, in my opinion, which must be met more fully before the Federal Government can conscientiously divest itself to all further responsibility in the field of Indian affairs.

One of these is the need to provide better health protection in Indian homes and communities against the incidence of infectious diseases such as tuberculosis. As most of you probably know, the rates for many of these diseases run much higher among the Indians than among the general population. This is primarily the result of insanitary environmental conditions and a widespread lack of knowledge about the elementary facts of personal hygiene. And, of course, on many of the southwestern reservations the scarcity of water is a factor which must be recognized in any realistic appraisal of the problem. Just recently we have launched a greatly expanded disease prevention program in the Bureau which is focused directly on this problem. We are enlarging our staff of trained professional sanitarian specialists in area offices throughout the country, broadening our activities in health education for the Indian people, and building up a staff of young Indian sanitarian aides through special training courses. Through these various methods of approach we are hoping to bring about widespread improvements in the basic health conditions among the Indian people. Our ultimate goal is to provide Indians with the kind of public health protection which other citizens typically enjoy and to cut the infectious disease rates down to levels comparable with those prevailing in the general population. Although the responsibility for the Indian health program will be transferred to the United States Public Health Service next summer under recently enacted legislation, I have no doubt that this program which we have initiated will be effectively continued. The Public Health Service, of course, has a long history of experience and a great deal of expert knowledge in the field of preventive medicine.

Educationally the most urgent problem that faced us when I took office as Commissioner a year ago last August was the lack of sufficient school facilities for the children of the Navajo. In the school year that ended last spring we had a little over half of the Navajo children of ordinary school age -- about 14,000 altogether -- enrolled in schools both on and off the reservation. Vigorous and immediate action was obviously needed to protect the remaining Navajo school-age children from growing up as illiterates without the benefit of even a grade school education. So we started just about a year ago to shoot for a great increase in enrollment this past fall. By expanding the capacity of Indian Bureau schools