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When the last triennial conference of the National Fellowship of Indian Workers was held here at Estes Park back in 1955, it was a matter of real regret to me that I was unable to be with you in person. Those of you who attended that conference may recall that I had to be in Alaska at that particular time and that my speech was delivered for me by Assistant Commissioner Reid. This year I have been somewhat more fortunate in the scheduling of my time and I have thoroughly enjoyed this opportunity to be here and to sit in--although somewhat briefly--on your sessions and deliberations.

In the time you have given me here this evening I would like to present for the most part a kind of progress report. My thought is to hark back to some of the major points touched on in my 1955 speech and try to bring them up to date. Then I also want to present my personal views on why we have a so-called "Indian problem" in the United States today and how you people can help in bringing about a long-range solution. Thirdly and lastly, I plan to take just a brief look at the period ahead in Indian affairs.

Needless to say, I am not expecting any of you here this evening to remember the details of what I had to say in a speech delivered on my behalf before this organization three years ago. I have difficulty enough in remembering my own speeches over a period of three years. So I am fully prepared, after having checked back on the 1955 text, to refresh both your memories and my own.

One of the points I touched on quite early in the speech of three years ago was the question of Indian health. As it happened, the transfer of our Indian Bureau health program over to the United States Public Health Service was consummated on July 1, 1955, just 10 days before the date of my speech. So I naturally had quite a bit to say about this transfer and why we in the Bureau had felt it would be desirable and beneficial to the Indian people. I expressed confidence that the Indian health picture was “more deeply encouraging than ever before in the long history of our efforts to deal with this basic problem.”

In the light of all this, it is interesting, now in the summer of 1958, to review some of the highlights of progress in the Indian health program. Since the transfer took place, the appropriations for the program including construction~ have been substantially increased and are now nearly twice as large as they were in the fiscal year 1955. The number of doctors working on the program has been nearly doubled; the number of public health nurses has increased by one-third; and the health education and sanitation staffs have been significantly enlarged. Even more important perhaps, these increases in funds and personnel have begun to produce measurable results in the health of Indian people.

Take tuberculosis, for example, which was for so many years the Number One killer among the Indian population, Since the 1955 transfer the number of new cases among Indians in the continental United States has dropped by 30 percent and the Indian tuberculosis death rate has been reduced by approximately one fourth. The list of tuberculosis patients waiting for hospitalization, which numbered

in the hundreds three years ago, has now been eliminated entirely. Beds are available for all. During this same period the death rate from gastro enteric diseases--one of our real Indian problems, as you probably know--has been cut approximately in half, from 50.4 to 26.5 per 100,000population, and the crucially important infant death rate has dropped by 17 percent.

These facts and figures and others like them that could additionally be cited do not mean, of course, that all Indian health problems have been solved and that nothing more remains to be done. Far from it. But they do represent an impressive measure of progress that has been achieved over the past three years and I am frank to say that the benefits accomplished in this period for the Indian people have exceeded even my most optimistic expectations. The only real grounds for regret we now have, as I see it, would be that this responsibility was not transferred to the Public Health Service some 10 or 20 years ago.

Another topic of major importance which I discussed in my 1955 speech was the need to provide the Indian people with broader and more adequate educational opportunities. At that time, as some of you may recall, we were focusing primary attention on the Navajo Reservation because of the tremendous problem in shortage of school facilities which had developed there as a kind of chronic situation. In my speech at Estes Park I pointed out that in June of 1953 "there were only about 14,000 Navajo children enrolled in school out of a school-age population of approximately 28,000" and that "almost exactly half of the rising generation was being condemned to illiteracy" under these conditions. Then I went on to describe the special emergency program that we had developed to enlarge the school opportunities and reported that the total enrollment of Navajo children in schools of all kinds had been increased from 14,000 in 1953 to approximately 23,000 in the spring of 1955.