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The Bureau of Indian Affairs is launching today a greatly expanded disease prevention program designed to bring the benefits of modern sanitation and personal hygiene directly into Indian homes and communities in the Western States and in the native villages of Alaska.

First step in the new program is a six-week orientation course for 20 young Indian sanitarian aide candidates 1tlhich begins today" at the Phoenix (Ariz.) Medical Center. Upon completion of the course; which is being given with the cooperation of the United States Public Health Service and State and local health agencies of Arizona, the new sanitarian aides will be assigned to duty serving reservation areas in Wisconsin, Minnesota, North Dakota, South Dakota, Montana, Wyoming, Idaho, Washington, Oregon, Colorado, Arizona, and New Mexico.

Simultaneously the Bureau is enlarging its field staff of qualified sanitary engineers stationed in area offices and agency headquarters. In addition to the engineers who have been serving at Phoenix and Window Rock, Arizona, others will take up their duties at Aberdeen, Se Dak., Albuquerque, New Mex., Billings, Mont., Minneapolis, Minn., Portland, Oreg., and Juneau, Alaska.

Although the Bureau has done sanitation work in connection with its schools, hospitals and other installations for many years, the program to improve sanitation in Indian homes and communities was initiated only two years ago on a comparatively small scale. In line with plans developed by Commissioner Glenn L. Emmons, it is now being broadened into an intensive drive against insanitary environmental conditions which are chiefly responsible for diseases such as typhoid fever, dysentery and infectious hepatitis among the Indian population.

In 1952 the Bureau reported 9.5 cases of Typhoid fever per 100,000 of Indian population, 1,100 cases of dysentery, and 93 of infectious hepatitis These compare with national averages for the same diseases of 1.5, 17.6 and 11.2.

Field work under the program will consist primarily of meetings and demonstrations in reservation areas to instruct Indian families in practical sanitation measures and personal hygiene precautions. Special emphasis will be given to the development and protection of family or community water supplies, the construction and maintenance of low-cost, fly-tight privies and garbage pits of simple design, the fly-screening of homes, and the control of insect breeding places.

The work will be carried out in cooperation with Indian tribal councils and tribal funds will be used, wherever possible, in making the improvements.

"Poor health", Commissioner Emmons said in commenting on the new program, "is one of the most important factors now holding back many thousands of Indian people from a full realization of their potentialities as American citizens and as human beings. Effective health protection of the kind which most Americans typically take for-granted in their homes and communities must be made more widely available to our Indian people so that they can overcome their handicaps and take their rightful place alongside other citizens of the Nation. The expanded program we are launching today at the Phoenix

Medical Center is an important further step in that direction."

Up to now the Bureau's field sanitation staff has consisted of four sanitary engineers, three sanitarians, and 13 young Indian sanitarian aides. Sanitarian aides are now stationed in South Dakota at Sisseton and Cheyenne River Agencies; in New Mexico at United Pueblos Agency, in Montana at Northern Cheyenne Agency, in Minnesota at Red Lake Agency, and in Arizona at Colorado River, Fort Apache, San Carlos, Pima, Papago, Navajo and Hopi Agencies.

Under the expanded program the staff at Navajo and United Pueblos Agencies will be increased and sanitarian aides will be stationed in North Dakota at Standing Rock and Turtle Mountain Agencies, in South Dakota at Pine Ridge, Rosebud and Crow Creek Agencies, in Montana at Blackfeet, Fort Peck and Fort Belknap Agencies, in Wyoming at Wind River Agency, in Minnesota at Consolidated Chippewa Agency, in Wisconsin at Great Lakes Agency, in Idaho at Fort Hall and Northern Idaho Agencies, in Washington at Yakima Agency, and in Oregon at Umatilla and Warm Springs Agencies. Service will also be provided from the Albuquerque headquarters to the Jicarilla and Mescalero Agencies in New Mexico and to the Consolidated Ute Agency in Colorado.

Extension of the program to Alaska is in line with the preliminary report of the Alaska Health Survey under Dr. Thomas Parran which called attention to the almost total absence of environmental sanitation in the emergency problem area north and west of the Seward-Fairbanks Railbelt. The plans call for initiation of a pilot project in this region involving the training of six native sanitarian aides and their assignment to villages where their services are most urgently needed.